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Early Doctors of Medicine and Doctors of Physic Dissertations with
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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 L. Bielak, Historical Libraries Preservation Officer; Maria Milagros Pimentel, Metadata Management Librarian; Angela Conklin and Carol Hartling-Heery, Resources Division; Sarah Bivone, Art Selection and Morgan Wolff, Services Division.

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University of Maryland Theses

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

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An Inaugural Dissertation on Arachnitis Submitted to the examination of the Provost, Professors and Medical faculty of the University of Maryland for the Degree of Doctor of Medicine

By Edward Johnson of Maryland

March 1833
To
Richard N. Allen, M.D.
of
Calvert County, Maryland
His Essay is inscribed
As a testimony of respect
For his professional worth and talents
By his friend and pupil
The Author.
Acachnites, or inflammation of the arachnoid membrane.

Medical writers previous to the days of Rush, seem to have entertained erroneous ideas with regard to the pathology of the disease under present consideration; as may be inferred from the inappropriate appellations by which they have designated it. Cullen and some of his contemporaries supposing that the effusion of serum, which sometimes occurs during the progress of this malady, constituted its true pathological condition; instead of regarding this phenomenon as the result of a primary morbid action previously established in the brain or its membranes, have bestowed upon it the names of hydrocephaeus acutus, apoplexia hydrocephalica, etc., which names are retained by many at the present day.

Rush, whose opinions in relation to the essential nature of this disease were drawn from more extensive pathological research than those of his predecessors and rested upon a firmer basis, was among the first who espoused the absurdity of considering achanchites as a dropcephaeus affection, and the danger of a corresponding treatment. He considered it a subacute grade of central inflammation and with more propriety called it phrenicosa.

The investigation of Abercrombie also, who has written extensively upon disease of the brain from beyond doubt that the effusion which sometimes occurs in the disease commonly called hydrocephaeus is not to be regarded
as the result of an hydropic diathesis of the system as was formerly supposed, but that it is really the consequence of inflammation which is generally seen in the arachnoid membrane, and hence the propriety of distinguishing the disease by the appellation of arachnitis. Some authors of eminence are disposed to doubt the propriety of always referring the effusion of serum in the brain to an inflammatory action. Others suppose that it may exist independent of that process, and that it may be produced by congestion of the cerebral blood vessels or such causes as obstruct their circulation.

Arachnitis occurs most generally about in early life, about the period of dentition, a process which in conjunction with other causes intimately connected with the animal economy at that stage of existence, seems to favour its development. During the process of dentition, particularly, it throughout the whole period of childhood; there is a greater degree of irritability of the system than at any subsequent period, and also a greater determination of blood to the brain; the latter must necessarily take place as the consequence of the increased size of the brain at that stage of life compared with other parts of the body. It is a circumstance which undoubtedly increases the liability to the disease, for it is a pathological fact that the disposition to effusion is greatest in that part of which there is the greatest determination of blood.

Having premised the foregoing pathological remarks, the result of the careful investigations of those who have directed their attention particularly to cerebral diseases, chiefly with a view to show that arachn-
As the phenomena which accompany inflammatory action, when treated within any of the structures within the cranium are in many respects similar, and give rise to similar results, it must consequently be a matter of much difficulty, to ascertain with any great degree of certainty, the precise point when the inflammation originated. Now, would such information be of any great practical value to the physician, for the same mode of treatment allotted to all diseases of the brain dependent upon inflammatory action of its vessels, and should be modified only in conformity to the grade of action. I shall therefore not attempt to point out any symptoms which characterize cerebral inflammation as distinct from inflammation of other parts in juxtaposition with their membranes, but proceed to exhibit a general view of the phenomena which characterize inflammation of any of the structures within the cranium when it occurs in childhood. The patient for a day or two before the disease is fully developed is generally languid and fretful, these symptoms are generally followed by a chilliness, which is succeeded by some degree of fever, the patient often manifests an unwillingness to be moved and complains of an acute pain in the head, flushed face and an-
intolerance of light and sound. When the disease attacks young children, they are extremely restless, and often start from their sleep with sudden screams as if they had been frightened. This state of instability of the brain says Ebelle may “continue for several weeks until some exciting cause abates the symptoms which has a tendency to excite inflammation, such as cold, dation, or intestinal irritation. The patient in many cases is affected with prostration of the stomach, and vomits frequently during the incipient stage of the disease. The pupils are usually contracted and highly sensitive to the stimulus of light, the tongue is sometimes clear and moist at others white, the bowels are generally constipated though sometimes the reverse obtains. Abercrombie remarks that "There is no condition of the bowels which is peculiar or distinctive to this class of diseases". With regard to the peculiar green appearance of the stools which Heygate and others have regarded as a diagnostic sign of inflammations of the brain, the same author observes that he considers it as erroneous in principle, as in practice dangerous to suppose that any particular character of stools is characteristic of hydrocephalus. The foregoing symptoms are such as distinguish what we term the first stage of the disease, or the stage of irritation. As the inflammatory action advances the symptoms are usually of a more aggravated character. The instability of temper and restlessness grow violent, and the patient is transfixed with pains in the head or in the abdomen. As the disease advances the symptoms of cerebral distress
ence become more violent, and seem to undergo remissions and sometimes
abate entirely. The patient manifests the seat of the pain by frequen-
tly throwing his hands on the head. It has been remarked by some
writers that one of the most characteristic marks of the disease is fre-
guent sighing which occurs they say more generally when the inflam-
ination is about to terminate in effusion. Delirium is another symp-
tom which occurs toward the termination of the disease. and is usually
hyperventilated when the inflammation is acute and the menin-
gear membranes, than when the other structures are affected. The pulse during the
period of the disease is rapid, quick, tense, and active, the count-
enance expressive of great suffering and discontent, the eyelids generally
half closed and the patient has often a circumflexed flesh on one
or both cheeks. The vomiting and vomiting are generally increased, particu-
larly when the patient attempts to assume an erect position. These
are the principal symptoms which mark the inflammation or second stage
of the disease, which succeeded by thirds in which the phenomena that
occur are considerably modified in their character and denote cerebral-
oppression. In this stage the delirium becomes more constant, the coun-
tenance expression of surprise and surprise, or stupor, the pupils
are either dilated or contracted and constant conjunctivsy occurs which
continues until it terminates in a complete state of coma. While the
patient is in this comatose condition the pulse is sometimes irregular
but generally it is slow and full. This state is sometimes succeeded
by symptoms of paralysis, when the pulse generally becomes more fre-
quent
quent and emaciated and towards the fatal termination of the disease there is more or less hemiplegia, coma and convulsions. The disease sometimes assumes an intermittent form and at other commences with the most violent convulsions without any premonitory febrile irritation. With regard to the condition of the liver in a very acute fever there exists a considerable diversity of opinion among medical writers. It is the opinion of Eberle that the liver sympathizes generally with the brain in this disease. He remarks that during the forming stage there is usually a deficiency of bile, but that in its advanced periods the bile is not only more copious but also more vitiated in its quality, and that the mixture of the vitiated bile with the contents of the bowels gives that peculiar color to the evacuations which attracted the attention of Cheyne. If such evacuations as have just been alluded to, were the necessary consequence of this and were invariably present, we might perhaps with more propriety conjecture that the liver was generally affected in this disease, but as this is not the case I should be more disposed to regard the impaction of that organ during the progress of achnanthis as owing to accidental causes such as peculiar localities, climate &c.

The causes which contribute to the production of achnanthis are numerous, many of which are exceedingly obscure. Some authors affirm that there often exists a hereditary predisposition to this disease. It has also been supposed that a rigorous dietetics increases the liability to the disease. The most common exciting causes are injuries of the head causing concussion of the brain, insolation, the suppression of cutaneous eruptions, dirti,
tion, pestilence, intestine irritation, cold, and other causes which increase the determination of blood to the head, "two of the most powerful causes of irritation and congestion of the brain are indigestion and intestine irritation." Causes which when combined may be regarded as the principal agents in the production of this anomaly. When the irritation of the intestine cause has existed for some time it also becomes a predisposing cause of the disease the brain under such circumstances usually sympathizes strongly with the intestine affection and thus gives rise to a slow grade of cerebral inflammation. Cholera infantum appears frequently to give rise to effusion more especially when it assumes a chronic form, and post-mortem examination of those who have died with symptoms of the latter disease proves that the arachnoid membrane has exhibited the same signs of inflammation as when the inflammation has been excited by other causes. Arachnitis frequently occurs during the progress of febrile diseases, such as continuous fever, scarlatina, and measles. And when such an occurrence does take place the disease is entirely inflammatory and requires the most rigorous antiphlogistic treatment.

When arachnitis becomes fully developed and it assumes a highly inflammatory form the indications to be fulfilled are to lessen the active action to counteract the local irritation and to lessen the determination of blood to the head. The remedies which
Should be resorted to for these purposes are plainly indicated. The most important are blood-luting both general and local, purgatives, cold applications may also be used with great advantage to the head. When the entire action has been subdued by such remedies and if the skin continues dry and constructed we often derive benefit from the administration of antimonials. If the pain in the head showed a state continue to torment the patient and if the violence of the inflammatory symptoms do not forbid their application blister to the back of the neck and behind the ears will often be productive of the happiest effects, have also been recommend to the upper part of the spine.

The propriety of the administration of mercury in this form of the disease has been advocated by some and deprecated by others. Rush and Abercrombie are among those who are opposed to the mercurial plan of treatment, and I am inclined to think best little benefit can be expected from its use except in such cases as exhibit evidence of hepatic derangement and it should be given merely with a view to restore biliary secretion if it be deficient or to check if it be markedly increased or vitiated. The remedies which most extensively upon in the management of this malady are purgatives they are recommended by some in every form and variety of the disease, and few cases I think would terminate favourably, in which these remedies had not been freely used particularly in the early stage its more in inflammatorv form. Dr. Abercrombie in speaking of the utility of
of purgatives in diseases of the brain observe "my own experience is that more recoveries from head affections of the most alarming aspect take place under the use of strong purgatives, than under any other mode of treatment. Though purgatives are remedies which may be considered indispensable in some forms of arachnitis, where there is evidence of great dilatation of blood to the head, and constipation and torpor of the intestinal canal, yet I think they should be used with some caution in the less acute and violent modifications of the disease. In many cases indeed their administration would be inadmissible, in such cases, for instance as are attended with a great degree of irritation of the mucous membrane of the intestinal canal, a circumstance which I believe has a considerable influence in the production of the disease.

When arachnitis occurs as a consequence of cholera infantum or other diseases of the intestinal canal, the system is generally too much enfeebled to admit of an active course of treatment. And consequently no advantage could be reasonably expected from the remedies recommended in its more inflammatory form. The course I should pursue under such circumstances would be to carry off by means of Captain Mündel's dose of Calomel and ipecacuanha which would otherwise prove a cause of irritation to the system, and to restore the secretions by means of minute doses of Calomel and ipecacuanha which would also have the effect of allaying in some measure the irritability of the stomach and bowels leading to the head and blisters to the extremities with a view to quietize.
The circulation. Blisters might also be used with advantage to the back of the neck and behind the ears. In each case of posturitic as depends upon irritation of the intestinal and when there is no great determination of blood to the head the use of anodynes might soothe the patient and thus produce a beneficial effect. For this purpose small doses of morphine powder have been recommended.

But opiates have a tendency to increase the determination of blood to the head they should never be used except in cases where the primary seat of the disease can be traced to the alimentary canal.
An Inaugural Dissertation
On Rheumatism Submitted to the Examination of the Freeost Trustees and Medical Faculty of the University of Maryland for the Degree of Doctor of Medicine
By
Francis Butler
of the d. 1834.
To James Montgomery, M.D.
The following dissertation is dedicated
by his friend and pupil.
The author.

To James Reardon, M.D.
The following dissertation is dedicated
by his friend. For the many valuable
professional favours conferred upon the
author whilst pursuing his medical studies
in Baltimore.
Rheumatism—may properly be divided into acute and chronic. But as these essentially require different modes of treatment, I shall in the first instance take the acute into consideration. The acute rheumatism is an inflammatory disease generally attended with considerable fever, and the attending pain appears to be seated in the membraneous investments of the joints, and muscular fascia and frequently the muscular fibers themselves as those of the heart, lungs or meninges of the brain. This disease is generally ushered in as other febrile affections, a sense of chilliness with a general lassitude and depression of spirits and in some a soreness of the affected parts, accompanying these symptoms, the joints or parts that are affected are generally red and swollen, the patient has the pain greatly increased by the slightest motion of the affected muscles. The pains are most severe and most apt to shift their place in the night time. Sometimes they regularly abate in the morning with a gentle sweat and suffer a considerable evacuation towards evening the patient remaining tolerably easy during the day. At other times the remissions are very imperfect and the pains in some cases are as severe in the day as in the night. The pulse is generally full, frequent and strong.
Skin is hot and dry, the tongue generally coated with a white fur, and the bowels constipated; the urine is small in quantity and high coloured.

Prognosis.—Although there is great pain attending this disease, it may not be considered a dangerous affection so long as there is no lesion to some of the internal organs. The duration of an attack of this disease is uncertain and may greatly depend on the constitutional predisposition to the disease; it seldom terminates by a critical evacuation. It is said to occur but rarely during infancy. Neither does it frequently attack old persons though they are liable to the chronic variety. Muscular persons of a sanguineous temperament appear to have a peculiar susceptibility to an attack of this disease, especially when exposed to its exciting causes.

Causes. The most frequent causes of this disease are atmospheric precipitates; cold applied or damp applied to the system when in a high state of perspiration. The predisposing are the inordinate use of spirituous liquors, disarrangements of the alimentary canal, gonorrhreal irritation, enumerated as an occasional cause. The imprudent use of mercury has
is said to produce the disease by rendering the system more susceptible of being acted on by the morbid influence of low and variable temperatures, bullae supposed that an inflammatory state of the blood in connection with a peculiar phlogistic condition of the muscular structure constitutes the proximate cause of this disease. With Bradshaw it of course is the consequence of gastroenteritis. The opinion of Secundam is that it is sui generis of a strictly specific character and is supported by its peculiar character and phenomena. The frequent and often rapid passage of the local affection from one part of the body to another would seem to indicate something radically distinct if not in the inflammatory action itself at least in its immediate or proximate cause.

**Diagnosis.** With regard to the diagnosis the disease which had been most frequently confounded with rheumatism is that we are next to consider the gout. The ancients indeed seem to have made no distinction between them, describing them both under the common name of arthritis. As little did they attempt any diagnosis that Aristotle says that arthritis, it is a general pain in all the joints, in the feet called podagra, in the hips ischias in the hands chiragra. Fraciss asserts that the term rheumatism
was wholly unknown to them. The principal distinguishing circumstances between these two affections are the following. 1. That gout generally has its periodical recurrence after it has once invaded the system whereas rheumatism had not so great a tendency the patient frequently remaining entirely free from the disease during the rest of life after having suffered an attack of it. 2. Rheumatism is most invariably the result of inclement weather. Gout otherwise is brought on by indolence in conjunction with luxurious indulgence of vinous drinks and high season and stimulating articles of diet. It is also attended by some premonitory symptoms such as dyspepsia and an uneasy sensation in the stomach and the predisposition to gout is frequently transmitted from parent to offspring and it is principally confined to the small joints and gout never attacks those who are subject to toil and a temperate life.

Treatment. - Placed as it is under the head of phlegmatical diseases it appears that it is not equally controlled by definitive measures as many of them are. Though we are unacquainted with any remedy that we could adopt with equal propriety in the acme from of the disease, deriive blood letting in the early stages of the disease where there is considerable vascular action,
may justly be considered a very important auxiliary in the
treatment of this disease. But the too frequent resort to the
lance for the purpose of relieving the pain and local inflam-
mation has not only proved unsuccessful but has freque-
tly led to unhappy consequences. For experience has fully
established the fact that metastasis of the local affection
to an internal organ is particularly favoured by the frequent
abstraction of large sanguineous evacuations. Dr. Johnson
does from attentive observation that the system of detaching
large quantities of blood in cases of acute exacerbation is
productive of more frequent metastases from the extremities
to internal organs than a more moderate treatment.

Cathartics.—The use of cathartics are always indicated in
this disease, for removing the vitiated secretions from
the alimentary canal, which continue to accumulate during
the course of the disease, and assisting to keep up the frile
condition of the system. The mild saline or mercurial purge-
tives are preferable. Colonial may be given in the quantity of ten
or twelve grains at night followed in the morning by a saline
draught. This may be repeated as occasion may require.

If the pain continues, unabated in its violence after we have
bled and purged our patient freely, large and regulated doses
of Opium under judicious employment generally affords a
happy relief to our patient. It is considered better to give it in union with small doses of opium and antimony, sufficient to produce a mild action on the surface. If the rheumatic inflammation should be translated to some internal organ after large blood-letting or from a debilitated state of the system, opium largely given and the application of a blister to the previous affected part is the only remedy that we can place any reasonable hopes of success. The use of calomel, opium and tartar emetic in sufficient doses to allay pain and create a gentle perspiration is highly recommended by Armstrong and other respectable writers in obstinate cases of rheumatism. The specific action of the mercury is to be kept up eight or ten days, and the bowels in the mean time to be kept as open as possible. Generally succeeds to great invigorating the patient. To observe that the patient is to be bled freely, and faeces light, by cathartics for two days before this mode of treatment can be adopted.

Emetics have been highly extolled for their remedial virtues in the treatment of this affection undoubtedly they may be beneficial by the tendency they possess of equalizing the circulation and by the free diaphoresis they induce. The may be indicated in some instances, but for a general plan of treatment I am of the opinion that other means might be adopted, for if}
happy relief to our patient. It is considered better to give it in union with small doses of calomel and opium, antimony sufficient to produce a mild action on the surface. If the rheumatic inflammation should be translated to some internal organ after large blood-letting or from a debilitating state of the system, opium largely given and the application of a leech to the previous affected part is the surest remedy that we can place any reasonable hopes of success. The use of calomel, opium, and the like in sufficient doses to allay pain and excite a gentle perspiration is highly recommended by Armstrong and other respectable writers in obstinate cases of rheumatism. The specific action of the mercury is to be kept up eight or ten days, and the blood in the mean time bleachable generally succeeds to gua in curing the patient. I omitted to observe that the patient is to be bleed freely and jejune (thrice by cathartics for two days) before this mode of treatment can be adopted. Emetics have been highly extolled for their remedial virtues in the treatment of this affection, undoubtedly they may be beneficial by the tendency they proffer of equalizing the circulation and by the free diaphoresis they induce. They may be indicated in some instances, but for a general plan of treatment I am of the opinion that other means might be adopted, far less.}
anoying to the patient than the repetition of emetics.

Depletions. The use of the unstimulating depletions are of unques-
tionable utility, as an auxiliary in the management of this disease. The most
applicable depletions are small doses of tart. antim, sufficient to pro-
duce nausea, in unison with the Atrop of potassa and small doses of opium.

The diet in acute rheumatism should be the same as in
other inflammatory diseases, mild and diluting.

The temperature of the patient's room should be as mild as uni-
form as possible and rather cool. Some think that the should
be laid in blankets in order to promote perspiration and
prevent taking cold. This may be necessary in chronic rheuma-
tis, where profuse sweating is more frequently employed and
the patient is more susceptible of cold.

Local applications are rarely of service in the first
stage of this disease. It is observed by Cullen that fomenta-
tions in the beginning of the disease, rather aggravates than
relieve the pain. Blisters applied to the part affected may
be effectual in removing the pain from it, but will not render
little service, unless the pains are principally confined to the part.
Then they would be improper unless the inflammation had been reduced
and depilatory measures premised. The camphor liniment as an
elegant rubefacient may be employed sometimes with considerable
benefit to the part.
The colchicum—has gained considerable fame in the hands of several who have employed it, both in the acute and subacute rheumatism. Dr. Armstrong says that he has employed it frequently with success, when the rheumatism was combined with signs of certain degree of inflammation in the head, chest, or abdomen; and in all of these the local irritation of these parts were remarkably alleviated with the rheumatism apparently from the influence of this remedy. The venous texture of the colchicum seeds may be employed to the extent of from 2 to 30 drops repeated every four hours, or the root or seed may be given in the dose of two to eight grains.
Chronic Rheumatism - is frequently a sequel of the acute, but it may occur independent of a preceding attack of the acute. The same causes that give rise to the acute, rheumatism also give rise to the chronic form. The joints affected by this disease, frequently pass from part to part, fixing itself, by turns in different regions of the system. Some individuals are hardly ever free from pain; others are affected during cold damp weather. The joints are sore, red, and stiff, after exercise and the application of warmth is generally comfortable to the patient, the disease continues for an unlimited period, and frequently terminates with the life. If the muscles of the lower extremities affected it is known by the name of lumbago; here it might be confounded with nephritis, it may be distinguished from it by the following symptoms. In nephritis we have a retraction of one or both testicles, and sometimes a numbness passing down the thigh, nausea and vomiting, pain in the head, and sometimes bloody urine is passed. Acute Rheumatism sometimes runs into an obstinate chronic form, and frequently renders the patient an unhappy unfortunate cripple in his remaining days, and it is probably owing to the deleterious properties of the rheumatic taint on the fibrous and osseous tissue, in those joints whose stiffening process is not complicated and by this mortifying matter action continuing to grow on defies as it were the fibre costolagenous substance, and themselves, of the bones of their activity, and by this disturbed action, interferes with the function of nutrition of the lost
and not interfering in acting in the vessels of absorption directly, but they still continue to perform their duty, and consequently the different fibrous, indurated, and oedematous structure is finally conveyed away by the absorbing vessels. It is likely in this way we may account for the loss of substance in the vicinity of joints, and reduction of the parts, perfectly performed.

In the treatment of the chronic rheumatism we nearly find it necessary to resort to the lancet; this probably would in all cases be an injudicious step, our first first of all in view should be to enquire into the state of the digestive organs, and if the appetite should be weak and variable and the bowels sluggish, the belladonna may be given with benefit, to the amount of four or five grains at night, followed in the morning by some mild aperient. If there is considerable sluggishness of the system and debility, the quinine may be judiciously employed, with benefit. The colchicum may be employed, in the same way, that it is employed in acute. It appears that it is used with more efficacy in subacute cases, and in such as are the consequence of the acute floor of the disease.

Astramumum, has also received considerable reputation, in the hands of many who have employed it; in chronic rheumatism, an extract of the seeds is given to the amount of one to four sixth of a half a grain. Five from fifteen to twenty drops
arsenic is particularly recommended in those cases of
tranquil and syphilitic pains. It is observed that it may
be given with advantage, in old and obstinate cases arising
from other causes. A great variety of other internal reme
dies have been recommended for the cure of this form of
Rheumatism. The muscomia, hyoscyamus, and the poke-berries
have all been used and frequently with success. But these
and many other remedies have that I did not deem it necessary
to notice, have failed in curing the disease.
Inaugural dissertation

On

Bilious Remittent Fever

Submitted to the examination

Of the Second Faculty

And medical board

of

The University

of Maryland

for the degree of

Doctor of Medicine

By

Jno. P. Dobier
An Inaugural dissertation
On
Bilious Remittent Fever
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Of Maryland
For the degree
Of Doctor of Medicine
By Ino T Boteler
Bilious Remittent Fever.

From a retrospective view of the history of medicine, I perceive this disease to have prevailed at a remote period. I might almost say when the science of medicine was in its embryo state, a subject which has constituted a wide field for investigation and research, which seems to have attracted the minds of practitioners in all countries and ages. When I reflect upon the different theories and opinions that have been advanced on this subject, I almost shrink from the task before me; aware of my own limited observation. Still, I indulge myself with the hope that in its execution I shall receive some degree of indulgence from the liberality of my readers. To attempt a perfect history of this disease would carry me beyond the bounds I have prescribed to myself, in this discussion, and if I had the wish I do not flatter myself that my mental powers would be adequate to the task requiring as this subject does more ingenuity than perhaps falls to the lot of any individual. For notwithstanding the difficulty and almost impossibility of obtaining by the most untiring perseverance all the information requisite for such an attempt. Yet so great is the desire in the minds of medical men to establish a theory as the first and leading principle and to hide truths and observations.
and to apply them to such principles that it is extremely rare to find a perfect and liberal history of any one disease entirely devoid of its influence. But here I should speak with caution still it is certain that every practitioner must adopt. Adopt an empirical practice unless based upon theory. This will not admit of reputation. It is also very clear to every pupil that from the commencement to the end of his studies so it is in all anatomical investigations and surgical operations such at first sight does appear entirely mechanical we behold the advantages and fascinating influences of theory, why then should we be astonished we see medical science so much involved in disputed points so replete delusions of cause and effect but many and obvious as are the advantages and improvements that have been made in the practice of medicine from a theoretical system, many and equally obvious also are the disadvantages and erroneous doctrines that have originated under the dark veil of mystery that attends it particularly in disclosing to our view the history the nature the symptoms and the treatment of all epidemic diseases. I shall therefore speak with caution as I speak not from my own observation but feel myself indebted to others for the knowledge and information I have acquired in relation to
the subject in question. I shall now proceed first to speak of the cause, secondly of the pathology, thirdly of the symptoms by which it is recognized and lastly the treatment. The remote cause of bilious fever is marsh miasmata produced by the action of heat upon vegetable and animal matter. Many and various have been the opinions that have been entertained and advanced in reference to the nature of miasmata in demonstrating in what it consists how and in what manner it introduces itself into the system of this hówever I can say nothing as it has not been demonstrated to full satisfaction. This agent however appears to be the principle cause of this form of fever. Others may act as exciting causes in the production of it as worms and all indigestible food in short all irritants acting on the alimentary Canal. Proximate cause subacute inflammation of the mucous membrane of the intestinal tube with prominent hepatic derangement. In some cases this appears to be connected with an abundant secretion of bile in others connected with great congestion of the liver little or no bile being thrown into the bowels during the earlier period of the disease. As to the pathology the liver appears to be the seat.
throw of this form of fever. But in every case I have had an opportunity of seeing. I think the liver was secondarily affected. And this form of fever appears to be nothing more than Typhus in a milder form. I shall next endeavour to describe the symptoms as they have fallen under my observation. When the disease is fully developed, there are pains in the head, back and lower extremities an interod tinge of the eyes, nausea and often bilious vomiting fulness and tension in the region of the chest, pulse full frequent and rather soft tongue foul at first white afterwards brownish, taste bitter. In the course of about twenty four hours a remission of these symptoms takes place after a short remission the febrile symptoms rise again and after a certain period again suffer more or less remission. This answers to the milder form of the disease. Bilious Remittent sometimes assume a very violent and even malignant character. The febrile heat is intense thirst excessive headache pains in the loins very violent great anxiety of feeling distressing sense of fulness in the epigastrium, in twenty four hours nearly a complete remission
ensues, a second and more violent paroxysm.

soon comes on. The eyes become red and watery

the epigastric distress is horrible; there is nausea,

with constant retching or bilious vomiting; another

remission occurs followed by a third exacerbation

which often terminates in death or a favourable crisis.

The disease sometimes assumes more of a chronic character

and in this case great prostration ensues with almost

constant delirium; here the pulse is quick, irregular

and frequent; in some instances the pulse becomes

almost natural a sign I think of great danger in

addition to the foregoing symptoms the following

occurs in violent cases of this form of fever; tongue

clammy, faid black; CPS red watery or dry urine

brown, blackish; and offensive sometimes entirely suppur-

ated; alvine discharges red watery or black abdomen.

Symptomatic in temperate climates and in situations

not abounding in materials for the production of mias-

matic remittent bilious fever and other types of fever

are generally mild and regular in their course;

in proportion as we approach hot regions we find

the disease assuming a more violent and anomalous

Character; in some cases I have said prominent intesti-

nal disturbance is connected with an abundant secre-

tion of bile in others the intestinal disturbance
is connected with great congestion or torpor of the liver, little or no bile being thrown into the bowels during the early period of the disease, to the former class of these varieties we may therefore apply the term gastric and to the latter that of Hepatic. The gastric variety characterized by bitter or putrid taste, tongue covered with a thick yellowish slime which by degrees becomes dry cracked and blackish, disgust for every kind of food, urine red, distress and weight in the stomach abdomen, tense and tender pains in the loins and knees intense, in the fore head distinct remissions and exacerbations. The hepatic variety, the most rapid and dangerous form of the disease, characterized by intense febrile heat, during the exacerbations, delirium, fullness, tension and pulsation in the right hypochondrium, tongue at first clean great irritability of the stomach continued vomiting of a yellowish fluid skin becomes yellow toward the termination of the disease. The liver in most cases pours out an abundant secretion of dark colored bile which is evacuated by stool and sometimes by vomiting. The stools in such instances are black and pitchy. The acuteness of bilious persistent always essentially inflammatory.
though in some violent cases much nervous depression and debility exists such I should say partake of the typhoid character we often find cases with a hot skin, white tongue, violent pain in the head, blood letting united with a small dose of Oleum Ricini or Sulph magnesia, sick stomach and diarrhoea; dry skin often removed by an emetic which is not to be lost sight of, I shall now proceed to speak of the treatment in a brief manner; The indications are first to moderate the action of the heart and arteries, secondly to remove the irritating contents of the bowels and lessen intestinal disturbance; Thirdly to restore the healthy functions of the liver; To answer these intentions we must employ bloodletting though it is not often necessary in the milder cases of our autumnal remittents of great use when the pulse is full vigorous and hard, the skin very hot and dry and the headache intense mild mercurial purgatives of much use in mild cases with little irritability of the stomach an emetic cathartic often useful in the higher grades of the disease. purgatives are important auxiliaries when not carried to an injurious extent as we are taught by one among the Bright luminaries of the profession I allude to professor Potter in the commencement of the disease he one or two active purgatives are not only
admissible but according to general experience
decidedly useful; subsequently, however, the mild
est laxatives only ought to be employed and
these are useful through the whole course of
the disease. Diaphoretics useful alone in combi-
nation with Tartarized Antimony and calomel
often useful in the early stages of the disease,
particularly mild cases; not so where there is
much irritability of the stomach; injurious also
where it excites much purging. The effervescent
draught used with benefit also the spiritus
Madderovi these two agents are useful to all.
Gastric irritability Mercury has been looked
upon as an important remedial agent in this
form of fever. And there are many advocates
both for and against its use. However, it is
now ascertained beyond a doubt that it is a
beneficial agent in the commencement, with
a view both as to its purgative and constitu-
tional effects. It should be given regularly and
usually, given until its specific operation beco-
mes manifest. Need to be continued until
spleenism comes on. Strong Mercury effect
has been thought injurious in the ad-
vanced periods of the disease Mercury
influence is generally injurious. In the higher malignant grade of this disease, that which has been termed hepatic from the engorged state of liver, the first object here is to allay gastric irritability which is very great. For this purpose bloodletting is best. Stitches to the region of the stomach a draught of cold water is often beneficial. The warm bath after proper depletion is highly recommended when the disturbance of the stomach is in some degree allayed; calomel is an excellent remedy. It should be given in doses of ten to twenty grains, every four or five hours until the expectorations become bilious; if the calomel do not prove purgative, mild laxatives can be given with it. Two or three alone discharges must be procured daily. Then the liver has been excited to action by mercury, here acidulated drinks are good; after every vestige of the disease has been removed tonics might be employed; such as bark quinine or colchicum. But generally the patient recovers without the aid of tonics great caution should be used as to diet until the stomach recovers its former tone. In relation to the probable cause of this disease a subject which has carried with it the greatest diversity
of sentiment, which has given rise to the most ingenocious speculation. I leave to the investigation of more ingenious minds than my own, to the investigation of more learned and favoured persons than myself, to the decision of those habituated to post-mater research. The want of which I greatly feel. Having now made a conclusion of what I promised to speak, I shall now bring this subject to a close imperfect as it is and, in thus acting, I trust that I shall not be exposed to any accusation which may tend to condemn my intention to any erroneous inductions of the motives by which I have been actuated. However imperfect and unsatisfactory these expressions may appear to the Critic, I submit it as it remains leaving its to plead its apology, fully sensible that I profess to the tender and kind indulgence of a much respected and enlightened Body. Whose zealous bosoms are ever open to candour and liberality. Finis.
An Inaugural Dissertation
On Epilepsy
Respectfully Submitted to the examination
of the
Provoct. Trustees, and Medical Faculty
of the
University of Maryland
For the degree of Doctor of Medicine
By Charles H. Ashton
Of King George County and,
State of Virgindia
March the 5th, 1834.
Epilepsy

This disease derives its name from the Greek words to which signify to seize upon and is so called from the suddenness of its attack. By the Roman physicians it was called the "Mortus Comitalis" or Colectiouning disease from its attacking most frequently during their popular assemblies and from the harangues of their Demagogues being one of the most frequent exciting causes. It has rarely described it under the appellation of the Mortus socon from its supposed origin it being generally regarded at this day as an affliction of the gods or of demoniac influence and has on that account mixed with a kind of Penumbral awe. Aristotle treated of it by the name of Mortus Thesciiculus because Hercules is said to have been afflicted with it. The sacred writing epileptic persons are called Lunatics its most common appellation now is the falling sickness from the persons falling to the ground as soon as he is attacked.

Dr. Cullen places this disease in the Clay Memories and Order Spasms. He defines it to be convul
ions of the greater part of the muscles of voluntary
motion attended with loss of sense and ending
in a state of insensibility and seeming sleep.
Dr. Good places it at the temples. Neurosis and
order of this kind in his definition of it is Spasmo-
die agitations and distortion chiefly of the mus-
cles of the face without sensation or conscious
ness, the fit occurring at various more or less reg-
ular.

Causes. The causes of Chelasis may be divided
into the predisposing and the exciting. The Pree-
posing cause seems to depend upon a peculiar
mobility of the Brain and nervous system and
this condition may be either hereditary or acqui-
sed. The predisposition may be acquired by the to-
ure use of ardent spirits or anything that stim-
ulates the brain and nervous system producing
debility and this debility producing increased
excitability. The exciting causes are various and
of these some act mechanically upon the brain
others make their impressions upon distant parts
and affect the brain secondarily through the
medium of the nerves. The causes that act
mechanically upon the brain are morbid tenions in the bone tunics or substance of the brain: as Tuberculous Exostoses Caries Pulp and Hydatids, all of which have been known to have produced the disease. The other set of causes is those which do not act mechanically upon the brain, but upon remote parts and humors. Thus, all sudden and violent mental emotions as fear, terror, grief, horror and even joy. The sight of a person labouring under a fit will often become the exciting cause in a person who is strong predisposed to it. The mere recollection of the causes or circumstances which gave rise to the preceding attack. Any kind of corporal irritability as an irritability in the ear from inflammation at epy or any foreign substance introduced into it. The irritation caused by a carious tooth has frequently been the exciting cause of this disease in a person who is strongly predisposed to it. Particular uterine affections and of these more, more frequently than the suppression of the menstrual discharges. A sudden suppression of the coxial discharge
orge has often become the exciting cause in females who are strongly predisposed to it. The sudden suppression of any habitual discharge as of a long continued flux- or the Gonorrheal discharge will often become the exciting cause of an epileptic attack. Indigestible substances taken into the stomach or acid existing in too great quantities in the stomach. In children there is not a more common cause than irritation produced by worms in the intestinal canal. Poisons of the Drasctic kind will produce it: Niasmata in a concentrated form will likewise produce it. The first effect of the contagion of the small Pox in children is sometimes an epileptic fit.

Pathology. The Brain is the seat of this disease, and the appearances are very similar to those which are seen in persons who die of Apoplexy and Palsy. The Cord of brain is generally found to be in a diseased condition. The Cerebellum is likewise found diseased. The substance of the Brain is sometimes pre
ternaturally hard. Sometimes it is softer than natural. The reptile of the Brain is generally in a turgid state. It sometimes finds a morbid yellow friable matter between the layers of the Centrum. The color of the Brain is of a dusty red, approaching to a blackish color.

**Diagnosis**

Epilepsy is liable to be confounded with Hysteria of the Convulsive form. They may be distinguished from each other by the following symptoms. In Hysteria the countenance is less lively and distorted than in epilepsy. There is seldom any grunting at the mouth as in Epilepsy. In Epilepsy there is no Globe Hysterics or involuntary laughing or crying as in Hysteria. In Hysteria there is generally an increased discharge of phlegm and vomiting. But the most certain diagnostic symptom mark is the Aura Epileptica which appears to be peculiar to epilepsy. The Hysterics have of its occurrence frequent that in Epilepsy.
Symptoms

The attack sometimes comes on suddenly without any manifestation of its approach. More frequently, however, there are certain symptoms which usually precede the attack but are of but momentary duration. Thus the patient feels a confused and distressing sensation in the head, his mind is absent and wandering, then is giddiness, dimming of sight, ringing and loud sounds in the ears, flashes of light before the eyes. The veins about the head and neck are generally much distended. Sometime of the extremities. Then is a feeling of anxiety about the precordial region starting during deep, indistinct articulations. Then is sometimes a complete temporary deafness. The patient is generally gloomy, sullen, and irritable. But the most remarkable of the precordial symptoms is the Aura Epileptica, which is compared by the patient to the feeling which is complained by the patient to the feeling which is communicated by a gentle stream of cool air. This sensation generally commences in the extremities and gradually ascends to the head, which as soon as it reaches
the patient becomes insensible and falls to the ground and is violently convulsed. The muscles of the face are very much affected, giving the patient a fearful appearance. The eyes roll about in their sockets, the eyelids are spasmodically affected, the tongue is thrust out of the mouth and is sometimes severely wounded by the teeth. The abdominal muscles are drawn in towards the spine. Respiration is hurried and laborious. The pulse is generally small and frequent. These symptoms gradually at the respiration becomes free the pulse free and regular. The countenance more composed. Finally, he falls into a state of stupor and deep sleep from which he awakes with a feeling of languor and confusion which continues for two or three days.

Prognosis

The immediate danger from an attack of epilepsy is not in general very great and in relation to its sanibility the prognosis is always unfavourable. In forming our prognosis we must always take into account the cause which gives rise to it. When it depends upon organic disorders with
in the cavity of the head or when there is heredit-
ary predisposition, the prognosis is always unfavour-
able. When it occurs in young females about the
age of puberty and arises from a suppression of
the menstrual discharge it is generally curable
and sometimes passes off spontaneously, after
the leucorrhoea begins to flow regularly. In child-
hood when it is produced by the irritation from
worms in the intestinal canal, we may in gener-
ally be able to effect a cure. When it occurs soon
after birth or in early infancy, the prognosis is
unfavourable. From the nature of the condition
to
that of puberty is the most favourable age for
attaining a cure. If the premonitory symptoms
should show themselves in the extremities the prog-
osis is more favourable, than if they be stated in
the head. It is said that a long continuance of
dream and subsequent mental stupor and confu-
sion after the subsidence of the paroxysm is a
very unfavourable sign, when it arises from
imoral causes particularly from violent anger
or grief it is said to be long rarely cured. When it
comes on during sleep it is said to
be more intractable than when it comes on
during the day and is preceded by premoni-
tory symptoms.

Treatment

In the Treatment of Epilepsy we have a threefold
object to accomplish, first, to remove all source
of irritation, second, to moderate the afflux of
Blood to the brain, and third, to alter that con-
dition of the nervous system upon which convul-
sion depends. To accomplish the first object we
should endeavour to find out the seat and cause
of the irritation and, to remove it, if possible.
If the existence of worms should be suspected
we should give Anthelmintics and of these the
Spirits of Sarsaparilla is the best that we can
employ. If the irritation should be caused
by some indigestible substance taken into the
Stomach we should administer a gentle eme-
teric and if this should act insufficiently
we should give a Cathartic. If acids should
exist in too great quantities in the Stomachs
we should give Alkaline Remedies.
To fulfill the second indication or to moderate the afflux of Blood to the Brain, if the pulse be full and strong, we should take Blood freely. Administer Calamine purges. Place the lower half of the body in warm water, apply cold applications to the head, we should employ Counter Irritants. The Spine may be rubbed night and morning with different preparations of Arsenic, Camphor or Cantharides, Strych and Ipecac have been applied to different parts of the body. So as to keep up a perpetual Counter irritation. The thermal and potential current have likewise been tried. It should be applied along the course of the Spine or to the part from which the Aura seems to arise. A tight ligature put around the member above the joint from which the aura arises will frequently stop a fit.

The third indication is to be accomplished by the use of medicines of the tonic and narcotic class. The tonics employed are both vegetable and mineral. At one time the
Nigellae of the oak stood at the head of reme- 
cies for epilepsy it was looked upon as a mys-
cetic. It is no longer employed. The Bark of 
leaves of the orange tree were likewise much 
used, they are now never employed. Of the va-
gitable tonics the Peruvian Bark is the best, 
it is the only one that is used at the present-
day. It is to the Mineral Kingdom that we 
have to look for remedies in epilepsy, and of 
these the Oxide of Zinc is generally regarded as 
one of the most efficient remedies. It should 
be commenced with in doses two grains three-
times a day and gradually increased to forty 
or fifty grains a day. The Sulphate of Zinc is 
the only one strongly by Cullen in this disease.

The Cuprum Ammoniacatum was the favour-
ous remedy of Dr. Cullen. It should be com-
menced with in doses of from a grain to half 
a grain and gradually increased to one or two 
dd a half grains three times daily. The Nit. Arsen.
ate possesses at present no reputation in epilepsy 
more than any other medicinal article. It should 
be given in as large doses as the Stomach will
bar. We may commence with one grain and gradually increase the dose to three or four grains three times a day. The Acetate of Lead, given in doses of about five grains three times a day is considered an excellent remedy.

The Remedies that have been employed are Camphor, Hyoscyamus Stramonium and Opium.

Dr. Cullen says that he has found Camphor of service in epilepsy. It is generally given in combination with the Cyprian Ammoniacum or with the flavor of zinc. When it depends upon a supposed cutaneous eruption or on Organism, or when it is connected with unusual pain, it is a remedy of great utility.

At one time the Hyoscyamus was thought to possess considerable curative powers in epilepsy, but experience however does not confirm their favor. Out of all the Symptoms of its Virtues.

The Stramonium was first employed in this disease by Storey of Vienna and the result of his experience was much in favor of its immediate powers in epilepsy; later experience however has not confirmed the hopes which the trials of
Storek and others were calculated to inspire. Very little can be said in favour of the power of opium in epilepsy. When the disease is independent of any organic cause, and connected with great irritability of the system, Opium may do good, if it be given a short time before the paroxysm. It should never be employed when there are marks of strong congestion in the vessels of the head.
The Inaugural Address

Mr. Lincoln. Addressed to the Congress of the United States 1861.

The Congress of the United States of America...
An Inaugural Dissertation
On Apoplexy, Submitted to the Examination of the Provost, Trustees, and Medical Faculty, of the University of Maryland for the Degree of Doctor of Medicine
By
William B. Rowland
of Maryland
1834
To Alex. Blendemen M.D.
The following dissertation is dedicated, by his friends, and Tucui.

The Author.
The free Stator is, or is not a necessary attendant on Atrophy or a question which does not appear to be decided by Mostoitis. While most writers have said it down as an essential symptom, others do not consider it a necessary index. To the latter class belong Dr Cullen who generality conceived to have omitted this mark, in consequence of his remark included Asphyxy and Catalectic under the genus. Andalus. Can the decision of this point appear to be attended neither with difficulty nor uncertainty. The true solution of the question is perhaps the following, that all the Stator must generally does accompany a decided Arpoletic paroxysm, well marked. Cases have occasionally occurred in which this symptom has been wanting throughout their whole progress. Mostoitcal rules apply as well to this as most other morbid affections. But they are very many instances give us a true delineation of increased intensity or the scene, but at the same time it is not to be concealed that in by far the greater number of cases, the exceptions would apply as often as the rules. As Dr Cullen has very properly qualified his definition in respect to Stator, we shall adopt it on the present occasion. The free morbidity says, "Stator"
A hypnosis may be thus defined: it is a condition in which the animal functions are suspended, while the vital and natural functions continue. Respiration being generally laboured, and frequently attended with the fear that it is likely to be a continuation in respect to definition, must be our apology for any want of precision or regularity, we may have displayed in definition. Hypnosis.

The etymology of the term hypnosis is from a Greek word meaning "to strike or shock down," would lead us to believe that its unhappy victims are struck suddenly and unexpectedly in the instance. Experience, however, teaches us that this is rarely, if ever, the case. Small cases of difficult attention can be gained by a careful observation of approach of the form of being addressed by many well-defined symptoms, referable to the most part to the difficulty, with which the Brain exercises its functions. The most remarkable of these are the following: Paralysis, numbness, and deep slumber, panic, or sense of fear in the head, particularly on smiling, or making any
hidden sensation; violent throbbing in the temporal and occipital region, confined nausea or the ears, flashes of light before the eyes, temporary blindness, but more commonly a more difficulty of discerning objects will be remarked. Upon these symptoms, epilepsy oftentimes supervenes and affords a partial and temporary relief; the vessels of the subdural meninx membrane giving way, prevent congestion and perhaps focal effects are within the cavity of the cranium. Drowning, confusion of ideas, loss or unusual weakness of the memory, and inability to proper both of body and mind are usually noticed before an apoplectic attack. They are usually observe in the timidity of articulation, and various other partial sensory affections. These may be confined to a limit, or part of a limit, and strange as it may seem, a loss of feeling in one or more of the fingers to be seen the hallmark of this disease. The muscles of the eyelids are frequently affected, and then the eyes can neither be shut or opened. The muscles of one side of the face too are often impaired, those of the opposite side moving with no resistance in their action produce a distortion of the countenance. A symptom occasionally noticed in the loss of sensibility in a particular part while the power of motion remains. The converse of this is equally true.
lability remaining, and even being mortally increased, while the voluntary muscles are alone paralyzed.

These symptoms and others of a similar character, indicating an unusual determination of blood to the head, mark the tendency to the apoplectic state. Of these, however, it may be remarked, that vertigo, uniparity of the ear, imperfect vision, pain, and oppression in the head are by far the most common precursors of an apoplectic fit, and to these the attention of the physician must be particularly directed, if present at the period. Nevertheless, the almost insensible presence of them, or decided of the above symptoms, their duration, or the only varying. They may or may not continue more than an hour, or two hours, in some cases, while in others they may occur with occasional intermissions, remaining for weeks, for months. Persons becoming under an involuntarily condition of any of the cerebral vessels, may be troubled with symptoms of apoplectic disorder, for an almost indefinite period, until at last upon the application of some strong exciting cause, they are cured. Cure, as a rule, of blood-stroke is within the Cranium—true distinction from other cases not.

ned under which the attacks of apoplexy occur, the boundaries of each being well-defined, all the after
a time they frequently pass into death, their imperceptible. In the most usual form of apoplexy, the
patient is apparently deprived of all sensorial power:—motion, instantaneous sinking into a state of profound stupor, from which it is impossible to recover.
Moreover, noticing the resemblance between this form of
apoplexy, and profound sleep, declared it to be its true
character. To this form Poëts have applied the
appellation of Apoplexia perfecta. In the second
form the patient is seized with a sudden convulsion to
the head, paralyzation of the extremities, cold
extremities, nausea, vomiting sometimes. Upon these symptoms
insensibility generally supervenes. If the patient falls to
the ground. In other cases, however, he does not fall
down, the sudden attack of pain in the head, being only
accompanied by slight, transient loss of recollect
ation. In both cases, partial recovery takes place
that patient may be able to converse, usually for a
short time, attending to his ordinary business. Still complains
migraine of an incredible feeling of nausea in the
head. After an interval, varying in its duration, he be
comes forgetful, moist eyes, and finally completely coma.
The third form of apoplexy is noticed in it, hemiplegia
or a paralysis of one half of the body, without stupor,
...eighty to present it soon & appeared the patient

was enabled to support himself by signs. Here it is neces-

sary to observe, that this from two or three hours, may not

cause complete apoplexy, nor underv

appropriate system of medication in health. Commonly however if the disease has fortunately

ly be arrested at this point, recovery will be protracted

for weeks or months. It perhaps never comple-

tely effected.

The phenomena attendant upon the apoplectic process

for are varying. In the most severe form of the disease

loss of voluntary motion and intellect are also

entirely suspended. In lighter affections, the patient

retains some degree of consciousness, is sensible to

impressions, capable to a certain extent of voluntary

movement. The pupils of the eye at this generally

widely dilated and insensitive to the stimulus of light,

irritation merely contracted. Sometimes they Contract

dilute alternately with great quickness, without

being influenced by the stimulus of light. Sometimes

the side of the 13th lies motionless, without mani-

festrating the least degree of feeling ever other-

strongly resisted, while convulsive movements

with perhaps some degree of feeling are perceived.
On the opposite side. Some, the small surprise, that in a case of recovery, total inaccuracy will be left behind, aspiration in moist cases of apoplexy is commonly slow, laborious, and generally a feature. At other times, the breathing is natural. Aspiration is often attended with a puffing motion of the lips, the partly dilated or blown out from the lips with considerable force. The general circulatory of the blood, as indicated by the pulsation of the wrist, is not from being uniform. Sometimes the pulse is slow, full, strong, while the face is flushed, the eyes red; the extremities warm; at other times the pulse will be weak, perhaps irregular, the face pale, the features sunken, the eyes dull, glazed. The Extirpative Colds.

The power of swallowing is not entirely lost, commonly impaired, as to oppose the most laborious obstacles to the administration of remedies by the mouth. The Bowels are in all cases of Cerebral apoplexy are impeded. In some of those cases, every effort to evacuate them by Cathartic medicines, when of fatal termination is about to ensue, the pulse usu-ually becomes small, irregular, rapid, and the respiration slow, short, interrupted by deep intervals.

Diagnosis. To attain a correct diagnosis in apoplexy is not commonly attended with much difficulty. There
null
a fit of consciousness and voluntary motion. Suddenly
A man with a volcanic state of the muscles
and breath that the nature of the disease cannot
be mistaken. It is hard to conceive to be confounded
with natural sleep. Disease from both of which
for the purposes of practice it is necessary to be dis-
tinguished. In disease respiration is almost im-
perceptible, the pulse almost to be felt. At the instant
the features change. The surface of the body becomes pale
or livid; the reverse of all this usually
takes place. It is easy to discriminate between
sleep and natural sleep; the distinction cannot
be made by one being able to come the person from
sleep, however profound by a certain degree of irrita-
tion. This cannot be done at all, but imperfect.
ly in sleepiness. The habit of the individual, the
smell of the breath, the uniformly fallen condition
of the lower jaw, and the gradual relaxation of the mus-
cular system which affords a correct diagnosis with
regard to intoxication. The presence of convulsions,
foaming at the mouth, and an agitated condition
at the expiration of the Patient, the Ana-Epileptia
will assist to distinguish it from epilepsy. Moreover,
the latter disease makes its first appearance
Commonly at an early period of life, which is
seldom the case with epilepsy. I do not see this
case; however, it is to be carefully borne in mind
that epilepsy may occur when the patient
Practitioners, which proceed as a case of this
attack without any regard to the primary
affection. The exception when local is only a
minor degree of the primary, the former being a
partial epilepsy, the latter a complete
universal epilepsy. The diagnosis, therefore, in
importance only as far as regards degree.
Diagnosis. The general Prognosis in this state
is extremely unfavorable. Here it does not from
state it predisposes to a relapse, but often terminates
in a loss of the mental faculties more or less
general often. Hemiplegia in which usually
takes place on the opposite side of the body from
that of the Brain on which the injury has
been inflicted. The various paralytic effects
which are the sequel to this way, it is
impossible to decide with any degree of certainty
as to their incidence. At the time
Cause of the Paralytic may be removed, that
part of the Brain which has sustained the injury
may be so completely modified in its organization, as to
be forever after incapable of receiving its healthy
influence over the newly distributed to the Daily
organism. Giving symptoms Cenclone, guide
us in forming a particular Prospect. Here the
Breathing is most marked. Inhaled the spirit released
and an appearance of specific action; where the
perspiration is easy, the skin warm & tender,
but the Bowels readily treated more especially
where there is any spontaneous discharge as from
the nose or ~hronical nephritis. we may continue
to answer favorably. But where the symptoms
are directly opposed to these: where the Breathing
rises much impeded with foaming at the mouth;
where the heart is firmly clotted; the forms of
vegetative action gone: where the pupils are wide
Dilated & unvicious to Breathing light, no res
semble Expectation of recovery can be certain.
3d. The pulse after being slow, strong and full
becomes weak, rapid. Intermittent is a very
unfavorable symptom. When Eryoids with
Cold sweat indicates a fatal tendency. Fries do
not agree in the Prospect to be drawn from Convuls
ions, some as Cheyne say that they indicate a
fetal result, others a diminution of the maternal
cause. Those cases, which commence with a
sudden attack of pain in the head, sitting down
sensibly to the same degree from that time have
been considered necessarily fatal, being attended
with almost uniformly certain evacuation of
blood. It is probable that in these cases, the
symptoms are relieved for a time by the bleeding
of a blood-vessel, which continues to evacuate blood
until the conception. The rapidity with which the
disease advances in these cases, of this class, will depend
on a great measure upon the size of the reflex
from which the Hemorrhage takes place. From
some cases reported by Waller and others, it appears
that the bladders sometimes stopped by the formation
of a coagulum at the ruptured part, until some excre-
ting cause renewed the Hemorrhage. In one of those
cases, two weeks intervened between the first attack
and the fatal one. In these cases, the artery
is, indeed, divided at the place of rupture, and
this satisfactorily accounts for their not being
preceded by the usual train of symptoms.
Nor the effusion of blood within the amnion
CANNOT but be regarded as extremely hazardous.
and unformable, but the necessity of modern
physiologists has satisfied the former. Between
I e after effusion, does sometimes take place.

Pmembrautyn are generally just, day by day, formed around
the last anterior third, the fluid is absorbed by the resol
of the cyst. At last, the cyst itself is absorbed leaving
a yellowish cicatricial or involutional cellular tissue
which in some cases is found to contain a small
quantity of red blood serum. In other cases, it is
that the fluid is not absorbed, but that the brain
acquires the power of bearing it. The
fact that the brain can accommodate itself to some
degree to unnatural pressure is a fact well
known to every practical surgeon. Hence in
some cases, a certain form of perfect
health, with external settings of the cranial
deprefixed. Equally as much can be seen in
form of absorption for absorbed it limit
actually demonstrated in the brain and going
in a direction, indeed the air of absorbed
depres is, would be directly at variance
with the present received Physiology of Nutrition.
For all practical ends, it is different to know
that a favourable termination can take
place under those adverse circumstances: her city of life's moment, the dulness very important in a scientific point of view. The same remarks apply to extraneous resulting from proving infection=-the reflex of the brain being in a healthy condition. The cause predisposing to apoplexy are old age. Body conformation, undue indulgence the suppression of accustomed evacuations. The persons of advanced age are more liable to this disease, and it has always been fully explained: instances of the disease occurring at an early period of life are by no means uncommon, but a large majority of cases occur after the period of middle age. From this observation it would seem that apoplexy occurs more frequently after the eightieth year of life than at any other period. That form of it consisting in a short thick neck, large head, wind face, and drooping shoulders has been remark- ed as well as in increasing the liability to this disease. Such persons are usually early subject to local depressions of mind, particularly to the brain. This form of body constitutes in many cases the hereditary predisposition to apoplexy, noticed
The text on this page is not legible due to the handwriting style. It appears to be a page filled with dense, handwritten text that is not easily transcribed into a readable format.
of particular families; but occasionally, reasons of a this space habit, take a steady course, and have influence also to the prevention of the eye, 
Here we cannot close our eyes, for no one 
Conjunction is going to life being explained 
In my opinion, if the individuals, there 
with a prenaturals of the limits 
view of the brain, serving retardation, 
accumulation of blood within. That this is 
not a mere speculative notion, I infer from 
analogy; for do we not observe a great difference 
In the number, size of the veins in different parts 
of the body in different individuals? Certain 
I wish to conclude that the same diversity 
attains in the cerebral venous system of 
practical individuals. By particular of the 
heat, ancimonial dilatations of the neck 
Palmar artery, luminous seated on the neck 
for the development of the pleura.

The exciting Causes of this accrate are very numerous, 
whatever increases the flame of heat to the head, this the artery, presents its return by the veins can 
become an exciting Cause. To the first class 
depends exposure of the naked head to the Sun,
rays, and phlegmes affecting the deeps. Warm
Climates, Hot Bath, Bathing in the B brew
with stimulating ingesta, without the aide
of the fluid treatment of the phlegmas
visualization of the mind and a perhaps one of the most
frequent exciting Causes. These Causes which
operate by preceding the return of blood from
the head to the heart are the
visualization of the neck, tight ligatures, tumors in the cone
of the great vessels of the neck: Organic effect of
the Ankle Disease of the lungs &c. Besides the
dive Causes which are not only mechanically
made place under the head, the appearance
of cold to the surface of the body, the departure
of the Proximate Cause. Notwithstanding
authors have been to express in their description
of this disease, they are far from being unanimous
in their opinions. Concerning its pathology.
The diverse of opinions on this subject are
undoubtedly a great step arising to the
opinions of appearances, observed in the
bark, pain, sramation, post mortem. One person
will have all the symptoms of dyspepsia and under
the awakened as perfectly recovers. Another one under
apparently similar circumstance. Treatment, in a
deficiency of blood, is found somewhere within
the cranium. Thirteenth, and seven effusions
found. Fourth and, upon examination,
engagement of the cerebral vessels, is observed. While
fifth, and no cognizable Cause of death
can be formed, the brain. These Cases where
no morbid appearance presented itself, could not the
accounts to expose the old Doctrine of Compression of
the Brain; it has numerous hypotheses, equally credible,
they are numerously were framed to explain the Cause of
the Patient, Act. "Because of the animal spirits being
suddenly extinguished by certain malady and take
the Principles; of the sudden relaxation of the mem
sages and stream of the nerves, which of the brain. By
some, these Cases were referred to a new species of nerv
college, never. Now I apprehend Cases of asphyxia have
been

recently rare, that a State of the Brain
may not rendering insensible of transmitting by
the sense the proper stimulus to its dependence; may
be admitted; but these Cases, all they reported by Care
ful observers, are to be received with some degree of
ambiguity._An individual of an asphyctic Constitution
aging suddenly, his death attributed to apoplexy.
In many cases this supposition will be verified upon inspection; but should the brain be found perfectly healthy, without pursuing the investigation further, the case is referred under the all-embracing term of Nervous Aphasia. In many such cases, there is every reason to believe that disease exists in the heart, with neighboring connections sufficient to account for the sudden extinction of life. These cases, arising from oppression in the chest, constitute the diaphorism of Nervous Aphasia. Much importance has been attributed to a direct diagnosis between this form of what has been called Languor, upon the principle that the practice performed exceedingly beneficial for the mind. The former is said to be accompanied by a weakness of the pulse, pallor, and the Countenance, by occurring in the aged or infirm, the latter by a flushed face, activity of the circulation, and occurring in the young or robust. This distinction, however, has not been upheld by observation, for effused blood has been found often death, when all the supposed characteristics of Nervous Aphasia had been observed during life. Incase one, when the expression of the Languor was most evident during life nothing but serum was found after death. Independently of this, it is somewhat uncertain
in the three cases, in which serum is found in in-

sufficient quantity, should be set down under the
heads of legitimate apoplexy. In other parts of the
body, serum appears very seldom a primary
disease; it is, as a result rather of inflammatory
action, or impeded circulation and tissue necro-

infection, or inducing symptoms. By a proper

examination can be satisfactorily accounted for.

The effusion of blood, except in the case stated of

the vasa recta lumina of the cerebral arteries, do not always

precede by more or less congestion or vascular expre-

sure either arterial or venous. When from any cause

more blood is sent to the brain than can be returned

by the arteries, symptoms of congestion to a greater

or less extent will be induced. This state may

give off speedily under higher management, or

terminate speedily in extravasation, or the mere

sequence of the reflexes may be sufficient to destroy
life. Again it is probable that the first pathological
symptom is a congested state of the veins of
the Brain, which, on the congestion being slight
enough to extirpate life, will be followed by
reaction, the dilated state of the veins giving
rise to an increased vassulatory excitement of the
Heart arteries. These two pathological conditions
will account for the diversity of symptoms exhibited
during an apoplectic fit: the former variety being
induced by chilling, friction of the Contour, coldness
of the Extremities, small pulse, &c.; while the arterial
form is attended by all the evidences of strong
excitation of the muscular system. This arous
of the subject moreover is borne out by the Charac-
ter of the exciting cause, one of which increases
the flow of Blood to the Brain, while the other
injures the return to the Heart. That these two varieties cannot always
be distinguished by the symptoms will be admitted.
But that these before laid notions of the heart
of arteries may occur, upon the erroneous hypothesis
that the power of life may be so overwhelming by the
annual quantity of Blood sent to the Brain that the
Arteries, as to simulate all the symptoms of the
Deeper remissions depend on the preceding premonitions: it will be perceived, that whatever upon the brain is, to be received, as the Proximate Cause of this Disease, the mode in which this prejudice and need not being always the same.

The great object to be kept in view, in the treatment of epilepsy is the removal of the vascular impressions of reform from the brain.

The fundamental indication is to be announced by a reduction of the general mass of momentum of blood, and by the employment of means calculated to cease the determination of blood to the brain, and to demand it from the cerebral vessels. For this, however, as in all other diseases, the extent to which evacuation can be carried, must be regulated in a great degree by existing symptoms. Where the pulse is weak and flaccile, the face pale, the lips membranous, cold, it must be more evident, that depletion is needed. It cannot be trifling, to accommodate to the state of the vascular system. In such case, the proper plan of procedure would be to inculcate the system to react by the use of external stimuli: blood is drawn at this time, should be taken.
very small quantities at intervals; thus enabling
the arteries to resume their action
gradually. In that form of apoplexy attended by
a full blocking of the temporal and occipital
arteries, a more decisive and energetic plan
of treatment is to be adopted. The Patient is
be carried into a spacious apartment. Carefully
sustained in the erect posture, the Head
being elevated upon the Shoulder. Then a
large orifice is to be made into a vein and allow
suffered to flow, until the circulation sensibly
affected. Next to bleeding, in point of
efficacy, is the application of Cold to the Head,
applied by means of ice or water, or what is
better still, by a stream of cold water directed
against the Elevation of the Head, and received
in a Beer-Heed under the Chin. The
Bowels are to be cathartically wound naturally
from part of the plan of treatment. Besides the
evacuation of the Bowels, they direct the circulation
to the intestines, either by ice, or by secretion from the
intestinal surfaces, thus acting as counterirritants.
Drinks. Provided the Patient is able to swallow
it is of very little importance what particular
...
Cathartics used. The best method of a given 
place, would be a Combination of Post-Colon 
Syphon or old Syphon, 10 or 15 of the former to 1 of the 
aid to be repeated as often as occasions may 
require. At the same time Stimulating 
Inemata may be resorted to occasionally. 
With regard to the repetition of Bloodletting no 
rules can be laid down; as long as the pulse 
Continues active, this evacuation is to be resorted 
for without any regard to ounce. If the 
symptoms should still persist, after general 
Bloodletting has been Carried to a reasonable 
extent, catharsis may be resorted to with adv 
antage. Blenches do not promise much 
in this disease, unless it be where the pulse is 
slow and weak together and slow the 
they can 
be thrown aside to make room for more 
efficient remedies viz. suppositories. The proper 
judicious employment of these remedies, in 
place of every thing that can settle as efficic 
ent in the remedie management of this place 
altho they will frequently fail in preventing it from 
it is now well known, that the above treatment to 
greater completesty is the best method we can 
take to promote the absorption of offensed blood.

--- FINIS ---
An inaugural dissertation,

on

Cholera Infantum

respectfully submitted to the examination

of the

Provost, Trustees, and medical faculty,

of the

University of Maryland.

For the degree of Doctor of Medicine

by

George J. Robertson

of

Dorchester County, State of Maryland.

March the 5th

1834.
To

Nathaniel Potter M.D.
Richard Wilmot Hall M.D.
P.athan R. Smith M.D.
Julius R. Duvatel M.D.
E. Geddings M.D.
and
Robley Dunglison M.D.

The following pages are respectfully inscribed
by the Author.
Cholera Infantum

This disease generally appears about the end of June or the beginning of July and continues during the summer. It differs in several respects from the ordinary cholera of adults being almost always accompanied with fever and frequently commencing in a gradual manner in the form of diarrhoea, which continues for several days before the vomiting supervenes. The name cholera infantum originated with Dr. Rush and was copied by Cullen into his nosology. It is a disease most peculiar to the United States. Though children in other countries are liable during delirium or from other causes to various affections of the alimentary canal, yet they all differ from our endemic. The liver appears to be equally as inactive in this as in the other variety of the disease, for when once fully developed, the evacuations during the early period of the disease, are wholly devoid of any appearances of bilious matter, consisting either of a whitish frothy, or of a watery and almost colorless fluid. When the disease is very protracted in its course, aphthous ulcers usually appear on the tongue and inside of the cheeks; the face acquires
an aedematous appearance. The alvine discharges become so acrid as to excoriate the extremity of the rectum, and towards the fatal conclusion spots of effused blood under the cuticle sometimes appear on various parts of the surface.

Etiology or cause. There are three causes whose concomitant influence is chiefly concerned in the production of this variety of cholera, namely, high atmospheric temperature, the contaminated air of crowded cities, and the irritation produced by defecation. Improperities in diet and clothing, worms lodged in the alimentary canal, and premonitory warning also frequently excite this disease. It is sometimes complicated with Pertussis and is very difficult to cure, as the remedies for one disease aggravate the other. Diagnosis. There are but two diseases with which Cholera is liable to be confounded—these are diarrhoea and dysentery. In dysentery there is a burning sensation and pain in the bowels and frequent desire to go to stool; the evacuations being watery, mucous, or bloody, without any admixture of natural faces. The patient complains of a load in the intestines, which he endeavours to cast.
off by violent efforts of straining, there is also, nausea, but no vomiting. In Cholera There is generally no mucus or blood but diarrhoea and vomiting. In dysentery the stomach is not much concerned. In Cholera infantum it is chiefly concerned. It may be distinguished from diarrhoea by the vomiting and great irritability of the stomach, which seldom or never occurs in diarrhoea. Prognosis: The prognosis in this disease is extremely difficult, since death sometimes happens very unexpectedly, and recoveries frequently take place long after the cheering influence of hope has entirely abandoned us. If the pulse becomes slower, fuller, and more natural, The temperature restored to the surface, and equally diffused; the irritability of bowels and stomach diminished; the aline discharges previously denoting the absence of bile, changing to that of a dark bilious offensive matter, the prognosis is favourable. If all this happens, or in other words, without the liver is restored to its natural functions, Convalescence does not generally take place. Where the surface is cold and damp, the pulse small and minery, the countenance tank and haggard; inespant jucking
Drugging of greasy fluid matter, attended with extrême nervous sensibility, or an entire extinction of it, imminent danger is to be apprehended.

Pathology. In recent cases the brain presents prognostic appearances after death except those of congestion; but, in protracted cases, effusions are often met with constituting hydrocephalus. The large intestines are seldom affected in this disease; and perhaps, never, excepting where the disease assumes the dysenteric form. The liver, under almost all circumstances and especially in cases of long continuance, is greatly enlarged so as sometimes to occupy two-fifths of the cavity of the abdomen. But though its size is thus increased, its structure appears to be very little deranged. It is merely distended by congestion; and on this account is more firm and solid than natural, evidently induced by torpor in the portal circulation.

Treatment. The treatment of cholera infantum differs essentially from the other variety of the disease. In this disease we have the important indication, of obviating irritation and sanguineous congestion of the brain; and hence opium which is decided the most valuable remedy in the other vari.
...utes, cannot be employed, without great hazard of doing mischief in the first stage of this disease. An
emetic by some has been recommended at the commen-
...ation of the disease, supposing that the stomach
contains offending matter, which spontaneous vomi-
ting is incapable of throwing off; but this practice is
founded on an erroneous view of the pathological
condition of the alimentary canal, and generally
decidedly injurious. If the disease has been provoked
by any irritating matter taken into the stomach, we
should of course endeavour to remove it, by encoura-
ging the vomiting, by draughts of warm water, until
the foreign substance appears in the matter thrown up.
But we should never administer an emetic, for so
long as nature continues her efforts it will not
be required, as she will certainly succeed in aspistic
and it will never be necessary after it has been
cast off. Torpor of the skin and liver, in connection
with cerebral irritation, constitutes the the imm.
mediate cause of the excessive irritability of the stom-
ach and bowels. Our principle object must be therefore
to restore these two functions. If there be much sanguin-
aceous congestion in the brain, we may commence the treat-
ment with venesection or the application of leeches or cups to the temples. Cathartics are improper in the first stage of this disease, on account of the irritation which they produce. Blister and diaphraxes have been recommended, they should be looked upon as only palliatives. Our principal reliance should be placed on calomel given in small doses: from a 4 to 8 gr. should be given three or four times during the day and continued until the secretion of the liver is restored. So long as the liver remains torpid and the alvine discharges, from bilious matter, the disease may still be regarded as still possessing all its violence and dangerous tendency, whatever abatement may occur in the severity of the symptoms. If the heat and dryness of the skin be very great we may add to the calomel a small portion of 2 pecs euanha. In small doses it is an excellent auxiliary to the calomel. Its tendency to counteract inordinate action of the bowels, when given in small doses, is well known; and its tendency also to excite diaphoresis, still further enhances its applicability in this and other similar intestinal affections. Where the abdomen is tense and there is reason to believe that the bowels are loaded with fecal
matter the quantity of calomel should be increased at each dose, so as to procure its purgative effect. Except under these circumstances, purgatives are not, in general, indicated in the commencement of the disease. Where the disease continues, however, until the liver under the influence of the calomel pours out a large quantity of bile, mild laxatives are highly useful. External revulsive applications to the epigastrium and right hypochondriac region should be used, unless the general habit is phlegmatic and depletion indication. The most efficient application of this kind is blisters. When we wish to procure a speedy resuscitation the part should be bathed slightly with spirits of turpentine previous to the application of the blister. The warm bath has also been recommended, and is no doubt, when judiciously used, a useful auxiliary in the treatment of this disease, especially when the skin is dry and hot and the pulse quick and tense. While the patient is immersed in warm water up to the neck it will be proper to make use of cold applications to the head. The majority of cases of this disease are more or less marked by great inequality of temperature. By immersing such patients in warm water one equalize temperature, and diffuse a glow over the entire surface.
while other benefits are at the same time attained. Its effects, however, are transient; and hence, it is necessary to repeat it daily or even oftener. With regard to astringent remedies formerly so much employed in the treatment of this disease they are now considered inadmissible, at least in the acute form of the disease. Where the disease becomes chronic, or continues rather in the form of chronic diarrhoea than of Cholera, the milder astringents may prove beneficial. But the employment of uninviting tonics in the chronic form of the disease attended with great debility and relaxation, is much better calculated to afford relief than the use of astringents. After the disease has continued for some time it frequently passes into a diarrhoea which is generally attended with a degree of torpor and tenesmus. It is also usual at this time to find the stomach at this time greatly debilitated and the digestive powers very much impaired, and so irritable as scarcely to retain any description of nourishment. The stools at the same time are apt to become watery and green, manifesting the predominance of acid. The remedies proper under such circumstances consist chiefly of the esoteric and alkaline combinations.
When, from the violence and rapidity of the disease, or its long continuance, the exhaustion becomes very great, the extremities cold, and the pulse very small and feeble, internal, as well as external stimulants, become necessary. Under such circumstances, stimulating friction, together with the internal use of ammonia, or a weak solution of the carbonate of ammonia, are indispensable to support the sinking energies of the system. To relieve the colicky pains which are apt to occur from flatulent distention of the bowels in the advanced periods of chronic cholera infantum, a few drops of the spirits of turpentine or oil of juniper has been recommended. With regard to diet the strictest attention must be paid throughout the whole course of the disease. If the child is nourished nothing but the blandest liquid articles of food must be allowed.

In chronic cholera infantum the appetite sometimes suddenly begins to crave urgently for certain strong and stimulating food, whilst it loathes all of the lighter and unstimulating articles of nourishment. When this occurs it will frequently be proper cautiously to gratify the newly awakened appetite, however opposed it may be to the ordinary dietetic rules.
the indulgence may appear to be. The immortal Rush tells us that he has seen many children recover from being gratified in an inclination to eat salted fish and the different kinds of salted meat.

Without these strong determinations of nature, however, it would be highly improper to allow such coarse articles of food: but where they do exist, they may and ought to be gratified.

Nothing contributes more to the removal of this disease, than the pure uncontaminated air of the country. Whenever it is practicable, the patient should be removed into the country; for this change is often sufficient to remove the disease, in a short time, without any other remedial applications.

As preventive measures, gestation, or residence in the pure air of the country; the avoidance of cool, night air after a very warm day; nourishment at the breast during the process of dentition, or where this is impracticable, a very light liquid diet, particularly milk, and thin preparation of arrow-root, tepid bathing, and lancing the gums as soon as they become swollen by the protru
...ding tooth, are the most important.
Inaugural Address

on

Sheperty

[stained and faded text, making it difficult to read]
An
Inaugural Dissertation on
Apoplexy

Respectfully submitted to the examination of the Pasteur Provost and Medical Faculty of the University of Maryland for
the degree of Doctor of Medicine

By

H. Brown

of Columbia

March 1824.
This inaugural dissertation respectfully dedicated to my worthy Preceptor and friend, Dr. H. D. Leon, of Columbia B.C., as a tribute of my esteem, for his private worth and as a testimony of my regard for his public character.
E. Geddings, M.D.
Professor of Anatomy and Physiology
in the University of Maryland.

This inaugural dissertation is respectfully dedicated as a testimony of respect for the talents which have elevated him to the highest honours of his profession; and has made him one of the brightest jewels of his native land. To esteem for the many virtuous acts which make him one of the brightest ornaments of society; and for the repeated favours bestowed upon me, during my friendship with him.

By the Author.
Aphoplexy

This term was employed by the Greeks and is still used to denote any disease, in which the patient falls suddenly to the ground and dies without sense and voluntary motion. Persons who were thus instantaneously affected, as if struck by lightning, were by the Ancients denominated Sydrati. This disease has attracted the attention of Physicians, ever since the days of Hippocrates, who in his works frequently makes use of the term.

Galien says Apoplectic persons suddenly become senseless, and lose all motion except that of respiration. Paulus Aeginites under the same appellation, describes the disease well. As this and others give similar accounts, Dr. Buller in his definition says Aphoplexy is a disease, in which all of the external and internal senses and voluntary motion are in some degree abated; while respiration and the action of the breath continues to be performed. The same Author, Aphoplexy, mental and corporal, to picture, with disordered sleep, but Dr. Bulloch says it has some the most violent forms of the disease unattended
by tortuous breathing. Dr. Cullen's definition we consider equally exceptionable as it speaks of the ren-clearance. We think the word responsive introduced instead of abolish would improve the definition much. Dr. Parke also makes use of the term which we shall speak of hereafter. Dr. Potter defines it, an increased action in the arteries of the head, producing congestion and final effusion into the ventricle, pressing upon the nerves. This disease, although one of the most formidable to which the human family are exposed, scarcely ever attacks the patient without warning him of its approach, by some pneumonitis symptoms; indeed there are few diseases which are in any degree formidable that attacks the system without displaying some pneumonitis symptoms, but there are none so unequivocal as those denoting an Apoplectic tendency; and to the Practitioners, who knows and does his duty, they are of infinitely more importance, than those of the job itself. They always demand his immediate attention, and unless he is
Though in his treatment the object is the preservation of his duty, and endangering the life of the patient.
The preliminary symptoms are pain in the head, generally a dull heavy pain, but occasionally it is more acute, accompanied with a sensation similar to that produced by a cord grasping tightly round the head; giddiness, especially when the patient attempts to stoop or turn the head quickly round; throbbing of the temporal arteries; transient deafness; dimness of vision; epistaxis; incoherent talking; and failure of memory. The most common symptoms are a false impression of a light, grasping before the eyes, and the patient thinks it is lightening; the face is flushed, the eyes look red, and there is an involuntary discharge of tears; the patient is drowsy and sleeps longer in the morning than usual, and with all this a slow pulse. One or more of these symptoms, continuing for a longer or a shorter time, the patient falls into an Apoplectic fit. The fit begins
naturally, the common mode of attack is that in which the patient falls suddenly to the ground, deprived of sense and voluntary motion, and appears to be in a deep sleep, unconscious of every thing that occurs around him. Sometimes he is seized with a sudden and violent pain in the face, neck, arms, tachycardia of stomach, vomiting and particularly loss of memory; the patient appears to be in a state of sleep, but he is aware, converses freely and walks about. At some time he gradually sinks into a state of coma. Another form of the attack, is when the patient is suddenly seized with a twitching of one side, which in a short time passes into a profound aphasia. Immediately after the accession of the fits, the pulse becomes full, slow, regular and sometimes hard; the respiration is slow, and generally stertorous; in violent cases, the saliva becomes frothy, and is profusely blown from the mouth. The face is generally pale and flaccid; the eyes suffused with blood; sometimes they have a dull glassy appearance and are either fixed or rolling in the sockets.
the gums are generally dilated, but we sometimes find them internally contracted. The extremities are generally below their natural degree of temperature, but the head, and sometimes the body, is warm and covered with a profuse perspiration, the muscles of the lower jaw are sometimes violently contracted; dysphonia is frequently so much impaired that fluids which have been introduced into the mouth have returned by the nostrils. The duration of the fit is various; and persons have beenujący themselves in conversation with their friends, when instantly they have dropped dead from their seats. The paroxysm continues generally from 12, 24, or 48 hours and sometimes a much longer time.

Causes. — There are a variety of circumstances both in relation to the constitutional habits of individuals, and the extraneous influences which appear to predispose to this affection. Of peculiar constitution of body, consisting
In a large head, thick, short neck, broad shoulders, ample chest, right, and full face.

That stature; globular abdomen, with a tendency to obesity and plethora.

Persons of such a peculiar conformation of body, are often subject to embolus from the nose, as well as a separation of weights and fullness in the head, particularly stooping or leaning astride coporeal exhalings. When they sleep with the head lying low, they are restless, disturbed with dreams, and the respiration is heavy and somnous. Such corporeal structure constitutes no doubt, in many instances, the hereditary predisposition to this disease, noticed occasionally in particular families.

Dr. Price and Dr. Hovem stated that they have known families in which a hereditary predisposition to this disease was manifested.

Dr. Potte in his lecture on this disease related a case of a family, consisting of thirteen persons
لا يمكن قراءة النص العربي في الصورة المقدمة.
all of whom died of apoplexy, before they arrived to the age of thirty-five except three. It is to be presumed also that a peculiar condition of the intimate organization, may in some, establish a constitutional tendency to inordinate determination to the head, and the consequent occurrence of apoplexy.

Age. — The observations of Hippocrates, that apoplexy occurs chiefly between the fiftieth and sixtieth years of age, still holds good to the present day. But there are instances of apoplexy occurring at a much earlier period of life. I have just stated a case of Dr. Potter, in which there were two or more family, who died of this disease before they arrived at the age of forty; but generally it will be found that a very large majority of cases happen after the age of forty.

Zöllner states, that out of sixty-three cases of this disease, two occurred between the ages
Of twenty and thirty, eight between thirty and forty; seven between forty and fifty; six between fifty and sixty; twenty between fifty and seventy; three between seventy and eighty; and one between eighty and ninety years.

It does appear from these statements, that Apoplexy occurs more frequently after the age of fifty, than at any previous period; and this corresponds with the statements of Gulben and Patuk. Whatever tends to produce general debility, and to keep up a unnatural determination of blood to the brain, increases the liability to Apoplexy. Of fall and nourishing drinks; the habitual use of stimulating drinks, frequent and long continued overeating; a sudden change from an active to a laborious, to a quiet or indolent course of life; intemperance and protracted study; and the free use of coffee are among the predisposing causes of this disease.
...
There are distensions of the aorta; inspissation of the blood; vesical indurations; and tumours about the neck increase the liability to Apoplexy. The exciting causes of Apoplexy are very numerous. In general whatever produces inadequate determination of blood to the head, or impedes its free return from the brain to the head, may give rise to this disease. As generally the effusion of the meninges is frequent, the exciting cause of this disease: the too frequent use of narcotics in those predisposed, eating full meals at night in persons not accustomed to it, especially if the ingesta be stimulating; violent straining at stool; the intemperate use of spirituous liquors; violent exertions in lifting; strong fits of coughing, sneezing, playing on wind instruments; singing, laughing, or speaking by causing puffed and strong determinations of blood to the head, may produce this disease in individuals predisposed to it.
Exposure to the direct rays of the sun in warm climates, give rise to that sudden and fatal affection called stroke of the brain, which is generally regarded as apoplexy.

Extreme cold, also, is capable of producing this affection, by diminishing the circulation in the extremities, and causing strong internal congestion, violent and sudden mental excitement, rage, excessive joy, terror, and deep sorrow, have been known to produce this disease.

Tumours and visceral indurations in the abdomen by pressing on the aorta may give rise to this disease. Magnani relates an instance which was produced apparently by an enlarged spleen pressing upon the aorta. De Chaise (the Code of nervous diseases) says I am convinced that there is no much more in the habits, than either in the original form of diathesis, that I venture to affirm that in nineteen cases out of twenty of those who...
die of a apoplexy, the disease might have been 
avoided or postponed by temperance. He 
states further, that the use of wine or spirits 
as it is called, a moderate quantity with men 
of certain age and constitutions is apoplexy 
as certainly as habitual intoxication.

This is perhaps going too far, but this subject 
is certainly not sufficiently noticed by 
Physicians generally.

Apoplexy may also occur in consequence 
of the repulsion of chronic cutaneous diseases, 
and it is frequently the result of metastasis 
of gout. Authors mention also translations 
of rheumatism, erysipelas and of other cutaneaus 
affections among the exciting causes of 
this disease.

Dr. Copele says, he knew a case brought on 
by a very severe attack of measles. Violent 
signs a chill of intermittent, sometimes give 
rise to apoplexy. The Dr. says he has
Known several fatal instances of this kind. He relates a case where he was an eye witness, where the patient was seized with the chills and in about ten minutes after they commenced the patient became insensible, fell into convulsions, and quickly passed into a profound apoplectic stupor, from which he did not recover. Besides the causes that I have just mentioned, which operate apparently by causing undue dilatation to the vessels of the brain. Apoplexy may also be produced by causes that impede the free return of the venous blood from the head to the heart. Propping or other situations in which the head remains in a depending position, wearing tight cravats, and turning the head round to look back by which the jugular veins are in a degree compressed, impeded circulation through the lungs; organic diseases of the heart; tumors on the neck, or in situations where they
Sheep upon the reins which convey the blood from the head are the principal of these causes. Authors mention, also, excessive evaporation among the occasional causes of this disease. Birchacre states that he knew an instance of apoplexy apparently produced by an excessive hemorrhage from the nose. Peculiar atmospheric constitutions, have also been ranked among the exciting causes of apoplexy, and from causes of this kind, this disease has at times prevailed epidemically. Birchacre states, that a humid cold, and variable state of the atmosphere, appears to be most favorably to the occurrence of apoplexy. Whitении states that in the course of a few days, nine persons were seized with apoplexy in one district. There are many other causes which are enumerated among the exciting causes of this disease, such organic affections
of the brain and its meninges, and the
meningeal symptoms.
True Pathologists, confine the term
apoplexy entirely to all purulent
extravasations within the brain, but others
include corpus effusum which is frequent
the case; but there is a difference in the
purulent, by which the blood is deposited
and the serum effused. In the latter
case, we will find that the patient has
ten labouring under the disease, for some
time previous to the apoplectic attack;
and although the term is the same
manner, by producing compression, when
it has been deposited in a larger quantity
yet, it is deposited by a much slower
purulent, than the blood effusion, which
can only take place by a rupture of the
veins. Where the ventricles are found to contain
a serum fluid, Dr. Potter calls this disease
Hydrocephalia Apopleptica

Diagnosis. — The diagnosis of Apoplexy is not difficult generally, although there are times when we find it quite difficult to decide whether a person suddenly fainted, with a loss of sense and voluntary motion, and at the same time the heart and lungs were performing their duty, by any degree of regularity, we may conclude that it is a case of Apoplexy. It is distinguished from Hypothesis and Hiccough by the almost imperceptible action of the heart, and respiration in the latter affection. It has frequently been found difficult to distinguish it from intoxication, but by attending to the patient's previous health, by noticing the general relaxation of the limbs, or by smelling his breath, we will in most instances be led to a correct conclusion. The air taken by the base and authority,
that the treatment which should be
undertaken in apoplexy, will have a benefi-
cial effect in cases of intoxication; but we
should always endeavour to distinguish
them, as it would be very improper to treat
a drunken man, as we would a person
labouring under apoplexy. It is distinguished
from epilepsy by the violent agitation and
spasmodic contraction of the muscles
of the whole body, especially those of the
face, also by the frequency and heaviness of
the jerks, which takes place in
the latter affection.

Prognosis. The prognosis is this: it is
not necessarily fatal if the patient be treated
judiciously. Dr. Black in his prognosis
says, when the respiratory functions are com-
pletely abolished, and the respiration is
strong, stertorous, and intermittent discharge of
salue to no reasonable hope can be entertained of a recovery. According to
Scalf the most abulthis signifies to lose every trace of former existence, now
if this be the Drs meaning, I concen not
him in saying there can be no reasonable
hope entertained of a recovery, for in this
state we certainly would consider the term
dead. Nor the sup says the Dr, patient
do sometimes recover from this affection
after the most profound cause &c. If
the patient does not start when pricked
with a lancet, we can entertain no hope
of a recovery. We need not despair, to
long as any sensibility remains constantly
pushing the hands to the face is very
unfavourable. Intermittent respiration is
a very dangerous symptom, when the
diseases attacks with a sudden and
severe pain in the head, vomiting, n-
a paralytic rigidity of the muscles, danger is to be apprehended. Profuse, cold, clammy sweat are indications of danger. The character of certain capillary habits, now much influence our progress. When the pulse remains sensitive to the stimulus of light, and there is a warm perspiration and regular respiration, or some languid and slow respiration makes its appearance, either from somnolence, or from the nose we may argue favourable.

Treatment. — Of this disease, we will divide into prophylaxis and cure the form of which we shall speak at present. The irremediable symptoms, such as pain in the head, vertigo, we are to be treated by rest, low diet, an abstinence from all fermented and spirituous liquors, frequent regular exercise, a diminished quantity of sleep, the employment
The text on this page is not legible due to the handwriting style and condition of the page.
of issues. Histories, etc. If the patient be old and infirm, we may content ourselves with rest, and cool drinks and
plunging at first; but if the symptoms be not relieved, we must proceed with the caudets, regardless of age or
constitution, until we produce the desired effects. If these symptoms are
manifested, in consequence of the check of some habitual discharge of blood
from haemorrhoids or the most obnoxious may be applied to those parts. When
the patient is in the actual paroxysm, he should be conveyed into a cool and
spacious apartment, where there is a free circulation of air. All tight clothing
should be removed, especially the cravat, the head should be elevated, and the
lower extremities may be placed in a
warm bath.
Gratitude has been felt, after a full meal, it has been the practice and still is by some to administer an emetic immediately with a view to relieve the stomach of its load. This practice we consider not only improper but extremely dangerous and demands our most decided disapprobation, and we believe that many valuable citizens have been consigned to the all encroaching receptacle of clay, by this treatment, merely for the want of a little scientific conclusion. The first thing to be done is a visit to the learned and must not deal lightly with it, as there is no time to be lost in those cases. We must continue its employment until we have produced a decided effect on the system, and repeat it if the symptoms return, and thus if the stomach be exchanged.
it will relieve itself immediately of all offending contents; and by these means, we relieve our patient without aggravating any of the symptoms which we must inevitably do, if we employ enemics. If we are called to see a patient labouring under paralysis of the muscles of certain parts, accompanied with a hard pulse, we frequently can arrest an attack of Apoplexy by drawing blood. Much has been said by Practitioners in opposition, to the use of the lance in this disease, as has been recommended by Dr. Cotton and a few others; but for conclusion, we have only to refer to the success of the different practices, according to their own statements. The employment of Cathartics in this disease is of very great importance and we are authorized to employ the most active ones, and as the
teeth are frequently chafed, calomel can be administered with less difficulty than any of the others, as it can be placed upon the tongue and assisted with the infusion of boric, or the extract of saltpeter, introduced into the mouth with a spoon, and these all may be aided with purgative glasses. Cold applied to the head in some
of wet cloths, a bladder of ice is very
considerable in some cases; but we should be careful not to overplay here, if the face is pale and the pulse feeble. Blisters in old and feeble constitutions are sometimes useful. We think a judicious employment of the above means embraces the most important part of the treatment of this disease, from whatever cause the disease may have been produced. Our efforts should be directed to the removal of indurate
vascular action and turgescence with
in the head. It is thought by some,
that this affection is never entirely
cured; but we know that it has been
cured, without leaving me vestige
of this disease remaining; but those
cases are not frequent. The patient
is generally affected with homoeopia
he is deprived of some one or more
of the senses: some lose their sight,
some their hearing, some their taste
or the sense of smell. The patient
did not must be mild and uninfluen-
ting. Fermented or spirituous liquors
must be avoided, unless the patient
is in an extreme state of exhaustion,
and even then, they must be employed
with great care, marking well
the effects produced and desisting
on the expirance of any vascular—
experiments. Much more might be said but we think any more would be superfluous.

Cellular Tissue

Submitted to the

Medical Directory of the
University of Indiana

for the degree of M.D.

March 6, 1824
An Inaugural Essay
in the
Cellular Tissue
Submitted
to the
Medical Faculty of the
University of Maryland
for the degree of M.D.

By James A. Muse of the E. Shore of Maryland
March, 1834.
Investigations into the composition of the bodies of animals have given accrual to the fact that animal matter exists under several distinct forms. These different kinds of animal matter, in organizing, assume a different arrangement of their parts, and these different kinds of organization manifest life differently—in some life presents itself of less different than in others. From the state in which it exists in the lower class of organized substance.

It would not be uninteresting to examine the substance which is the simplest of the nature of those with which are connected the wonderful phenomena second in the higher animal substance. This is the cellular tissue. We shall inquire into its organization, into what it may be decomposed, and what it manifests into phenomena which it manifests. We shall examine it as it is to be found in the higher animals; in the lower, it probably does not differ in any essential circumstances, as analogous modifications to those to which it is to be found in the same animal to be found in the highest with the alternation of type of the texture, or identical difference in its vital phenomena.
The Cellular Tissue.

The substance to which this name is given is so thin as to be touchable, extensible and insensible, but not entirely so in its nature, and is of a whitish color; it is situated at the interior of the muscles, forming no of parts to them to their minutest particles, and is continuous with itself.

Its texture is described by Thallon, Cuvier, and others, observed with the naked eye, small plates and films composed in different directions and leaving small spaces between them. According to Brodier and others, it is composed of small, porous films enveloped in a stratum of mucous. The observations of Thallon coincide with those of Thaller. It appears from an attentive examination by Brodier that the substance presents a difference in their texture; more or less in intimate structures or found in the largest spaces. By blowing air under the portion surrounding an internal muscle, it was transformed into cells with distinct and observable partitions, while the part that envelops a film, is, in motion, but for it, as in his opinion unorganized. This opinion is an intimation, a transition from this view of his portion of the Cellular tissue must be regarded as a common continuum; but the substance is to the state being gradual, without any defined line of demarcation existing between this portion and that which is admitted to be organized, it is improbable that it should be the result of different actions. In the place it appears more unlike the laminae, formed in the other laminae. With the hairs, the Thaller and Thaller become a thin laminae, and the fibers of Thaller, as they are to be constituted of minute fibers that interlace, and then minute fibers, contained in the
On its chemical nature there is much discrepancy among those who have examined it. It is stated by Sever that gelatin, but the opinion of Hatchett has been denied. Hatchett states it to be albumen. In this uncertainty in the result of experiment and in the want of analogy for its stability, both cellular tissue and the dermis do alone a similarity exist in their texture and physical properties that the latter can be considered but a modification of the former. It is described by Cloquet, Poelard, and the acute anatomists, to conduct interesting while laminae, sometimes denser than common cellular tissue, but the point of this latter which is situated beneath presents, with the dermis, the surface, an increasing increase to near the density of the former. From the practical value of this knowledge much attention has been bestowed on the chemical nature of this dermis, and from the opinion of many eminent Chemists — indeed of nearly all who have examined it — of Mrs. Thompson, Henry, Branca, Neuramp, and also Hatchett — as can be found of that opinion on this subject, we can scarcely doubt the accuracy of the results of their investigations. The result is that gelatin is nearly the sole constituent. The conclusion which we would draw from this is not affected by the fact that the existence in the laminae of the dermis and cellular tissue was discovered albumen, the former might perhaps contain a portion of gelatin; perhaps, hence...
the opinion that the cellular tissue is composed of gelatin. Hospitality as we have observed is low. Borden and others have even qu-
questioned the existence of life in it, and Babeland considers it from div-
ided portion of it as unorganized or destitute of life. But the most
-essential shows us a similarity of arrangement in the particular forming this
substance, as it is found in the large spaces between the organs, which is be
observed in the collection, particularly of an organic nature in which life
does not exist or has lately existed, as for a reason which we have sta-
tated it is improbable that such holds of the non-divided portion of it. Doubt-
less the same dep. of e. is not when in every particular, you would con-
sider these portions as possessing the same degree of life. Its growth is
highly marked, more indeed than that of any other tissue; it is the
first we are making its appearance in organs, with the particular or-anic
arrangement, with a portion constituting muscular tissue, or always ob-
serve a capacity for constriction, with the organ in which you notice celsi-
nic tissue sensibility, with certain trans. of sensation, and if we do
not feel whether the cell is capable of manifesting any vital phe-
omenon. It has been thought proper to be endowed with contractility; but
the circumstances which have led it to this opinion have been repudiated by elasticity.
Inaugural Dissertation
for the degree of Doctor of Medicine
is respectfully submitted
to the consideration of the Board.

On the importance of legislative enactments for the suppression of Empiricism.

Submitted March 1834.
This Inaugural Dissertation
for
The degree of
Doctor of Medicine
Is respectfully submitted
to the consideration of the
Provost
Trustees
and
Faculty
of the University of Maryland
by
Their 8th servant

A. H. Tyson

Baltimore
Maryland.
To

My Friend and Brother

George S. Gibson M.D.

Whose zeal and success in the

Science of Nature

and

Whose social virtues make him an

ornament to society

These pages are gratefully

inscribed

By the Writer.
...unti... was...d...pol.

...sch. would. to...p...art of...re...c...assist...n...will...b...l...s...e...d...the...l...h...a...s...n...s...s...e...l...d...e...n...d...e...d...s...c...t...e...d...n...s...t...l...d...e...s...h...d...e...d...n...t...l...p...n...t...d...
I am submitting the following pages to the consideration of the Honorable "The Board of Trustees and Faculty of the University of Maryland for the honour of the Institution under their guidance. The total inability of the writer to meet justice to his subject must at the outset claim their most extended indulgence. White at the same time the Faculty have reason to congratulate us upon the importance of our selection viz. the importance of legislative enactments for the suppression of Empiricism.

Should this paper be the means of impressing upon some intelligent member of the profession its vast importance to the well being of society, the end of the writer will have been in a great measure accomplished. The great and growing cloud of presumptuous ignorance are daily becoming more alarming, and
unless the intelligence of the community can be invited to put a stop to the mischief we know not where it may cause. It is truly surprising that society, in all its grades, appears to be totally ignorant in every thing relating to the Science of Medicine. It is generally supposed that the hundred specific, pulses, balsams, &c., with which the daily press is teem, are exclusively resorted to by the lower classes of society, but this is far from being the case. How often is the success of the practitioner baffled, and sometimes completely frustrated, by the secret employment of these deleterious agents? How often does he witness the failure of his remedy—remedies, which the most diligent and extensive observation of others have clearly established press certain curative powers, the cause appears totally inexplicable—censured by his patient, regarded as
unskilful by the profession, he must either
in disgust retire from his calling, or
buffet the boisterous sea of the world.
until time has effaced the very unjust
impression his character has sustained.
Thus, perhaps, had a man of high qualifications
for usefulness, destined to be an ornament
to his profession and society, lost all
but the consciousness of the rectitude of
his character—this to be sure is dearer
than all earthly things, but it will
not bring him bread nor will it support
a dependant family. Let us now enquire
how it is that the Physician whose case
we have cited has been what the world
styles "truly unfortunate," we will instance
a case which came under our own observation.
A friend of the writer was called upon
to visit the daughter of a very respectable
individual of this place. Her parents had
suffered her to refuse medical advice until
This text is not legible and cannot be accurately transcribed into a readable form.
disease had effectually planted itself in her system (this is often the case and great to the prejudice of the Physician's success) she was found labouring under all the symptoms of acute inflammation of the lining membrane of the stomach, indicated by burning and lancinating pains in the epigastric region accompanied by violent purging. The first sight of the patient was enough clearly to establish in the mind of her attendant the nature of the disease. After the most energetic and unerring exertion, three or four visits per diem the most prominent symptoms were subdued; of the various maladies flesh is heir to, there is perhaps not one where dietetic regimen is to be more rigidly enforced and atmospheric vicissitudes more carefully to be guarded against than that now under consideration. In the most decisive and energetic manner did the practitioner discharge his duty.
to his patient and himself, for a few days not a single unpleasant circumstance occurred to mar the joyous tones which reverberated in the ear of the excelling physician at the door of the patient's house. Oh, dear, your patient is much better, she appears quite well. But above all the language of a great American statesman now on more: "The destroyer comes, he comes to change this paradise into a hell." His business, he stated, was to make certain enquiries relative to a house which the family had some months previously occupied and which he wished to rent—thus we see his work commenced with reception. After the family had cheerfully put him in possession of information which they supposed he desired, he put his hand on the knob of the door, returned his acknowledgements and appeared to be about leaving the house—but with avidity he delayed the unsuspecting moment to put into execution.
the real object of his mission. There is one question he exclaimed, with emphasis. I have been very remiss in not asking—is the house in a healthy neighborhood? more so than this was the answer. the one we left we occupied four years, all the family enjoying perfect health. we have been in this house about six months, two or three of us have been quite sick and A. is recovering from a severe attack—I am afraid you judge erroneously, observes the cunning Jack—there is a very dangerous kind of sickness going about town at this time, which people don't understand. the sheep skin doctors lose all their patients but me, meaning I suppose the best denominates Thomsonians, find it easily managed—within the last week I have cured ten, and at no one of them was I more than an hour and in the course of one day they were as hearty as ever. it cannot be the same sickness that our A. had, for she has been sick three weeks and the
Doctor says it will be some time yet before she can leave her chamber. Do you not see into that answered her artful interrogator, the longer the sheep skin doctors attend the longer their bill— they charge for both killing and curing, we only for curing. Insomuch ever simple and credulous, confessions of no design herself she suspects none in others. He now commenced talking of secret and mysterious medicines that will cure all diseases—

"They shall have mysterious, age, precious stuff. For brasses to thrive by, mysterious enough.

Dark tangles doctrines dark as fraud can weave. Which simple notaries shall on trust receive. While craftier feign belief 'til they believe."

The serpent has now entered the tower of Eden, he gives the most positive assurance that in the course of a few hours the patient shall be restored to health. With this assumption he is permitted to commence operations."
Bricks, better than the patient can bear (if I may use the words, because they generally submit to their application) are placed to the feet and abdomen of the patient and permitted to remain, unless an apparent total suspension of the vital actions of the economy, or a prodigal excretion of nervous energy, resembling death, demands their withdrawal. This under such a course of measures must always to a greater or less extent be the effect. At this stage full doses of what is denominated number six (a compound of pure African or Cayenne pepper and alcohol) the most powerful stimulant with which we are acquainted, are administered every half hour until the most violent reaction is brought about. The repeated centenaries of the patient to desist in the employment of these agents are disregarded. It is seldom they get through this stage of their operations without some serious consequence. The violent action of the heart and arteries
always the result, most usually terminated in apoplexy, convulsions and death. In proof of this it is stated in one of their books: "this is the critical period and if passed successfully is particularly fortunate." This stage is far more apt to terminate fatally in an individual of strong robust constitution than one whose vital powers are on the decline. The reason is obvious, in the latter this violent superexcitation of the system is much more difficult to bring about. Thus in the former case anyone that has had an opportunity of witnessing the Thomsonian practice could not have failed to observe the far greater mortality in this class of their patients—to continue our case the bricks (the impurities of which the patient carries to her grave) are now ordered to be removes from the face and abdomen of the patient. There is now administered what is termed a sweating powder, this we believe is a compound
of some of the salts of ammonia, the taste covered by an aromatic, under the influence of this agent to use the language of Doctor Dee, began quiet and easy. This is the crisis in which the suffering organ of the economy can no longer respond to the influence of their corrodent agents. This is the unhappy termination of the case under consideration. The exulting quack, believing firmly the cure about being accomplished, assures the family the patient should breakfast with them the next morning - he had scarcely left the house before the nurse announced that this "quiet and easy" was the sound sleep of death.

When the awful termination of the case reached the ear of the quack one would suppose that if the laws of his country did not arrest him, the eternal principles of justice would hunt down his miserable existence. But that rare cunning we have
...
have been exercises upon his first intrusion
still bears him up. Hear what he says—
"the sheep skin doctors must have been
using mercury (although not a particle was
given) to a great extent, and it diseased
the blood, that it was impossible to effect
a cure." That is the great mistake persons
make in not giving us (the Thomondians)
the first chance, they turn for the regulars.
They disease the blood with mercury, then
we can do nothing." The admission of the
single fact, that he depends upon chance
incur[s] not only the penalty of the violators
laws of his country, but of that law which
cannot with impunity be violated, for it
is expressly declared in that code, that
man shall not trifle with the life of his
fellow. What is homicide?—any mode
of killing a human being. Does not its
violation incur the penalty. Is the degree
of our Judiciary to the shame of the Profession.
Let it be boldly and fearlessly told, it does not.

With what mortification must intelligent and enlightened Maryland look at her ignorant legislators, legalizing Homicide.

We say ignorant, and only wish to call the attention to one fact in proof of the charge, and in so doing shall make an extract from the report of the committee to whom was referred the Thomsonian petition, for the erection of an Infirmary in the City of Baltimore. "Your committee have given the subject of this petition a full and deliberate examination, in their view of the many and active prejudices which have at all times opposed the introduction of any new system, and with a deep sense of the responsibility which they would assume in bestowing legislative sanction, even remotely, upon any system of doubtful utility. When and how was this deliberate examination made? Certainly not from the
records of ancient or modern history — we must stand in debt solely to the Iliumns
of the committee for the very sage conclusion —
A new system — that is, all diseases arise
from impure blood. What would these
well versed historians say if told upon the
floor of the Legislative Hall, that it
originates with, the father of medicine
four hundred years before the Christian
cera? Let them see what induced the
Philosophers of those days to investigate
the validity of their doctrine — it was
the awful mortality consequent upon the
asumption — that all diseases arise from
impure blood. What was it that exploded
this doctrine? The radiant beams of Anatomical
science show their unclouded light upon the
divine art. Does not the inimitable language
of the inspire writer tell us to behold
man, to study the wonderful beauties
displayed in his complicated organization.
Then cannot the profession see the vast importance of throwing light upon a matter in which humanity and society are so deeply involved—may it not their imperative duty—

It may be asked, how is this to be accomplished?—

We answer, by petition the legislature to establish an Institution that will clearly

establish in the minds of the community that nothing short of a diligent study of

nature throughout her vast domain can entitle, or justify man, in taking under his care the life of a fellow being, that medicine is a Science—addly that quackery is founded in ignorance, and has for its object the pecuniary emolument of designing knaves, regardless of the lives and best interests of its innocent and unsuspecting dupes. Impress but these and other great truths upon the community, and upon our Judicial Tribunals, and they will intercede and bring to merited justice
Ignorance, Deception and Brutality.

We intend at no distant day to exercise our humble abilities to give to this all-important subject, a more full and careful consideration, and only regret that we are, at present, prevented from doing so by the necessity we are under of bending all our energies to the acquirement of the details of that profession to the highest honors of which we now aspire.
An
Inaugural Dissertation
on the
Pathology, Cause, & Treatment of
Dyspepsia
Respectfully submitted to the examination
of the Trustees Board & Medical Faculty
of the university of Maryland for
the Degree of Doctor of Medicine
By
William Stanton
of Thriffield District &c. &c.
"The science of medicine is a collection
of facts founded on observation."
1834


 Dyspepsia.

In considering the causes which are likely to produce dyspepsia, we must not overlook the influence of the nervous system. The alimentary canal is entirely under the control of the nervous system, and changes in the latter are likely to produce changes in the former. The digestive process is a series of mechanical and chemical changes, and the energy of the nerves plays an important part in these processes. The nervous system controls the secretions of the digestive glands, the contractions of the muscles, and the movements of the organs. Any disturbance in the nervous system may affect the digestive organs and produce dyspepsia. Therefore, it is essential to maintain a healthy nervous system to ensure proper digestion of food.
Dyspepsia

In reviewing the long catalogue of diseases to which man is subject, there is no one malady which has more pressing claims upon the attention and sympathy of the Physician, none more afflictive to the human family than that brought under consideration. It truly embitters every joy and dries up every avenue of pleasure; with it the rich man turns away from his luxurious board with loathing and disgust, whilst the poor man without it, enjoys his frugal repast with delight, like Danguer's ghost it meets its unhappy victim at every avenue of debauchery, sour each pleasure of the table, and still more, the cordiality which flows from social intercourse,- As many and as great as are the blessings which flow from civilization, yet we must deplore the evils which have crept in the train, and we can scarcely need stronger evidence of the fell effects of sin, than is here exemplified in the diseases entailed upon us by intemperance.
Dyspepsia

We do not, however, wish to be understood to mean that dyspepsia is invariably produced by intemperate indulgence of the pleasures of the table, or in dropping the liquid ruby in the pensive mind; but that in the majority of cases where the predisposition exist, this indulgence will seal the destiny of the unfortunate sufferer. Dyspepsia is a functional disease of the stomach, depending upon nervous debilitation, and consequently a diminution and derangement of the gastric secretion. Organic lesions of the stomach do exist, and always produce indigestion; but in these sheets we only propose considering difficult digestion, its cause and symptoms, and point out the most rational methods medendi according to our disease...And first of the causes, we believe that the great predisposing cause of dyspepsia to be irritation, not in the stomach itself, but in some remote organ or viscus; and that this irritation, when once established, acts upon the stomach by sympathy. The extensive sympathies of this viscus, are too well known.
Dyspepsia

to require either argument or elucidation. It has been emphatically styled the centre of sympathies; let us examine for a moment into the nature of digestion, is it simply the receiving of food into the stomach, which is fermented or concocted? or is it purely a vital process immediately and necessarily under the control of nervous influence? It is certainly the latter. Food might be taken without hands for prehension, teeth for mastication, saliva for deglutition, but it never could be converted into chyme without the aid of the gastric nerves—Experiments have been instituted, and all tend to prove that whatever interferes with the harmonious action of these nerves, so far interferes with digestion—Anxiety of mind, for instance, suspends digestion as certainly as if the eighth pair of nerves were cut, and according to the old maxim of the school “ubi ininitio ibi fluxus.” This phenomenon is easily explicated, and goes far to establish the doctrine which we will advance on this subject: who, then we would ask,
Dyspepsia

are dyspeptic? should we look to the circle who indulge in the rich viands, the gormand, the feb-
...ject with every luxury of the table for which all the ingeniosity of the culinary art has been taxed? is it
the plodding ploughman who whistles all the live long day, eats his simple fare, and sleeps soundly upon
his bed of straw? is it the mechanic who pushed the
jack, plain, or the manufacturer, who flings the shut-
tle? is the sailor who ploughs the stormy deep, is it
the merchant who grows obsequious behind his desk?
or shall we expect to find him in the learned-
profession? No matter where observation reaches, we
must acknowledge that if any of these grades of
society, he is a thinking man—Men who suffer from
intense anxiety of mind, men of complicated
business, men who grow pale before the mid-
night lamps, men whose misfortunes in business
has caused them often to fill a suicidal grave!

Then we come at once to the conclusion, that
whatever circumstance or cause that robs the
Dyspepsia

stomach, of its nervous fluid, will give origin to a paroxysm of dyspepsia, and, in proportion to the repetition of this cause, so is the disease radicated in the system. We are all familiar with the fact that during digestion the mind has a strong inclination to be quiescent, and this apparently is the intention of nature, as may be exemplified in the case of brute animals and children: "Whatever breaks in upon the mental repose during this period of necessary passiveness, will, by diverting the wanted accumulation of nervous fluids from the stomach, suspend or weaken the process of digestion." Convalescents and delicate persons find it needful to invoke "tired nature's sweet restorer" after meeting with the demands of nature; and such persons is denied the privilege, become irritable, more feeble and feverish. This view of the subject—though a novel one, is yet predicted upon grounds not entirely specious: When have we
Dyspepsia

we met with a case of dyspepsia occurring in our black population? This, say some is owing to the simplicity of their diet; but I would add that their diet is often half cooked, and most indigestible, mixed too with excess and unripe fruit.

On this subject they evince less regard than on any other. — The fact is, theirs is a course of carelessness and unceasing thought through life. When the stomach is filled it begets contentment and a complete apathy to all surrounding objects, they are passive in the world, and their minds are only acted on by impulse of instinctive feeling; no towering intellect, no heated imagination, no anxious apprehensions, no disappointed hope to divide the waverling current; no, all is concentrated upon the throne of life, and is there subservient to the great end of repairing the daily waste of the system. How comes it that men are more liable to dyspepsia than women? Is it that...
Dyspepsia

her gentleness and exclusion from the mysterious business of life exempt her? we all know that the every day business of females requires no intensity of thought, here is the placid stream, the calm sequestered shade; no stormy feelings come to kindle her passions, no disappointed hope hangs its laden wings over her, she feels and pours out her heart in tender tears, and these relieve all her sadness, while man must writhre in anguish, and keen despair die upon his heart, and now tears forbid to flow over his contracted cheek; she knows that to man belongs the responsibility, all the cares and exertions of living, while she remains the passive looker on and comforter of his days of labour and restless nights. Man under a great variety of circumstances and avocations, is subject to anxiety of mind and intensity of thought; see him in the field, in the cabinet, at the bar, in the sacred desk, or leaving over
Dyspepsia

over the preparatory road to science; all these elicit his every exertion, and require an un-
bending attention; if he emulate the highest seat on the temple of fame, or climb the lofty
hill of science, he must wear the knitted brow
of care. In infancy, and adolescence, when the
mind is yet a blank, and is strange to the
perturbations of maturity, dyspepsia is unknown.
Idiopathic cases are very rare; if they do at all
occur — it is generally supposed that sedentary
habits are favourable to the generation of this
disease, and excess in eating and drinking
beget it, but we have shown that females, whose
habits are entirely sedentary, seldom have the
disease, and that recepts who are proverbial for
their gastronomy, and are entirely reckless either
of the quality or quantity of their food, are
alike strangers to the disease. Some wine
bibbers, it is true, are dyspeptics, but such as
are, we venture to assert that dyspepsia was
antecedent;
Dyspepsia

antecedent; and if careful investigation be made, we will discover that such persons have resorted to the oblivions antidote for the purpose of relieving the precordial structures and distress incident to disappointed hope, blasted ambition, or to “pluck from the heart some deep rooted sorrow which incubus like, press its unrelenting hold, fast upon the throne of life.” The remote causes or irritations, which induce dyspepsia, though often located in the encephalon than otherwise, are yet to be found to exist in other structures of the body—morbid excitations in the liver, spleen, kidneys, uterus &c, are obviously instrumental in producing dyspepsia. The doctrine is universally taught and believed that such is that such is the importance of the liver in the process of digestion, that when diseased, it will certainly destroy digestion; but here we see a diseased spleen, kidney & uterus, all producing the same effect, and surely no one supposes that
Dyspepsia

these organs to be in anywise subservient to digestion, some of them being merely glands of waste, and others having no secretory apparatus, but all susceptible of irritations, which are sufficient to determine the nervous fluid or accumulation from the stomach to that part, and in this way the gravid uterus, during its impregnation, is productive of gastric disability; further, to show how far the mind is concerned in this very distressing malady, we would remark that dyspepsia is a prominent symptom or feature in Hysterical or Hypochondriacal persons, while the idiot, whose mind is a perfect blank, enjoys a complete exemption from its attacks, and while he matters at the moon, whistles his meaningless roundelay, grows fat and full of life—hence the justness of the adage, "as fat as a fool." The divisions of Dyspepsia—into primitive and secondary, are of practical utility—The first presents us with that form
Dyspepsia

form of the disease, which is least under the control of our divine art, and is according to our views, invariably the result of mental disquietude, exertion of thought, &c. The latter forms, though still the result of some remote irritation, will more easily succumb to the resources of Physic. Having now gone through our views of the pathology and causes of dyspepsia, we come in the next place to the consideration of its symptoms—and of these we shall only notice such as are prominent and easily recognized. There is mostly present precordial uneasiness, at least in the commencement of the disease, sometimes amounting to gastro-dynia, cardialgia, flatulence, heaviness after taking food, constipated bowels. Head ache is a very common symptom in dyspepsia, and, amongst other aberrations from health, we notice a disinclination to mix with society and consequently a love of solitude—some of the symptoms
Dyspepsia

Symptoms enumerated, belong to other affections of
the stomach, but these may be recognized by their
diagnostic symptoms. Dr. Pemberton has described
the symptoms which belong to stricture of the
stomach, schirous &c. The first is attended with
pain on attempting to swallow food, and is
returned again by an effort nearly allied to
hiccough. The latter state of the disease, not so obvious, may be known by negative
symptoms, emaciation, and incurable indig-
estion, and when ulceration takes place,
amounting to true cancer, a vomiting of
foetid mucus &c. The sallow countenance and
haggard looks of the unfortunate dyspeptic,
together with the general gastric derangement,
are quite sufficient to characterize this fell
destroyer of human happiness.

The prognosis in dyspepsia is mostly
favourable, unless it is in such cases as
we call primitive, and here the difficulty
arises
Dyspepsia

arises out of the nature of its causes; these being so hard to remove, and so little under
the control of our art. The young student who
spends wearisome days and restless nights in
pursuit of his favorite object, may hope for
a period when this promethean enemy will
relax its hold, and he shall again return
to the sunshine of health; but no ray of
hope comes to cheer the bankrupt in this
gloomy cell, no angel of mercy comes to
trouble the waters at the pool of adversity.

In the secondary form, our success will mainly
depend upon the extent of irritation, with
which it is associated. If these are simply func-
tional no insurmountable difficulty presents
itself: but on the other hand if organic der-
angement exist our course can only be
palliative. In such unpromising cases we must
expect to see our best directed efforts prove abor-

tive; and learn hence that melancholy truth,
Dyspepsia

truth, that to such hope "enter not here".

We come next to the consideration of the
treatment which is most applicable to this disease,
and here we shall only point out the indications
and the remedies which have been most relied
on in the fulfilling those indications; our cardinal
object should be, first, to remove the local irritation
upon which the excitement depends; and in the sec-
ond obviate symptoms which are prominent, and
always peculiarly distressing. If the disease has
originated from mental application we must
by an entire change of habits and pursuits of-
deaver to overcome it. If the withering breath of
misfortune has blown loud and long upon our pa-

tient, we must console him with the prospect of better
days— and should these Hebraic days be permitted
to come, we will see with thrilling delight our
dispirited patient emerge from dust and ashes of
affliction. To such individuals as are suffering
under primary dyspepsia, the watering place
Dyspepsia

Of all others, is best calculated to do them good. The change of melancholy, sense of suffering for those
of unrestrained gaiety and pleasure of air, of water, and
the last, not least, the exercise accompanying such
routs, holds out the finest prospects of health to such
invalids of any other we are acquainted with.
we all know the sad associations which spring up
when we look upon the periphrenia of a late sick
room, hence the advantage of escaping from such
scenery, and with them, such associations. Medical
writers in treating on dyspepsia, are wont to lay too much
stress upon the dietetic treatment, and if all that is
written on the subject was summed up it would
remind us of Anacreon's good doctrine who inter-
dicted every dish and left the guest to feast his
craving appetite upon a pleasing variety of em-
ptiness. It is generally admitted that much
more depends upon the quantity than quality of
food. What be injurious to some stomachs would
be agreeable to others, but one thing is evident, that
when
Dyspepsia

That when the nervous energy is directed from the stomach the less food, and easier of digestion that is taken, the less labour is required for its elimination. The stomach had been compared to a school boy "that while idle always in mischief" and the conclusion deduced from these premises, is to eat little and often; but we would urge to eat little and not often as the only safeguard to convalescence. Of vegetables, we know of but few that are admissible, of these the carminative preparations, including grits, rice, fish, -potatoes, soups of every description are pernicious as it is a well known fact that fluids are of more difficult digestion than solids. Any article which contains the most nutriment in the least bulk, is peculiarly adapted to such cases, as mushrooms or soft boiled eggs, fowls, if wild are good of the tame, none thought to be good except the dunghill fowl and pigeon. Wild meats are better than tame, salt meats better than fresh; fish are not considered to be of easy digestion, and the manner of preparing food
Dyspepsia

food is not of little consideration — boiled and roasted meats are best, coffee if used, (which as a cordial can hardly be dispensed with) should be strong and weakened with milk — tea acts too powerfully on the nervous system — chocolate is much better. Tobacco, which is so fashionable in high life, and this so much imitated by the lower class, is justly reprobated, and is to say the least of it, injurious in any form, but least so if indulged in after eating, in the form of a Spanish cigar, here it acts more as a sedative, and, at this juncture, gives rise to loss waste of saliva, or at least to that portion of it held in requisition for the process of digestion.

We would earnestly recommend that while food is taking, that mastication be done well and slowly — that drinks during meals, or immediately before or after eating, be prohibited, or restricted in quantity to the least possible demand of nature; but if urgent uneasiness is felt after eating, a small glass of good wine may be indulged in; at all other times and under
Dyspepsia

In all other circumstances, our motto must be "teach, not, taste not, handle not, the unclean thing." Much of the success of the Practitioner, must depend upon the removal of the cause of dyspepsia, and much will also depend upon proper dietetic restrictions or regulations. It is one of the great misfortunes of frail man that he subverts the end for which food was intended and lives to eat, hence, the difficulty of persuading him to retrace his steps.

Habit is aptly styled a second nature, and the individual who abandons the luxuries of the table, will achieve more in curing himself than medicine possibly can do itself. In the management of a dyspeptic patient, we are called on to relieve a certain set of symptoms, which constantly harass our unfortunate. And here we would observe that the treatment naturally divides itself into internal and external. The internal remedies are such as give tone to the stomach, overcome the acid formation, expel wind, keep the bowel,
Dyspepsia

The tonics best suited to dyspepsia are charcoal, myrh, bismuth, ammonuret of copper, columbo, chamomile, quassia, the bark of the Pseudendron tulipifera, gentiana, catesbei, or samdon snake root and other bitter vegetables. None of these, however, should be given in alcoholic vineous menstrums — we should commence with the mildest, and as these lose their effects, they should be changed for others, and more potent tonics. The bismuth is peculiarly adapted to gastrodynia, and the ammon, capri to that form of the disease attended with colic. The antacids, of these lime waters as posiesing tonic as well as antacid properties, is however the best, and may be circumstances existing which indicate the necessity of a stimulus, and here ammonia will be advisable; any of the alkohies will answer very well. The charcoal already enumerated amongst the tonics is also antacid. The carminatives, of these perhaps none are more useful than the aurous Calamus,
Dyspepsia

calamus, Capsicum, Ginger, but a variety of warm spices are always recommendable—the aperients, of these the white mustardseed taken whole, as containing an aperient with a carminative, may be best. The asarab, being aperient, and at the same time imparting tone to the bowels, may be useful under certain circumstances. The Camp. Rhiz fluit with the public aromatics of the American Dispensatory is a useful combination of the external remedies. None claims more attention at our hands than exercise & friction. That kind of exercise which is taken on foot is best calculated to give tone to the abdominal viscera, but should never be taken for, at least, an hour after eating. The maxim that a trite one, is well deserving our regard "after breakfast walk awhile, after dinner sleep awhile, after supper walk a mile" friction with the flesh brush diligently preserved in every night & morning is a useful auxiliary in this.
Dyspepsia

This disease—and kneading the stomach, as suggested by a modern author, is well deserving trial—Dyspeptics complain very much in winter time of coldness of the feet, this very disagreeable sensation will be best relieved by pulling the feet into cold water, and dusting the stockings with cayenne pepper finely ligatured. We should not omit to observe in the treatment of dyspepsia, regard must be had to the state of the Epigastrium, and if we find tenderness on pressure, it would be advisable, previous to the exhibition of tonics, to apply leaches, blisters, and internal use of mucilages. There is a state of the stomach, which, unlike dyspepsia, seems to depend upon congestion of the nervous action; I mean that depraved state of the stomach commonly called Bulimia, which is accompanied by morbid appetite. It is somewhat displaced from the subject of our thesis to speak of this; however, it will have a tendency to illustrate our Pathological views. For this reason we...
Dyspepsia

we have adverted to it here. We have in these sheets endeavoured to inculcate the doctrine that dyspepsia was a disease peculiar to thinking men and depended upon want of nervous action or secretion (I might use the term) and we believe that Bulimia is a disease completely to the reverse of this, and for its treatment requires such remedies to exert a sedative influence over the nervous system and particularly the gastric nerves—such as minute doses of tartarized tartaric acid and indulgence in smoking Tobacco after every meal until nausea is produced.

Finis
Inaugural Dissertation

To the Honorable Faculty of

The University of Maryland

The Honorable the Judges and

By W. Blackwell

Doctor of Medicine,

Adapted to the Observation of

This is a handwritten document in Latin.
In presenting this to
Professor of Chemistry and Physiology
The University of Edinburgh.

Dear Sir,

through the kindness of the Library
in the name of students and particularly in
your model and for your assistance in the library.

I am, with every assurance of confidence and that with
my friend to yours,

[Signature]
February, 15, 1834.

To

C. Geddings, M.D.
Professor of Anatomy and Physiology
In
The University of Maryland.

Dear Sir,

Except the dedication of this essay as a tribute of respect for your profound attainments in the science of medicine, and particularly in Anatomy, and for your exertions in the cause of medical literature, that you may long continue in your present career of usefulness, and that each day may add to your fame, is the sincere wish of

Your friend and pupil,

William Ghiselin
Epilepsy

Epilepsy has been well described by Trousseau, a disease in which the patient falls down suddenly, with an obscuration of all the sense both internal and external, attended with a violent involuntary contraction of various or all the muscles of the body, returning in paroxysms and ending in sleep. Epilepsy derives its name from the suddenness with which it makes its attack, and for which circumstance it has been termed the falling sickness. Like apoplexy, it is sometimes preceded by a train of symptoms which afford sufficient intimation of its approach, and like that disease, it sometimes comes on without any premonition.

The precursors of epilepsy are in most cases a sense of palps and pain in the head, ringing of the ears, flashes of light passing before the eyes, suffusion of the face, turbidity of the pupils of the eyes, sickness of the stomach, loss of appetite, vertigo and sometimes vomiting; but the most remarkable of all these symptoms is one...
which has been observed by ancient authors, and which has received the name of aura epilepsica, the nature of it can be more easily conceived than described. It has been by some compared to the sensation of a cold stream of water flowing along from a remote point of one of the members, like to arrive at the brain. In some cases it feels like a slight vibration of the integuments of the arms or legs. Galen compared this strange phenomenon to the effects, which follow the bite of a venomous insect, inflicted upon the frog from whence the poison becomes diffused throughout the whole body. Modern Authors have explained this aura by the supposition of there being some irritation applied to the extremities of some one of the nerves, which being gradually propagated to the brain along the course of the nerve, excites the paroxysms by its influence on this organ. This is the explanation of Cullen and most modern authors.

As regards the paroxysm of this disease, it sometimes comes on without any warning; the patient falls to the ground in a state of insensibility.
And his whole body becomes violently convulsed, while he remains entirely unconscious of what is passing, and also remains insensible to the most painful impressions. All powers of voluntary motion is completely annihilated and the muscles thrown into violent abnormal contractions, one which the will exercises no control. The eyes are fixed, rolled upwards, or staring, the pupils contracted or dilated, the face is flushed and livid; the tongue is thrust from the mouth, and may violently injured by the teeth, the whole countenance is distorted. The muscles of the lower jaw are violently convulsed and sometimes drawn upwards with such force as to fracture the teeth, and the body is frequently bent into a complete knot.

The organic as well as the animal functions are made to feel the influence of this disease. The heart palpitates violently, the pulse is at first small, frequent and irregular, afterwards becoming fuller and slower. The respiration is disturbed, oppressed and sometimes stertorous. The voice
is sometimes altered, and the patient falls with
a shriek, sneeze & vomiting, sometimes takes place,
especially towards the conclusion of the fit, The
abdomen is tympanifed, the face and nose are paves
involuntary, exhalation sometimes takes place, the
vomiting is ejected by the convulsive actions of the
esophageal muscles; in conclusions I may say, there
is no instance of posture, which Epilepsy has not
sometimes presented.

The duration of the paroxysm,
as well as the period of its recurrence are extremely variable, sometimes it is over in a few minutes, but occasionally it has been known to
continue for twelve or fourteen hours, and some-
times longer, the patient merely having an
occasional momentary respite, from the violence
of the convulsions, with regard to the period of
its recurrence, it does not in most
cases present any regularity, sometimes several
paroxysms take place upon one same day,
frequently they are repeated at intervals of on
of more days and sometimes months, according to the observations of some authors, to the full and change of the moon, and cases have been mentioned, where the intervals between the attacks have continued for years. But as regards the influence of the moon on this disease, it I believe in the present advanced state of medical science, wholly denied.

Children are particularly the subjects of epileptic fits, and many suffer between the periods of their birth and the third or fourth years, and after that time they experience little or no inconvenience from it; it appears during childhoods to affect both sexes alike, but in adults, males appear to suffer more from it, than females.

Having mentioned the general character of epilepsy, I will now speak of the causes by which it is produced. Before this subject many investigations and researches have been made, but the result has been by no means satisfactory.
in proportion to the labour bestowed. In relation to the causes of this disease, they are extremely variable, and may be divided into those which act directly on the brain, and those which affect this organ secondarily. It would, however, appear that something is attributed to hereditary predisposition, and this has been so remarked in some cases that it has been supposed by some that the disease itself is propagated from parent to offspring. It is, however, more rational to explain the phenomenon by referring it to the predispositions awakened in the children by the similarity of organization and temperament to their parents. Dissor, quoted by Cooke, mentions a remarkable case, in which a who had been subject to this disease, had eight sons and several grandsons, all of whom (who were cruelly affected with the disease until the family death. Some habits and temperaments are much more liable to this disease than others.

The kinds of individuals who possess this susceptibility...
in the most remarkable degree has been well described by Bellin; for example, those persons easily pleased and prone to gaiety, and as easily provoked to anger, and rendered liable to strong emotions from slight impressions. Central irritation from what can cause it may proceed from many causes a predisposing as well as exciting cause of this disease, a general plethoric state of the brain, excessive use of ardent spirits, the influence of the passions, and in short, all those causes which determine the flow of blood to the head deserve to be enumerated amongst its causes. To the same head may be referred mechanical injuries of the brain and spinal marrow, the pressure exercised upon the brain or cranium, extravasation of blood or serum, inflammation and softening of the brain, the influence of strong odours, and in fine whatever acts powerfully upon any of the organs of sense.
Habit has been deemed sufficient in many cases to keep up the disease, Sullivan speaking of the epilepsy, comparing it to a state, that, although this may be first signed, he has no doubt but that the repetition renders it of length and acut, and from decubitus, as mentions by Cooke, says that when paroxysms have existed by dwelling impressions, a disposition to a future attack will be thereby produced, and he relates a case of a girl, descended from heaping parents and perfectly well, who being thrown into a state of strong fit, was afterwards on slight occasions affected with the disease for many years.

Besides these causes which act directly on the brain, there are many which prove instrumental in the production of epilepsy, by exciting this organ sympathetically; and stimulating the blood naturally to its, of these 9 mention gastric intestinal irritation whether it proceeds from rooms or from improper articles of food, the influence of tasting and many other causes which tend...
To disturb their organs, epilepsy from these causes more frequently takes place in children who are much exposed to this source of irritation. I believe when it arises from these causes, it does not assume the formidable character which it presents, when it is produced by those causes which act directly on the brain. In conclusion I may say the most essential pathological conditions of epilepsy in, first, Central & Meningeal irritations; second, the increase determination of blood to the head which this occasions, and the third the extension of the influence of those conditions to the sensorial and motional apparatus.

Post-Mortem Appearances,

Not having any experience concerning the direction of persons who die of this disease, I am not able to say anything concerning its post-mortem appearance. I believe the morbid appearances on dissecting persons who die of epilepsy, I believe are often similar to those which occur in apoplexy. The cerebellum is generally thought to be
Anatomists to be the seat of the proximate cause of this disease, Mr. Wintzel, as quoted by Cooke, has dissected the brains of a great number of individuals who died of this disease, and in a very great proportion of heads he examined, found the cerebrum perfectly sound, whilst the cerebellum was uniformly in a discased condition. The part of the cerebellum which he found most frequently affected was the pineal gland.

**Treatment**

The first thing to be done, when a person is attacked with epilepsy, should be to place the patient in the horizontal posture, and taking such precautions as will prevent him from being injured by the violence of the muscular convulsions into which the body is thrown. The head and shoulders should be somewhat elevated, and exposed to a free current of air, and something should be placed between the teeth to prevent injury to the tongue. All articles of dress which by their tightness will prevent a
free circulation of blood, should be loosened, particularly stays and neck clothes, and it is often serviceable to sprinkle the face with cold water, particularly when the convulsions are confined to the muscles connected with respiration, after the paroxysm is over, the patient should be kept quiet; the head of the body supported, the bowels opened as expeditiously as possible, and light nourishing food in moderate quantities allowed; the patient should never load his stomach, stimulants to be abstained from and every other cause, corporal as well as mental, which is calculated to disturb the circulation and excite nervous system. If there be signs of disease in the brain, a more rigid treatment should be pursued, cupping may be had recourse to, occasionally, and if there be considerable plethora, bleeding from the arm may be serviceable together with keeping the head shaved, and the introduction of a sotam in the neck, or a drain is recommended by means of an issue.
applied to any part of the body. If worms is suspected, turpentine and other anthelmintics should be administered. As regards blood-letting in this disease, I believe it has often been had recourse to both during the paroxysm and in the intervals. It has been recommended as being highly serviceable in plethoric subjects, but in general I believe it does not appear to have any beneficial effect and occasionally has been found injurious. Therefore it is a remedy which ought to be used with great discretion.

Emetics and cathartics have been much recommended in this disease, with regard however to the propriety of the former of these remedies, there is much contrariety of opinions. Bates, as quoted by Cooke, prescribed vomiting in epilepsy, upon the supposition that the disease was occasioned by a kind of putrid substance removed to the brain, which he supposed might be evacuated by the process of vomiting. Most physicians however of the present day, condemn the...
practice as being highly dangerous, unless the disease is excited by the introduction of indigestible substances taken in the stomach, as frequently takes place in children. Cathartics are less objectionable and have accordingly been more generally preferred. The ancient were in the habit of purging abundantly in this disease with belladonna and other drastic articles of which they were led to adopt by the same motives which led them to the employment of emetics. In modern times has formed the leading practice in the treatment of this disease, but this is reason to think that though it is frequently highly beneficial, it often aggravates rather than improves the disease. Dr. Gedding, says, cathartics may however when directed with judgment and discrimination be used with great benefit in this disease, but they should not be of the drastic kind, because by exciting a high degree of irritation in the gastro-intestinal mucous membrane which by extending to the brain may augment the disease. Occasional doses of Calomel in small quantities with Rheubarb,
compound extract of calomel. It will be the best, or when the patient is robust and plump, those saline cathartics may be used. Cathartics will be especially indicated in children when the disease arises from irritation of the first passage occasioned by worms. In these cases, calomel with the tannic acid powder or the ordinary bismuthized medicines should be employed. In addition to these means, diaphoresis have been employed with a view of exciting a free perspirable condition of the skin, when the surface is dry and scaly. Various external means have been resorted to with a view of exciting refusal, for instance, blistering and snowdrops, of the nux vomica, belladonna, opium, camphor. Stramonium have been most recommended in this disease. Some of the Antispasmodics also have employed with benefit in epilepsy, among these, musk, castor and asafoetida are generally supposed most useful. They are of not much consequence in this disease, N.B. Dr. Gdden recommends very highly the following prescription;

W. S. Rhind

Stramonium, 1 oz.
Sassafras, 1 oz.
Galls, 1 oz.

Dried, boiled 3 hours and strained; take 1 tablespoon 3 times a day during the attacks.
[Handwritten text not legible due to quality]
An
Inaugural Dissertation
on
the Question following

Are there such agents as miasmas
which acting on the System cause
Bilious Fever?

Submitted to the Examination of
the
President, Trustees, and Medical Faculty
of the
University of Maryland
By
Thomas John McCabe

Jefferson, Frederick County
State of Maryland
"When men souctose old forms or theories as to
shrink as an agape from their use, the avenue
to improvement is closed. Science sinks and the
expiring battle is heard in the launps of genius.
A science must advance or a retro grade is in
reverence."

(Handwritten text, possibly by Charles Babbage, in the 1800s)
In this paper we will endeavour to answer the question:

Many difficulties present themselves to a Tyro in preparing a theory under any circumstances, but his situation is particularly embarrassing when the theory advanced comes in collision with or apparently in direct opposition to opinions held and maintained by men of experience.

For a young man just entering upon the duties of his profession to rise up and oppose his little limited knowledge against the accumulated wisdom of ages would not only be a piece of unwarrantable presumption but would amount to a direct absconding. The theory which I propose to advance is as far as I know in opposition to none and the opinions of the heads of the faculty in this country it is true I do not positively know the views entertained on this subject by all. I regret that my knowledge in this particular is
to limited but I have seen or heard no one that has adopted 
view in relation to this subject similar to my own. 
From what has been advanced it would appear that the 
criticism about was intended for my self but my course lies 
in this; the subject of discussion does not require 
experimental observations (which in our humble opinion 
alone on titles or names pages to a person) I am of course 
theory, to calculations (and afraid I say it) profitable 
lies against vague hypotheses. Without further com-
ment or apology I will proceed immediately to give my 
views of this subject and in the argument I hope I may 
be able to give every argument that may present itself 
in opposition to the theory its full weight.

The effects of the Changes of the weather on the System 
from wet to hot & vice versa the electrical barometric 
hygrometric conditions of the atmosphere either singly or 
combinedly I would offer as the cause or causes of the fol-
lowing catalogue of Diseases for Yellow Continued Remittent 
End Intermitent Fevers - Pleurisy with and without Hepa-


Arrangement of the whole list of Enumerative affection

Rheumatism - Gynecom - Pharynges - C Pusitis

Trentis - Arthritis - Varicela - Enuresis - Nephritis

Vestibular - Neuralgia - Palsy - Erysipelas - Cholera

morsus and I ought even to catalogue to a page of

I thought proper to particularize the above are suf

ficient for our purposes. We do not pretend to say

that all the above diseases are invariably proceed

by the operations of the causes named, thus Consump-

tion may be arise from a derangement of their

or from mal con formation derived from ancoopy

but how often are not these states of precise position

called into actual disease from an ordinary cutat

in propery treated in the case I would say that

the circumstances of the weather acted as a proximate

cause thus we can see that when there are even

exceptions apparently to the general rule still the

cause assigned here more or less to do in every case

either remotely or proximately. Some of the above diseases

may be produced entirely independent of the operation of
the cause, the only mean to adopt this as a general rule
and my conclusion from this must be looked on as an except
ion to the general rule, and how were a general rule
that has not its exceptions? It is to believe at this they
admitted by all that we cannot have an idea exist in
the mind unless it be by the operation of the senses
or matter either directly or indirectly. I have stated
this because I am at a loss to determine the nature of
this mysterious agent (measms) which has never been ob
tained in an isolated or tangible form. From this cause
I was not surprised to hear one (Steevens) attribute
to its immateriality this for one hypothesis I know when
I found it as it considers it entirely immaterial.
Charles Lee, Professor of the Practice of Medicine,
pronounced it not consistent of its immateriality if we judge
from an experiment which he commenced with the assistance
of the Eloquent the Lamenus De Buns. I cannot forbear in
this place giving a recital of the experiment which promises
to much, but it was to have put an end to too many unnecessary
theories, proving hypotheses and idle speculations.

During the prevalence of the Yellow Fever in that
part of Baltimore called the Point the Dr in 1852 (if
my memory serve me right) procured two bottles, which
he exhausted under the receiver of an air pump and
wired in this situation (or filled them with water) then
equipped the Dr proceeded to the Point pulled out the
corks (or poured out the water) and the fever occu-
ried the vacuums. The then proceeded to the laboratory
of the University called Dr De Bulls to his assist
ance but Dr De Bulls was unfortunately confined to
his room by miscarriage, the experiment or analysis
was for this time I for the season gone over. But the
succeeding fall proving as unhealthy as the preceding
the Professor had an opportunity, a second time of any
lying atmospheric air furnished with an immortal the
opportunity was not to be spared to pass unimproved, the
empty bottles were again procured and filled at the Point
the assistance of Dr De Bulls was again invoked and he
attended the experiments, thus commenced held out every
prospect of a hopeful issue. But alas an unfortunate
I suppose of the experiment going on he had no curiosity to prompt him to look into the bottle and see the king of Pnom the boaroid monster thus securely cooped in by air tight corks and in his explorations he threw both bottles from the counter they were dashed into a thousand pieces and with them all the hopes of our Professor. The air as far as I know has not attempted an analysis since another old I think'd it is to be rejected for in my humble opinion all his experiments would be likely to terminate equally unprofitably leaving us and all as ignorant of the nature of the poisons as ever.

And what have we learned from the ablest experiments conducted by the most skilled Pneumatotogists in relation to this matter. They tell us that air is always the same is the same place and more they have said that it's the same in all regions of the earth in all Latitudes. Air from the sum miss of most Blanc & Chenbroys and that collected in the lowest valleys is not found to be different. And can we expect.
...
no light on this subject from illuminating experi-
ment the unwelcome but true answer returning nothing
but, or is likely to be this covered by Chemistry that is
calculated to profit us and it is from Chemistry alone
that we can reasonably look for knowledge for con-
vincing of the subject. All that we have on this sub-
ject is the thousand and idle dreams & intricate theories
which for extravagance on the part of the inventor and
credulity on the part of those who receive them is
most astonishing. The wild hypotheses of the antients
in relation to the circulation of the blood are sound
reasoning when compared to the fancies entertained by
the dreams of this mysterious agent—accelerating our
blood under the name of melanin—there is some good
amazing to the young practitioners in the name for if a
patient have come with issues Typhoid or Yellow fever or any
particularly if he should be as unfortunate as to have a
cause to which he cannot assign a name or an ebul
cause he instantally flies off to march on miasma or miasmati
or what answers her purpose still better. To no miasmata
this for the most part is sufficient. to cut short exigencies from the illiterate, who are generally satisfied of the
"Doctors" can pronounce a hard name, with a gruincountenance this all they wish to know of the matter and hence
enquiring and investigating states.
Dr. Cheseb has in his work on the Practice of Medicine
spoken at some length of miasmata, we will take him up on page — when he tells us that Hercules
learned that miasma of Argolis and presented the return
of disease which before rendered the country a dreary waste. He ought in accordance with theories advanced at the
time by such a precaution to have added greatly to the
quantity of miasms generated and thus have made matters worse for it is by cleaning miasmata, races to quickly
expelling the mud and vegetable matter in the bottoms
of these places that billions of diseases have proceeded over
all the country in the vicinity of such localities according
to some this argument of not-unravelled already will be attend
to hereafter — Dr. Cheseb says in the second place that heat
and moisture are always requisite for the generation of miasmata.
and the cases supposed to arise from them are never
gemini except the thermometers range above 60° F.

But the banks of rivers, marshy ponds in low situations
are always best calculated to give out malaria and it
is precisely in these situations that we find the most
sudden thermometric & hygroscopic variations as we
shall see more particularly hereafter. Charle and a host
of others tell us that the Specific Gravity of miasmata
is greater than that of atmospheric air and yet he tells
us on the very same page "that none of the gases adsorbed
from vegetable putrefaction exhibit themselves in
a tannin-like form". If this not a difficulty in this. We
think that from their being greater than that of atmos-
pheric air that persons in elevated situations over their
escape — yet when ever it is necessary he can cave in a
little arrow vajors to transport the poisons with as much
facility as we carry flour to Balt on the railroad
If as Professor Charle (and others his superior in our
estimation) ignorant of the fact that when two gases
say Carb. Acid Car. & Oxygen are mixed in a vessel
the heavier at the bottom, they were nevertheless not found ever mutually the lighter, assuming the plane of the heavier and the contrary? Can suppose that we had positively ascertained the specific gravity of miasma and it was found heavier than atmospheric air, could we not find means to carry it to elevated situations without the assistance of aqueous vapours? We will hereafter more accurately, as for the vapours.

It also appears from Dr. Belcher that aqueous vapours, as also requires for the generation of miasma, as well as for its transportation. He says that "it is precipitated more abundantly to the earth during the first hour, after the setting and shortly before the rising of the sun and that fumes are far more liable to contract miasma—the air is when exposed at this time." Dr. Clapham stated that miasma were generated he did not know how but they were transported by aqueous vapours so that they arose from the earth and as the aqueous vapours greater as the sun acquire more power to the quantity of this poison generated and carried off must have been greater at mid-day than at any other time.
It should from this infer that persons were more liable to contract this case from exposure at midday than appears to be a clashing of opinion yet the cause which we assign is evident in its operation in both instances. Miasmatic (it is said by D'Esparle) are capable of being impaired or arrested in their progress by whatever will stop the progression of aqueous vapours which produces this case in this case the aqueous vapours acting on a certain state of the system or the means unfelt in known reasons. It is to be borne in mind that aqueous vapours is not generated in any appreciable quantity less at a certain elevation of temperature—Dr. Dwayne—Dwayne says that "malaria never acts on the system to as to produce disease unless accompanied with a high degree of temperature." It is said to arise from marshes and yet miasmatic diseases are seen to prevail far beyond the influence of stagnant pools or putrefying vegetable matter. Some feeling the difficulties of the case say that it is not produced by the decomposition of vegetable or animal matter
As for diseases to arise from Dr. Blundell's theories, the facts are that we have to say in relation to this is repeated in a few words. Dr. Stedman says that emanations arising from the decomposition of animal matter are proven to be entirely innocuous, may not it has been affirmed on good authority that they are even conducive to health, they may in a highly concentrated state produce a state of asphyxiation but they have never been regarded as ever a probable cause of malignant diseases. It is clear that malignant diseases are never produced except there be a certain degree of heat and moisture present to produce amasmatia and it is also said (and proven too) that Bilious diseases do arise from extremes of heat and moisture where there is no vegetable matter present the decomposition of which would produce malaria. These are facts from the very best authority. Probably some may advance the following fact as an argument against the theory advocated and it acknowledges
If in the investigation of this subject we find that
the vicissitudes of the atmosphere are capable of pro-
ducing the diseases in question is it not but physi-
ofics in us to shut our senses to the effects of these
agents and ascribe every thing to the operations of an
invisible and incomprehensible cause shut out from
our senses and veiled in obscurity?

In rolling over the page of Dr. Chene's work I
find the following remarks on page 78—"The tendency
ofウォーズ microclimate to produce intermitents is much
enhanced by sudden changes of temperature of the at-
mosphere. Intermitents are never more prevalent
than when the days are very warm and the evenings
and mornings are cool and damp. A quotation sim-
ilar to the above in reference to any other subject
would no longer leave 'loops or hinges to hang a cloud
over. The ir; ranges of atmospheric temperature with
a consequent production of a large quantity of watery
vapours are in the production of bilious fevers the
'dinces qua non.' And why it may be justly asked is
there so much said concerning the aqueous vapours is this
the greatest cause in the production of diseases?

In this I conclude into the necessity of our introdumg
the aqueous vapours so frequently. We never see bid
ious Diseases prevailing to any extent unless there has
been a state or condition of the atmosphere favoura-
ble for the production of vapour and the vapour act-
ing in part as a proximate cause on a sick air position
existing in the system which it pre disposition has gen-
erated by the very cause that produced the aqueous
vapour produces a Bilious Fever; on this we will
be more explicit presently. To better appreciate the
powers of States of the atmosphere on page in the
engendering of Bilious Fever we will take a cur-
rent view of the localities which are known to give
rise to bilious diseases and compare these situations
with those except from diseases. For this purpose
I will select Jefferson Parish, St. John, the remarka-
ble for its good water and health. The Point of Rocks
well known for its间mittents and other maliguous
Fires, a New Orleans far famed toYellow fever
If the reader (as is probable) should be unacquainted with the situations chosen he can very readily select 3 places one healthy another not so much so a third very unhealthy and he will then comprehend what may have after he states more fully clearly. Now in New Orleans the variations in the temperatures are far more sudden and greater than they are in Jefferson which is 2 degrees north of it—this would be doubted if there was not an experiment at hand to prove the position a fact familiar to all. In Jefferson the dew departs in the night on the grass when moist exposed is scarce by sufficient to damp the shoes of persons walking in the grass immediately before sunrise at the point of rocks there is not unfrequently a fog so dense as to intercept vision at a few paces and in New Orleans the deposition of dew is so great in the course of the night as to lay the coat in the streets may more if obtrus of from the house comes and what does this go to prove?

It proves first that the temperature of the atmosphere in Jefferson was not sufficiently elevated to hold much water in solution or that the succeeding reduction in the temperature was not sufficient to produce any great deposition
of water be this as it may it is evident there could be no
very sudden change. But at the point of rocks on
the immediate banks of the Potomac the reduction
of temperature was so rapid as to produce a heavy fog
and in New Orleans the temperature of the atmos-
phere was not only very much lower but must
have been previously much elevated to hold so large
a quantity of water in solution. We now pass to
the moderated influence of the causes and will soon arrive
to a conclusion. 

I approve an indubitable independence
of the effects of hot sun on his system has his abnor-
mals viscera (the stomach and bowels particularly
predispone to disease from the use of indigestible
element of food meat or vegetables a sudden change
of diet or by bad water in this state of precarious
he is exposed to the vicissitudes of a New-Orleansman
one might the effect on his capricious system the hypo-
pathy existing he turns the face and visces throws
the latter already fit to drop into his order into lecture
lumina it is thus I believe we have all our drugs
dry internally poisoned. If from any study the effect of
the direct rays of the sun falling on the head or
from a blow or other cause the brain be correspond
to induce a similar disturbance to the one spoken
of above in the capillary system is sufficiently to
terminate this course action to this quarter. It would be
unreasonably to trespass with a relation further detail
of cases as examples in which the vicissitudes of the
weather play an active part. But a bilious disease
has not as yet been given as pronounced by the latter causes.

Of a grove before a hot fire for a certain length of
time and his liver grows to four times its natural bulk by
a man in New Orleans has his liver picked up in not a
anterior condition, not united from being seared before
a fire of wood but from a more efficient a cause a fire
that burns for twelve or fourteen hours with unremitting vi
dence. Hot sun the liver is not only changed from this
cause in bulk there is emaciation of function as is cleartly
witnessed from yellow skin a jaundiced hue. that marks
the whole southern race indicatives of a Bilious Tempera-
ment. The liver in this state of partial arrangement of func-
tion only requires an exciting cause which is nearest here
to change the partial in to complete arrangement of function.
Gastro-enteritis is not produce by minor matter cold affliat

21
to the fact is assigned as a common cause to the cold acts we think in the manner following the capillaries of the part are obliterated by the action of the cold this effect is communicated to the brain the action of the heart is next involved and the blood moves languidly through the vessels nearly at all on the surface it collects in the great venous reservoir at the right vein of the heart and in the liver waiting a passage through the lungs the formation of this blood forcing itself on the heart finally makes this organ into unequal action this is the reaction this is liver and the organ that before was unaffected in a state of Pradis positives is now involved in actual disease suppose the stomach should be prejudiced from any cause the intestines the lungs the brain or the liver is in a state of exciteement from the action of hot sun I need not repeat the consequences they are they cannot but be clear to all
The mode of formation of leprosy as laid down above, differs probably a little from Dr. Pangiae's theory, which is that the system is more easily thrown into disease from the action of a lowered temperature on a part of the Capillary system, the effect being communicated thence by continuous sympathy. I have applied the effects said to be produced by minerals on the lungs to the operation of leprosy on the general capillary system or on a part of this system of vessels as the case may be. Dr. Potter thinks the manner of the lungs are affected by the action of the minerals which effect passing to the brain is reflected to the heart, but this only accounts for a simple fever. I would ask how the brain is involved unless it be in a state of fire or rotation and from what arises this means rotation or is it from the effects of hot sun. But Dr. Potter has the liver involved without telling us how this action is communicated to this organ, is it by contiguous continuous or other means of sympathy? It would appear from this view of the subject if I understand him correctly that the liver is alone involved.
Although I am unfortunately barred in my judgment in relation to the theories and practices of the French authors still I must adopt the theory of Barre and make every Bilious Fever in the first instance a gastric entai-
tis the sympathies existing between the capillary system this portion of the alimentary Canal is sure to generate to disturbance of not actual cataract in the latter whereas the former will have been in any way changed from the performance of a healthy function and has cause one exci-
ted in the Stomach or Peristaltic is necessarily communi-
cated to the Liver by the Cholices Communicated by con-
natural sympathy. What is the effect of hot sun on the surface which being communicated to the Stomach gives rise to an irritable state of the liver? To understand this latter part of our dissertation the reader if he requires information is referred to an essay on the subject. By S. & G. recorded in some one of the Bateman medical journals the title of which has escaped my memory—that this state of the Stomach & Peristaltic does exist I think is fairly

found either from symptoms or under the Knife. Of the treatment of these diseases I will say nothing my practice.
let be under the governance of that most inestimable art
come presented to the Faculty by Dr. Armstrong and also to
a work on Fever by Southwood Smith, M.D. of Whick,
our respective Professors of the Practice has spoken in the
most flattering terms pronouncing it "the best best treatise
on the treatment of Fever." I ought to continue my paper
to a length which I deem entirely unnecessary, I have said
enough, more probably than will ever be read. But before
I conclude I must beg the forgiveness of Dr. D. and
their, whose names I have taken the liberty to repeat frequent
by if I have departed from a correct statement of facts vas
ted from their lectures they I must beg will be attributed to their
proper only in a bad memory. I cannot however suffer this first
the 
ably last opportunity that will present itself to pass without the
delaying the sincere affection with which I regard and my honour
A Respects Teachers. And must particularly acknowledge the
Honours conferred by our universally loved Dean of Anatomy &
To Dr. Smith & Davenport I beg leave to present thanks are
ated by heart felt gratitude for their attention during a weeks
confinement from sickness. My inability to return thanks in a proper manner for the acts of courtesy received at the hands of my teacher has been so far debilitating that I am compelled to conclude by wishing them many years of health and prosperity.

Most Respectfully,

Thomas J. McElain
On Mechanical Equivalents. 

The comparative influence of Greek and Latin 

submitted to the examination 
of the 

Curriculum, faculty, and medical society 

of the University of alabama. 

In the degree of doctor of medicine 

by 

William Full, Senior 

of the state of Virginia. 

March 1854.
An Inaugural Dissertation

on

the reciprocal influence of Mind and Body,

submitted to the examination

of the

Parochial, Hospital, and Medical Faculty

of

The University of Maryland

for the degree of Doctor of Medicine

by

Williams R. Peale

of

The State of Virginia

March 1834.
لا يوجد نص يمكن قراءته بشكل طبيعي من الصورة المقدمة.
To
E. Geddes, M.D.

Professor of Anatomy and Physiology
in
The University of Maryland

This dissertation is respectfully inscribed

as a testimony of admiration for his talents,
and

gratitude for his repeated and disinterested kindness to it.

Author.
On the reciprocal influence

Mind and Body

In order to acquire a correct and accurate idea of a malady, nothing can be more requisite than a knowledge of its cause, a knowledge which it often requires the greatest research, and capacity to obtain, and with what the practitioners will grope in almostimmerse in darkness, perhaps only diminishing the disease he attacks, without even producing a radical cure. The animal and intellectual portions of our being are linked together by the closest bands of intimacy, and are perpetually acting the one on the other, affecting a greater influence over our happiness than one are generally disposed to admit, or imagine. It was said by Plato, that all diseases of the body proceed from the mind, "omnia corporis malae, ab anima procedere", and certainly many of them...
thus have their origin. It is by the mind that man is distinguished and elevated above the rank of the inferior orders of animated beings, and one daily see him by the operation of his intellect obtaining the controul and supremacy over his fellow-man; this elevation of mind cannot always be borne with impunity, and the corporeal structure in proportion as the intellect is highly cultivated, personal interests involved, and the passions called into play, is brought into a pathologic state. Thus we often see men of the greatest genius the victims of disease. The premature exercise of the intellectual faculties, and the operation of the passions producing an excitement of the brain, and disturbing the functions of the emotions and motivations.

The Physician is often called to afford assistance to the mistaken, to minister to the mind diseased; and hence it will be his duty to investigate with delicacy all its affections, and to make himself acquainted
with its aberrations, in order to ascertain the influence it may exercise on the physical organization. The depressing passions seem to exercise particularly a baneful influence both in the formation, and progress, of disease, the mildest of which will often assume the most formidable and dangerous character unless their depressing actions are dissipated.

Nostalgia will afford a familiar example: here we have that longing after home, and all that is dear to us, that feeling of loneliness and melancholy, that brooding melancholy which upsets the mind, an effect over the sick man's soul. Sometimes most appalling in the influence it exerts, particularly in acute diseases. The great mortality among the conscripts in the French armies, or as chiefly attributed to this cause, the most trifling diseases, simple catarrhs, slight gastric, and enteric affections, &c., became intractable, and few cases cured in whom they were manifested.
Even the great Napoleon, under the influence of grief, wounded pride, and disappointed ambition, to gather with the melancholy reflections to which he is said to have been subjected, fell a victim to chronic gastritis.

If inflammations are thus aggravated, how much more are such depressing emotions to be dreaded, when disease already exists, and how careful should the physician be by all his skill and talent, to avert the impressions they are likely to produce.

In surgery also; where any predisposing cause has been excited, one must with the same ominous effects from the depressing passions.

The crews of ships on long voyages are said to have suffered terrible devastations from protracted disappointments, and the spread of the malady has been immediately arrested, by the exciting prospect of an engagement with an enemy.

In that portion deserve, known by the epithet of dyspepsia, one have the most pre-eminent evidence of the benefit derived from...
The animating occurrences of travel, the change of scene, of company, and amusements. These acting as a tonic on the mind depressed by harassing and long continued illness, tend perhaps more than all the drugs of the phar- 
macopea to restore the bloom to the pallid 
cheek, and fulness to the wasted form, and 
in place of the swinish rep, and inanition 
which so generally characterize the dyspeptic, 
he regains his wonted equanimity of temper, and 
reality of manners. Many of the virtues attri-
butable to the readers placed throughout the coun-
try, are no doubt owing in a great measure 
to the varied incidents of a sojourn among 
them, and not to any specific virtue of the 
maters themselves, as we see them elsewhere at 
hone by invalids without any appreciable 
benefit. When abroad the mind is assisted 
from its lethargy, and its elasticity is restored 
by the cheerful society, and varied amuse-
ments of the place.

The recent Epidemic which sweeping over
The continents of Asia and Europe, at length, in its devastating course settled on our own shores, strikingly exemplified the powerful agency of fear in the production of disease. Among the thousands who fell victims to this appalling malady, it was with many an exciting cause of the complaint. The blanched cheek, the pallid lip, and the trembling frame disclose to us also the effects of fear, and it has ever been said to cause the hair to become gray in a very short time. Terror will also cause an immediate evacuation of the bowels, and a discharge of urine from the bladder. How speedily does shame bring the blush to the cheek, and violent anger not unfrequently produces such deplorable results as an attack of apoplexy. Day after day we witness violent passions of hysteria induced by mental perturbation, and the same causes also establish epileptic convulsions, which are very difficult to control when once commenced.
the use of Storace might be beneficially put in practice.

"Animus ase, qui nisi part,
Impris: hunc frons, hunc teneo compuecere evolat.

Religious excitement when carried to excess is sometimes productive of the most mischievous results, and of law had euthanasia on this subject as wrought on the mind, as to produce the most deplorable melancholy, and ultimately the subject of it has terminated his existence in the gloomy cell of some lunatic hospital.

Professor Gainsborough in one of his many interesting and instructive lectures on phrenology, spoke of the powerful agency of mental impressions, in initiating the formation of intermittent fever, and relieving even severe cases of Pneumonia, paralysis, and other ailments by the application of Storace's points; but the mystery soon resolved, (if mystery there ever was to intelligent minds,) by Doctor Hayashi producing precisely analogous effects, by the application
of ancient prints, made so accurately to resemble the metallic ones, as not to be distinguished from them.

Animal magnetism has been practiced in this country and in Europe, for the relief of various maladies; I have been told of a gentleman in this City, who is thrown into a profound sleep and his fits of the great headache arrested by the application of the hand of one of the initiated. But her purgative here is not always true, and I should be disposed to think that in this instance. In the practice of touchings for the cure of excesses, or kings evil, which exploded at one time in England, the effects were no doubt analogous, as one cannot well imagine that any very holy or salutary influence would be expected by the contact of Charles the Second or any one of his more moral and able adherents. If this be the cordial of hope which most men can always lend its externzting and salutary aid to the sufferer, and cheered by it, and the confidence
he appeals to the physicians who may address or the compurie who may chance to practice his experiments on him, that he rapidly recovers under apparently the most desperate circumstances. Deprive him of this hope and confidence in the office of his attendant, and his doom is irreversibly sealed.

No one can doubt the importance of the emotions and passions of the heart, in violent moral excitement, death is said to have been produced by the operation of that organ, and morbid affections of the heart, chronic inflations, and hyper trophy are to be sometimes traced to the violence of the passions.

Doctor Jackson of Philadelphia advocates that several cases of enlargement of the heart have been under his care, produced by morbid causes originating in domestic affections.

The stomach is also remarkably susceptible to moral impressions, those of a painful nature impeding, and interrupting digestion, and causing much in some instances producing
nausea, vomiting, and epigastric pain. The sight of a scene, surgical operation, not unfrequent ly induces nausea and vomiting, in these "cases customed to withstand them, so I have ex perience myself and seen frequently occur with others. Rage and jealousy are productive of an increased flow of bile, and ambition and anxiety, both highly exciting passions, are fruitful sources of monomania, or even occasionally of ma nia. Thus we observe each passion and emotion of the mind, exercising its sway over those who by yielding to their domin ions have allowed them to gain the mastery.

Not less powerful is the impression made on the mind by the corporal structure, when debilitated, and more down by the savages of disease. Here is a most striking influence exercised over the mind by the a rrangements of the digestive functions. One mit min; often the greatest irritability, the most unpleasant forebodings, depression of spirits
and almost despair, without any adequate external cause existing for their production.
In febrile diseases, says Dr. Johnson in his work on tropical climates, like Shakespeare's "men die many times before their death," but in Pulmonary affections a striking contrast is exhibited in their effect on the mind, for even in the last stage of phthisis, "love springs eternal in the human breast," and the tenderest ties remain a long time revealed to every eye but that of the patient. Syphilis is a disease also in which time is a
depressing influence expected over the mind.
Mean often called on to witness the demoralizing effects of epilepsy, and paralysis,
where one often finds an almost total suspension of the intellect, and in the mind that once glowed with all the fire of genius and "infinity of thought," almost every faculty seems obliterated, and scarce a vestige of its former brightness is left.
Cattarrh is a disease which I believe is confined to the old continents, and is found chiefly among the tribes, though it is also said to exist among the Egyptians, the Valley of the Tigris, and the mountains of China, and Tartary. This terrible disease, affecting a complete destruction of intelligence, and sensibility, the intellect being almost totally extinguished and the subject of it reduced nearly to the state of the brute creation. The Della gna a man old age if possible more horrible than the former, occurring in the Lombard and Venetian plains, is attended by a train of mental disorders; melancholy, moroseness, by prostration, and not unfrequently a strong propensity to commit suicide. The patient preparing to terminate his miserable existence by drowning, so commonly does this occur, that some writers on the disease have designated it by the appellation of phrenomania.
Among many other exemplifications which might be adduced of the influence of disease on the mind, I will only enumerate those developed in the gastrocnemius organs, as being particularly interesting to the physician as well as to the moralist. They are chiefly so as these irritations are often productive of such confusion of sensations, and moral agitation, that they appear unaccountable to those who are not aware of the moral faculties.
The President, in the name of The President, of The United States of America, do hereby appoint, and by these presents do appoint, certain persons to be Secretary of the Navy, Secretary of War, Secretary of the Treasury, Secretary of State, Attorney General, Postmaster General, and such other officers as are or may be necessary, to hold their offices during the pleasure of the President.
To Eli Gedding, M.D.
Professor of Anatomy and
Physiology in
the University of Maryland.

This thesis is dedicated as a tes
timony of the esteem in which his superior talents
are held by his friends and
humble servant.

The Author.
Scarlet Fever

Scarletine is taken from Scarletto, an Italian word and means a deep red. Persons who labour under this disease present the appearance of a burnt lobster. This disease first made its appearance in Spain in 1640, eight years after it raged in Naples a number of years after this in London. And not until 1735 did reach America. There are some writers who think that there is but two varieties of Scarletine — and that the only difference is in the degree, just as you would find in the distinct and the confluent smallpox. I think it is generally admitted at the present day that there are three varieties of Scarletine, which are clearly marked, and which requires different treatment, unless in cases where the gradually shade into each other. Scarletine Dumpphle is the first variety and will scarcely require medical attention, the second variety or Scarletine Anginosa is of more frequent occurrence and will require a very prompt and energetic treatment. In the third variety or Scarletine Maligna we have
Continued

the disease in its worst form, and left man
ageble than either of the other varieties. Scartel
was affected the skin, tonsils, and the Mucous
Membranes, and frequently terminates in death.
it has baffled the skill of the Profession; and
but a few to the present day can congratulate
themselves with having treated this disease
to their own satisfaction.

Scartelina dimplar, generally commences with
a chill succeeded by fever, fullness in the
head, Lapidate with prostrations of strength Na
suea, and sometimes vomiting, the skin becomes
florid, and hot: the throat is more or less infl
amed, and is painful; the tongue is cover
ed with a white fur. And through this fur you
will discover the papilas of the tongue presen
ting their red points, which will furnish
very satisfactory evidence as to the exist
ence of the disease. In a majority of cases
the eruption makes its appearance about
the second day, in a number of red poins,
about the face and neck, which graun
ally spreads itself over the whole body in the course of four and twenty hours. The eruption is greater about the breast, the joints, or the bending of the joints, owing doubtless to their being abundantly supplied with blood vessels, and to the fact that they are kept more secluded from the air, and consequently much warmer. Sometimes the face is involved. These are the principal symptoms in this variety of the disease subject to variations, in three or four days the digestion of the enteritis takes place.

In scarlatina anginosa, the symptoms are more violent. The skin is of a deep red. The faeces are considerably inflamed. An uneasiness is felt in the throat, the voice is thick, and dehydration is difficult. The tonsils and faeces appear red and swollen, as in Cynanche tonsillaris; for the most part this goes on to the formation of superficial ulcers or cheeks. When these are numerous, they cause an unpleasant foetor.
and the throat is clogged up with a viscid phlegm, as the disease continues to increase, so are all its symptoms greatly aggravated, the difficulty in deglutition becomes as great as in some instances to render it almost impossible. The neck appears as if bound round with a cords, the eyes and nostrils become red, which shows most clearly that the Mucous membranes is concerned in this disease. The eruption is introduced by a hot and dry skin, and a prickling sensation of the sides, all these symptoms increase, the skin becoming more affected till it is of the colour of a boiled lobster shell, the proportion to the affection of the eyes and nostrils so is the tendency to delirium, in the onset of the disease the pulse is frequently quick and full with some tension, this however, is supposed to be a deceitful pulse. Frequently in this form of the disease the eruption does not take place for three, four and sometime five days. In violent
Cases, the exception appears sooner, and in such the head becomes much affected and death frequently closes the scene; on the third day, sometimes a purging comes on which must be arrested. Sometimes the pulse is 120 with marks of fullness which favour the idea of its being inflammatory, and which calls for the use of the lancet. There is sometimes a cough without much expectoration. In the decline of this disease there is marks of great activity and deafness is sometimes left. Prophylactic swellings follow in.

The third variety or hematina maligna is the worst form of the disease. And not un-frequent it sweeps thousands into eternity. It is ushered in by signs. giddiness, headache, restless, faintness, heat and soreness of the throat vomiting or purging. An efflorescence appears at irregular periods, from the second to the third day. A remarkable tumefaction of the fingers sometimes takes place, which with the erysipelas tulous tinge they soon acquire is suffi-
cient to characterize the disease. The throat is affected with inflammation, and frequently you will find dark blood with an inflamed base, with a very unpleasant smell. Sometimes the glands become affected and are painful to the touch. Inside of the mouth there frequently appear a brown or dark crust. The urine, when collected, is thick and pus-like, which frequently exacerbates the parts over which it runs. When diarrhoea comes on it must be regarded as unfavourable. The accompanying fever is typhoid. The pulse is small, feeble and irregular, and often from the very commencement there is delirium or coma. In this form of the disease there is great prostration of strength, and when convalescence takes place it is very slow. These are some of the symptoms of this distressing disease which varies very much according
to the type it assumes, the throat and tonsils suffer very materially, and frequently a coughing takes place and the patient spits up large quantities of phlegm which is extremely disagreeable and fetid. This getting into the bowels or trachea brings on inflammation which frequently proves fatal. Sometimes the throat and tonsils are affected when there is little or no fever and sometimes a hoarse cough.

The measles is the only disease which is likely to be confounded with scarlatina, but by a careful examination of the eruption, its colour and the time of its appearance, we shall at once be able to distinguish the disease. In scarlatina the eruption appears about the second day; in the measles not until the fourth day. In scarlatina if you lay the hand over the surface, you will not perceive any roughness, in the measles you will. In scarlatina the skin is of a red and shining appearance resembling the shell of a boiled-
Continued

Crab or lobster, while in Measles it is near
the colour of a raspberry. In Scarletina the
fauces are considerably affected and are
painful. A hoarse cough with little or no
expectoration. In Measles there is an obsti-
nate and harsh cough with a tough, acrimonious
discharge of phlegm and the lungs are evidently
affected. In Scarletina the eyes are red and
watery, yet they can bear the light without
much inconvenience; in measles the eyes are red
and watery with intolerance of light, with in-
creasing the fever is generally inflammatory, but
when Measles is complicated with Cynanche Con-
spirata there will be considerable diffi-
culty in distinguishing the one from the other.
But here we must draw our conclusions
from the appearance of the tongue in
When Scarletina appears either of the last des-
tribed varieties it will require a very
strict attention to all its symptoms and
an unnecessary effort on the part of the
practitioner and yet in dispute of all
ofter efforts the disease frequently proves fatal sometimes in a few days but other times not until several days have elapsed; we find from its most simple form to its most malignant they gradually run into each other and will require great judgment on the part of the practitioner in his prescriptions.

Prognosis, when favourable there is a diminution of the febrile symptoms, the heat and redness of the skin is diminished, the skin becomes brown. Together with a disengagement of the cuticle is regarded as favourable, the swelling subsiding, the falling off of the flough, and filling up of the ulcers, the pulse becoming less frequent, sleep returning and becoming more natural. The appetite returning is deemed as favourable; An increase of fever together with the fiery scercums, the throat becoming more painful, and the swelling increasing, a discharge of blood either from the mouth or bowels, the breath becoming offensive, the ulcers in the throat becoming...
Clark or black, the pulse weak and feeble and
the diarrhoea are allways to be regarded as unfa-
vorable. In this condition or state of the disease
it is not unfrequent that death kindly steps
in and relieves the patient of all his suffering.

As Pathology, it is a general receive
and opinion, that scarlatina arises from a
specific contagion, and has a latent period
of four or five days. Others think, that it is
doubtful whether it be contagious or not, and
appear to draw their conclusions from the ever-
stance of its prevailing occasionally as an
epidemic, but here let me ask you, not the
Mumps, and some other diseases prevail epidemical and yet they are manifestly contagious.

I am inclined to think, that Scabelama is evi-
dently a contagious disease, and attacks persons
of all ages. It is thought by some that chil-
dren, and young persons are more subject
to this disease than adults, for my own pa-
rt, I am not prepared to admit, that there
is any peculiar susceptibility, in children.
Or young persons to receive this disease, but that a greater number of children and young persons have the disease cannot be denied and can only be accounted for, from the fact that there are more children and young persons to take the disease than adults; not only so, many of these adults may have passed through the disease in its mildest form while in infancy. It has been a matter of dispute with men of learning whether scarletina can be taken more than once; in the general it can not; yet there may be persons who may have secondary attacks of this disease, just as they do in smallpox and other contagious diseases, having thus passed through the consideration of this disease I shall now speak of its Treatment.

In the first variety of this disease you will rarely find it necessary to give any thing—some times an extract of Adraste, or the Tarantula, or Potas will be sufficient together with some of the Natrium Salts, or Carbon in a Small dose.
لا يمكنني قراءة النصوص العربية من الصور. إذا كنت بحاجة إلى مساعدة أخرى، فسأكون سعيداً بالمساعدة.
And lancing them cool will generally terminate
the disease. In the second variety we should
always direct our attention to the most prom-
inent symptoms, and to their severity, and then
prescribe accordingly. If called early to the patient
and the fever appears to be considerable, with in-
creased arterial action with pain and great
fullness in the head, fenestration with then be
proper; or the application of a few leeches appli-
ced to the temples will frequently give great
relief: this ought to be followed by an ερύθρης, and
not this relieve a gentle purge should begin.
If the throat becomes very painful and deglu-
tion difficult, a mustard plaster applied to
the throat, and kept on for a short period
so as not to produce a blister or it may be
rubbed with the volatile liniment—sometim-
a blister applied immediately to the cheek—
will be attended with a soporific effect. The
state of the bowels should never be negle-
cted, and emetics must be avoided,
the neutral salts will sometimes be sufficient.
Colonel in small doses will be found Readma
ble, the saline mixture as a refrigerant may
be given to advantage on the nitrate of potash
with a small quantity of the Tar, and of potash
will frequently act as a diaphoretic and in
this way prove highly beneficial to the individ
ual. The sponging of the body with cold or tepid
water is recommended as a valuable agent. The
coolness of the throat forms no objection to its
use, it acts by cooling the surface and ever
s so frequently it terminates the disease. If the ap
plication of cold water should produce a
chilly sensation the water ought then to be
used either tepid or warm. The fumes of
hot water with a small quantity of vinegar
will often give great relief to the throat
when the head is very much affected. I have
no doubt but the application of ice to it
would be very beneficial. These are the
principle remedies to be employed in this
variety of Scarletina.

In Scarletina Maligna as the Symptoms are
different. We shall find it necessary to vary our remedial agents. This form of the disease is generally ushered in by rigor and great prostration of strength. The disease evidently take on the character of typhus fever. This circumstance we ought never to lose sight of as it may direct us in our treatment. If called early to administer in this disease, an emetic of tart non et pot. or Pulv. Phreca or would be broken, as soon as the disturbance is, over the Bone act. Sea given alternately with the Snake root. Sea, this will frequently bring on diephoresis, and will very often terminate the disease. Cathartics in the first stage of this disease is recommended and will doubtly be proper. Should the above means fail in arresting the disease the patient's strength must be supported by Bark, Quinine, camphor, Ammonia or the acetate of Ammonia, Wine, Whey and such other articles as will give support. If diarrhoea come on this must be checked by astringents, the
...
Condition of the throat will claim particular attention: the application of Mustard to the
sore for a short time so as to increase its irritation will be advisable; inhaling the fumes
of warm vinegar will sometimes give great relief. The mouth and throat ought to be
frequently examined and kept clean by means of gargles, which may be made of capricum
and in a decoction of Rose leaves with a small quantity of honey. This will often prove beneficial
by cleansing the ulcers which you find on
the faucies and which gives the patient
as much pain. A small quantity of Muriatic
acid dropped in honey is highly recommen-
ded; some have recommended blistering to
the part but if they are employed it ought
to be in those cases where there is no disposition to gangrene. The volatile liniment
rubbed on the throat has also been advised
various and many are the remedies implo-
yed in this disease, yet it is a melancholy
fact notwithstanding the best directed efforts.
of the physician. Death triumphs over his skill and thus terminates the suffering of the patient where recovery does take place the individual will remain in a weak and debilitated state for days, and sometimes for weeks.

Dr. Gregory states that permanent deafness is frequently left by the disease, of which I can say nothing, but would suppose that it might be correct.

Drospy is also mentioned as succeeding scarletina and generally takes the form of anasarca, but sometimes ascites. This ought to be treated on general principles, bleeding, purging, and the ipecacuanha and such other means as symptoms seem to require. I believe in the early stage of the disease the Saltpetre and the 13th part of hotop as purgatives will be found valuable.

The Belladonna has been recommended as a principal in this disease, of which I can say nothing.
An
Inaugural Essay
on
Chronic Enteritis,
for
the degree
of
Doctor of Medicine
submitted
to the examination
of the
President, the
Trustees, and Medical Professors;
of the
University of Maryland
by
Theodore Garlick
of
Brookfield, Ohio.
March 1834
To

Eli Fielding M.D.,
Professor of Anatomy & Physiology
in the
in the University of Maryland,
these lines are respectfully dedicated,
as a testimony of respect,
for the talents which have elevated him
to the highest honors of his profession,
of esteem,
for the social virtues which make him
one of the most brilliant ornaments of society,
and
of grateful sentiments,
for the many instances of disinterested
favours,

by your much obliged
and humble servant

Theodorus Garlick
Chronic Inflammation of the mucous coat of the intestines especially, of the colon, is a disease of very common occurrence; it is also one which no doubt, often mistaken for some other: in proof of this I will mention a case that fell under my own observation; when four Physicians in consultation pronounced a case to be an affection of the liver, and treated it as such, in about three months the patient died, and upon a post mortem examination, the intestines exhibited ample proof that the disease was no other than an inflammation of the mucous of the bowels, principally the colon. The symptoms attending this disease are pain and sounds in the abdomen, although this may be slight except when pressure is made on its external surface; but when this disease takes on a sub-acute form, the pain and sounds is quite severe; upon coughing, sneezing, or any motion that may produce a sudden concussion of the abdominal viscera, will almost always produce pain and a sense of sounds; there is also
a good deal of languor, and a general lassitude of the muscular system; the pulse is small, weak and thready, or what is termed by some, corded; the hands and feet are usually cold through the day; slight febrile exacerbations occur towards evening, accompanied with flushed cheeks, and a sense of great heat in the palmar of the hands and soles of the feet. Diaphoresis accompanies these symptoms, in some instances almost constantly, but sometimes alternating with faintness; this is quite common; the appetite is very variable and capricious, at times being sometimes entirely gone, at other times the patient desiring the most hearty food, and will even eat with the greatest avidity, if the disease be far advanced, when food is taken into the stomach, it will create a good deal of uneasiness, until it be evacuated by vomit bands, and upon an examination will be found to be but very imperfectly digested.
At this stage of the disease the patient begins to emaciate very rapidly, the abdomen becoming tympanitic, the alvine evacuations are preceded by tenesmus, and the evacuations themselves, varying much in their appearance, being sometimes slimy, and mixed with mucus or dysentery matter and stool in quantity, or purulent and bloody, or abundant and watery, or perhaps of a dark, or ash color. The skin is generally dry, and of a yellow hue, the sleep is interrupted; the tongue is almost always smooth and red around its margin, with a brownish streak through its centre; the temper is very irritable and morose; the patient countenance exhibiting a complete picture of suffering; this form of the disease may continue for a long time, without destroying the patient's life; but in a majority of cases, the
patient emaciates rapidly; great weakness ensues, the mouth and fauces become aphthous; the patient sinks very rapidly under these, together with a general hectic irritation, and finally terminates in death.

Causes

The most common causes of this disease is the use of crude and indigestible articles of food, and other irritating substances, acting directly on the mucous surface of the bowels; sometimes it is the consequence of the acute form of this disease, though doubtless this is seldom the case; the influence of a cold and damp atmosphere continues for a length of time, especially when aided by unwholesome dirt, is apt to bring on this disease, also the frequent use of drastic purgatives, together with all other irritating substances, admitted into the bowels may produce it.
Prognosis

As it regards forming a correct prognosis of this disease, I should think it attended with some difficulty, owing to the difficulty of ascertaining the precise condition of the mucous surface of the bowels, also of the condition of the other visera, as they very often participate in this disease; when the disease has been of long standing, and the patient is much emaciated, and the bowels a good deal tympanitic, and the lower extremities anæmic, I should look for a fatal termination. But on the other hand, if the patient possess a good constitution, and there exist no much emaciation, even if there was great soreness and pain in the intestines, I should anticipate that with proper treatment the patient might recover. I am inclined to think, that at any time before a confirmed hectic sets in, that there is a tolerable
chance for a recovery. My reason for thinking so is, that nothing is more cer-
tain than, that extensive ulcers of the mucous surface of the bowels do complete-
y cicatrise, this I have twice seen in dissecting.

Post Mortem Appearances.
The viscera upon a postmortem examination do not always present the same appearances. Though we most always find ulcerations of different sizes and shapes in the mucous coat, they are most frequently seen in the colon, some times we find a number of red patches, with fungoid elevations, sometimes there exists extensive tracts of angular ulceration alter-
terating with fungous elevations, and we not unfrequently find portions of the intestines so much contracted, as scarcely to admit of the passage of a large sized bongie; sometimes we see some of the ulcers partly cicatricise and
Some of them completely so; which circumstance certainly indicates that the disease is not incurable, when it has advanced on to ulceration. M. Trichet says in an account which he gives, of a dissection of a patient who had died of this disease, that the ulcerations were of an oval, dark form, varying in diameter from six to ten lines, with fringed edges, surrounded with a brownish circle, beyond which the mucous membrane was sound; they occupied principally the lower portion of the ileum; their surface presented marks of incipient, advanced, and complete cicatrization.

**Treatment**

In the treatment of this disease, nothing can be of more importance, than proper dietary regulations. I know of no disease, which calls more loudly for a strict diet than this; in fact, we must rely more on a well regulated regimen, than on medicine; it must be of the
Mustard-kine, and such as leaves the least
feculent matter in the intestines, therefore it
should consist of seraceous substances
served up in a liquid form, such as yoga,
rice, tapioca, barley, oatmeal and arrow
root constitutes the best articles: boiled
milk, ype-meal mush, boiled rice, with
sugar may also be used: all solid ani-
mal food, and other articles which are hard
of digestion, should be entirely rejected;
no treatment however skillful or judicious
in other respects, can effect a cure, unless
the patient strictly and perseveringly ab-
stains from all articles of food of a solid
or irritating character. After we have
given directions for the regulation of the diet,
we should next attend to the state of the bowels;
if they are constipated, they should be evacuated
by means of a mild laxative; the oleum plantinum
constitutes one of the best, if necessary it
should be aided by means of an Enema.
[Handwritten text from the page]
perhaps it would be well to give some
mild laxative, whether this be belladonna or
not certain, in order to remove any irrit-
ated secretions or other acrid substances that
may at that time be lodged in the intest-
tines. Mr. Bessie rejects all laxatives in
this disease, on the ground, that by their
stimulating or irritating the bowels, they
are productive of much mischief: while
others argue, that the irritative secretions
and acrid wastes of decomposition in the
bowels will be more apt to make an inju-
rious impression on the bowels, when suf-
fers to accumulate on the phlegmized state
of the mucous membrane, than at the occasion-
al transient stimulants of laxatives. I think
they should be sedentary to occasionally, though
then frequent administration will no doubt
be attended with evil consequences, when
they are given, it would be well to combine eight
or ten drops of laudanum; while enemas are of
was a mayor of there as captain. He explained
he was allowed with writing. Notice the
letters were separated by rows, which were
written in different colors. The text is
written in a cursive style, making it difficult
to read. The content seems to be a
description of a place or event.

The text continues, mentioning the
appearance of a person or group, but
the handwriting makes it hard to
interpret the meaning. The
context suggests a historical or
narrative piece, possibly a journal
entry or a letter.
The greatest service, among the other useful remedies, are leeches applied to the abdomen; they should be applied from time to time as the patient's strength will admit, and according to the activity of the pulse. Bleeding, as also purgatives, purgating with tinctures of emetic is recommended by some, but purgatives may also be used with some advantage.

Among the internal remedies, are nauseating doses of Speculum, or what would be still better, the Pulvis Dowerii in small doses. Dr. Charles recommends that-loaded co-pairs in the form of an emulsion, also the spirits of turpentine. I have seen them both used and I think with no advantage whatever, when these articles are given, they should be combined with medicinal, and small doses of Opium or the Extract of Haphracium. Dr. Charles also speaks in favor of the sulphate of copper in conjunction with opium, in the case of half a grain of each, gradually increasing the...
down to the amount of three grains of the former, to a half a grain of the latter, giving it three times a day.

In accordance with the regulations of the University of Maryland, requiring of every candidate for graduation, an essay on some medical subject, I have endeavored, from what I have observed in the limited experience I have had, and from information gained from books and other sources, to fulfill that requisition. I am well aware of the imperfect manner in which I have executed this task, and must therefore throw myself upon your indulgence.
An Inaugural Dissertation

On Therapeutics.

Submitted to the examination of the

Provost, Trustees and the

Medical Faculty of the

University of Maryland,

For the degree of Doctor of Medicine,

by Geo. [Leigh],

of Maryland.
To
Professor E. Geddings, M.D.

My Dear Sir,

Allow me to flatter myself with the hope, that the sincere feeling of admiration and attachment which creates in me a disposition to proffer you this insignificant tribute, will also render it an acceptable one.

Respectfully,

[signature]

[signature]
Materia Medica may be considered under its relation to Pharmacy and Therapeutics. It is under this latter relation, that it is important to the Physician, and it is under this view, that I shall treat of it in my discourse. Therapeutics is the end of Medicine, and to be sound, it must be based upon general Anatomy commingled with Physiology. But before we treat of a science, it is proper that we should take a review of it, and trace it up from its commencement to the present time. But perhaps I should be over-reaching upon the patience of my readers, were I to indulge in a retrospective description of Medicine in its most antiquated and neglected state: and under this conviction, I will endeavour to avoid any such result by commencing this history from the days of Galen. It was he Galen who gave the first ideas of general Anatomy. He said the body was composed of three parts—simple parts or organs, humors and spirits. Besides these, he said there were compound organs, and it was this, that laid the foundation for general Anatomy. Galen was also the first who maintained that fever was distinct from inflammation. The first idea of specifics was taken from his theory. He thought Emetion attracted certain humors from the blood, and that purgatives also attracted certain others, and instead of attending to the cause
of abnormal or pathological conditions of the body. This idea, absurd as it may seem to be, has regulated the use of these means, more or less, up to the present day, in the treatment of fever. Paracelsus succeeded Galen and successfully undertook the subversion of all of his notions. The ideas of the Magicians, which is now undergoing examination in the city of Paris, was laid by one of the followers of Paracelsus. The doctrine of Signatures was next in vogue. It was thought that there were certain substances in nature, that resemble certain organs in the body — as for instance, the Pulmonaria was conceived to resemble the lungs, and that in all diseases of this organ, the pulmonaria was the article, most effectually, to decide its physiological functions. Borelli, out in Italy, started the mechanical doctrine, attempted to explain the phenomena and functions of vitality on mechanical principles; and thus we see too many, of these notions still prevalent and like the hand of a fiend crushing the progress of scientific medicine. After Borelli followed the chemical doctrine — then the doctrine of Solution, which was maintained by Cullen and modified by Brown. Brown added vitalism to the Solids, and thus we may perceive it is only from some time in the last century, we may date...
the commencement of physiological medicine. We are now upon the
rigout basis of investigation—i.e., analytical or verbal anatomy, or the
elements of the organism, and their vital forces and functions. Medicine
cannot remove the cause of disease, nor cure disease itself. They are
only modifiers of the force of the different tissues, and it is upon this
principle, and in relation to this fact, that we shall establish the names
of the different articles of the Materia Medica, to the title of remedies.
It is only in this way that we can study Materia Medica properly and
advantageously. An agent in order to be a medicine, must possess
in the first place, active properties, capable of modifying the tissues of
the body. In the second place, it must be of such a nature,
that it can be employed with benefit in the treatment of disease. There
is a marked difference between medicines and remedies—as for ex-
ample, gymnastic exercise in the open air, etc., are remedies, and some-
times the best too that we can use, but it certainly would be an
impropriety and misapplication of our language, to call them Medi-
cines. There is a great analogy between medicines and poisons, and
indeed many of our medicines, may many of our most esteemed remedial
agents strictly belong to the class of deleterious substances. There
is a difference too between aliment and medicine—Aliments
as we all know are acted upon by the Stomach & Intestines in such a manner as to effect a dissimilation, and thereby contributing to the recuperative powers of nature, which is not only necessary for our comfort & ease, but indispensable requisite for the continuance of our very existence. The animal economy is constantly tending to a decay, and indeed it would most speedily totter, were it not for the abundant resources which abound us and the readymade with which we obey the instinct of nature. Medicines on the contrary act on the living membrane of these parts without being decomposed, and many of them pass into the circulation, in the propagation and exercise of all their peculiar properties. In the second place we must examine the means of ascertaining whether a medicine possesses medical qualities. Color was thought to be a mark of virtue by the ancients, and particularly credited by Linnaus. There is some truth in this, but there are many exceptions. Taste and smell are better means, than the sight, but there are exceptions also to this—as for example, Barbites, Zephirana, and many of the mineral preparations, as Calcine, Tart Emetic &C, have little or no taste, and still are poisons. Remedies, or at least very active—while extractive, Tannin, and Salts acid do
not affect the small much. We must make these two issues affect each other, and then we may, tell by the combination of these, know the effects of medicines. As, for instance, bitter is tonic, and is purgative, and purgant stimulating. Remedies are hardly medicines, but are remedies. Botanical affinity is pretty good - also chemical analogy. Chemistry within the last fifteen years has done much good in determining the virtues of medicines. But chemical analysis is to be carried no further than to separate a body into its proximate principles. This is the plan now pursued. Lastly experience, and this is by no means infallible; not more entitled to the explicit confidence claimed for it, than when it was thus characterized by the great father of Medicine, pollex experienced. There is a true, and false experience. In fact, experience can not exist in Medicine. The only positive and definite way of arriving at a knowledge of the effects of medicines, is by experiments made in a healthy state of the body. Experiments multiplied, and well observed, then is the only way, that we can ascertain the effects of our remedial agents. Experiments on this most plausible and elucidatory plan, are now in operation in Germany by Louis. A number of young men are now engaged, philanthropically.
engaged in making experiments upon themselves, while in the en-
joyment of a most perfect and harmonious functional operation,
and it is much to be deprecated a similar course is not adopted
here and in other countries. It is by this step, that we can arrive
at the true mode of operation of the agents we are daily calling in
to requisition, for the amelioration of those symptoms which
are so characteristic of physiological derangements. And in
our present deplorable state of imperfect knowledge of their
signs, any pathological indications, how is it possible for us
even in this enlightened day, to unmask disease of its lavish
and calamitous terrors. I am aware of no course so well calculated
to remove that veil of obscurities which our science is to rebut
with— I am totally unacquainted with any superior practicable
means which would afford us ample opportunities for extensive
induction, and thereby furnishing us with the positive eff-
cts of our medicines. Having now examined whether a medici-
ne is entitled to that appellation, it seems most, we shall consider
in the next place, the parts acted on by these agents. Before
we can understand disease, we must know the connections of
the organs.— Before we can analyze its phenomena, it behoovs
us to have some knowledge of general Anatomy, and in order to acquire
this information, we must study special Anatomy. The tissues of the
organism are in many parts intimately fused together. As for instance,
the skin and various membranes, are composed of Cellular Fluid,
Nerves, Blood vessels, muscles &c., and yet each of these tissues may be
affected separately, and in order to combat each of these patholo-
gical states, we are impelled to study the complicated, but beautiful
machinery of man, analytically. Organized Bodies contain four ul-
timate principles, or elements—Oxygen, Hydrogen, Carbon, and Agyte,
besides calcium, iron &c., to give them form and consistence. Vegetables,
have generally three, sometimes four. Animals have sometimes
green & pig combinations. There is a great disposition in the animal
body to decomposition, because the oxygen does not as it were, take
out the carbon, hydrogen and aytte. Heat has a great tendency to
putrefy the body, at least the fluids, as is manifested in the fluids
of Tropical climates. The blood soon putrefies in those cases, the
solids not so soon. This putrefaction is evident before death, in
many cases. The Cellular tissue is more like vegetable, in its
relations to external objects, for it does not seem to be easily acted
on. The nerves, muscles, and Parenchymal structures are—
most easily act on. The whole organism is composed of
globules, or a cystatonic amorphous substance; and nothing
that is not capable of assuming this form, can enter into the
composition of the body. The whole organic form may be
reduced to two primitive types—viz., globules and coagulable
fluids, and that these by their various modifications of com-
bination, produce all the organs and fluids of the body. Our
aliments are reduced by digestion and nutrition to their prim-
ate, though not ultimate, principles. Globules and coagulable
fluid then, constitute the elementary tissues, and the first
of these is the Cellular. This tissue is formed into Serous, or
when a ball entering the body forms a serous sac, of the cellular
membrane. By pressure it becomes condensed, but still it is
cellular membrane. It is the most extensive and widely diffused
of all other tissues. It forms the Serous and mucous membranes
everywhere. The Cellular Tissue is the grand basis of all the
other tissue—viz., membranous, fibrous, nervous and granulated.
The membranous forms the Serous and mucous—The fibrous,
resistant, contractile and elastic—Nervous, Brain and Nerves—
Granulated, the glandular. The Serous membranes pour out
a fluid or gas, and hence they are admirably suited for a
gaseous or gaseous motion of the organs which they envelope. And that
this is the only and peculiar province of this disease, seems mani-
fest from the fact of great inconvenience resulting from the
suspension of its faculties. If the anaesthesia which is a
dense tippe, is adherent, the patient instinctively seeks repose.
The cant walk about except at the suspension of his comfort and
ease, may except at much augmentation of already oppress-
ing pain, and considerable detriment to himself, and hence
rest and the reclining position is most rigidly enjoined.

If the Pleura is inflamed, there is immediately experienced
a difficulty of breathing, pain &c. If the Peritonitis is
similarly affected, the patient is almost suffocated, he cannot
breathe without experiencing the greatest pain, and inspiration
is performed by the muscles of the thorax, in order to relieve
the suffering organ. And in contests in this pathological condi-
tion, a still more decided and wider step in the interest of nature,
in its activity and invaluable aid to the Physician in supplant-
ing the ills of human life. Consternation is by no means an extra-
ordinary symptom in Peritonitis, and need I ask why the in-
Intelligent pathologist hails it as a favorable indication? In fact, is it not a work instituted for the afflicted, in obedience to that instinct, of which I have already more than once alluded? And would it not be deemed officious—culpably officious in the Physician to direct his feeble efforts of the wise and salutary operations of the suggestions of nature? What does a very distinguished medical gentleman of this country, affirm in his Principles of Medicine, when treating on this subject? "Medicinal prescription is a secondary consideration, it is to be invoked only as adjutary, to relieve certain symptoms, and is always to be regarded as merely subsidiary to the more important and profounder operations the economy can be made to sustain by dietary proceedings."

We have now seen that the compound machinery of man may be analyzed. But it was not my intention, nor did I attempt this analysis. It was merely my province to show that such an analysis could be effected, and that it was not uncommon in the University of Maryland to witness demonstrations from the Anatomical Chair, amounting to nothing less than the analysis of the human frame.
The body is composed of solids and fluids. The blood furnishes all the fluids. Fluids sometimes form a persistent part of the organs, as the aqueous humor of the eye be. The persistent parts of the body are made up of solids and fluids. The circulating parts always contain fluid. The solids and fluids have a reciprocal action upon each other. The fluids form a part of the structure of an organ, and when we speak of a change of structure, we should not confine ourselves to the solids alone, but consider the fluids also. There are three principal causes of disease—viz., difference in quantity of blood, difference of quality, and difference in distribution; and we should recollect that we are capable of acting on disease through the medium of the blood. We can abstract from or add to it. We can influence in some degree its quality, and we can also in some measure direct or modify its distribution. The quantity of blood may be increased or diminished pretty much at our pleasure. It may be increased by a nourishing diet, and it may be decreased...
diligently. In both, by a convenier course, or by a more prompt and direct course, which is technically called phlebotomy. Again, it may be affected in quality by strict dietary regulations, and copious depulsions from the arm and other parts by cupping and leeches. It may be controlled in a great measure in its distribution by the joint effort of blood letting and warmer air—also rest, and much may be gained by attention to attitude, etc.

For instance, if there be a postural determination of blood to the head, we should endeavor to restore the patient, by cold applications to the head, bleeding from the arm and affected part, blinipism to the feet and ankles, and the head considerably elevated. These position would be an object worthy of the physician's profoundest consideration. What could we expect to accomplish if we were to neglect this all-important remedial agent, in any of the determinations of the vital fluid to the great nervous center? Would not the aforesaid means be entirely subverted by this oversight? may we not the physician be raising with one hand, and pulling down with the other
The

Inaugural Dissertation

On

Chronic Diseases of the

Nervous System.

Submitted to the examination of

the Provost trustee and medical faculty

of the University of Maryland,

for the degree of Doctor of Medicine

by E. L. Cabell of Virginia,

March 20th, 1834.
Chronic Nervous diseases

There are few diseases to which the human frame is liable, that might not with some propriety be denominated nervous, if it were always philosophic to make prominent symptoms the basis of our classifications. Such indeed is the intimate connection between these nervous and circulatory systems that always the arragement in the latter, is almost indicated by a train of symptoms referred to the former. Accordingly, among the primary leading symptoms of fever are to be remarked that mental & muscular languor and all those uncomfortable sensations which indicate a disordered state of the nervous system.

But there are nervous affections supposed to be independent of any such fertile imitation, and possessing other characteristics of Chronic diseases; to these the distinct appellation "Diseases of the nervous system" has been applied; and in their restricted acceptations the terms is here employed.

In investigating the nature of these diseases, the inquirer finds a combination of all the difficulties in which the subject of medical speculations is involved. The tracing effects to their causes always a matter of difficulty, is more of necessity peculiarly so; and in no structure of the human frame is this knowledge more dear than modifications produced by disease, so limited as in that of the nervous system.
The disease called chorea depends upon a peculiar irritability or mobility of the nervous system, different however from that conditions which characterize hysteria, because its effects are different; but of the physical alterations in the intimate structure of the nerves, dissection affords no information in either case, unless indeed, as some have supposed, the nerves are larger in persons of the nervous temperament of which these diseases are considered to be mere symptoms. Analogy and synthetic reasoning clearly demonstrate that the morbid phenomena of asthma depend upon an altered condition of the pneumogastric nerves, excited, where a strong predisposition exists, in the slightest irritant, and yet in the absence of any appearance of organic lesion, "we are not authorized in inferring that asthma is entirely independent of such a condition."

In our ignorance too of that fluid which with the rapidity of lightning conveys impressions to the brain by the nervous tract, it is impossible to determine the process by which these impressions are conveyed and appreciated by the mind, nor acquaintance with the conditions in which these acts are prevented must be small indeed.

The fact that the first symptoms of febrile irritation are those indicating a disordered state of the nervous system, the
possibility of explaining certain action of many causes and remedies have induced some pathologists to attempt an explanation of all the phenomena of nervous disease by reference to some particular state of the vascular system. That a Dr. Parry of Bath as quoted in the works of Gregory's practice of Physic, asserts that "nervous diseases generally depend upon excessive determination of blood to the brain," appealing to symptoms, and the effects of remedies, to sustain his position. His reasoning is ingenious but far from being conclusive. Many cases brought forward by him, do indeed, form an apparent determination of blood to the head and, as a consequence which none will deny, nervous symptoms supervening; but none of their proved that Chorea, Sylvia, Mania to consist essentially of undue determination to the head. He says, "surprise and astonishment, which stimulate the sanguiferous system, are frequent causes of these diseases, while fear palpable and syncope suspend them, because they depress the action of the heart & arteries." We shall see presently that fear and the depressing emotions are as frequently caused by many of their nervous affections, as those of a more exciting character. Such a simplification as that proposed by Dr. Parry by confining our attention to the physician to such measured as are calculated to render a determination to the brain.
conflicts with the experience of the best practitioners. While it is highly probable that arterial blood is the proper stimulant of the nervous tissues, yet that incomensurate, dependent upon vascular excitement, yet this is not invariably the case. A female suffering from profuse uterine hemorrhage, exhibits at first all the appearance of extreme debility, but in a short time the carotid beat violently, and other signs of vascular excitement are manifested. Here in consequence of great debility of the frame, or from high nervous irritability induced, by which the action of the heart is increased, and carried beyond its natural force, here the indication would be, not to take away blood, for the loss of blood was the cause of the mischief, but to exhibit opium largely for the purpose of allaying the great nervous excitement upon which the symptoms of increased vascular action depend. Thus then we see that nervous excitement may arise as well from vascular debility as from undue determination to the head. Indeed this principle is every day recognized by the physician and surgeon under the term "reaction" which is defined to be an organic instinct tending to resist the effects of any noxious power on the system. There is a peculiar irritability or morbide susceptibility also dependent upon debility and always exhibit
it is more closely connected with the nervous system than the heart and arteries. This brought into a state of morbid excitement before the latter are deranged. Granting then that determinations to the brain do take place in some instances as when narcotic poisons...
from fatal, yet even here the substance first acts upon the brain, & through it upon the whole nervous system.

Brown laid the nervous diseases to a state of irritation of the brain and spinal marrow, defining irritation to be "the condition of an organ, the excitation of which is carried to so high a degree, that the equilibrium resulting from the balance of all its functions is broken," and it is a law of the animal economy that irritation existing in any organ causes a determination there, which has been entirely secondary & generally dependent upon some preexisting disease in the part itself or in the nerves distributed to it. Thus Mysoria, Hyperacridities, Chorea & Chorea are probably as we shall see, diseases of the organic nervous system, yet in the progress of the affection, the organs supplied by this system become so much affected, that Mysoria & Hyperacridities have received their names from them.

I do not mean to say that these organs are only affected in the progress of the disease, but never primarily disordered, for it often happens, according to Pathologists, that the nerves receive a morbid modification from the organs to which they are distributed, which they reflect on all other organs, either through their anastomoses, or through the mediation of the brain & spinal marrow. Yet even here it is probable.
that the nerves were predisposed to take an diseased action by the existence of the nervous temperament; for the Stomach, Stomach, Liver & Spleen have often exhibited every variety of disease without inducing Hysteric or Hypochondrieis. The temperament, it is true, may be acquired or generally will be, whenever disease has long existed in any of these centres of sympathy.

Dr. Rush, while he admits that Hysteric is seated in the nervis, contends that Madrump is seated in the blood-vessels of the brain. Dr. Male very justly remarks, that it admits of doubt, whether the irregular muscular action in the brain constitutes an essential condition of insanity, or whether it be only one of the consequences of the primary cerebral irritation. The action of causes in producing this disease, and that of remedies in removing it, I think, the latter hypothesis view.

Dr. Rush admits that the "predisposition" extends to the nerved or weak part of the brain, which is the seat of the mind, both of which, when preternaturally irritable, communicate more promptly diseased action to the blood vessels of the brain.

If then the brain can be so affected, that the symptoms of mental derangement continue even after the necessary steps have been taken to remove the diseased action of the arteries, I see no plausible grounds for considering..."
that disorder in the blood vessels can alone give rise to
the affections of the brain, especially since this theory does
not satisfactorily explain all the phenomena of mental damage.
Many examples cited as confirming of the views
of those who believe determination to the brain to be the
proximate cause of all nervous diseases may be more
philosophically ranked as the exciting causes. So present-
ly indeed does increased vascularity precede these
affections that it must be a matter of extreme difficul-
ty to determine positively its absence.

Life, according to Rechard, consists essentially in the recipro-
cal action of the circulation of the blood & innervation;
death always following the cessation of such reciproc-
al action. These gentlemen would then make all
interception of this reciprocal action depend upon
disturbance in the circulatory system; as have mentioned
some cases, I think, in which the disable in the
brain was primary, & independent of increased or
diminished flow of blood.

Disposing this subject, which after all is probably
a matter of little or no importance & interesting only
to the speculative inquirer, I will mention some of
the principal causes of these affections, declaring,
therefrom a basis for simple classification & a few general principles of treatment.
In these diseases we have frequent examples of that kind of predisposition which is derived from progenitors dependent occasionally upon bodily constitution and more especially upon an irritable state of the nervous system which characterizes the Nervous Temperament. Much ridicule has been wielded against the doctrine of temperaments, especially justice against the extent to which that doctrine has been carried, but without assigning any predominance of one fluid over another, I am inclined to think that there are manifested modifications of the animal economy to which the terms Sanguine & Nervous Temperaments may be applied.
Mr. Brachet a late writer on Hysteria & Hypochondria, carries out the doctrine so far as to determine by it the seats of disease. "Hysteria," he says, as quoted in the Baltimore Medical Journal, "cannot originate in the lymphatic vessels, for the temperament in which this system predominates, is the least exposed to it." He applies the same objection to its being considered an affection of the blood-vessels. Certain it is that in some there is a greater irritability and susceptibility of the Nervous system, such as charac-
In females especially at the approach of the menstrual period some writers consider it a disease of which Hystera, Chorea, Chlorosis are symptoms and not distinct diseases. There are however some material differences in their effects which entitle them to separate consideration. In nervous temperament is frequently acquired and the diseases which are induced by it are particularly Hystera, Chorea, Chlorosis, and Hysteria.

Again the Sanguine temperament, which is indicated by their fair skin, rosy complexion and other signs demonstrating a loose organization of the vascular system predisposes to those nervous diseases which are generally connected with inflammatory action or depend upon increased flow of blood to the brain as Apoplexy, in some cases of Mania.

A predisposition arises also from the slow operation of those causes which when more powerfully exerted become the exciting causes of disorder in the abdominal or pelvic viscera in the case of determinations to the head in the other.

The influence of the mind over the body is one of the most frequent predisposing causes in many of their nervous diseases.
and especially in those which are attended with intellectual derangement. Thus Pinel makes those who cultivated the imagination most subject to dementia while he never knew an instance of it in a mathematician, chemist or natural philosopher. The imitative exercises the imagination has indeed been at all times considered a striking symptom of the disease;

"The poet, the lunatic, and the lover
are of imagination all compact."

The passions and emotions are more generally considered as exciting than producing causes, yet the most constant, rather than the sudden operation of any of them may often induce a predisposition which will require other causes for its full development. In this way the melancholic, irascible temperament are often acquired to become more fully developed by the existence of melancholia, hypochondriasis &c.

Exciting causes are too numerous and varied to be detailed here, but it may be remarked that many of them may be traced to causes whose operation is in so many respects similar as to justify us in classing them as subdivisions of the whole. Thus Chorea, Hysteria, Chlorosis, Hypochondriasis are all derived from disorder.
in the pelvic & abdominal viscera, giving, disappointed con-
turer, consciousness of guilt &c. While others at Epi-
lepsy, Mania, &c., are in trend to causes which act more directly upon
the brain.

These former have been with plausibility referred to
the organic nervous system as their seat. The taj on
the sensory functions, the disorder in these viscera
to which this system is largely distributed, the effects
of certain passions & emotions which from mental
anguish have been considered as connected with
this system, all clearly indicate that a definite func-
tional or organic, exists in this important branch
of the nervous system.

Again in Epiilepsy, Epilepsy, Salty, Tetanus &c, the function
of the brain & animal nervous system ace more partic-
ularly disordered, as exhibited by symptoms of sense-
tive & moral & mental manifestations, convulsions,
paralysis &c. In some of these we find manifest indica-
tions of determination to the brain as the exciting or
proximate cause of the disease, while in Tetanus
& Hydrophobia the operation of the causes &c. are as yet
unexplained. Epilepsy seems to be a connecting link
between these two classes for which it is often manifestly
dependent upon vascular disturbances in the brain, it may also
be traced to functional disorders in the abdominal and
pelvic viscera, and like Chorea & Hysteria is often an indica-
tion of a peculiar irritable or nervous habit. Many of these
affections are indeed intimately connected and their
removal into each other by insensible degrees is men-
tioned as one of their striking peculiarities. One of
them can exist long without some degree of mental insta-
cility resulting.

In the diseases referred to the organic nervous system, the
indications are clear and such as are generally adap-
ted with success. To remove the visceral disturbances which
cause or keep up the disease & to ally that irrita-
Bility of the same which is induced by the proper ad-
imistration of substances which act powerfully upon
the nervous system as antispasmodics by the mildes
operations of which the judicious practitioner will be
guided by symptoms and modify his treatments
according to these general principles, a proper
attention to which will distinguish him from
the ignorant empiric. The details of treatment
as produced by peculiar modifications of
are to be found in the works on Practice.
A strict treatment of apoplexy, epilepsy, the much dreaded fever, has been written. Here unfortunately we have not the same prospect of success as in treating the disease of the 18th class, for generally an irreparable injury is done before we have sufficient warning of the danger. The feeling practitioner will thus do all in his power to alleviate the sufferings of the wretched subjects of these diseases; for of "all the ills that flesh is heir to" these are more more harassing than those in which the malady is commensurate to the mind and reason to feelings to the heart."

J. E. Cabello.

I certify that this in said.

By

The Honorable John C. Calhoun

Secretary of the South Carolina

President of the Senate of the United States:

A. B. C. Chairman of the Senate of the United States:

Washington, March 8, 1860.
An Inaugural Essay
on Lepra Tuberculosa
Submitted
to the Examination of the
President, Trustees & Faculty
of Physick
of the University of
Maryland
for
the Degree of Doctor in Physick
on the 17th day of March
1834
by
Samuel John Garz
of South Carolina
Member of the Anthropological, Geo-
ographical and Asiatical Societies
of Paris. Late
United States Consul Gen. for the Empire
of Morocco.

Baltimore, Md. March 3rd 1834
To

E. Geddings, Esquire,

of South Carolina

the most enlightened medical
philosopher

his state has ever produced

Now

Professor of Anatomy & Physiology

in the University of Maryland.

This Treatise

is respectfully inscribed

in token

of the Author's admiration

of his varied talents

his public and private

Virtues

---

Baltimore February 26th 1834

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Lepra tuberculosa

This is a lymphatic disease and was well known to the Hebrews, Arabians, Persians & Greeks. Arabian authors have left us highly coloured descriptions of the malady as it existed in their day. Among these may be mentioned Rhazes and Hai Abbas. This disease in all its forms was one of the most common scourges used by the Almighty in his government of the Jews (which was a pure Theocracy) for such violations of his laws as it was prescribed for.

Authors comprehend under the term lepra tuberculosa or elephantiasis, a leper which shows itself upon the integuments assuming the form of tumours, tubercles or fungosities.

M. Albiret in his diseases of the
Skin (vide Maladies de la peau par M. Albert) describes two varieties of this disease: 'lepra tuberculosa contiosa' and 'lepra tuberculosa elephantiasis.' The first is a rare complaint; always affecting the skin of the face, lips, voice & ears, making the countenance resemble some what that of a lion, whence its name. It has also been called Satyrism, by Galen for a similar reason. Of this variety I have never met with an instance: although I have been in countries where tuberculous leprosy abounds sporadically, in various parts of the North of Africa.

But of the second variety, 'lepra tuberculosa elephantiasis,' is sometimes met with in our own country, particularly in the Southern
States, and in comparison with the frequency of other chronic com-
plaints, it may also be considered a rare disease in temperate climates,
presenting itself always in such latitudes with peculiar characteristics,
totally different from those which it exhibits in tropical countries.

This, it will be observed is diam-
etically opposite to what M. Abd-
ort asserts of the character of this disease—viz. "Le climat n'apporte
point de modifications à la tité
 tuberculeuse; elle présente partout
les mêmes phénomènes; partout
elle existe les mêmes ravages."

It is my opinion that M. Abd-
ort never saw a single case of any
other elephantiasis, than French
elephantiasis. And gentlemen, it is
Scarcely necessary for me to observe that whatever is French, is different from everything else. There is French nature and there is human nature. Everybody knows this. The truth is, the state of the fine arts in France has arrived at such a degree of perfection and cheapness, that scarcely an author writes in the present day who does not illustrate his subject by splendid plates and drawings, in which the success of the work depends more on the design and execution of the artist than the talent of the author. The critical reviews likewise whose business it is to guide and preserve the discrimination of the public, and prevent the undue encroachment of one branch of learning upon another, very often contain laboured
disquisitions upon the quality and accuracy of the drawings, engravings, and style of the work generally.

When French writers shall learn to obey the first commandment, which prohibits the manufacture of any graven images; and the likeness of any thing that is in the heavens above, or in the earth beneath, or in the waters under the earth: then gentlemen, and not till then, will we have more philosophy from them. Broullard is a strong illustration of this. Decidedly the greatest Medical philosopher France has ever produced. Did he ever make any engravings? Are any to be found in those profound works of his which have established a new era in Medical Science? Not one.
When Monsieur Albare's edition of 'Malaclies de la peau' appeared it almost surpassed in vanity the publications of the Dilletante Society of London. Three hundred engraved images of diseases of the skin! The medical world were instantly convinced at inspection that it was the greatest history of all affections of the skin that ever was written. There were no doubt among them many accurate sketches of the morbid phenomena which he found this disease to exhibit in France. But let me ask what was the Substantia Materia; the Sei per Summa capita recensio of the whole of his observations on lepra tuberculosa. Why gentlemen here it is—viz—"Il est demontré que
la substance graisseuse semble s'accumuler dans les cellules du tissu muqueux, les membres affectés grossissent avec rapidité et deviennent monstrueux."}
Albert never saw any but French
Elephantiasis. This disease is common
throughout the northern part of
Africa. Baron Larrey (although no
pathologist) describes its appearance
in Egypt, and its pathognomonic
character there, differs widely from
those assigned by M. Albert. In Tripoli
and the oasis of Fezzan, it abounds,
but with modified symptoms and
signs; and shows that the Baron
was entirely mistaken concerning
its predisposing causes, which he
attributes to the incessant action of
humid air or putrid water on the
feet and legs; such as the waters of
rice plantations, they being emboiled
because of the quantity of animal
and vegetable decomposition perpeta-
ually going on in them, which coming
...
in contact with the feet and legs loosens their texture and afterwards numifies and disorganizes those parts. Now there is not a more dry or arid climate upon the face of the globe, than those countries; there not one of the predisposing causes cited by the Baron are found to exist. Yet this disease is more common there than in Egypt. In the Regency of Tunis, Blud el Jireed, Bey-chips of Constantine, Algiers and Thiersen, every fourth or fifth man is afflicted with this disease. In the Kingdoms of Fez, and Morocco, and the province of Riff, it is the only disease which stares at you both in town and country. All these countries are high and mountainous. The rains begin on an
لا يمكنني قراءة النص العربي على هذه الصفحة.
average about the 20th November and continue to the middle of March. Sometimes later. The rest of the year every thing is parched up, not a leaf is to be seen. The winds prevail alternately from East and West, occasionally from the South in the Summer when it brings the Suffocating Sirocco. The height of the Atlas mountains you will know. Half way to their Summit which is above the clouds, they are inhabited by the descendants of the aboriginal Berbers, called by the Moors & Arabs, Shilloghirs. A more hardy, active, hospitable and independant race of men do not exist. Their ancestors retired to these mountains, upon the conquest of their country by
The Arabs from Yemen in the seventh century. They have never been conquered. This is the disease by which three fourths of them make their exit from this world.

The wild Arabs living to the south of these mountains, between the country of Taffiletti and the great desert (part of which country it is well known is below the level of the Atlantic ocean) I was credibly informed in Morocco, are likewise subject to the same disease. So much for the Baron's predisposing causes, which sounds very strange to me for I hold that there is no such thing in the world as predisposition to disease, separate from disease itself.

Gentlemen, Professors of the University of Maryland.
variety of Maryland. I saw the opposition to Mons. Albert, that this disease, mainly comprehended in a belt of the globe, bounded by two isothermal lines running near the tropics, is a disease varied in its character, never presenting uniformly the same phenomena, nor committing the same ravages.

You have read the various accounts of this malady by those who have wit-witnessed its peculiarities in Cayenne, where it is called "Le mal rouge." In the West Indies, where it is designated as The Barbadoes Leg.

In Hindostan and the island of Jawa. In Goree and Guinea, in which latter, it is believed to be caused by an insect called the jijak which invades itself under the
article. The Elephantiasis Graecorum, Tyriasis, and Arabica of authors. All these are the same disease, modified by climate, diet, and constitutional diathesis of the subject, differing widely in their diagnosis from each other, and no doubt requiring different treatment.

I can testify to the diversified character of this complaint which fell under my own observation during my residence in Africa. Lepra tuberculosa Elephantiasis is strictly a sporadic disease in the kingdoms of Fez & Morocco. In the northern part of Fez, it attacks principally the males and many varieties of it are there to be seen. Young men of eighteen are sometimes affected with it when it is
hereditary. In such cases it may and does last a life time without occasioning much inconvenience, never affecting the spirits or digestion until the subject approaches the natural period of his existence.

Causes.

This disease has existed from time immemorial in Africa, Asia and the Australasian isles. The law of the Leprosy of Moses shows that he considered it a contagious affection, and the XIV chap. of Levitical prescribes the religious rites necessary to be observed in order to be purifie of it. The observances for the plague immediately precede this chapter, and I think it may be inferred that these two diseases sometimes existed together in the same person: giving rise to a
hybrid, partaking somewhat of the character of both the parents, and that this is the Scull, or Scab, noticed by Moses, "ita est ex omnibus leprarum, et percutiatur leperum" (vide Vulgate, Levit. cap. xiv. 54. 56.) which is yet to be found in those countries, afflicting both Jews and Mahom- 

The Pentateuch, the plague, the leprosy are the only legacies of Moses extant. The latter were his instruments of punishment. The prophets subsequent to him were permitted to use the same and I think that the apostles on two or three occasions exhibited their power in this way. In all these cases gentlemen, the causes were supra natu- 

were vices politis, and I think that it will be conceded that such do not operate in the present day. They belonged
to an age of miracles.

Nothing can be more discrepant than the opinions of various writers concerning the causes of this disease. As in his history of it alligns the following as the true causes, which he says appear to be proven,—viz. "L'impression foudaine du froid sur un corps chauffé par la température au milieu de laquelle il a contumace de vivre. 2ème que la fraîcheur pénétrante de nuit aidée par fois des couards d'air qui s'establit dans les appartements. 3ème Que le passage brusque du chaud au froid sont les causes les plus générales de cette maladie." Now contrast these with the already cited cause of Baron Larrey; whose memoirs permit me to observe in passing have translated, with that spirit of fidelity, by Professor Hall, which so eminently characterizes...
لا يوجد نص يمكن قراءته بشكل طبيعي من الصورة المقدمة.
So eminently characterizes all of the performances of that gentleman! That can be more at variance!!

But Monsieur Hubert, notre médicin philosophe, who claims the exclusive prerogative of defining & curing all diseases of the skin. What causes does he give us? Here they are—viz—"Dans les lieux ou une extrême chaleur s’instaure, a une air humide, et charge des microbes marchaigants, la lépre est surtout très fréquente. Elle abonde chez les peuples qui habitent l’Arabie, l’Egypte, l’Abyssinie, et l’Amérique méridionale, les îles de Java, de Bataavie confondues, des circonstances atmosphériques qui favorisent singulièrement son activité. Elle, divette le Royaume de Rain parce que les terres y sont très basses et presque SUBMÉRGER: les habitations sont situées sur
les fonds de la mer. On a souvent parlé de l'île de Bourbon comme propre au développement de l'éléphantaris; or, cette île est remplie de lacs d'eau salée, coupés par. C'est la position traditionnelle de l'île Bourbon, et son voisinage des salins, que vient la lépre commune; les évaporations continuelles de l'étang contribuent singulièrement à provoquer le tissu cellulaire."

Marshy evaporation, singularly perturbing cellular tissue. "Sir Gentlemen, it would have been more reasonable for him to have asserted that marshy evaporation, had singularly perturbed his osteocystis. His ignorance of geography is evident in every line. There is the island of Batavia he speaks of? Do the inhabitants of Java live only on the sea board? When did we ever
bear before of the Island of Bourbon
being filled with lakes, temples, and baths?
It is of volcanic origin and very elevated
according to his own countryman Berardine
de St. Pierre, who has perhaps given
the best account of it. He tells us in The
same breath that it elephantiasis alone,
in Arabia. True. But there are there
any marshes to be found in Arabia?
A climate where the birds of the air, and
the beasts of the field, can scarcely find
water eight months in the year to
quench their thirst. I have shown that
in the empire of Morocco this disease
exists above the clouds, and beneath
the level of the sea. In the whole of that
extensive country, there is but one marsh
and that is at Larache, not of much
extent, and flowed by the tides.

I hold that in the human system
different causes will not produce the like effects; that is, the same effects. Every disease has its particular cause. The cause of leprosy tuberculosa elephantiasis, is found in countries extending around the world, and differing widely from each other in their geological characters, mineral and vegetable productions; but in point of average heat nearly corresponding. Everything which I have read concerning the cause of elephantiasis appears very contradictory. It seems to me that the cause (about which I am free to confess we are almost as ignorant as ever) whatever it is, cannot exist without a certain degree of caloric which imparts to it its activity. That its first effects are to impair the vital energy of the lymph.
this vessel. Render them in the inferior extremities incapable of overcoming the specific gravity of the fluid they contain, which by consequence is then poured out into the surrounding tissues, which gradually increased until it leads to a disorganization of the adjoining parts. One thing is certain gentlemen. I don't believe that this disease is in any way related to the universal, omnipotent, gastro-enteritis, causa magnum of Bouchard. Then we know more of the diseases physiology of the parts so affected, which can only be ascertained by post-mortem examinations in countries where it occurs sporadically (and in no homeland country will this ever be allowed). Then it not till then will we be able to give a more satisfactory ac-
count of its causes. And until some one
shall arise who will do this, and exhibit
all the morbid phenomena appertain-
ing to this malady we might argue
in perpetuum without approximating
a syllable nigher the truth. The Mosqu
Algerines, and Arabs are Mahometans
and fatastillts. They know that their
ancestors have been so afflicted from
time immemorial, and they believe
that themselves and their descendants
will continue forever obnoxious to it.
The Jews in Africa believe that
they will have it until Shiloh comes
when he will wash away this and
all other carnal impurities with
which they have been cursed for thou-
-sands of years for Fliff-necked distem-
per. They look out for him now ever
year.
Diagnosis

This disease is seldom fatal in Africa before ten, twenty and even forty years of its existence in the patient; unless it is unfortunately complicated with other complaints and then the contest is soon decided against the vitality of the subject. I have seen old persons going about, attending to their occupations both male and female beyond the age of sixty with one leg prodigiously swollen and ulcerated; and have been informed that they have been in that condition for twenty, or thirty years. But they always die of it at last.

One variety of it, at Mogadore, Susa, & Agada, generate worms under the skin, which hang in circular folds around the leg. When this takes
place the patient of his own accord
sometimes sits with the affected leg
in a tan vat, the time and tannin
of which destroys the vermin, but
they are in a short time reproduced.
The men are much more liable
to elephantiasis than the women
which made me at first suppose
that their mode of dress might
have some agency in producing it,
as the Teraval of the men never
comes below the knee. It generally
makes its appearance in the small
part of one leg, never attacking both
legs in the same individual. Present
ing in one district enlarged tubercles
of various shapes, deprived somewhat
of the sensibility of relation. Dry and
firm to the touch. In another, large
tumours covered with ulcers. In an-
When dry scales which fall off and are soon replaced by others which in their turn give way. In some instances the foot retains its form for years, and when its tissues do give way to the superincumbent affections, it increases more in bulk in proportion to its size than the leg.

**Treatment**

The Mahommedans being generally fatalists adopt no remedies either for this disease or the plague. But whenever any thing happens to their eyes so that they cannot see or to their bellies so as they cannot eat, they follow any advice given for their benefit. As long as they have an appetite however they will eat, and elephantiasis never prevents them for it seldom affects the
Spirits or digestion until they begin

to approximate the natural close of
their existence.

Actius, who practiced in Rome
toward the close of the first century
advised the use of sulphurous water,
milk, soap, hemlock & emetics.

Actius, Desfrancois, Fenech & others
concurred in castration because they
never saw a woman have it.

Durand of Montpellier recommends
the use of mercury. And the respec-
table old Galen on all occasions
advised the use of the viper

It is asserted that in the East
Indies this disease has been suc-
cessfully treated with sudorific
and antiscorbutic remedies. In the
East Indies arsenical preparations
are extensively employed by the Hin-
instances. The same practice has been introduced into Cayenne.

I believe that the disease such as I saw it in Africa may be cured by a tight bandage, the use of iodine, keeping the wound open and retaining a regular and temperate regimen. The therapeutical

prop. CDXIV of Brandeis no body has ever had an opportunity of trying, perhaps it might be cured by the means there prescribed.

By Saml. F. Burr

of

South Carolina

Baltimore 5th. March

1834
...
To
The Provost, Trustees, Dean and
Medical Faculty of the

University of Maryland. This
inaugural dissertation is respectfully
submitted for Examination, by

Catsby, G. Brown

March the 8th 1834.
On Purges, - Their properties, use and effects, as medicines or remedial means.

There is perhaps no class of remedies so frequently resorted to in the treatment of diseases as that described by writers and teachers under the denomination of cathartics. It has been remarked by a distinguished medical writer, that there scarcely exists a malady in the whole catalogue of diseases, in which, at some stage or period of its course, cathartic means, are not indicated and employed.

However true this observation may be in fact, or however general may be the indications for the prudent employment of cathartics in almost every condition of disordered health, we are not on this ground alone justified in concluding, that in the treatment of any disease, purgatives are to be employed empirically or by deep thought, without a cautious regard to the conditions of patients and the circumstances of the case.

Principles and experience must be the guides of the physician in the employment of purgatives, equally as in the administration of other remedial agents.

It is the duty of the medical practitioner here, as on all occasions, to keep in mind that he is not operating upon
inert matter, which can be impregnated or modeled in exact conformity, to his aim or intention, nor is he operating by mechanical forces, or means whose power he cannot calculate with precision, or control at will. On the contrary his experiments are to be made on a living system, singularly delicate and complex in structure, endowed also with high and peculiar attributes of impregnability and activity, but limited power of response to exciting causes and agents.

If then, regard be paid to the natural inferences of a position so plain as to require no evidence of its truth, it will be sufficient by obvious, that notwithstanding, the familiar resort to purgative agents they too require to be exhibited with discretion and care, full discrimination, no less than medicines of other claps and kinds.

It is equally apparent that the principles and rules, which are to determine the employment of purgative means, must in all cases be founded on a correct knowledge of the properties, powers, and mode of
action of the substances employed, together with a
careful survey and accurate discrimination of the
substances employed, condition, and subjects of this
influence.

The most simple definition which can be
given of cathartics is that they are medicines
which increase, in a greater or less degree, according to the activity of their properties, the mot-
ions of the bowels, their contractile, or as it has technically called, spriatallic action, and there-
by produce purging. Cathartics are further
defined, or classified, according to their compar-
tive powers, and effects. In the latter mode of
distinction, among medicines of this class, cathar-
tics are arranged under certain denomination
importing either their respective degree of
activity, or the particular kind of evacua-
tion. They more especially promote, hence
the relative power of purgatives or their
comparative activity, to represent by dividing
them into laxatives, or Aperients, cathar-
tics properly, or full purgatives, and
dynasties, or hypercathartics. These distinctions impart
simply the lip, or greater, amount of purgative-
property, manifested by different cathartics. The prin-
cipal denominations designed to represent the kind
of evacuation, which different purgative agents
more particularly promote, are compound terms,
designating the nature or quality of the matter
evacuated. Thus, some cathartics are found
to cause copious watery evacuations and these
on that account are termed hydrogizes—
Another kind of purgatives produce large dis-
charges of bile, and for that reason are enti-
led cholagogues. These two are the chief distinc-
tions, grounded merely on the difference in the
kind or quality of the matter evacuated.

It is evident that all such dis-

tinctions as are thus recognized among cathar-
tics agents, are in a considerable degree
arbitrary, because the effects on which these
distinctions rest are neither uniform nor
variable. Though derived from observation
and experience, and unquestionably true in part,
perhaps in general, yet it must be acknowledged that
the effects attributed to a particular class of the agents
in question, are in some degree contingent, and are
liable to be modified, or changed, by a variety of cas-
es and circumstances. It is obvious that the effect
of all medicinal agents is materially influenced
by the susceptibility of the subjects to be acted on,
and effects thus vary, with the varying attitude
on which the powers and properties of their cau-
es, are exercised. This qualification applies in a
degree to all the distinctions, on which are found-
ated both the general classification, as well as the
the more special denominations, of cathartic med-
ceines. Thus what are laxatives in general, become
purgatives on many occasions, and this happens,
either where such agents act on subjects more-
than commonly susceptible, or when the suscepti-
Bility of particular subjects has changed, and become grea-
ter than ordinary. The same is true of cathartics
or purgatives, which on many occasions are in
effect, only laxatives, or aperients, either when
they happen to a class of subjects whose intestinal
system is more torpid, or less executable, than in others, or to those in whom the natural susceptibility, has by any means been blunted, or lowered. Similar objections might be urged against the constancy or uniformity of the effects on which the terms Hyd- rogogue, Tachogogue, &c. have been appropriated to par- ticular kinds of purgative medicines. The former oft- en prove simple promoters of ordinary evacuations, and it is far from certain that bile can be made to flow abundantly, by the powers of the latter. But as there is doubtless some foundation for the distinctions above referred to—a general concurrence in the clasifica- tion which has been established—and perhaps also, both convenience and utility, in the distribution which has been thus made of the articles under consideration, there can be no adequate motive nor obvious necessity for innovation or serious dissent in regard to that classification, or the particular terms which time and use has san- tioned. Nothing more was designed by the comments which have been made, on the received order arrangement of this order of
of medicines, than briefly to suggest, in respect to that arrangement, considerations which ought never to be wholly overlooked in practice, nor disregarded, in the employment of the means in question. A still farther division or rather peculiarity of properties, among cathartic agents, has been very generally recognized, by writers on purgative medicines, and much importance has sometimes been attached to this peculiarity, or modifications of their action.

It has been alleged that besides the difference of power among purgative medicines, and considerable diversity also, in the matter of quality of the evacuations they respectively cause, that they differ very much from each other likewise in regard to the portions or parts of the intestinal canal, on which their action is more particularly exerted; that it is affirmed that some cathartics act principally on the upper, and some again on the lower portion of tract, of the alimentary canal, in other words that some purgative articles
excite or stimulate mainly the small, and others the large intestines. This distinction has been extended so far, or made so precise, as to cause it to be a period of some of the latter class of purgatives, that they act especially or even exclusively on the lowest, or extreme portion, the outlet, almost of the intestinal tube.

Without calling into controversy the facts affirmed in regard to the more definite or special action of particular purgative agents, it may be difficult to estimate properly the real importance which belongs to the knowledge of such a difference in the properties of purgatives, in respect to the part of the canal on which they more particularly exert their powers of action. The reality of such a difference among purgatives must be admitted, and it is perhaps equally undeniable, that the effects resulting from that diversity of action, among articles of this class, are to a certain degree uniform and constant. Hence it would appear that occasions may frequently arise, in which a knowledge of this local or special action of particular purgatives, can be applied.
with advantage, and rendered conducive to results, not otherwise attainable. By a judicious employment of substations with a reference to the particular of the alimentary canal, they more particularly stimulate or excite into action, important indications may often be fulfilled, both by the direct-influence-as well as by the indirect-consequence of their peculiarity of ingestion. The property then, which this distinction among substations has been preserved by all writers on the Materia Medica, is sufficiently obvious, and the only caution necessary on this head, is to avoid on the one hand, the reliance upon the properties attributed (however just in general) to particular agents, and on the other, a misconception of the manner, by which the particular operation of those agents is modified or determined. There appears a liability to erroneous interpretation of the facts alluded on this head, if at the same time of the subject it should be supposed, that there exists any real or natural difference of susceptibility in particular parts of the alimentary canal by which
null
certain parasites happen to act, or are qualified to act on these parts especially or alone. There is no sufficient
opinion for believing that there is any actual dif-
ference, either in the kind or degree, of susceptibility
to impregnation in different parts of the intestinal
tube in a state of health. The endowments and attributes
(the organic sensibility) of the alimentary canal
no doubt everywhere alike in kind, and most probably
in every part, equal in degree.

The variety of influence by different
species of substances on particular parts of the intestine
Canal depends upon the qualities of the various substances
in respect to the facility or difficulty of solution in
the menstruum in which they are exhibited, or in the
fluids of the stomach and bowels. Ventile medecine
are so dissolved or diffused, that their active properties
or elements can be applied to the living surfaces,
they are comparatively inert, hence the more soluble
articles act the more promptly, and when
administered, the seat, or locality, together with
the extent or fulness of their effects, is determined
by the more or less perfect application of their active
qualities.
Medicines that act more or less quickly and powerfully on the stomach and bowels, chiefly perhaps in proportion to the different force or concentration, the amount property of their active qualities but very much also in proportion as they are more or less brought into a state favorable to the exertion of the properties by which they act.

Thus, purgative substances readily soluble and in the fluid form, begin to exercise their powers as soon as received into the stomach, they nauseate more or less, sap the stomach quickly, stimulate the upper bowels, increase the rate and power of motion in these, and are thus carried onward, exercising their action on successively distant portions of the canal, until the whole extent of the tube has been excited, and force evacuation or purging thus produced.

It appears probable, that in the operation of purgatives which stimulate the stomach and upper or higher portion of the bowels very fully, some degree of that excitement is quickly propagated (by sympathy, or organic association) throughout the canal, and that increased susceptibility or a predisposition to become active, precedes the direct application of the cathartic substances to successive portions of the tube. This sympathetic excitement or increased impetuousity may contribute to the rapidity with which some cathartics sap through the intestinal canal or cause purging.
When cathartics are given in a solid form, and more especially if they are but partially or slowly soluble in the fluids of the stomach and bowels, their action is commonly gradual, and generally tardy, though it may be at last very full or complete. Here the excitation of the bowels is gradually produced and developed, as more and more of the purgative substance is brought by solution or diffusion into a condition to become effective. Hence the reason why the stimulation of such purgatives is felt only after some time, and then in the lower rather than in the upper bowels. One cause of retarded operation in this case may be the absence of sympathetic excitement or predisposition on the part of the lower bowels in consequence of the partial and tardy impressions made on the upper part of the canal.

Some purgative agents combine the quality of acting quickly and after some time permanently, or of keeping up their purgative stimulation throughout the canal. This happens when purgatives contain either naturally or artifically two or more active principles, of different solubility, part of which are readily dissolved in the fluids of the stomach and bowels, while other parts undergo insolution or solution slowly, and these exert their active prop...
...very gradually and on successive portions of the canal. These is yet another class of purgatives (composed of resinsous matter chiefly) whose active properties are so far insoluble, that their operation when uncombined is very slow, and their purgative stimulation increased most sensibly on the lower portion of the great bowel, the Rectum more especially.

On the medical employment of purgatives. Cathartics, or that class of substances whose primary action on the alimentary canal, has been briefly considered in the foregoing remarks, are used in medicine, with a two-fold intention, or on two principle and leading indications: Cathartics, like emetics, are mainly employed with reference to their operation directly as evacuants, or indirectly as depuratives or antiphlogistics. Besides these principal or general intentions, with which purgatives are employed, certain objects appear or definite, than simple as evacuation or depuration, are occasionally consulted, by means of the influence which some cathartics are known or supposed to exercise indirectly or through the sympathy of particular parts, or organs, with the excitement they create in the whole or in some portion of
The alimentary canal, on such indications are founded the selection and employment, of particular purgatives, as hydrogogue cholagogues emonagogues, etc. The remedial operation of cathar-otics, may be distinguished as direct and indirect, primary and secondary. It is direct as it respects their purgative or evacuant action simply, and thereby the removal of noxious matters present in the alimentary canal; or the two great accumulation of their common contents, from toper, or requisite action of the bowels. Indirectly purgatives exercise a remedial agency, not merely, in promoting necessary or sufficient evacuation of the casual or common contents of the intestine canal, but by causing increased activity of secretion through the extensive tract of surfaces, on which they act, a very considerable diminution, or deduction, is thereby made from the map of circulating fluids. In this way, an efficient, though indirect, depletion is procured by active purgation.

On this principle of action, or this mode of remedial influence is based the application and utility of catharitics as depletives or carminatives, in general medicine, or when employed for relief of local congestion, in distant parts, the head for instance as Repellents or Depollutives.
It is in fever, and more especially in fever complicated by local inflammations, that the depleting, cleansing, and relaxant operation of cathartics, is most prominently indicated, and most beneficially displayed. But here as everywhere in medicine, experience and discrimination must regulate the employment of purgatives, to obtain the full benefits of their influence, and avoid incurring the evils which may possibly ensue to their injudicious or inapropos administration. Thus it appears that although cathartics are excipients or humectants directly, or in their primary action on the stomach and bowels, they are more essentially depletive and therefore sedatives in their ultimate influence, on the general system. Generally speaking, cathartics at first excite in some degree the action, not only of the gastric and intestinal surfaces to which they are immediately applied, but of the heart and blood vessels also; yet finally in their purgative effects, they diminish in a very sensible degree, the excitement and energy even of the circulatory forces. This final reduction of excitation, in the heart and arteries, is what is consulted by the employment of purgatives in fever, and in diseases of an inflammatory character, and the effect
they are capable of accomplishing by the joint influence of their evacuant and depilatory powers. By the first, they con-nect, or ablate, the general evaporation of the system arising from offensive, or objectionable contents of the stomach and bowels; by the latter, they lessen the plethora of the blood vessels themselves, and in both ways contribute to the abatement of fever, and the relief of inflammation.

There is another point of view in which cathartics are entitled to considera-tion as antifebrile or antiphlogistic agents. It appears probable that cathar-tics and some of this class of medicines more particularly produce important effects, as counter-agents of fever and inflammation in a manner or way, independent of their power, natural or artificial, of the bowels, or indirect influence of the blood-vessels. The impregnating powers of all agents taken into the stomach, is exerted in the first in-stance, on the sensitive properties of the stomach itself, and that impression is extended more or less, perhaps in all cases to the system at large. It follows, of course, that the degree to which the constitution participates in all such impressions, will be as great or greater, in proportion to its susceptibility as-sociate to the qualities, and force, of the impregnating cause.

Many cathartics the milder as well as the more active

strip the stomach with very little sensible disturbance of
that organ and therefore without inducing any or but little, con-
stitutional or general impression. They pass along the intestinal canal also exciting the bowels into active motion, and produce an adequate or even copious purging, that slight excitement or disturbance of the general functions of the nervous and vascular system. There is a class of cathartic agents however, whose power and proprietie of general impression are much more sensibly felt, and far more obviously experienced. The first impression of the former, or ordinary catharties is usually attended by some sensible stimulation of the heart, and a slight increase of arteriae movement, and it is only after purging has ensued that the general excitement is reduced or falls below the previous or common standard.

Very different is the primary impression of another kind or class of cathartic medicines. The first effect of there is to depress in a very sensible manner often in a profound degree the natural excitement or urging of the stomach itself, and to produce at the same time a state of universal relaxation and languor, in all the vital and animal functions. Nausea, more or less profound, usually attends the first influence of this class of cathartics
on the stomach, which often requires some onerous effort. The cerebrum7 rendering the sanguineous and muscular systems, simultaneously betray a strong and general participation in the same disabling enterprise which has been acknowledged by the stomach. In some cases, this primary debilitating influence of cathartics, as evinced locally and constitutionally, is of temporary continuance, and soon lapses off, but it is the property of some cathartic agents, to maintain this evidence of their peculiar relaxing power, in a very sensible degree, during the whole course of their action on the alimentary canal. It would appear then that some cathartics exercise a very efficient power of depressing vital excitement and energy of action before their primary digestive agency is accomplished, and therefore in a manner independent of any positive depletion. They operate not sensibly as sedatives before they (must) become obviously evacuants. It is perhaps, in no insconsiderable degree, to this depressing agency of certain cathartics upon the vital excitation which attends general fever, as well as over
The particular irritation which leads on to congestion, or
sustains local inflammation, that those cætharics are so much
of the powers efficiency which they often manifest, as anat-
omicologic means. If it were made a question, on what
depends the difference which so generally occurs in the
kind of evacuations produced by different cætharics,
it would perhaps appear most probable that our
diversity is often, or generally, referrible to the great
degree or extent of constitutional impression producibly
certain purgative agents rather than to their spec-
ial or peculiar property of influencing the actions
of one system or or- gan, particularly or exclusively.
That class of purgatives for example which promote
flow of bile, and hence are denominated Cholero-
gues or Biliary Purgatives, this order of cætharics
comprehends those agents which are known to
make a strong impression, both upon the gastric
and general system, in full doses they nauseate
and relieve in a very sensible degree, and are depur-
ing on relative agents of great power a more extensive
impression. If the functions of the liver have been
suspended, and purer recreations arrested or checked
up, these enlargements of the organ depend either upon a state of irritation or congestion; probably both as they exist in the relation of cause and effect, and one is usually the consequence of the other. It is to this state of the liver, that the general sedative and relaxing operation of the clasp of cathartics under consideration is peculiarly adapted, and it is by this mode of influence they produce a salutary relief of its embarrassments, and restoration of its offices. The irritation of the organ is quenched, and its congestion dispelled, and that not by a peculiar or special inundation but as host of a general, or universal influence, of the exercising agent. There are other definite effects in influence, attributed to particular cathartics, which if traced to their true mode of evacuation, might be found to arise from different operation of the means employed in their production, than has been apparently believed. A general inquiry however into questions of this nature would be too extended for occasions or occasions like the present, and I hap over further notices of such questions, in order to conclude this essay with a few general remarks on the indications and employment of purge-tives in fever. When we contemplate the importance
which has long been ascribed to purgatives, by medical authors and practitioners, and call to mind how much has been written and taught, on the qualities and effects of this class of medicines, we must feel some surprise, at the very great change, which medical opinion and practice, has undergone, and is yet undergoing, in regard to the true and natural application and value of this class of agents.

On such a review it is apparent that costaceous medicines have lost much of that strong and general, though often vague and indefinite, confidence which they were once regarded and employed. Whether it may prove in the end, that the change in this respect is for the better or the worse, there can be no doubt of the fact, that much less reliance is placed on purgatives, at the present day, and that they are now used with much less freedom, and for more simple and definite indications, or objects, than was the general sentiment and practice, but a few years since.

In the department of medical practice, in the change attended to, (the use general and active use of emetics) more remarkable than in their application to the modern treatment of fever, opinions now prevail on the nature and circumstances common in a degree to all conceptions of fever, which tend very much to moderate the
The operations with which purgatives are employed for its relief. And the same causes have almost annihilated them—any distinctions once deemed so important, in relation to the specific or peculiar qualities and effects, of particular kinds of cathartics, reducing the purpose of their employment to the motive for choice among them, in nearly all cases of fever, to the simple object of regulating the force of action (as evacuants or antiphlogistics) according to existing indications. On this principle, purga-
tive medicines, though still justly supposed to be of great importance and value, have assumed a comparatively diminished rank and interest in the treatment of fever; instead of the first or only means of cure, in febrile affections, purgatives are now considered as but one, or rather a secondary means, among the counteractive agencies by which fever is to be comba-
ted. In many conditions of fever, indeed, their influence is often regarded as equivocal; the pro-
munity of their employment, or the extent to which it shall be carried, is not infrequently a question of doubt and uncertainty. On this subject it is true medical opinion is yet in some degree unsettled,
and there is a want of that harmony of views, into the further end of surgery, in fever, which is desirable on account of its great importance. But since the current of professional sentiment is tending constantly toward a more cautious and restricted use of surgery—of active hura- 
dico in particular—in the treatment of fever—generally. Whatever be the accredited theory of fever, soda- 
it is regarded as essential, or contingent, in its 
mature, an choropathie or a symptomatic state; it 
is now very generally admitted to be a condition in which the excitability of the system is mortally exal-
ted, and that a premonitory degree of organic 
sensitivity—a liability to irritation—almost unifor-
ly developed during fever, in the texture of all 
the internal organs, or which direct medicinal 
impressions are to be made. The exact nature 
of amount, or the true pathological character 
of that Gastro enteric excitation, which is the usual 
concomitant of fever, is often judged of contra-
versial existenee is generally recognised as a suffi-
cient motive for the guarded employment of ex-
celent agents, which are now regulated in
conformity, to indications suggested by its apparent amount or intensity. On these principles, more than any other rule of employment, is now believed [by physiological practitioners at least] to hinge the notion of standard, for the choice, force or repulsion of purgative agents, in Fever.

Fever is both an excited and excitable condition, and if purgatives are and phlogistics, or sedatives, in their induced secondary influence, they are, for the most part, irritants, or stimulants in their direct or primary action. Then if purgatives, are necessary es generally the case, in Fever, the qualities of the agent should be adapted as nearly as possible, to the circumstances of Fever, in which they are to be employed. On this principle the least stimulating or caustics are best adapted to the higher grades of Fever, and the more excitable condition of the system. Experience corroborates this rule, there is a general agreement among authors and practitioners in employing the least stimulating purgatives in the more inflammatory and more acute forms of Fever. Or if in any such case
The stronger cathartics, as for any reason advised or employed, it has then been deemed more necessary, to exhibit them in combination with agents whose qualities were fitted to overrule or counteract, their excitant propen- sion; agents of this description are found in the class of nauseants, & sedative, which diminish susceptibility, & thus prevent or lessen reac- tion. Besides the objections to stimulations of this nature, cathartics, founded on the general excitation which attends the higher grades of fever, are also one still stronger objection to direct excitants, of every kind, to nerve the tissues in proportion as they depend on that property, presents itself in certain local characters of intramostral excitation, which are often revealed in the course of fevers of almost every grade, the lower, no less than the higher or more acute. The seat of this more special, or more concentrically, or some susceptibility & excit- ation, is the Gastric, or Gastric entere of surface. Here the evidences of prominent irritation are often first revealed in fever, varying in distinctive to intensity, from the subacute to the acute, or interme-


congestive inflammatory oscillation. If the excitant property of Catarrhal inflammation renders these agents of double-fold ad- 

torvation, or utility in fever of high general excitement,

merly, it is manifest how much more questionable their

suitability becomes, when their irritant action must be

exercised or declared imminent with a severe or excessive

degree of bosom inducibility. In this general state of the consequences

front, which may encompass the employment of Catarrhatics

in febrile cases, contrary indications appear to be invo

duced. For however as particular or sensible, the objections
to all Stimulants, (and therefore to catarrhatics as exciting

some PRIMARY stimulant action) in fevers characterized

by great local or general oscillation, we can never an-

cord altogether be considered: The employment of stimu-

gulants can in the treatment of fevers, thus characterized

be or complicated. Experience constantly indic-

ates the necessity & the advantage of their use in

nearly all conditions of fever & fortunately experience

has also illustrated the possibility & means of deriving

the benefits of their influence under circumstances

requiring the utmost caution & delicacy in their

administration. The general rule as before notice
as recommended by authors, practitioners, of adopting
the least stimulating cathartics to the higher grades
of fever, is commonly sufficient to obviate injurious
effects from the excitant properties of this class of
medicines. Auxiliary means may likewise be simulta-
aneous employed, tending to lower the rate of
resistance to the primary stimulant suppository
and cathartics, and thus facilitating the attainment of the
beneficial results contemplated by their indirect
secondary operation. In the cases of fever included
under the second head, those in which special
vitiation is localised in the seats of direct me-
diational inflammation, the gastro intestinal sur-
face, and even when concentrated there to
the extent of true phlegmon, or a state not
heavily discriminated from inflammation
itself. Here too the least favourable appa-
rntly, of all possible circumstances for any
amount of immediate disturbing agency,
the discrepancy often exists for calling
on the aid of cathartics. The milder cathartics
at least as part of the corrections of fever.
even when thus complicated. And happily every day
observation shows us, that with due caution, this may
be safely done, and the benefits of this class of medi-
cines, however to any new full extent, notwithstanding
the apparent obstacles, or conflicting indica-
tions. The necessary alvine evacuation will
require to be procured in cases like the present,
not only by the least stimulating kinds of
Cathartics, but even there must be exhibi-
ted in smaller doses than under common
circumstances, and the often quantity consti-
tuted by more frequent or longer continu-
ous administration. But there are collateral
means also, of diminishing both the actual
vitiation, and the morbid insusceptibility of
the organs which are to receive the first
impression of our Cathartic agents, the due appli-
cation of which, either before or contemporane-
ously with the employment of the latter, may
prepare the organs for their reception, and obviate
injury by their action. These means consist in
effecting a rapid degree of concretion, and a—
lower grade of sensibility, in the organs themselves by local depletion in their vicinity, with ceuxheo-cal-sedine, to which may be united the sedative influence of cold, typically employed, and prudently regulated.

With these auxiliaries, properly directed, we have ordinarily little to apprehend from the exciting effect of the mil-dor cathartics, in those more evident or more enatical forms of gastric or gastro-intestinal irritation, which must be frequently encountered in fever, more especially when from constitutional, or general (epidemic) causes.

Such fever is of an acutely irritative, clap or character. It would seem indeed, from the general testimony derived from the common results of a prudent use of evacuations in the forms of fever, just attended to, that fever complicated with more special or more severe degrees of gastric or intestinal irritations, which tend to irritate their, or subphlogistineous, tend the injurious tendency or influence of those agents is liable to be overrated. Either the excitable quality of the gastric secretions, under the circumstances in question, is often more apparent than real, or impressions made by the midile cathartics on that sensibility are not sufficient to characterize or permanent to be.
positively hurtful locally, or participated in any manner depends by the general system. It is worthy of consideration also in respect to the use of cathartic agents in fevers of this class, or with these complications, that purgatives, or aperients improperly administered, may become in their secondary, or general influence, effective counter agents of the particular textural irritations, which seem to interdict their employment. Local or special irritation of particular textures, however originally developed are maintained or aggravated by the irritative reaction of general fever, as cathartics in their final operation exercise a redative calming influence universally or upon the whole system, the local evil may be quenched or extirpated as a consequence of the general tranquility thereby induced. This result in fact is frequently demonstrated, moderate or severe spontaneous or medicated has often caused the solution of irritative inflammatory excitement in the gastric and intestinal textures.
To Doctor Sam Parker,  
Late Professor of Meteors, Mercers,  
In the University of Maryland.  
This Thesis is most respectfully dedicated  
by her Pupil.  
The Author.
Menorrhagia.

The frequency of occurrence and the dangerous tendency of uterine hemorrhages render it peculiarly interesting to the medical practitioner. And this interest is increased when he considers the discordant opinions entertained of its origin, and in so many instances the insidious mode of treatment. In the earlier writers upon this subject, we find considerable diversity of opinion, not only with respect to the cause of the disease, but also as to the mode of treatment. While some were of opinion that the seat of the Atonus and a portion of the vagina furnished the appendix body, whereas abortion or miscarriage did not take place, others contended, that the discharge could only happen from a detached portion of the placenta or membranes.

Few were content to rely upon the efforts of nature, and thought it might be even miasmic to interrupt her, or at last to depend upon tempering applications to the vagina, or upon some inadequate
Astringent by the mouth, while a much greater means consists in it was a most demon accuate, and that the woman's safety depended upon the expulsion of the vomit, or of the premature delivery of the child; from which it would appear, how vague and uncertain their opinions upon this subject were.

We are not, however, to conclude in this censure the latter writers upon Midwifery. From them we confess to have received much important information, and to be indebted to them for nearly all we know of its mode of treatment; though we must at the same time declare, we do not regard any one of them as having brought them into view all that are considered valuable, or necessary to be known, upon this formidable complaint.

Uterine haemorrhage, is most likely to take place during pregnancy, owing probably to the quantity of blood which is sent thence for the
enchantment of the ovum.

Soon after the ovum is deposited within the cavity of the uterus, we find it connected through its whole extent of surface, with the internal face of the organ. Both the uterus and ovum contribute to this end, on the part of the womb we find it produces a soft, spongy substance called die ana, on the ovum we discover its external covering or chorion shooting out innumerable vascular fibres, and when both unite serve as the bond of union between the ovum and uterus.

The efflorescence of the uterine surface, like that which covers the ovum is exceedingly vascular, and it would seem that these minute vessels intersect with each other after a certain density so firmly that they cannot be easily separated without rupturing and that it is only necessary to
understand that when the integrity of
of either let be injured, there will follow
a discharge of blood, proportionate to the
extent of injury, the parts of the
uterus which it may happen, and
the advancement of gestation. Should
a larger portion of the ovum be detached
in the earlier months, the quantity
of blood that may issue will be con-
comerate with that surface especially
if it be from the body or fundus
of the separation takes place near
the necks, the discharge perhaps will
not be so abundant as this But in
Consequence to be less rapid earlier than
the other portions of this Viscera.
The latter of these Circumstances will
be greatly influenced by the person
of gestation. As a general rule it may
be said, that the quantity of blood
which may be of fundus will be
in proportion to the advancement
Causes of Vaginal Hemorrhage. In referring to Authors upon this subject, we shall find a variety of causes are enumerated as capable of producing to a greater or less extent the hemorrhage between the placenta and uterus, and it is agreed by the greater number, that no considerable hemorrhage can occur unless this happens. In enumerating the remote causes of hemorrhage, I shall name those which are generally believed capable of producing this effect. First of two short cords, Mechanical Violence, Passions or emotions of the mind, Plethora.

It was the opinion of many that the cords may be naturally or accidentally too short, in which case it might be the cause of hemorrhage. The bleeding proceeds from one of
the umbilical vessels at a portion which
was folded in Ridges of Knots, which
part yielded from the accidental
Shortness of the Funic. It must
however be confessed by all that
although this may be a cause
of haemorrhage, it must be a very
rare one. It is not at all extra-
ordinary that we should have
only a few Cases of this kind
upon records, since we do not
well dreece how it can take
place.

Though the cords may be very
short, still there must be great
difficulty in breaking it by any
effort to the Chides can make for
if the waters be preserved, the specific
gravity of the Chides and their
will be so nearly in equilibro, that the
weight of the Chidces may be con-
considered as mere nothing, so that
when the cones is put upon the skull the Child will remove towards the force and thus destroy it into fluence. If on the other hand, the waters be discharged the uterus would almost instantly embrace the body of the Child so firmly by its tonic Contractions as to render it almost immovable, and consequently it could not exert so much force as to injure the continuity of the Child. Secondly, Mechanical violence, Passion or emotion of the mind, Plethora. Each of these Causes may produce the disease. The whole of these Causes have one operation in common upon the system they all induce an increase force of Circulation which is generally considered as sufficient to produce the evil in question.
There is no period at which this may not take place after the first month of pregnancy, since it is presumable that after the fourth or fifth week a union more or less strict is formed between the ovum and uterus by means of the chorion and accidens; it must therefore, necessarily follow, that a separation may be effected. Until about the fifth month, this accident may happen to any portion of the ovum, since, up to this period, the placenta or what is to be called the placenta completely surrounds the ovum.

After this time, there is a portion of its surface that becomes transparent, and which uniformly augments, so long as the uterus continues to increase in capacity. This transparent portion is what
is locally called the menstrual and towards the full completion of pregnancy, they occupy a larger surface than the placenta from which they appear to emanate. In consequence of this, there is a portion of the uterus from which no hemorrhage can proceed, so long as this transparent portion thins itself and this portion increases as gestation progresses, and so some of the source of flooding is confined to that part which is covered by the placenta, for all the remaining surface is lined by these membranes, and is incapable of furnishing such a quantity of blood as shall be denominable a flooding.

As a general rule then, we find flooding in proportion to the advancement of pregnancy, because the vessels are larger, and in given
time, yields a much greater quantity of blood, though the channel of occurrence is in the early months.

Symptoms: Bleeding comes on with severe pain in the back and extremities, absence of bearing down about the Hypogastric region, Head ache, the Countenance becomes pallid, Pulse full and frequent.

In all cases there is a languid and discharge from the vagina of a pregnant woman. She should immediately be treated with the utmost care, all the essential indications should be instantly complied with and no time should be lost in temporising. Whatever may be the cause of hemorrhage, the essential indications are
First, to arrest the bleeding, secondly, reduce pain of patient, and, thirdly, prevent a recurrence of the hemorrhage. These three points are constantly to be kept in view as the presentations of the ovum, or even of the woman is dependent upon them. Therefore whenever a woman suffers with an hemorrhage from the uterus, the sooner we can arrest it the better. Every known remedy of efficacy is to be employed in succession. Should the antecedent ones fail of success, and every advantage must be gained to the means by the patient, and he at tendent, by a strict adherence to the directions enjoined, it would be an error for the physician to prescribe, if either the patient or at endent were contrary to his instructions, and in no case perhaps is this observance of more decided consequence.
than in the complaint we are now considering,
One of the first steps to be taken is to command the most the most
perfect rest of body and of mind as far as may be practicable. The
patient should be placed upon a
mattress, sack or bottom, or even the
floor. The room should be well
ventilated; the patient should be
every thinly covered, her drinks
should be of the mildest kind, such
as toast water, cold balm tea, lemonade,
ice water and the like; no stimulating
substance of any kind should be allowed;
but that taken even in the administration
of food and drinks, that the patient
be not subject to exertions to receive them
they should be given to her while in a
horizontal position. Her food also should
also be of the same character with
her drinks, thin soups, tapioca gruel
or parada; these can be made very palatable by the addition of a little lemon juice, sugar or molasses. All animal foods or the juices of them should be forbidden in the commencement of the flooding, let whatever be given, be given cool; absolute rest of every member of the body should be enjoined.

Having established a proper system for the repose of the patient and the government of the attendant we should next turn our attention to the treatment proper for this disease, and first to the propriety of blood letting. If there is high bile or action blood should be taken from the arm in a quantity proportionate to the exigency remembering we do not or no good by the operation, if we do not decidedly diminish the force of circulation: let the pulse...
rather unite under the Jennerian theory, otherwise, its repetitions must be regulated by circumstances, recollecting however, that hemorrhage is sometimes maintained solely by cutted arterial actions.

The acetate lead has been recommended in doses of from two to three grains guarded by opium to be given every half hour, or hour, and less frequently as circumstances may dictate or in case the stomach be irritated a very efficient mode of exhibiting it is the same, twenty or thirty grains may be dissolved in a gill of water to which is added a drachm of landsdown, this must be repeated if necessary in the course of an hour or two. Should the des charge be not

backed up by proportionate injections of cold water, cold alum water, vinegar and cold water. Or a large bladder filled with
Ice and water may be applied to the region of the pubis.

The discharge from the vagina, when very profuse, will not always yield to these remedies; and if it does not, it will very soon become very alarming, to have been a few ounces of blood is a duty, and some times is highly important. Should the means above recommended fail in moderating or stopping the threatening symptoms, no time should be lost in employing the tampon.

Pieces of sponge of sufficient size to fill the vagina some have recommended it to be squeezed in sharp corners with a view to cleanse it, as also it may be imbued with this acid: it should be then introduced into the vagina, and suffice to remain until its object is answered, if the sponge be not at hand pieces of old muslin will answer the purpose.
very well.

In Hemorrhage after birth whether it be owing to uterine inertia or dulness or whether from Pethorus, our treatment should be shaped accord-

ingly!

Your ob[scured] Serv-

Nicholas F. Hutchins
An Inaugural Dissertation

on

"Cholera Spasmodica"

submitted to the examination of the Provost,
Trustees, and Medical Faculty of the University
of Maryland on the 1st March 1834

for the degree of Doctor of Medicine

by Josiah M. Wilson

of Mississippi.
Among the various maladies which have pervaded our Country from its earliest recollection to the present period, few, if any, have proven more triumphant in fatality than that beam of destruction, which, mingling its rapid flight, imbibed our soil during the memorable fall and spring seasons of 1831 and 32—Denominated and known by the appellation of "Cholera Asiatica," or "Indian Cholera." Improper as this name is, when considered in strict relation to the acknowledged pathological character of the disease, I shall nevertheless, for the sake of convenience, retain its use in these remarks. I propose to take up this important, this interesting subject, not from any boasted feeling which prompts me to the vain belief that I have made discoveries neither to unknown in the pathological character, or medical treatment of this dread disease;—not with a view to unfold mysteries, far beyond the ken of human ingenuity;—not with the still more horrid intention of misleading the credulous, or unguarded observer, with sophistry & hypotheses—but for the simple, and far more noble purpose of offering a few candid reflections upon the subject, drawn from much observation, and some investigation made on the cause, character, and progress of this disease as it prevailed upon the banks, and in the valley of the Mississippi river, through the fall and spring seasons above mentioned.
He the prosecution of my purpose, I am aware of the heavy conflict of opinion affixed upon the world, upon the etiology, pathology, and medical treatment of this disease. And yet at the same time, am not altogether ignorant of the high professional claims of a few individuals, whose observations have led to results so conclusive, essentially differing from my own. That a different inference may result, as the necessary consequence of a speculative observation, I am fully persuaded—but that the mere "piecemeal" of professional rank, and high claims, shall stamp the grand seal of authority, as a {	extbullet} 1

Some time during September 1831, this disease found its way down the Mississippi river, and its contest with its savages upon the densely populated banks, commonly sought victims far in the interior. The whole atmosphere enchain was filled with the deadly poison committed with destruction. Upon the greenest eminence, and in lowest v ale the efficient cause was felt with equal force. It sought out victims from every class of society. As well in the family of the humble peasant, as that of the haughty commander, did it leave the strongest attestations of its power from the infant and the aged; from the temperate and intemperate were its bold depredations made. And hence, I would remark that not a recovery was known in the class of intemperate individuals. And comparatively few recoveries among the blacks, whose constitutions had been impaired by long exposure to the high solar heat of that climate.
has been declared by a professional gentleman of Philadelphia, whose rank in the Medical Circle would better fit a better theory, that there are no premonitory symptoms in Cholera diarrhodica. As far, however, as facts are concerned the position is unfounded and untenable. In 50 or 90 cases which came under my own Notice, not one occurred unmarked by strong, very strong premonitory signs of the approaching disease. In short, but few individuals in the whole Country escaped the visible signs of a strong predisposition to the disease— which were for the most part, diarrhoea with some uneasiness in the bowels, loss of appetite—indigestion to some extent—slight sensation of chillings, attended with partial heat frequently, through the day—uneasiness at the pit of the stomach—constipation sometimes, alternating with diarrhoea—unpleasant taste in the mouth or tongue slightly enveloped in a thin whitish film—small, somewhat frequent but settled pulse—intermitting cephalalgia, and sense of weakness generally preceded an attack of this disease when unintermitted. The foregoing symptoms with some variation usually occurred, yet not invariably, in some cases of which I heard, came on without any of them. The individuals usually kept on foot during the existence of some, or all of the aforesaid symptoms, in some instances, for weeks prior to an attack. I was informed by one or two Medical Men, that they had seen a very few cases suddenly develop without any cognizable sign of predisposition, and may have some rare instances of this sort, induced the gentleman alluded to, to make the bold and deceiving declaration already mentioned. But rare instances should never form criteria for the theorist.
I shall divide this disease into two stages; only the first I shall call the
Passmore—and the second, the Stage of Collapse. The first stage was
almost invariably ushered in with violent vomiting, succeeded in a few
minutes by violent purging of the intestines, watery fluid. In some few instances
the fluid ejected from the stomach, contained very minute flaculi of a
dark greenish hue, suspended in the watery fluid. Sometimes, purging
preceded the vomiting a few minutes. And in some instances, intensely
rigid spasms and cramps of the voluntary muscles was the first sign of
attack—but for the most part, spasms and cramps quickly receded to the
vomiting and purging, and were not the least noticeable symptoms in disease.
Colic of the extremities, gradually travelling to the trunk—small, quick
pulse, but not very frequent—rapid prostration of strength, and wasting of
flesh—Purely black appearance of the tongue which was not unfrequently odd—
great inelasticity of the whole dermatoepithelial—Violent spasms of the stomach
and intestines—Rushed respiration, and in ability to bring a full inspiration.
Great sensation of heat in the stomach, bowels, with intense and disturbing
thirst, manifested by a continued cry for water, water, water—extreme
restlessness with frequent attempts, to get out of bed—great heat over
the region of the abdomen. The Countenance Marked with extreme anxiety
and strangely guilty toward the Conclusion of the last stage. In most
instances, the Patient manifested no disposition to talk through evident
signs of sanity were manifested throughout the first stage, and not
infrequently until the last moments. which were the general charac-
teristic symptoms of the first stage of this disease.
The second, or stage of Collapse, was rarely recognized by an open and
overwhelming aggravation of the foregoing symptoms, with the single
exception of the Muscular System, which gradually debulged to be
succeeded by a cold clammy sweat, sometimes Colliquative sometimes,
the surface merely debulged, but always cold, almost total loss of
Pulse, and Speed, entire Collapse in the extremal Capillary Vessels, and
reluct of blood from every part of the surface to the large Vessels in
Thorax and Abdomen—Constant distillation of white, thin, fluid from
the Rectum, the Visceral Muscles being relaxed, the small vessels in the
sclerotic tunic of the eye injected with red blood at the labouring—
under active inflammation and the tunicia Cornio—sharply glistening
purple blotches, over the surface of the body—and sometimes so strongly
developed over the face, as to obscure every appearance of the White Man.
Peculiar depression over the region of the Stomach, and the Viscera
had receded upon the spine. Such were the symptoms, which generally
characterized the Progress of Cholera in the West, tho' in some few
Cases the Disease was absent, in some the Colliquative Peristalsis was
absent, but Cases of this kind was rare, I am incline to think that in those
Cases when Yearm was not perceptible in the Voluntary Muscles, they were
evidently manifest in the Heart and Chest. Again—The symptoms
of this disease are numerous and well marked, they are exhibited only
a short time, since it terminates in three to 20 Hours—longer or shorter
in its duration, according to the greater or less intensity of the Cause
and the Constitution of the Patient; and other Collateral Circumstances.
I now come to that part of my subject, not the least disagreeable, since I am unavoidably brought into collision with high and respectable authority. Analogical reasoning is at best unsafe, yet when considered in relation to cause and effect, will not unfrequently lead to clear deductions. Some of our Western Journalists have laboured to prove the Agency of Contagion in the Production of this disease; and not without implying a similar interference upon the minds of many intelligent men. But circumstances, not only connected with the progress but intimately associated with the pathogical features of the disease, irresistibly combine to enforce upon my mind a different opinion.

If we view Contagion in strict relation to its specific "mode of operation" upon the Human System, as related by the mutual agreement of theorists, we are led to infer, that it kills or destroys every trace of susceptibility in the same system, to its subsequent reappearing in the production of the same disease. This fact, and so I must call it until it is successfully controverted, does not obtain in the disease in question. So far from obtaining, an attack of the disease evidently predisposes the system to a second attack, upon this application of the Remote Cause, even in a varnished form. Again, if we view specific Agents in relation to their Atmospheric Conjoin, previous observation has restricted their operation to certain limits; and these limits have not generally been extensive. In an instance of this fact, we see Variola, Rubella, Scarletina, Measles, &c., restricted to territorial Confining, or Neighbourhoods, this, alone, or even all of them may appear epidemical in some Seasons.
I will not presume to venture such premises, as an infallible criterion by which to judge of the inscrutable agency of all specific poisons. Yet we find a striking analogy existing in the character of the agents concerned in the production of those diseases.

The disease in question made its appearance at Vicksburg, a village situated upon the eastern bank of the Mississippi River, sometime in September 1831. Measures were promptly adopted to suspend all communication with the Country. Notwithstanding the entire and instantaneous success of these measures, the disease appeared almost simultaneously 50 miles in the interior, and in the person of a Negro Man who had not been absent from his home for months, nor in the Company of others than his family for weeks. In a manner similarly, it spread through our whole Country. Again, it was not unnoticed in every section of the Country when the disease prevailed. That many members of a family escaped, and hundreds of Negroes escaped who had stood over it for weeks, I heard of but one case in the whole Medical fraternity, the every thing in the shape of a doctor was up and doing. It not unfrequently reached from a large family of Negroes. Having attacked not more than 4 or 5 the late, some forty nearly all were prostrated.

This does not appear to be the Characteristic Movement of a Specific Contagion. When the disease first came among us, I was of opinion that it came under the Character of a true Epidemic, and that the Poisonous Agent Concerned in its Production lay inscrutably wrapped in the Circumambient atmosphere.
But some circumstances connected with the progress and nature of this
disease, favoured a different view of the subject. It was observed
to spread with unparalleled, furious, and fatal rapidity through
those districts of Country, notorious for Miasmatic exhalations,
and particularly adherent to the swampy margins of many
Courses, now and then sweeping across the Country from streams
to streams. It is true, it was not so strictly confined to particular
neighbourhoods as our common Autumnal Cholera fever; but equally
as much so as those fevers sometimes are.

With this fact before my eyes, collateral with a comparative view of
a multitude of facts, connected with the pathological condition of the
Victims, I was irresistibly led to conclude that this disease was as
strictly miasmatic in its character, as ours, Congestive Biliousness.
And that every individual exposed to a high range of atmospheric
Heat, or rather solar heat, atmospheric precipitation, & March’s
effluvia was as evidently predisposed to an attack of Cholera.

I am aware, it may be urged that this disease has existed in
localities when Miasmos never was known to exist, but I am
not prepared to oppose every positive assumption; nothing else could
I conceive such a position, since a cooperation or combination
of Circumstances, are necessary to prove the existence of Miasma.
The mere notion that Miasma never exists only when its heign, explosively
and painfully felt is not altogether satisfactory, since we daily —
within Constitutions successfully resisting its deliterious influence
even in a Concentrated form.
Now we know that the specific action of March Wormatea upon the human system is first impinged upon the brain, through the medium of the respiratory nerve; from the brain the impression is communicated to the nervous system; the effects of this impression is direct debility. This debility is felt by every organ, by every fiber. We know that the heart, in common with other organs, labours under the state of debility, and is unable to throw out the blood in an exact ratio with its rapid accumulation at the right side of that organ, hence the result of heavy congestion in the large veins of neighboring organs. We also know that whenever a remora of blood occurs in any set of veins, the arterial connections of those veins is thrown into increased activity. Consequently we have the phenomenon, fever. Then Dr. Cope's day, debility lays the foundation of congestion, and congestion lays the foundation of fever. Now it is equally clear that this train of phenomena does most unequivocally obtain in Cholera Morbus fixing its pathology, so I conceive, far within our reach. The vast quantity of venous blood destined to pervade the substrata of the liver; its size, and proximity to the heart, we readily perceive its extreme liability to congestion, when the action of this latter organ is diminished, and this hepatic congestion constitutes the grand pathological characteristics of Marchmatie disease.

From these premises, which I conceive to be perfectly tenable, what are we to infer? That two diseases, pathologically the same, are produced by the agency of two poisons essentially different in their character? That two diseases, not only identified in their action upon the system, but requiring precisely the same medical treatment to remove them, result from essentially different agents? I would unhesitatingly answer in the Negative.
I believe that the effects of the agent employed in the production of Chelsea Thermodyoa, are primarily | injurious to the brain and nervous; the respiratory organ, inducing Morbid stability—That con- | sequent upon this Morbid condition of the brain and nervous, organic | Congestion results to a greater or less extent—that this Congestion | is Primary located in the great Nervous System—that the Liver | is the grand organ in the disease; and from its Morbid condition, | alone emanate all the high toned Pathological Phenomena, noticed | by the disease.

I feel well aware of the same time that I urge this, my Conviction | upon this important subject, the most distinguished talents our | Country affords, will arise in overwhelming torrents against me— | I allude to the force of that beautiful theory, which pronounces | in the nervous system. Post-mortem examinations of bodies dead | of this disease, do most unequivocally exhibit, not only | active and acute gastro-enteritis, but even a Hyphomeliosis— | Condition of the living Membrane of the intestinal tube almost | throughout its whole extent—but I can see no reason, why this | state of things should not obtain in all those highly congenital | forms of Congestive disease, in which the equilibriums of bullae | of action is entirely broken up between the external and internal | Capillary System of Vessels. In the disease before us, we find the | cutaneous, Capillary Vessels, almost entirely Collapsed; we find | the blood almost stagnant in the large Veins within, the right | side of the Heart as it were drowned with this fluid, then what | must result to the internal Capillaries, but intense engorgement?
From this Condition within we might reasonably anticipate an alteration in the Vital Properties of their Respiration at once Concedes the Point, that the Stomach suffers in Common with other organs under the Operation of the Prejudicing Agents, and is thereby the more eminently prepared to display the Morbid Phenomena symptomatically insinuated upon it; moreover, it is not unfrequent that we meet with the Hardest ravages, in Organs symptomatically diseased. Again, a single intuitive glance at the treatment, necessarily adapted to the removal of this Disease, is not a little illustrative of its true Character—For until some alteration is effected in the Conditions of the Hepatic System, there is a progressive and fixed determination to death. To me, this appears to be an unphilosophical adaptation of the remedies to this Disease; it is actually depends upon primary inflammation in the Mesenteric—To say the least of it, the Disease was perfectly uncontrollable in the Death, without the bold and energetic use of large repeated Doses of Colonial—Which are said to be incompatible with Gastro-Enteritis.

It has been asserted by a noted Medical Philosopher of distinguished Professional Claims, that Cholera Diastomica is not essentially different from our Scarborie Cholera Morbus. The striking similarity of these two Diseases is readily to say observation, and this—Cholera Morbus is characterized by an active, this Morbus is in Vitiated bile, whilst Cholera Diastomica is eminently characterized by a total suspension of the secretory function.
In the former disease you have more vitiated hepatic secretions than you sometimes know what to do with, and in the latter you have not one drop secreted of any kind—so far, the two diseases are pathologically similar.

With regard to the remedial measures, proper to be employed in the treatment of the disease, much discrepancy of opinions prevailed before its pathology was understood. When the disease first made its appearance in the country, opinions similar to those of some of our Northern Physicians were taken up, and large doses of Opium, combined with Camphor, were mainly resorted to—sometimes in a solid, sometimes a liquid form, and then were repeated from time to time, accompanied with external rubefacient applications, friction, &c., with a view to arrest the Opium evacuation—but to the great mortification of the Physician the Patient died. Not suspecting the inadequacy of the remedy, death was rather charged either upon the violence of the disease, or the untimely application of the suphurous remedy. And from views of this kind, many, very many individuals perished.

Some of our Southern Physicians supposed that the great "hypochondria" consisted of an active morbid secretion of an Acid in the Stomachs and resorted to various alkaline preparations in combination with Opium. The real condition of the Viscera was finally shown by Post Mortem investigations, and a clue given the Physicians, at least, so far as related to the Biliary System.
As I have already remarked in the account of the symptoms of the first stage, the pulse was slow and quiet; this not generally very frequent, it was, nevertheless, in most cases, that fell under my observation, almost always more or less tense or cordial, and whenever bloodletting was timely employed the case was rendered more manageable; yet but few physicians would venture to bleed, in even the earliest form of the disease, for fear of hastening the patient. For my own part I feel no hesitation in declaring my opinion that this disease often proved fatal for want of early bloodletting. When this remedy was employed it was very evident that medicine acted more promptly and more efficiently, at least for a time, no very perceptible advantage was observed. After bloodletting 20, 40, or 60 grains of Calomel Combined with or left upon the stomatitis, decoct in very small quantities, was administered, and repeated Hourly, Half Hourly, or at intervals of 2 hours (according to the urgency of the symptoms) until a manifest improvement was made upon the secretory system of the biliary organs. In the mean while for the relief of the cutaneous, capsulitic, and the restoration of heat to the surface, extensive and steady friction with Cayenne Pepper, Mustard, Light Camphor, or turpentine added, were employed, to these were added cups over the epigastrum and dry Cupping over the spinal region. In some obstinate cases, no perceptible change for the better was evident unless of 20 hours, but more frequently in a much shorter time, and this change was for the most part evinced by a gradual cessation of the vomiting and cramps.
on after the gradual, but not entire subsidence of these symptoms, the alvine evacuation would manifest a slight dark tinge, and by degrees become darker and more consistent, until about the third or fourth stool which was black and thick as tar. A general improvement always followed such evacuations and it was the Physician's great Care to Continue the use of Calomel in small doses, until the function of the liver was restored, after which a small quantity of Castor oil was given, and the secretions subsequently matched. It very rarely occurred that the Calomel was a second time called for, after the secretion was once established. And the remaining debility was removed by Caution, dieting.

Josiah N. Wilson

Baltimore
1834
Inaugural Dissertation
submitted to the
examination of the
Faculty
Provost and Trustees
of the
University of Maryland
by
Lingard Aiken Frampton
S. of Ca.
for Degree of
Doctor of Medicine

Baltimore
March 10
1834.
One Hydrocyanic Acid

This interesting substance in its dilute state, was discovered by Scheele in the year 1772. Berthollet afterwards ascertained that it was composed of Carbon, Hydrogen, and Nitrogen, but the Chemist was prevented in account of the impurity of the acid from determining the proportions in which these constituents are combined, this Gay Lussac was enabled to ascertain by obtaining this substance in its pure state and by the discovery of cyanogen gas. It appears from the experiment instituted by that Chemist for the purpose of ascertaining its composition that it is composed of one equivalent of cyanogen 26, and one equivalent of Hydrogen 1 - 27. Or in volume, of one volume of cyanogen and one volume of Hydrogen without condensation. Hydrocyanic Acid may be obtained perfectly pure from the processes which have been proposed by Gay Lussac, Robiquet and Baquelin. The process of the last, which is the one adopted by the United States Pharmacopoeia will be found more convenient and pro
ductive than any other. It consists in transmuting Sulphuretted Hydrogen through a glass tube placed horizontally, and containing in one third bi-cyanide of Mercury and in the other two Carbonate of Lead and Chloride of Calcium. These substances are employed for the purpose of separating from the gas the aqueous vapour and the sulphuretted Hydrogen with which it is always mixed. The tube must be connected with a receiver surrounded with ice. The Hydrocyanic acid generated in the first third of the tube is driven by gentle heat into the refrigerated receiver. The rationale of this process may be expressed in the following manner. The two equivalents of Hydrogen from the Sulphuretted Hydrogen combine with the two equivalents of the Bi-cyanide of Mercury forming Hydrocyanic acid, while the two equivalents of Sulphur formed with one equivalent of Mercury, bi = Sulphuretted of Mercury. Hydrocyanic Acid when thus prepared is a colourless transparent, and volatile fluid. Its odour is extremely pungent and has been compared to that of Peach Blossom or bitter Almonds. Its vapour is inflammable.
ble and burns with a blue flame. When brought in contact with the tongue it excites in that organ a transitory sensation of cold, succeeded by heat and irritation. Its flavor when diluted with water resembles that of the bitter almond. It cannot be preserved longer than two weeks even when excluded from light and moisture without being decomposed, on account of the tendency of its elements to form new combinations. It may be kept for some time by confining it in bottles covered with black paper.

It is somewhat remarkable that Hydrocyanic Acid prepared from Phosphoric acid and Bi-cyanuret of Mercury may be kept for many months even when exposed to light. The products of the spontaneous decompositions of this substance are Ammonia and a dark substance which consists of carbon and nitrogen. Its vapor when submitted to a red heat is partially decomposed with depositions of charcoal and release of Cyanogen, Hydrogen and Nitrogen gases. Hydrocyanic Acid is an extremely feeble acid. It reddens litmus paper faintly. Unites with nearly all the
satisfiable bases forming salts termed
Hydrocyanates. It is incapable of decom-
posing the carbonates. It boils at 19°.
Faresheit and congeals at zero. Its
atomic weight is 27. The specific gra-
pity of its vapour 0.9374. Its density
0.9476. It is capable of supporting
a column of Mercury 0.38. Many
remedial agents derived from the vege-
table Kingdom owe their efficacy
and their deleterious properties to
the Hydrocyanic acid they contain.
It has been detected in the differ-
ent parts of the peach tree orig-
inating its branches, leaves, and blossoms,
and the leaves of the Prunus Sauris,
Cerasus, or Cherry Laurel, in the
cluster Cherry, and cherry, the bit-
ter almond, the Mountain ash,
and many other plants. Many old
chemists maintain that it does not
exist ready formed in these sub-
stances but is the result of the pro-
cess for obtaining it. Having thus
briefly described its chemical pro-
erties we now come to consider its
physiological action, the means of de-
testing its presence, and of counteracting its delirious effects.

Many physiologists have maintained that this agent exerts its influence through sympathies alone while others affirmed that it affects the animal economy through the medium of the circulation. This latter view has been adopted by Emmert who has founded this experiment on the results of the following experiment. He found on introducing hydrocyanic acid, into the hind leg of a dog after having tied the abdominal aorta that it did not act until the ligature was removed. In this experiment of Emmert's, Christianson one of the advocates of sympathetic action, replies that the maintenance of the circulation is essential to the right discharge of all the functions and among the rest, to all the acknowledged functions of the nerves, consequently the most actions of the poison when a
ligature is applied on a vessel which supplies the part where the poison lies is no proof that the poison acts through the medium of the blood. It is evident from the above observations, that no argument can be adduced in favour of action through the blood. In order to explain the action of poisons when introduced into the veins, it has been affirmed that the internal vascular surface like other membranous structures is supplied with nervous filaments, that on these poisonous agents, make their pecu- liar impressions which is conducted along the nerves to remote organs. But it must be shown, before this explanation can be received that the nervous expansions of the internal membranes are more sensible to the influence of poisons than the less central extremities of nerves. The strongest argument which may
be adduced in favour of absorption as the rapidity of its effects. It appears from the experiments of Phillip Robiquet and Coulond that many poisons and among the number hydrocyanic acid, are capable of making certain localised impressions of a nervous nature independently of organic change. The first of these experimentalists found that when hydrocyanic acid was brought into contact with the intestines of a living rabbit that the muscular contractions of the intestine were instantly and paralysed, and that the general system remained unaffected sometime after this occurrence. Results similar to this from the same poison were obtained by Coulond and Robiquet. Many other instances of a similar impression might be cited, but those which have been adduced show the incorrectness...
of the assertion that no poison independently of organic change is capable of making any local impression of a nervous nature.

Hydrocyanic acid acts with greater velocity through serous than mucous membranes. It also acts with greater rapidity through the cellular tissue, but with less through the than tuberos membrane. It has no effect when applied to the trunks or divided extremities of nerves or to the cut surface of the brain. Hydrocyanic acid surpasses in rapidity of action any of the known poisons. It is so astonishingly energetic that one atom dripped on the tongue or into the eye of a dog will destroy the animal almost as instantaneously as a stroke of lightning. It affects all animals in the scale of creation from the worm up to man.
similar manner. The symptom
induced by the dilute acid, are
as follows. Sensation of weight
on the top of the head, rapid
pulse, salivation, succeeded
by insensibility which continues
five or six hours and then
rapidly disappears. The above
displays were experienced
by Joullon. The knowledge of the
displays excited by a fatal dose of
this acid was observed in a case recorded by
Humphrey of a man who was
apprehended for theft swallowed
and ounce of alcoholic Hydrocyanic
acid. He was observed to stagger and
die apparently lifeless. The physician
who instantly saw how found his
pulse and respiration for sometime
insensible. After a brief interval
his respiration was so forcible that the
ribs seemed drawn almost to the spine.
The eyes were prominent and animated
as if alive. The use of the medicinal
acid for sometime has been known
to occasion salivation of the Mouth and
salivation. These effects from the Acid
continued use of the medicinal Hydro-
cyanic acid have been remarked by Dr.
Mr. Lord and Granville. Post mortem ap-
pearances— Post mortem examinations
will generally exhibit the following ap-
pearances. The blood will be found congre-
ted in the right ventricle of the heart
and the veins. The blood fluid of a
flushed or cochineal colour. The eyes op-
en, glistening, and apparently animated.
The blood usually exhaled a Hydrocyanic
odour. The veins of the brain will be some-
times found in a state of turgescence.

We have now to consider the tests
of Hydrocyanic acid. These have been
investigated by Lavoisier, Turner and
Oppel. They are its odour, the salts of
copper, and the salts of the protoside
of iron. The odour of the acid has
been considered by Oppel a very deli-
cerate, and characteristic test. The Sulphate
of Copper forms with the acid a
white neutralized by a little Potassa
a greenish precipitate which is render-
ed almost white by the addition of
a little Hydrochloric acid. It forms,
when rendered alkaline by the addition
of a little Petaja, with the salts of Iron a granular green precipitate which is changed by the addition of Sulphuric acid to the colour of Prussian blue. According to Orfila, Nitrate of Silver is a very delicate and characteristic reagent for Hydrocyanic acid. It forms with the dilute solution of this acid a white precipitate which may be distinguished from the other white precipitates of the salts of silver by its insolubility in Nitric acid at ordinary temperatures, and by its solubility in the acid at a boiling temperature. This precipitate when heated emits a gas which is recognised as Hydrosyler Gas by its blue coloured flame. The presence of this acid may be detected in mixed fluids by immersing a strip of absorbent paper, moistened with pure Potassa in the suspected fluid for a few minutes and then by touching it with a solution of the Protosulphate of Iron. The application of this salt will produce the usual blue colour on the paper. Or it may be detected by the following process. Filter the mixture, neutralised with Sulphuric acid of alkaline then distill the product
from a vaporous bath to the eight part has passed over into the recipient. Then test the distilled fluid with the proto-sulphate of iron in the usual manner. Both of these processes will fail to detect the acid after eight days. This may be owing to the disappearance of the poison by evaporation or decomposition.

The treatment now remains to be described. This consists in the administration of certain agents which operate by exciting in the system and action counter to that induced by the poison. This object may be accomplished by the following remedies, namely, Chlorine, Ammonia, and the cold effusion. The first of these substances was proposed by Beauz as an antidote for Hydrocyanic acid. The accounts of its efficacy by Beauz are confirmed by the experiments of Oppen. He considered it an most efficient antidote that can be employed. The second was proposed by Dr. John Murray of London and is considered by many to be a very efficient antidote. Our treatment then consists in the administration of Chlori
ammonia and the cold of habit.

It may be proper to state that such is the energy of this poison that we still generally fail to counteract the effects of even ordinary doses.

Longard A. Frankstone
of South Carolina.
To the Medical Faculty of the University of Maryland.

Gentlemen,

You and each of you will be pleased to accept my most humble acknowledgments for the instruction and uniform kindness received at your hands; and be assured that your moral worth and professional abilities, will ever stimulate me to prove worthy of the profession of which I am now a candidate.

Having arrived at that period of life, when time is estimated at its highest value, when a young and growing family calls loudly on me, and intrigues them in the paths of virtue, and being on the edge of delving in the western wilds some retired refuge, where I may devote my remaining years in my professional and paternal duties. I must beg to urge...
With these few remarks urged alone by their necessity and worth, permit me to subscribe myself your
Most Obl. Servant,

James Power.
Eupatorum Perfoliatum
The peculiar form and arrangement of the leaves in this plant render it very easy of distinction at sight by the most inexperienced botanist. It flowers from May to September, and is found from Nova Scotia to Florida. It inhabits meadows and boggy plains, growing most frequently in bunches, the stems being connected by horizontal roots. Its common names are, Thoroughwort and Thorough-wax. Boneset, the Eupatorium belongs to the first order of the class Angiospermae, as compound flowers; it is a general fave rate, and will be. probably highly esteemed for its medicinal powers. Wilder enumerates seventy one species indigenous to America. Those indigenous to our States are all plain-looking plants. The stems of this plant are erect, round, hairy, branched at the top only. The leaves which are perforated by the stem are rather perfoliate than connate, but of one entire leaf, having the veins proceeding at right angles from four quarters of the stem, two of them being situated in the plane of the leaf. The upper leaves are however generally divided into pairs. They are serrated, flat underneath and hairy especially on the veins, and are all surrounded with...
throughout, but another discriminating mark arises from the manner in which they are perforated by the stem, some of the vulgar names Thoroughwort, Boncoset. Prof. Morton says the plant derived the name boncoset from the relief afforded in a certain singular Cautch a species of sulfu.

which prevailed forty years ago, and was denominated head bone fever. The root is perennial, somewhat horizontal, the stems erect, from two to four feet high, round, and very hairy, and divided towards the top decussating branches. so as to form, when in flower, a flat dense involute corymb.

The stem is generally greyish green, but often purplish towards the base; every plant of the Eupatorium has an intensely bitter taste, combined with a flavour peculiar to the plant, but without astringency or acrimony the leaves and flowers abound in a bitter attracive matter in which the important qualities of the plant seem to reside.

This principle is soluble in water and alcohol, it combines with many of the metallic salts, such as nitrate of tin, sulfate of mercury, nitrate of silver, acetate of lead.

A dissertation was published a few years ago on this plant.
by Dr. Anderson of New York, in which he gives the
details of numerous trials made by him on different parts
of the plant; he says that the active properties of the plant
reside in greatest quantities in the leaves, and that the vin-
less are readily obtained by means of a simple decoction.

I made use of it at Intermittent on the spring garden
near Patterson in the year 1827. There were few cases of
fever, and there of the Quarten type, which I treated
successfully with the Eucalypium, the cure took place
at an early period as could have been expected from

Bark. Be this Eucalyptus syriaca bullentin of was
infused for two hours, then strained; I ordered a wine glass
ful to be taken every two hours, cold; I have also given it
in powder from twenty to thirty one, as a medicine, the
virtue attributable to it have been various and powerful,
but it is impossible to read the accounts which are given
of it, without indulging in the favouritism or fashion has had
some share in tending it for public view. Dr. Parker at
Eelton used it frequently and extensively, and gave it very
trial
which a favourable impression of its powers would induce him to make, he said he deemed its properties, on the one hand, much exaggerated, but believed it to be a highly important article, when administered in those affections to the system of which its peculiar virtues are applicable. I have intimated that the properties of the Boscest indicate its medicinal virtues. Patetic and diaphoretic effects are most deserving; it is somewhat stimulant, but this effect is transient. It has been prescribed in some violent latencies attended with fever, and its stimulant effect has not been so considerable as to be conspicuous in these cases. The country physician in our country, it as a substitute for bark. Homoeotic effect is most easily ensured by giving in substance twenty gns. of the powdered leaves and flowers, from four to six times in the course of twenty-four hours. It has been said to cure acute Rheumatism. I gave thirty gns. to a lady in Oldtown much troubled with Rheumatism. I made inquiry whether the pain was increased by the heat of the bed or abated by its warmth; as soon as I found it to be inflammatory, I made use of the lancet, at the same time
keeping my fingers on the pulse to ascertain when a sufficient quantity was drawn; for I consider it one of the most important points in the practice of medicine to bleed judiciously; after I gave the Cupitation, she was much relieved next day, but it is more than probable that its sweating power might have been enlisted in conjunction with blood letting; but I think it might be more safely administered in the chronic state. Theophreaks speaks of it in gout, and recommends external application for the relief of pain. It has been represented by various authors, most of whom have copied after others, as a tonic, cathartic, diuretic, astringent and diuretic, as capable of curing almost every disease, and thereby leading the unwary and inexperienced practitioner to depend too much on its reputed powers. The whole plant is intensely bitter; it is also supposed to have some slight astringency; when dried, it has a peculiar and not disagreeable odor. Dr. Chapman is of opinion that the flowers are more active than the leaves, but Dr. Anderson says the leaves are more active than the flowers; but the little experience I have had has led me to form the opinion that there is
ne difference in the bitterness, or activity on the system, between the leaves and flowers; either will answer; the stems also may be used, which are nearly as efficacious as the other portions, consequently the whole plant may be used for medicinal purposes.
Dissertatio Inauguralis
De Concoctione

Præfecto, Curatoribus, Facultatique,
Terra Marie Universitatis

Per Carleton C. Samu Subjctica
Pro Gradu Medicine, doctoris.

Anno Domini
1834
De Concoctione,

Animantia omnia propria discernunt phænomena, quæ ordinatae disponuntur, et vitam constituent; primo, quod anima antibus est ordinarius sese præsertimque caloris et humiditatis legis legibus obstatuendi; 2° ræliegenas materias sue asimilandi; 3° asimilata in ordine certo componendi; 4° speciem propagandi; 5° Morte animalium simiendi. Peculiaria ca animalibus cum plantis com. mania sunt. Sed pro animalibus sentiendi et movendi facultates sunt.

In corporis structurâ, texturae diversae modificata et copulata sunt; nennula ordinem definita digesta, et in formas peculiareas figuratae sunt; eexterarum, alia alio ordinem alasque in formas. Digestiones hoc definita, formationes organicas constitutunt. Et formationes singulae forma peculiari figuratae, organismum (quod est et instrumentum nuncupatum) faciunt. Est cælique organismum suam agendi officium, quod functio quoque denominatum est.

In corporibus simplicioribus, simplicissimâ peractâ est: concoctionis organum, in plantâ radipes. Fucorum tribus, quae multis varum nunnulâ sine radice, sine organo emin distinoto sint, dare et humiditate ali ovidentur.
Ab his simpliciterum animalium structuram
organican, progressio eis sensibilis est; hcec
functiones additas certe exhibent. Ab anim-
alibus simplicissimis, alimentum per mem-
bra externa parietes sive ore manifesta
concoctionis apparatu, imbitione est. Animal-
ium proximi ordinis formatum, alibi principia
alimentaria sustinet. His superficiei interna
stomachus diffusus est; idemque in ordinibus
alitis, donec ad animalia magis organico for-
matum venimus. Animalibus principibus,
functiones distinctae concoctionem compon-
unt; eibum masticandi, deglutiendo, succendo,
acibo soluto partem alituram deligendo; qui-
bas operationis functione addenda est.

Ad concoctionem ministrat masticatio,
cupis instrumenta, varia secundum animalis
structuram et eibi genus, ad animalia om-
nia, quibus concoctionis est apparatus dis-
stitutus, data sunt. Animalia multa, os,
dentes, maxillae, musculi potentibus armata,
linguam et glandulas salivarias masticationis
organa habent. Facultas est oris, labiorum malis

formato, undique et quoque versus etsi mot-

in. Dentium et maxillarum forma et
locus valde diversi sunt. Et mirum est
quam accurate, animalium singulorum
moribus convenient, qua de causa indicia
a dentibus comperta, physicorum systemati-
(Zoolopadiis) basim faciunt. Animalibus mul-
ta animalia cibum prehent, et aliis vege-
tabilia; exterisque sicut homine sunt vitae
amb. Masticationis organorum opus est modi-
ficatione qua oibi varietate congrueret. Duo et
friginta humani dextes, in maxillaeque positi;
sunt; et homo plantis similatque carne vivit;
sic dextes humani animalium quae vegetab-
libus et, eorum quae carne vestintur, dentium
characterem participant.

Lingua masticandi et de glutendi funct-
inibus, valde utilis, tota, membranâ mac-
osta circumvoluta, musculosa, cibum pon-
endo quo facileis dentes dividant, aptipima.

Glandula salivaria etsi utrinque exist-
Parotidæ, quæ in genâ est positæ, sub maxilla-
ris et sublingualis. Saliva e glandulis per
ductus numerosos ad ost deportatur.

Organa deglutendi, lingua, Pharynx, gulaque sunt; lingua jam descripta posteriorem inter mediis palati cameris funditur pharyngi. Pars sive bursa magna et musculosa fundibulo similitus est pharynx, eaque foramen majus cum ore, et cum gula minus conjunctum est; eaqueque musculi is contrahendo, ipsam deprimere et imminuere posseunt. Gula sive Odosphagus, nomine ab orificio suo derivato, tubus musculosum et longus qui parte pharyngis insimul natus, per collum descendit, et in Stomach terminatur.

Tunicae tres distinctae habebunt primam tectam spongiosam; secundam membranam mucosam tertiarem et internam. Tunica musculosa, laminae fibrarum duas sunt, longitudinalis una et transversa altera digesta; unde sustentando et coarentando ista facultas ad hujus organi functionem minima aptata. Membrana mucosa cum cris velamine continuae, longitudinalis plicatur, plexus tamen gula distensa non vidiri posseunt:
null
Semper liquore mucusâ lubricata est;

Spallanzani in animalibus nonnullis, gula partem infimam, dixit liquorem decernere seminum liquorem in stomacho secretum.

Organorum ordine proximus est stomachus, ventriculus ipse in quo cibi consiciuntur, vel solvuntur. Videant hoc (et Celsus viscerà universim denominat, quaeque in ventre et pectore latent,) in abdominis parte superior è ine obliquè ponitur. Hominis adulti ventriculus ad octantes tres capas est. Huic sunt extremitates duæ, curvatura duæ, ostia duæ et tunicæ tres. Sinisthertum posita extremitas magna, stomaco gradatim dehorsum diminito ubi extremitas parva est. Dextra inferior est curvatura magna; margo superior curvatura parva est; curvatura parva, vix tunicë ostia ponuntur. Ostium superior et sinistrum quod gula et stomachi junctura est, cardiaeum appellatur; ostium inferior ostium appellatum, extremitas parva finis est.

Stomachi tunicarum trium externa,
membrana omnida abdominis viscera ob-

 tegens, peritoneum est. Fibraram musco-
losarum, gula fibris similitudigestarum
est tunicia media. Fibraeque longiores ad
momentum, ab extremitate magna, ad par-
va procedunt, et utrâque parte curvatura
parva corpus musculosum validumque
formant. Lamina transversa digita,
altera firmior potest quque est; hine est
quaque stomaco se curvandi, capacitatem
que minuendo potestas. Actione utrâque
que canique in viscera sent, leue agitatur
postemque ostri superiori educuntur.
Ostium
inferioris, pylorius appellatus, fibram
musculosarum, cartilaginosum est annulus,
qui, foramen, dum cibis in ventriculo solva-
entur et conficiantur, accuratissimi Claudii.
Cibus concretus fit stimulus specialis quo
solium valvae aperturam ad cibos solutos
emittendos: potestas illa fibris musculosis
peculiaris, animalium dotum mirabilis-
isme est. Stomachi tunicâ tertia, mucosa
scum tunicâ gula internâ, continua,
exerit villosion, flejibus multis, rugis
appellatis integitam. Aquâ membrana, redactus secreta, quibus haud organi
functio maxime perfecta est.

Textura spongiosa mollis, qua tenuis
complectitur, venis, arteriis, nervisque
confertissima; quâ de causa Homachius mag-
num sensibilis, omnium peractionum cor-
poris particeps, et simul cum organism quis-
guis mutuo affectus est. Immo quatenus
ubi

Viscera chylofacientia, jecur et pan-
creas, auxillaria intestina parva, pri-
cipia sunt. Intestinum totum, tubus
longus et sinuosus est, ab Stomachi os-
tio inferiori ortus, in anus terminus,
semper eandem longitudinem et capaci
tas animalis
uniuscellaeque eibo ad aptae; breviore in
animalibus carnivores, sed in eis, quae herbiv
vescuntur longiores capacioresque. In viro a-
dulto corporis longitudinem despar, in infantibus
decies est. Intestina in majora minusque divisa;
Intestina minora, sive lactes, tunicas habent; quae ut in stomacho, ductas digesta sunt; tunicae mucosae tamen orebro et transire plicata, valulas conniventes, format; Quo tunicae superficies magis diffusa magis per spatium cibum conceptum lactiferorum vasculorum oribus consort. Lactes in partes tres divide, duodenum, jejenum, et ilium: primum et capacitate ventriculum alterum appellatum et ceteras firmius ad corpus alligatum est.

Tunicae mucosae magis rugarum forma quam valularum conniventium plicatur; firma et valida est tunicae mucosae; duodenum, intervallo digitorum tium erat subdulce, ab ostii stomachi inferiori, ductae communi choledoco, et ductae pancreatis, perforatum est. Hic appareat, lacteum ora non numerabilia incipient. Enim succo alimentario, chylo, in duodeno facto, juxta et ilii officium est, spatium ad succum illum absorbendum, extendere; qua re membrana mucosa valerid conniventibus et oribus absorbentibus consortim confusa est.
Pancreas, parte abdominis posterioris et superiore, inter ventriculum et vertebrae spinales est glandula, que liquorem, succum pancreaticum vocatam, ductu distincto secernit. Sequae glandularum maxima, liquorem peculiarem, blem denominatam, secernit. Liquores ambo, ductibus propriis ad duodenum deponentur.

In visceribus excretionis vel intestinii magnis divisiones tres sunt: Cecum, colon, et rectum; Cecum ab Ile parte inferior orsum amplificatione subita, etiamque membrana mucosa plicaturæ, e inquire sed non sordes experimentum sinente, distinguendum valvulae, ut locum indicat, ubi intestinorum minorum functiones et sunt. Discrimen magnum et physicum inter has duas ulteri alimentarii partes est, quod in intestinis minoribus success alimentarius et ductus absorptus est et per intestina maxima expetente exportata sunt. Horum formatio ad longissimam teneendas et tempus et temporebusque ordinatis feces expellendas adaptata est.
Conceotionis in homine animalibusque propinquis organa descripsisseae, sed digestiones illius modificationes alie animalibus cibos alios de pastcentibus sunt; enim animalibus herbis pastcentibus quarnm copiam nana alimentem parvam prope stomachi divisiones quartae sunt. Pabulum sine modificatione deglutitum in divisionem primam vel panticem transit, hinc ad reticulum dividionem secundam; nunc valde mollitum ad os, ut masticetur rursum redit; postquam masticatum sit gulas descendit et in divisionem tertiam, omasum transit, et quo in abomasum vel divisionem quartam, stomacho hominis in struc-tura et functionibus simile, evenit. Abus caruem pastcentibus stomachus membranaeaeus est; aequaeque granis descendentur mutue eulosum habens stomachum cuius fibis vis et potestas magna est.

Organza supra descripta conceptionis stirparatum constituant, nunc opertet organorum
contemplarum functionem; quas ut explicamus
primum conceptionis phænomena insigniera
considerabimus, et deinde aliquorum medic-
orum sententias monstrabimus.

Conception actio est quia alimentum
qui busdam mutabilitatis subiectum ad
corpus alendum aptatium et alatum sit.
Solidorum conception et liquidorum inter se
diferent, alimentum solidum, ets receptum,
saliæ mixture maceratamque dentibusque
comminatam, per organa deglutiendo, haustur.
Hoc postquam in mixture pulposam, que
chymus dicitus mutaturum prius ad duoden-
um egreditur; ubi bilis et succe pancreatici
acceptione in partes duas disjunctum est. Pars
una succe alimentarius dicit chylus, altera
facula vel excrementum corpore spicaculam.

Hasticatio conceptionis function prima,
mechanica est. Prius non ventriculum inque=
dituribus, quam mollitas comminutisque
sucet. Membrana que ora integis, copiam
magnam, folliculique mucosi, et glandula sal=

Plerique opinati sunt salvam plurimum
care in cibum preparando ad concoctionem,
sed experimentis medici illicit philosophi
Beaumont compertum est quod salivâ non
esse nisi ad deglutitionem.

De glutiente mechanicâ non, sed functio
vitalis est; ideo non sua ponderâ decidit, sed
fibrarum musculorum vi compulsus in
asophagum descendit. Actio ista priâ facie
simplex et facilis, prosecto multum complì-
clâ est. Enim ad illam perspicendum mut-
acid plurimum et organorum multorum
contentu quid est. Quando masticatione cibus
satis preparatus lingue actione transmit-
itur ad pharyngis masticium, a quo
sublato et muscularis propriis expanso, accipitur
nunc a pharynge contactûs stimulo conhas-
tâ, in gulas per lubricatam inire compellitæ,
per gulas expansam et decide contractam
coactus ad stomachum persever.
Cibus quem stomachum intus et
extemitatem maiores progradit ut hi sten-
usipsum perfectum est. Experimenta a medico
W. Phillips tentatis, stomachi extemitatem
cardiacum in animalibus post eibum captum
subito maotatis interdum persolutam esse
docuerunt. Alimentum a circulo ad cen-
trum solvitur et quanto parietibus propinquias
tanto citoius perfectum est. Cibi novissimi
temper in mape centro, cum prioribus non
commixtis inveniuntur; partis alimenti que-
ceunque soluta nunc ad extemitatem min-
orem leviter adventus; et status externi quum
soluta essent per sytenum poneores propelluntur.
Sed stomachi succus solvens adiit massam
totam pervadit ut quando status externi soluta
sint eibum etiam cunprendi solutus Cibus
ui contacte cum succo gastico percutitus,
istanter solvi capi. In tempore, ab horis una
ad horas quinque, differente, omnino persicitat
Animalibus nonnullis tempore longiore opus
est: Alimentum in stomacho perfecte solutum
chymus vocatn.

Chymus, pulposos, cineraceus et pere liquidad, odor acri, et gusta acerbo sodem per totam massam genere, sed specieitate varioque colore. Gradatim ad extremitatem minorem compludeat cica ostium inferior. Et copia necessae est quodam prorsus accumulatur quam expecto potest; Copia plenunque est ad unecias sub vel quaedam. Pylori potestatem propriam solum chymo concedere supera memoravimus. Et enim, si ad ostium inferior um cibi insoluti par aliquas adiret, doloris sensus creabitur; Sed cum chymus copiae necessaria praeparatus sit, Stomacho eire statim tinctur duodenum inere; ibi cum bibi succoque pancreatico consistente mistus indignitati mutatur. Brevi vit de ad partes sepunctas, quorum altera liquida alba de massa segregata, et success alimentarius, vel chylus sit; altera non alimentaria sed excrementi faculentum, pulposum, flatum, intestinis majoribus per annum excorpore espiandum.
Ambo per lactes pro vehementer: chylus jam
sanguinis facultatem insignem habet, sive
ad tunicam intestini mucosam adhæret, corq-
ulationis phænomenum exhibetque. Rem ali-
imentariae cum tunicâ mucosâ contiguam
esse oportet, ut eam lacteales absorbentes sp-
sciperent. Chylus gradation absorbptus tunc
escit prius quam ad intestina majora ad-
venire potest.

Ad fluidas non, quae ad solidas parandas
functionibus, opus est. Liquida ræque tempore
longo in ventriculo manent ræque cum
dueco gastro miscentur: Medici Tordmann
et Gymelius qui rem iam indagaverē, liquida
ab stomachi vasculis absorpta et ad juur pro-
pecta, per viscus hœc circulata esse, precide
declarant.

Sententiae variae, vetustâ niovioresque,
concoctionis naturam explanare, sunt.
Explanatio experimentis plurimis sustentata,
est ibum modis chymiciis solvi.
Stomachus liquorem peculiarum secur-
rit, qui acido mariatico abundat et cibi sol-
utionem paraagit. Spallanzani et Stephens
viri claris atque illustres experimentis suae
cibum solvendi facultatem esse stomachi
liquoris exacte demonstraverunt; quod et
Beaumont ille nostri confirmavit. Hughes
fluidi facultas non ad molliam rerum
neque ad texturam teneram pollet. Namque
res duras et tenaces siliceae membranam et
cartilaginem liquor stomachi facile solvit.
Iam etiam fœicum tunicas teneras, lini, et
gassijii fibras delicatissimas solvere non po-
stit. Liquor Gastricus putredinis obstitente
potestatem habet. Enim Spallanzani in
silicis duabus, alterâ aqua plenâ, et
liquoris gastrici alterâ, carnis portiones in
temperieque eadem posuit; tempore post brevi
carso in aqua putredacta erat; quae in stomachi
liquore posita, partim soluta, partim aliter
in ipso stomacio fructus. Vide quoque faculta-
tem ipsum peculiarum extra corporis habet.
Haud dubium itaque e hymnum a liquore
in stomacho secento omnino perfectum esse
stomachus ut liquorem hunc decernat, salutem
tene se habere debet. Animalium tribus
multae et magna sunt; quae animalia solum
conservant.

Tribus alie longique majores et hominis
utiliores, vivere videntur, ut vegetabilia in an-
imalia convertant, quae eibum animalibus
structurâ exiguntur praebètur. Duo-
modo rei inanima in plantas, solum modo,
planta in animales convertuntur, ut animal-
ibus eodem conceotionis functio expeditior sit.

Particulâ plantarum ultimâ simplicia
fide, et animalium multa esse; particular
quad proportionibus varie conjunctâs anim-
alam et plantarum proxima principia stare
dupra dictam est. Ex vegetabilium principiis
proximis quae alimenti reddunt plleximum ea
tunc gluten, copiosè et farina, maxime in
fructo viventa; deinde saccharum et oleum
aliaque alimenti aliquod praebent.

Animalia cibi unico isto besecuntur generis quod ad structuram et moris aptatum est. Sed suprema animalium omium hominis cibis mixtos opus est. Medicus Stack qui experimenta usque ade extendit donec Studiis peritius cibi speciem non esse demonstravit quae unica corporis vigorem vel vitam ipsam dii sustinere possit. Verum est hoc etiam de animalibus domesticis normellis. Fortiter cibi unius generis.
usus longus et perennis stomacho sic
inertiae facit ut cibus quaevis aliment-
tarius, solvi non potest.

Carum generum variorum quid facilimè
coqutur; spectum fuit; caro porcina citius
quam cetera concoquì compertæ; deinceps or-
dine ovina, vitelina, post hemoque caro bubula,
fuerunt.

Homo integra valetudine adultus
bis, si valetudinarius quater vel quinquies
de die cibum sumere oportet. Enim stom-
achus debilitatis plerumque cibum facilius
concoquit, quem sapit et modicum accipit.

Per infantiam et sueritiarn stomachus sibi-
um citius concoquì sapit quoque postulat.
Enim suppeditatione rerum copiosae quid
est corpus adaugens ad constituendam.
Exercitatio modica sub dio stomachum acut
nil autem magis cibi appetientiam et stom-
achum ipsum, quam occupationes sedentaria
in opus vel solutos, et domiciliis male ventilatis,
infectum est. Tamen multi huic modicitam
agere condemnantur, quibus vultus pallidus
membranaque tabescens nimirum planè
consectaria pestima visicant. Fama,
opus, scientia licet aquirantur, sed
fructus etiam illi pròtio mástíspimo
comparantur; organis illis deletis sine
quorum sanitate, corpus neque otium vel
voluptatem possidet.

Carleton & Sansi.
அந்தாடு விளையாட்டு கருவிகளைப் பிரதிநிதித்துக்கொண்டு விளையாட்டு செய்யவும் தொடர்பட்டு விளையாட்டு செய்யப்பட்டு விளையாட்டு செய்யவும் விளையாட்டு செய்யவும் விளையாட்டு செய்யவும்

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பொருளாதார விஷயங்கள்