

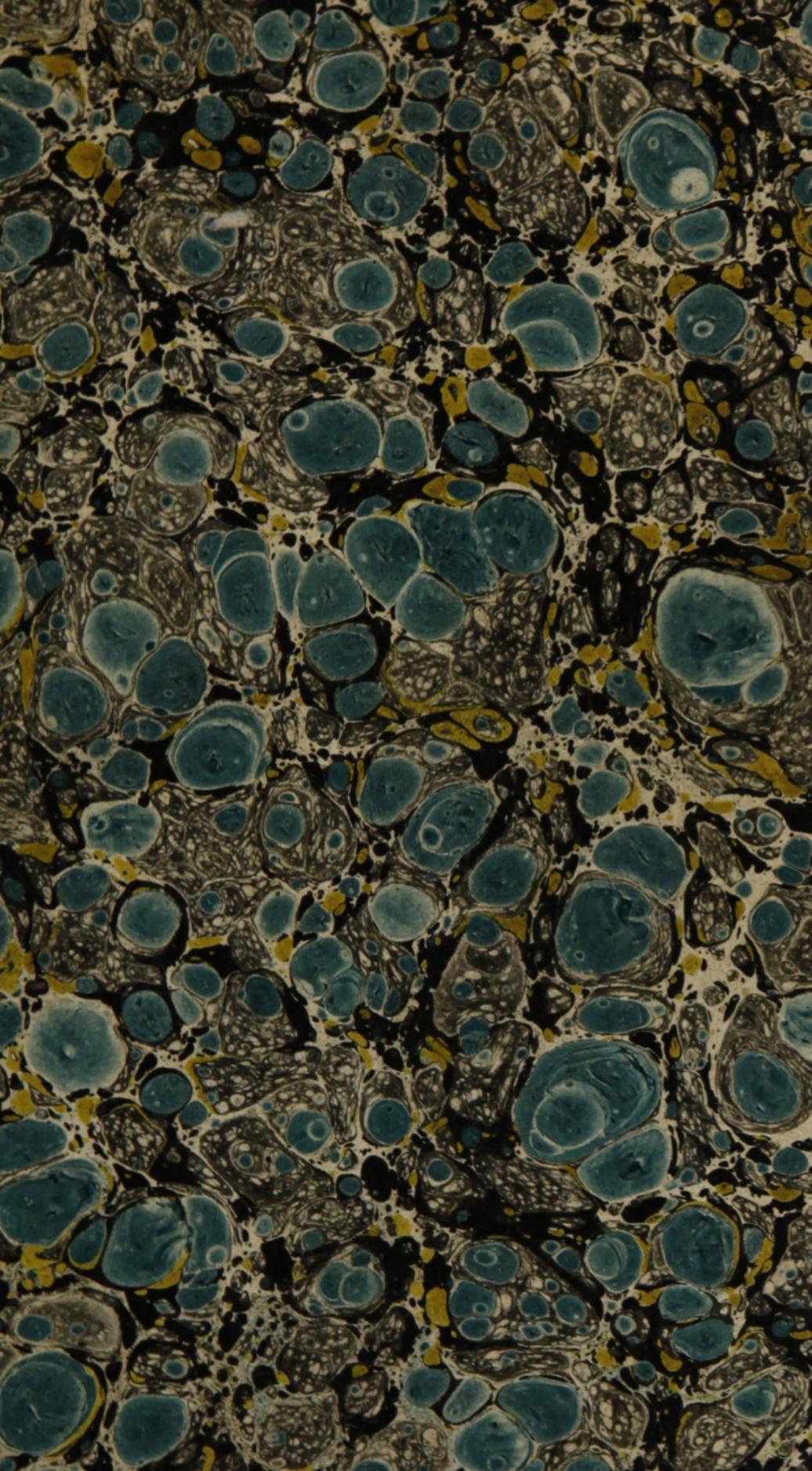


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CASES AND OBSERVATIONS;

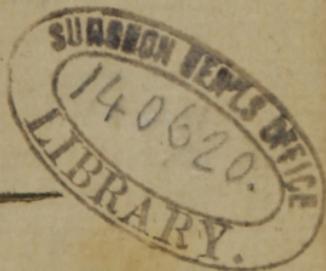
BY THE

MEDICAL SOCIETY

OF NEW-HAVEN COUNTY, IN THE

STATE OF CONNECTICUT,

*Instituted in the Year 1784.*



*New-Haven: Printed by J. Meigs, 1788.*



# P R E F A C E.

**A** number of Physicians in the city and county of New-Haven, stimulated by the importance of the object, and the laudable example of the faculty in the various nations of Europe, and in some parts of America, formed a society in the year 1784, for the purpose of improving themselves in Medical knowledge.

The cases and observations, which have been exhibited to the society, are given to the public, in the following sheets, who it is hoped will regard with a favourable eye, the first essay of this infant institution. All attempts to improve a science which is subservient to the dearest interests of humanity, must meet the approbation of every benevolent mind. Attempts of this nature are particularly necessary, and must be peculiarly useful in an infant empire, where the seeds of science, though widely disseminated, are but just beginning to germinate. Their future growth and increase depend on the care and attention with which they are nurtured. To excite others to this laudable and salutary work, is one principal object of this publication. It has not we presume proceeded from incapacity, or a criminal inattention to the interests of humanity that the faculty in this country have hitherto contributed so little to the general stock of Medical knowledge. In a widely extended country, at a distance from each other, it has not been in their power to unite their efforts in this noble pursuit. The late war brought many ingenious and learned Physicians together from all parts of the continent, and the army formed them into a temporary society, whose unreserved communications have contributed to the  
improvement

improvement of medical knowledge, and the establishment of a new and important æra in the healing art. By this mean the faculty have become more sensible of the importance of uniting their endeavours, and several Medical Societies have been formed in different parts of the United States. Should similar institutions become general, and permanent, there is reason to hope that Medical literature will soon be in as flourishing a state in this country as in any part of Europe. A spirit of emulation will take place, sloth and ignorance decline, and the art appear with dignity and lustre. Should this effort of the society contribute in the smallest degree to effect those desirable ends, it will afford them ample satisfaction for their labour.

This society was formed on the most liberal and generous principles, and was designed first to lay a foundation for that unanimity and friendship which is essential to the dignity and usefulness of the profession; to accomplish which, they resolved secondly, to meet once in three months: thirdly, that in all cases where counsel is requisite they will assist each other without reserve: fourthly, That all reputable practitioners in the county, who have been in the practice for one year or more, may be admitted members: fifthly, that they will communicate their observations on the air, seasons and climate, with such discoveries as they may make in physic, surgery, botany or chemistry, & deliver faithful histories of the various diseases incident to the inhabitants of this country, with the mode of treatment and event in singular cases: sixthly, to open a correspondence with the Medical Societies in the neighbouring states and in Europe, for which purpose they have a standing committee of correspondence: seventhly, to appoint a committee for the purpose

pose of examining candidates for the profession, and to give certificates to the deserving.

In pursuance of these resolutions, the Society have punctually attended their meetings, examined and approved a number of candidates, many of whom bid fair to be ornaments to the profession: and of late they have made some advances towards the establishment of a fund, which promises permanency to the institution.

Any communications which may tend to the advancement of the science, from gentlemen of the faculty in other parts of this and in the neighbouring states or elsewhere, will be thankfully received, and such as may be deemed worthy of publication preserved for a future volume.—Such communications may be sent to the Secretary\*, or any other member of the Society, by whom they will be exhibited to the Society, and lodged on their files for future use.

New-Haven, June 14th, 1788.

\* DR. SAMUEL DARLING.

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## CASES and OBSERVATIONS.

*A Singultus (from an adhesion of the Liver to the Diaphragm) proving fatal. By Dr. Samuel Nesbitt. Read to the Society, 3d May, 1784.*

ON the 4th of October, 1783, I was called in council with Dr. Eneas Munson, to visit Polydore, a Negro servant of Capt. Trowbridge of this city, aged 26; his symptoms were, a fixed pain under the Cartilago Ensiliformis, a sense of fulness at the pit of the stomach, with dyspnæa, and very frequent hiccup that was violent, and affected greatly his pulse, so as to produce the true faltering, or interrupted pulse, he had no cardialgia, nor disposition to vomit, only an eructation, arising from the spasms of the diaphragm; he had been attacked twice with the same disease, in the course of the last twelve months, previous to the present. In the former attacks, Absorbents, Correctors, and Antispasmodics, had been tried to little purpose, the disease spent itself gradually, and the Singultus wore off, in proportion as the patient grew weak. Perhaps the tension and inflammation, gave way to relaxation and resolution; but I make no doubt, left an adhesion of the Liver to the diaphragm, from the first attack; which might gain ground as the disease recurred, and I think it may be warranted from this circumstance of the patient's being uneasy in the intervals of the recited affections, with that sense of fulness

fullness, at his stomach, and disturbed respiration.

From the history of the disease, previous to the 4th of October, and the Symptoms now subsisting, Dr. Munson and myself were of opinion, that an inflammatory affection of the diaphragm and liver was deducible, and that the stomach and other viscera were not affected. We adopted the antiphlogistic treatment, blood drawn and repeated, was fizy and cohesive, the serum strongly impregnated with bile, correctors and antispasmodics were given to temporize, epispastics over the part affected were applied, and after a course of three weeks attendance (the symptoms gradually abating) the disease gave way, so as to leave the patient apparently well, except that sense of fulness at his stomach.

On the 27th of March last, the patient called on me, complained of a head-ache, and of being much pressed at his stomach, his pulse moderate, and no return of hiccups. I prescribed a cathartic, and heard no more of him, until the 29th of that month. When I visited him, he complained of head-ache, an uneasy breathing, with a small frequent cough, the old sense of fulness, but no pain or hiccups. I let blood which was florid, but not fizy nor uncommonly cohesive. I prescribed an emetic which operated gently, but excited no spasms nor additional uneasiness. The 30th the head ache was encreased and some degree of fever. I prescribed a bolus of five gr. merc. dulc. to be worked off with salts and manna.

On the 31st he seemed relieved, head-ache and symptoms abated. April 1st. found him no worse, only prescribed the dulcif. sp. of Nitre, and diluents. The 2d of April, he complained more

of his head, and that the room was dark, his fever gone, and pulse rather small and interrupted; but as the day was stormy, and the room he was then in was a dark room, I did not apprehend a failure of vision. The 3d his complaints the same, and evident that vision was affected, attended with a degree of stupor. I applied a large epispastic to the nape of his neck. And on the 4th repeated the purge with the calomel, which not operating kindly an enema was given. On the 5th I found him totally blind, and so insensible as to afford no satisfactory answer to any of my questions, his pulse feeble and oppressed, accompanied with a subsultus tendinum. I gave him four portions of the factit. cinnabar, a scruple in each dose, once in six hours. On the 6th I found his sight a little restored, and more sensible, tho' still incoherent in his answers and observations. I was favoured with Dr. Eneas Munson in council this evening; we agreed to prescribe an infusion of the valerian, and to repeat the next morning, the mercurial purge; it did not operate. On the 7th we met in council, ordered the repetition of enemmas, the purge not having operated; On this day the hiccups came on gradually at first, and with a constant eructation of a frothy mucus from the lungs and stomach. An anodyne was given this evening. On the 8th I found him much distressed with an increase of the hiccups, and a continuation of all the other symptoms; In the evening I prescribed two anodynes, one to be given h. s. alter in four hours, if the hiccups were violent. On the 9th his symptoms much the same, with the addition of a strangury and retention of urine, through the whole of the night and day; I prescribed an emollient fodus to the pubis, and a decoction of the cooling seeds and

roots,

roots, proposing to use the catheter in the morning if he was not relieved. On the 10th found he had passed urine freely in the night, the strangury in some measure abated, the hiccups violent and almost incessant. I prescribed antispasmodic bolusses of camphor, opium, and gum assafætida, to be washed down with infus. valerian; the hiccups were incessant, and the eructation so violent, that he spouted up every part of drink or medicine, as soon as he attempted to swallow, altho' he manifested no aversion to any thing offered him. On the 11th, he was evidently growing worse, altho' the hiccups were not so violent, yet were they as incessant, with delirium, subsultus tendinum, and a trembling pulse. On the 12th having passed a very restless night, the eructations and hiccups continuing, but less delirium; he complained of a burning heat in his belly, from which a mortification of the viscera was apprehended. On the 13th in the morning he died, nor did the hiccups entirely leave him, until he breathed his last. On opening the body, in presence of Drs. Hubbard, Munson, Darling &c. it appeared as follows; the omentum adhered strongly to the peritoneum and intestines, so as not to be separated without great difficulty, the fat of the omentum was entirely wasted, so as to be a mere parchment, except small vesicles of fat, interspersed over it, and gangrenous. The intestines only appeared to view, occupying the place of the stomach and liver, and strongly drawn up to the diaphragm; the intestines were interspersed with mortified spots, and adhered to each other by their external coats. The vesica urinaria was high in the pelvis, and distended with urine. The stomach appeared sound, but drawn out of its place by the spasms, lying under the arch of the diaphragm,

diaphragm, and pressed down under the advanced intestines. The liver adhered strongly to the diaphragm, so as not to be separated without tearing, and pressed out of view under the arch of the retracted diaphragm. The anterior and convex part of the liver adhered to the diaphragm, so as to be almost inverted, and also adhered strongly to the peritoneum below. The vesica fellis was small, shrunk, with a small quantity of bile, and adhered strongly to that part of the duodenum to which it lay contiguous, and not to be separated without laceration. On opening the thorax, the heart and its pericardium, was found lying (or rather pressed by the contraction of the diaphragm) across the thorax, with its apex to the left, and its top or auricles to the right; there was no fluid contained in the pericardium, the heart was about double the usual size, and the vena cava and aorta greatly distended. The left lobe of the lungs was not to be seen until the heart was drawn aside, being pressed down to the left side of the vertebræ, adhering strongly to the pleura; neither lobe appeared otherwise diseased. May I not, gentlemen, from the history of the case, and the appearances after death, be authorized to say, that a primary inflammation of the liver and diaphragm, was the proximate cause of the whole train of symptoms, and preternatural appearance of the abdominal & thoracic viscera, that the Singultus originated from the heat of an inflamed liver, and its adhesion to the diaphragm, that the dyspnæa and cough, were occasioned by the great spasmodic contraction of the diaphragm, disturbing respiration; the heart's position and size, also, would naturally produce dyspnæa, a tickling cough, &c. May we not very readily deduce the head ache, and loss of vision, delirium &c.

from

from the position and pressure of the heart, as thereby the entrance of the blood by the vena cava, was greatly obstructed, and its exit thro' the pulmonic arteries and aorta, by the præternatural curve of those vessels greatly interrupted, from whence might arise and subsist, those affections of the brain so manifest in the last accession of the disease.

The great and præternatural enlargement of the vena cava and aorta, prove the increased resistance the blood met with, both on its return to and from the heart. How necessary then gentlemen is it, rightly to distinguish or develope, the true source of a singultus, as it may arise from various causes; I mean not that singultus, which is an attendant on death, and is irremediable from the nature of the case. An acrimony in the stomach, irritating the nervous parts, will produce a hiccup, originating from the same cause as the cardialgia, and removable on the same principle, by absorbents, &c. But a singultus attended with pain at the pit of the stomach, or accompanied with pleuritic symptoms, denote an inflammation of the diaphragm, and may be strictly accounted a pathognomic symptom of it. Here it is apparent, that absorbents and correctors will remove the one, while the lancet and antiphlogistic regimen only is capable of effecting the other.

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*Case of a Puerperal Fever, successfully treated with the Bark. By Dr. Elnathan Beach. Read October 13, 1785.*

**A** Woman aged twenty-one, of a sanguine habit, on the 19th of March, 1784, became mother of a living child; her labour was ea-  
 sily,

fy, natural, and every circumstance favourable. On the evening of the 23d, I was called—found little or no fever attending; but great pain in the abdomen, accompanied with a violent diarrhæa, which had been of some days continuance; the lochial discharge irregular, the skin dry. I gave an opiate, to abate the severity of the pain, and to correct the diarrhæa accompanied it with Rhubarb. This had the desired effect, and she rested well the succeeding night. The next morning I found her in a free, gentle perspiration, and without pain, except what was occasioned by the operation of the purge. Upon these symptoms of amendment, I left her, and did not see her until the 26th; when I found she had been attacked with rigors, which were succeeded by heat, thirst, and fever, together with excruciating pains in the abdomen,—extending to the uterus, with a reddish streak on the surface, spreading itself to the umbilical region, with other symptoms of an inflammation of that viscus. I prescribed the common antiphlogistic remedies, as evacuants, cooling febrifuges and aperients, together with epithems, cataplasms, and injections; which course was persisted in until the 30th, when I found the streak before mentioned was extended over the whole abdomen, and changed from a redish to a cineritious hue, the pulse small, the countenance pale and wan;—the part affected almost insensible to the touch. I directed to the use of the bark in decoction, acidulated with elixir vitriol. The next morning, the 31st, found the disorder greatly increased, every symptom pregnant with danger—the abdomen almost covered with livid vesicles, the interstices of a negro black, with a total insensibility

sensibility of the part, copious discharges, fani-  
ous and fetid, from the uterus. The countenance  
dejected and ghastly, the voice indistinct, pulse  
weak and intermitting. The case being thus al-  
arming, Dr. Andrews was consulted, we agreed  
to make a thorough trial of the bark, and direct-  
ed it to be taken in substance and decoction, ac-  
companied with some alexipharmics. She took  
 $1\frac{1}{2}$  ounces a day, besides the application of a  
strong tincture externally, together with injecti-  
ons; and in a few days a desquamation of the  
cuticle took place, the lividity disappeared; her  
strength gradually returned, and by the beginning  
of May, she acquired her former health.

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*Two Cases of difficult deglutition, from extraneous  
bodies lodged in the Gula. By Dr. Abraham  
Tomlinson. Read October, 1784.*

**M**R. Joseph Smith, of Milford, aged 70  
years, eating pieces of hard salted flesh,  
without sufficient mastication, (his teeth being  
gone) a piece lodged in the gullet. Sundry me-  
thods were tried, by a gentleman of the medical  
profession, to remove it, but they proved ineffec-  
tual. Nine hours after the accident I was called,  
and found him exercised with pain, and a tumour  
in his throat. I first prescribed 2 or 3 spoonfulls  
of warm olive oil, to lubricate the parts; then I  
ordered him to drink some warm water, with a  
view to excite a nausea and vomiting; this had  
the desired effect, the flesh being ejected by vom-  
it in about 32 minutes.

CASE

JONATHAN NORTHRUP, of Milford, aged about 26 years, eating some beef and cabbage, swallowed a scale of beef bone in the cabbage, of a triangular figure, of more than one inch in length, from the base to the point: the point of which as well as the sides, were thin and sharp. This bone lodged in the gula, between the upper end of the sternum and pomum Adami. The situation might be discerned by feeling with the fingers, on each side of the trachea. This case was attended with tumour and extreme pain.

In this distressed state, Mr. Northrup made application to sundry gentlemen of the faculty, who tried various methods to relieve him, among the rest a pair of long, slender, curved, crane bills, were introduced; with a view to extract the bone; but all to no purpose. Twenty-four hours after this accident Mr. Northrup applied to me. I made use of the method prescribed in the case of Mr. Smith; but it had no effect.

I then made a solution of four grains of tartar emetic, in warm water, which he drank, and in about fifteen minutes he brought up the bone by vomit, and was effectually relieved.

As it is one of the known laws of hydraulics, that fluids when pressed, press undequaque; the application appeared plain to me in the recited cases; for I considered the gula to be a flexible, cylindrical tube, which by means of its muscular fibres, may be contracted or dilated. I also considered the great force of the muscles employed in the action of vomiting; whereby the fluid contents of the stomach are forced through

the upper orifice, into the œsophagus, in a full stream; there meeting with resistance from the offending body, will expand the gula, and being urged on by the impetus of the fluid, will overcome the resistance and bear away the offending matter in the torrent of water by the mouth.— This, in fact, was the issue of the two cases above.

I am persuaded that the same method may be used with success, in almost every case where the patient can be prevailed with, to drink a sufficient quantity of water, or other liquid.

I could add more similar cases in confirmation of the practice, but perhaps the foregoing will be sufficient.

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*Case of a fractured cranium, successfully treated.  
By Dr. John Spalding. Read before the Society  
October 13th, 1784.*

ON Saturday the 21st of August, 1784, I was called to visit a son of Mr. Erastus Bradley, of this Town; aged seven years; who fell from a tree upon a stone wall, and fractured the right os parietalia. I arrived about half an hour after the accident, found a large wound through the external integuments and a considerable hemorrhage from the wound; upon introducing my finger found the fractured bone depressed and compressing the dura mater; the child being delirious and much convulsed. Finding no prospect of relief but from the trepan, I proceeded immediately to the operation: having denuded the cranium sufficiently to admit the trephine, a hemorrhage ensued, rendering a delay necessary until the

the arteries were secured by ligature; then began a perforation on the sound part of the os bregmatis, near the os frontis, a little to the right of the sutura coronalis, then introduced the elevator, with which I raised some small pieces of the depressed bones, and took them out: but could not raise the largest, so as to disengage it from the under part of the sound skull; finding it necessary to make a second perforation, I applied the trephine on the os bregmatis, back of the former, and introduced the elevator, with which I disengaged the fractured piece, and took it out with my forceps, laying the dura matter bare the extent of the fracture. Then proceeded to dress the wound, after which I perceived the child had fainted, by reason of the tediousness of the operation and through the loss of blood; I ordered a little spirits of lavender to be put into his mouth, fresh air to be admitted, and his extremities rubbed, we soon perceived life in him, and he began to breath and stir his limbs.

In the evening I found his pulse a little quickened, ordered him an enema, he appeared to be very restless but a little more sensible. In the morning he came to his reason so as to speak and take such nourishment as was prescribed.

In the evening of the 22d found his fever had increased, prescribed a gentle cathartic, and in case it did not operate by morning, to assist it by an enema. He being drowsy all day, could hardly be persuaded to take any thing.

The 23d found his drowsiness and fever had increased; gave him some febrifuges & ordered his dressings to be kept wet with spirits, in order to facilitate the removal of the dressings next day.

Visited him the 24th in company with Dr. Munson——found his fever and stupor abated;  
dressed

dressed the wound: every thing appearing as favourable as could be expected.

Visited him the 25th in company with Dr. Beardley; dressed his wound, there being very little discharge, we prescribed a gentle cathartic; and after its operation the Bark in decoction.

On the 26th with Dr. Munson; the wound had come to suppuration, as the denuded part of the bones, now changed to a dark hue. We ordered a more copious use of the bark, and the wound to be continually wet with spirits; he was now perfectly sensible.

On the 27th dressed the wound, found a laudable discharge, and his fever moderate; ordered a cathartic, and the bark to be suspended during its operation.

On the 28th with Dr. Munson, dressed his wound, the dura mater began to slough, with a proper discharge from the wound; some small pieces of bone being loose.

On the 29th, found he had past a very good night; sat up to have his head dressed; the wound discharged plentifully, and every symptom was in his favour.

On the 30th removed two small pieces of bone, the wound discharged freely.

On the 31st dressed his wound; no apparent alteration, only a little more active and chearful.

September 1st the wound beginning to incarn, since which he has daily mended, and is now perfectly recovered.

CASE

*Case of a Gangrene of the Scrotum, Read January,  
1785.*

**M**R. S— H—, aged forty years, a temperate man, and of a good constitution, by profession a shoe-maker and tanner, was seized with an intense pain in the glands of the left groin, on September the 19th, 1784, for which a plaister was applied, formed of the oily dirt which swine leave on fences after rubbing.

September 20th. I was sent for, and the messenger told me that the pain was intolerable; but I was engaged another way, and concluding that the disorder would subside with an anodyne, I sent him one.

September 21st. I visited the patient, and found him in a high fever; the scrotum and penis greatly tumified, and of a livid colour; I immediately opened a vein, and took away seventeen ounces of blood, which was as buffy as is usual in a violent pleurisy, with very little serum; I ordered a fomentation of bitter herbs boiled in water, to which was added rum. After using the fomentation, I applied a cataplasm of white-bread, milk, and white rose leaves, and I ordered him to take a few doses of camphorated nitre.

September 22d. I found him still under an high fever, and took twelve ounces more of blood, which was less buffy than before; the parts affected now appeared to be in a state of mortification, black, and insensible to the touch; I scarified the penis and the scrotum in several places, without giving pain to the patient, and then applied strong spirits and the cataplasms as before; gave him a table-spoonful of the cortex peruv.

peruv. and ordered him to take a like dose every two hours, to be washed down with a strong decoction of the same, with the addition of red rose leaves.

September 23d. The tumour and inflammation were much abated; he complained of a pain in two of the fingers of his right hand, on which I observed tumours much inflamed, of a ripe cherry colour.

September 24th. The carpus of the same hand tumified and inflamed, and of a livid hue: I continued the same prescriptions, with the addition of an emollient clyster.

September 25th. I found his pulse low, with great faintness and dejection of mind, apprehending that death would soon close the scene. I ordered him some wine, which raised his spirits and abated his gloomy apprehensions; and continued the dressings as usual. I opened a tumour on his wrist, which discharged purulent matter.

September 26th. I requested the assistance of my friend Dr. Nesbitt. We found the patient under a high fever, and bled him the third time, though we considered the case almost desperate; we continued the bark, with the elixir vitriol, which was given with the utmost freedom, without any regard to the fever, as we judged it essential to the patient's recovery. In three days came on a digestion and separation of the mortified parts, which by degrees were removed by the knife; we dressed the ulcer with dry lint, sometimes making use of the spirits and the common digestive, till the whole of the scrotum was taken off, leaving the testicles uncovered with the prostatae glans; after the scrotum was sloughed off, the state of the juices was so acrid as to destroy

two other coats, the cremaster and the tunica vaginalis, which digested, and also sloughed off, leaving the tunica albuginea in a sound state: he had violent pain in the testicles, and there was reason to suspect suppuration; when pressed with the finger the parts were very elastic, which induced us to think that there was matter contained within: accordingly, we made a small puncture through the tunica albuginea, but the discharge was only a bloody serum; we continued the same treatment; the testicles suffered the same very painful sensation for several days, and we concluded that matter was formed in them, and opened one of them to its centre to ascertain it, but found only a discharge of bloody serum; the wounded testicle was dressed with a digestive, and healed in a few days, at which time the surface of the testicles next the perinæum began to granulate and heal very fast, and caused an adhesion, or union of the testicles, from each extremity, which now resembled a twin peach or apple; the spermatic chords suffered a great contraction, and the testicles adhered closely to the perinæum, and cicatrized favourably.

The preputium was entirely taken off the penis, the muscles were diseased, and partly destroyed, the urethra was left without a covering, but the bulb or glans was not affected; a covering however, gradually formed over the body of the penis, but less smooth than before. Soon after the discharge from the mortified parts abated, he complained of a pain in the left side of the abdomen, which extended up as far as the short ribs, it was here tumified and inflamed; whereupon we ordered that part to be fomented four or five times a day with warm spirits, and the inflammation

mation and swelling soon disappeared: two or three days afterwards a pain came on in the right side, extending as it had done on the left; we applied the spirits as before, but without effect; we then ordered the application of a cataplasm, which soon brought on a suppuration; we perforated the ulcer, and it discharged a large quantity of pus, which continued more or less for ten days; the patient remaining feeble and greatly emaciated with fever; we ordered a decoction of barley with figs, sago, falop, and panada, (gruel had been his usual diet, with a little wine) and he continued recovering for the space of ten days, when he was suddenly seized with a pain in his bowels, succeeded by a fetid diarrhoea: in twenty-four hours he was greatly reduced, frequently discharging two or three ounces of purulent matter, attended with a bloody mucus; we gave him lenient purges, such as senna, manna, and a solution of gum arabic, in barley-water; clysters prepared with a decoction of the bark and red rose leaves were frequently administered; these in a few days gave relief, and the matter of the internal ulcer being discharged through the rectum, the patient recruited every day, and on December the 5th, 1784, was able to attend his former business.

In forty-nine days he took fifty-eight ounces of that sovereign medicine, the bark, which seemed to contribute in a great measure to his perfect recovery.

*Case of a locked jaw successfully treated by electricity.  
By Dr. Eneas Munson. Read to the Society,  
April 6th, 1785.*

**J**JANE HARRISON, a servant maid, aged fourteen years, of a strong and good bodily habit, on the 17th of February last, voluntarily threw herself out of a garret window, feet foremost, which gave her such a violent shock as to deprive her of her senses. She was immediately taken up, and many attempts made to bleed her, but it was with great difficulty that about twelve ounces of blood was obtained. She remained in a state of insensibility during the day and the night following; but on Friday morning a little recovered, so as to speak and talk with an air of cheerfulness until evening; when there appeared a rigidity of her limbs, together with a deprivation of sense for some time, and then a return of sensation, with some appearance of reason. On the evening of the 18th, I visited her for the first time, and prescribed for her a nervine antispasmodic decoction for the night. On Saturday morning found her no better, but senseless, with her jaws locked, which I was told had been the case during the night; so that she was unable to receive any food or medicine; and by reason of the projection of the upper jaw, the upper teeth, which were very even and closely set, shut over the under teeth, quite down to the gums of the lower jaw, so that nothing could be introduced into her mouth but what was strained through a double row of thick set teeth. The muscles in her neck, especially the posterior, were very straight, with a rigidity of the whole spine; the countenance was  
very

very florid, the pulse quick, but rather small; she was ordered the liniment. saponac. with opium and ol. succin. to embrocate the spine and parts contracted; a camphorated antispasmodic fomentation was ordered to be applied to the stomach, and enemas with fetid gums injected, and after the foregoing prescriptions, at night she was put into the warm bath, which produced a relaxation of all her spasms. On Sunday morning she appeared rational and chearful, and fat up, but not without great complaint of pain across her reins, extending under the sternum, with universal soreness. She continued the foregoing prescriptions, with the addition of valerian and fætida by the mouth. As she was now able to swallow, she remained calm during the day and better part of the night, but towards morning was seized with the contraction of the jaw again, together with violent struggles and convulsions: in this situation she continued during the day: at night with what laudanum was forced into the stomach, and injected with an enema, she slept some time; but on Tuesday morning no relaxation of spasm, but stupid and senseless, with a great degree of opisthotonos, and as I had, in several instances heretofore, proved unsuccessful in the use of the grand specific, viz. opium, I had determined, in my own mind, if ever I should have a case of the kind under my direction, to depend upon opium no longer than I found it soporific; and if a quantity sufficient to bring on and produce a manifest soporosis did not remove the spasm, I would seek a remedy from some other means. I therefore now endeavoured, at more lucid intervals, to get down some small doses of calomel, and tried the warm bath again, which, so far from

yielding

yielding the relief as before we experienced, that it produced immediate convulsions, so violent as to render the continuation impracticable, she was accordingly put to bed, and was, during Tuesday night, attended with all the symptoms of opisthotonos, lock'd jaw, and emprosthotonos alternately; but as the spasms of opisthotonos & emprosthotonos counteract each other, they were productive of a tetanus, with a considerable elevation of the sternum, attended with great pain and anxiety, with a total inability of swallowing. She remained in this situation, with convulsions, during Wednesday night, when an epispastic was applied to the nape of her neck, and the calomel continued in small doses though the quantity got into the stomach was altogether uncertain; she continued much in the same state on Thursday. She growing weaker and more distressed, and her case more desperate, until Friday noon, I determined to try what effects electricity would produce. Accordingly a moderate sized receiver was filled, which was discharged on her leg, and passed through the body to the head. This immediately produced a tremulous motion in her lips, before stiff and contracted, and a grating of the teeth, a symptom never before observed in the course of her complaints, on which I thought her going into a convulsion fit; but to my surprize her jaws were opened, and her tongue extended far out of her mouth, and she rubbing it with her fingers. I asked her if she could speak—she gave me to understand she could not. I then discharg'd a second receiver in the same direction with the first, and her tongue was immediately at liberty, so that she was able to speak plainly: But observing her thumbs contracted, as they had been for twenty four hours, into  
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the palms of her hands, there was a third shock passed through her arms, which loosed them instantly. On Friday night she rested quietly, and got up on Saturday morning; but on her return to bed she was seized with fits, very similar to hysterical fits, but the locking of the jaws did not return; the common nervine, antihysterical medicines were used, but to little purpose, till Monday, when recourse was again had to electricity, which was found effectual for these fits, and was apply'd repeatedly on their return, until Wednesday fortnight from the time of her fall, when the fits left her, and she is now in a comfortable state of health.

Thus I have given an exact and plain narrative of facts only, in the case; and though, as doctor Sylvester observes, one instance is scarce of consequence enough to deserve attention, yet as it is a disorder so rare to this climate, but so often fatal when it happens, it will not, I trust, be thought useless to communicate a method, though but once successful. How far the early use of mercury may be depended on in this disease, I am not able, from my own experience, to say, though it has been recommended as a specific in the disorder. Yet in the case above recited, there appeared no amendment until the use of electricity, which most instantaneously relaxed the spasms, to the astonishment of every bystander. Indeed there was no room to doubt of its being the immediate and sole cause of relief to the poor girl. Should this communication be an inducement to farther experiments of the kind in like disorders, and prove it successful, it will yield the most ample recompence and the highest satisfaction for this communication.

*Case of an Hæmatemesis successfully treated. By  
Dr. Samuel Nesbitt. Read April 6th, 1785.*

ON the 13th of November, 1773. about 9'clock A. M. I was called, to visit Capt. Noble Hinman, aged 40, of a very plethoric habit, who was seized suddenly with a violent and copious discharge of blood from the stomach. The symptoms preceding, were, a sense of fulness in the stomach, or rather an encreasing distention thereof, which was soon followed with a nausea, and a discharge of blood from the stomach by vomit, to the quantity of above two quarts, as the bystanders judged. In this stage of the complaint, I received the call, and found the patient languid, and sensibly affected with the loss of blood; his vomiting had ceased before I arrived. Notwithstanding, I immediately bled him to the quantity of sixteen ounces, gave him an opiate pill, prescrib'd an astringent infusion, and the decoctum corticis, with elixir vitriol. I directed all his drinks to be strongly acidulated, to be given cold, and in small quantities.

I remained with my patient two hours, and in consequence of a return of the sickness, and vomiting of blood (to the quantity of about two pounds by estimation) I again let blood, to the amount of twelve ounces.—I visited my patient at one P. M. found him more sensibly affected by the loss of blood, and although no return of the vomiting, yet there had been a discharge of blood by stool, procured by an enema previously administered. His countenance from being remarkably florid, was now become very pale, yet the evident continuance of the hæmorrhage and a tension of the pulse, exceeding the then apparent standard of safety,

safety, emboldened me to let blood again, to the amount of fourteen ounces; his medicines were continued, and the anodyne pill directed to be repeated occasionally, if the vomiting returned: I then informed my patient and his friends, that I could promise no relief in the present case, unless I could reduce my patient to that state of weakness, by the lancet, which might to them appear alarming, and preserve, or rather suspend him in that state, until the ruptured blood vessels collapsed, and the astringent medicines might have time to effect the constriction of the bleeding orifice. My patient and his friends acquiesced; of course no cordial of the vinous or stimulating kind, was, in this stage of the disease, administered; except what cordial was received by the decoctum corticis. At five, P. M. visited my patient; he complained, while I was present, of a return of the sense of fulness, which was soon succeeded by a very copious vomiting of blood. I held a large wash-hand basin, capable of containing three pints, to receive the contents of the stomach, which vessel he fill'd, and, continuing to vomit, it ran over, at least a pint, on the floor. I then judged, that at least one half the quantity discharged was blood. It was observable, in this and the two preceding turns of vomiting, that the nausea, and consequent vomiting was excited by the previous accumulation of blood in his stomach. I immediately gave an anodyne pill, continued in small quantities the decoct. corticis, and astringent infusion, with the cold drinks sparingly administered, and let blood again, to the amount of 12 oz. for the fourth time between nine in the morning and seven in the evening of the same day. Notwithstanding all these evacuations,

evacuations, by hæmorrhage and the lancet, no syncope ensued, only a desirable languor. I again visited my patient at late bed time, found no return of the vomiting, nor symptoms that indicated a fresh hæmorrhage; the same regimen was directed through the night, with his drink strongly acidulated, and with this caution, to be given in small quantities, and frequently.

On the 14th, early in the morning, I visited him; found his pulse a little fuller, and exceeding the standard of safety I had proposed. I again let blood, to the amount of fourteen ounces, which evacuation he endured without syncope; the former regimen and medicine was persisted in, except the pills. At 10 A. M. I repeated my visit, my patient had a discharge by stool, principally coagulated blood; as he had no returns of vomiting as yet, and had retained the decoct. corticis, &c. I still found his pulse not so languid as I wished, I therefore let blood to the amount of twelve ounces: and complaining of some griping uneasiness in his bowels, I directed an emollient enema, and an opiate pill by the mouth, with a continuation of the former medicines, &c. I visited him in the evening, no return of the vomiting, but found by the operation of the enema, directed in the forenoon, that a quantity of coagulated blood was discharged. I again let blood to the amount of twelve ounces, and gave an anodyne pill, he bore this last bleeding as formerly, without fainting, and continued the other medicines with the same precaution as before.

On the 15th I visited him, found no return of the hæmorrhage by any evident symptom, therefore continued the decoct. corticis, &c. without the anodyne.

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On the 16th, visited him, beginning to recruit a little, having had no return of the hæmorrhage, I thought it adviseable to suspend the astringent medicines, and interpose a lenient purge of manna only, which operated gently, and produced a discharge of some coagulated blood, which, apparently from its colour, was not produced by a recent hæmorrhage.

On the 18th, finding no return of the hæmorrhage, and judging that the ruptured vessel, or vessels, were sufficiently coalesced, I indulged my patient in a little more nutritious regimen, and ordered a continuance of the decoct. cort. as a restorative. The treatment, by God's blessing, had the desired effect, and the patient, within three weeks from the first attack, was able to return to his ordinary business, and enjoyed his usual state of health.

I must acknowledge, gentlemen, that in the case now recited, although the plan adopted appeared to me rational, yet it was not put in execution without much concern, lest my patient should miscarry, and of course my bold practice be severely censured; however, this with many other instances I have met with, to prove the power of the lancet in similar cases, has strongly impressed on me the importance of blood letting. The indiscriminate use of astringents in hæmorrhages, and the good effects of blood letting, afford sufficient matter for animadversion, but at present I will take up no more of your time: another opportunity, perhaps, may produce some observations on these subjects from me, or some abler pen. At present my design is answered by a bare recital of a matter of fact.

It is worthy of remark, that the patient lost, in about thirty-six hours, ninety-two ounces of blood by the lancet; and I am confident, by the most moderate calculation, double that quantity by hæmorrhage. The blood drawn by lancet I weighed accurately.

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*Case of an Enteritis. By Dr. Ebenezer Beardsey.  
Read before the Society, April 5, 1786.*

**T**HAT article in our constitution, which obliges every member of the society, to exhibit a history of all the remarkable cases which occur in his practice, must, if duly observed, conduce in the highest degree to promote the design and end of our institution. If we are faithful, accurate and persevering in our observations, we shall soon be furnished with a number of facts and histories, which at some future period may be very interesting and beneficial to the public, and do honor to the society. It is much to be regretted that hitherto, the faculty, in this country, have contributed so little to the general stock of medical knowledge. Our predecessors would have rendered an important piece of service to us, and to future generations, if they had made and transmitted down, faithful histories of the diseases which prevailed in their times.

The dysentery, ulcerous sore throat, and most of the other diseases which have been epidemical in this country, have been attended with pretty long intervals, during which the diseases have not appeared at all, or in but a few instances: consequently, on a general return of any of them, most of the practitioners who had been conver-

fant with them being dead, and having left no observations on record for the assistance and instruction of succeeding practitioners, those diseases have been almost as new and strange, and the proper mode of treating them as uncertain as though they had never occurred before. It cannot be doubted, under such circumstances, that many valuable lives have been lost, before the nature of the disease has been understood, and a proper mode of treatment ascertained. From whence it is probable the common and well known observation arose, that a new disease is more fatal on its first accession, than in its advanced progress and later stages. For a number of years past, we have been so happy as not to be visited with any epidemic disease: but I well remember, when the ulcerous sore throat made its appearance about fifteen years ago, that there was not among my acquaintance, but one or two physicians, who had ever seen it before; which was also the case with respect to the dysentery. We ought to esteem it a peculiar happiness, that we have now an opportunity, and have already made a hopeful beginning in the establishment of a new æra in the healing art. With proper attention, should our country have the misfortune to be visited again with any kind of epidemic disease, it will be in our power to mark its origin, progress, effects, and termination, and to hand down to succeeding generations, a faithful history of the mode of treatment, success, and every other circumstance of importance.

With a view to contribute by example, as well as precept, to this important design, I now lay before you a case, which, from the violence of its accession, rapid progress, sudden and fatal termination, appeared to deserve attention.

JOHN

JOHN CHAPPEL, a healthy, sprightly boy, five years of age, on his return from school, at noon, on Friday the 24th of June, 1785, was seized with sickness at his stomach, and vomiting, which was soon after succeeded with thirst, heat, and restlessness. These symptoms continued through the afternoon and night, during which time he ejected every thing he took into his stomach, and in the course of the night and next morning, brought up ten large worms of the round kind. On Saturday morning I first visited him, at which time his pulse was extremely quick, small, and unequal; his countenance pale and sunk, his respiration quick and laborious, and he was so restless that it was with difficulty that his attendants kept him on the bed; his thirst was great, but he almost instantly threw up whatever was given to him. Nothing had passed his bowels since he was first taken ill, but his abdomen was not at all tumefied but rather contracted. He had his senses perfectly, but did not complain of pain in his bowels, or elsewhere. I prescribed magnes. alb. the neutral mixtures, and other antiemetics, with emollient fomentations, enemas, and small doses of calomel through the day, but without any good effect. At evening the symptoms were much increased, at which time, Dr. Nesbitt, at my desire, was called in to consult his case. We both judged it to be a worm case, joined with inflammation from their irritation. The fomentations, enemas, calomel, &c. were continued, and epispastics were applied to his extremities. In the night his vomiting abated, so that he retained the medicines and drinks which were administered to him until his stomach seemed to be overloaded, when they were ejected.

ejected to appearance from that cause. On Sunday morning we visited him again, but though the vomiting was not so frequent, his dejected countenance, difficulty of respiration, weak, quick, unequal pulse, and cold extremities, indicated his approaching dissolution. He died at eleven o'clock this morning. No evacuation was obtained from the bowels, during the course of the disease, by the many injections which were used, aided by the calomel, &c. On the afternoon of the same day, I obtained permission from the parents, to open the body, in company with Dr. Nesbitt and my brother. We found but one worm in the whole intestinal canal. The abdominal viscera were all found and well conditioned, except about two inches of the lower part of the duodenum, or upper part of the jejunum, which was inflamed and sphacelated, which appeared clearly to be the cause of his death. From the dissection it appears, that the disease was originally a true enteritis, or inflammation of the bowels, and it is highly probable that the worms were not at all concerned in the production of it; but being disturbed by the increased heat and disagreeableness of their situation, quitted it in search of a better. It also appears from this history and dissection, that we ought not implicitly to trust those authors and others, who are too apt to consider all diseases of the intestines in children, as arising from worms. Such a pre-conceived opinion will be likely to blind us, with respect to the real cause, if it should be of a different nature, and mislead us perhaps fatally in our prescriptions. Allen, in his Synopsis, advises the practitioner in treating the diseases of children, if he meets with any symptoms he cannot readily

account

account for, to place it to the account of worms. But this advice was certainly unbecoming a philosopher and physician. It is much more safe and honourable to imitate the example of the great Boerhaave, who assures us that he made it an invariable rule, never to quit the bed-side of his patient, until he had fully ascertained the state and condition of all the important viscera. All the common symptoms of worms in the intestines, such as loss of appetite, acidity, pains in the abdomen, alternate bound and loose body, slimy and fetid stools, grinding the teeth, erratic fever, &c. may arise from an increased quantity of mucus in the intestines, obstructions in the mesenteric glands, and dentition. Symptoms of a similar kind, are also observed in other diseases remote from this organ, particularly in the hydrocephalus internus. How absurd then, and dangerous must it be, to treat diseases in the same method, that are so dissimilar in their causes and seat, merely because there happens to be a similarity in some of the symptoms! Notwithstanding the great similarity in the symptoms of some diseases, there cannot be a doubt but what every disease has its own pathognomonic or distinguishing signs, by which it may be discriminated, by the attentive and skillful physician.

Amongst the other symptoms which are common to worms, and the hydrocephalus, the slow pulse, and dilated pupil of the eyes, are striking marks by which the latter disease may be readily known.

Dr. Home of Edinburgh, in his clinical experiments affirms, that he discovered sixteen years before he published those experiments, a certain diagnostic symptom of worms, which in all that  
time

time had never failed him ; which is, an œdematous swelling of the alæ narium, upper lip, and often of the contiguous parts of the cheeks ; the apertures of the nostrils are also diminished at least the half of their natural size. Since I read his observations, I have seen a few worm patients, which I apprehended were swelled in the manner he describes, but I could not satisfy myself fully ; the subject deserves farther attention. I shall conclude these remarks, with this practical caution, that in all cases that are attended with heat, thirst and a fever, though we may have ocular proof that the patient is troubled with worms, we ought to be circumspect in the administration of hot, acrid, stimulating substances, however much they may be celebrated for their anthelmintic virtues.

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*Case of a deformed Fœtus. By Dr. Leverett Hubbard. Read before the Society, April 5th, 1786.*

**I**N the year 1786, I was called to a gentlewoman in the sixth month of gestation. I found her attended with a strong pain in her breast, and left side of the abdomen: flooding largely. I examined the state of the os uteri, found it not dilated in the least, but tumefied and very hard ; no pressure from her pains. I immediately let blood, which abated the flooding, but not the pain. I prescribed her an anodyne, which gave no relief: in two hours I gave her another dose, which moderated the pain a little. I tarried all night, and in the morning I found the whole of the abdomen swelled to a prodigious size, with  
high

high fever and inflammation. I ordered a fomentation of bitter herbs, which abated the tumour and inflammation in some measure; after which came on a nausea, and vomiting of a green bilious fluid, in quantity about three quarts. I gave her large doses of the *fel. vip.* which abated the vomiting; soon after came on an universal languor and faintness; she remained in that state the greater part of the day. After the faintness abated, she complained of a coldness of the abdomen, which on examination I found to be extreme: this alarmed me, the pulse at the same time being very low. I gave her a little wine whey repeatedly, which accelerated the motion of the blood, raised the pulse, and caused an increase of heat through the whole body, except the abdomen. Her pain left her; I repeated the fomentation with the addition of a little spirits, and the wine whey to be given now and then, and left her. In about twelve hours I was called again, her pain returning; I examined the state of the *os uteri*, I found it a little dilated. Soon after a violent flooding came on: I judged that her present circumstances required a speedy delivery. By repeated trials I gently dilated the *os uteri*, so as to introduce two of my fingers, with which I could feel the *fœtus*. Its position was preternatural; the abdomen first presented, as I judged, but was mistaken. By further examination, I found it could not be the abdomen, neither could it be the head, for it was not hard enough; my first intention was to change its position, so as to obtain the head, but could not by reason of a contraction attending every pain: after a little time obtained one of the feet, and soon after the other, which gave me great encouragement of a speedy delivery; I brought forward  
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the feet and legs, but to my great surprize the body stopt. Then with my left hand extended the thighs of the foetus as far asunder as I could, and slipt the two fore fingers of my right hand, in order to obtain the extremity of the intestinum rectum. But to my astonishment, I found there was no intestinum rectum, but the same feeling below the thighs as there was in the first touch, as I mentioned before, which proved to be the pendulous body which presented to the birth, as delineated in the plate.



Finding I could do nothing that way, I then returned the legs into their former position, and by repeated trials, turned the child so as to feel one of the hands, after that the shoulder, and then the head which I caused to present, and soon after that obtained a delivery in the natural way.

I should not have troubled you with this case, if the formation of the foetus had not been very singular.

singular. The best description I can give you is this; as I observed before, it was in the sixth month of gestation, the foetus as large as usual. The child, from the futura coronalis down to the lowest or last true ribs was natural, except that the cranium was uncovered; upon the left, from the futura coronalis, down to the futura squamosa and futura transversalis, except a pericranium. I shall next proceed to the thighs; the end of the os femoris was rather flat than round, no os innominatum but a ligament formed, fastened to the vertebræ immediately below the last true ribs, the ligament being about an inch long, gave liberty for the thighs and legs to move exactly as a swingle is moved by the motion of its staff. A little below the joining of the thighs to the vertebræ, there was a neck formed a little larger than that on the shoulders, to which was formed a head as large as that of the natural, consisting of cerebrum and cerebellum, not contained in a cranium but a cartilaginous case, with a dura mater, which was separate from the cartilaginous case, and covered with a skin, or scalp, as usual, but no hair. Upon the right side of this false head (if I may so call it) appeared three small perforations or inlets, placed in a triangular form, and were about an inch and an half from each other; two of which were about as large as a rye straw, the other of an oval, about one fourth of an inch long, which was lower than the other. I introduced a probe into the small perforations first, and found they did not extend more than half an inch; the other which I sounded extended two or three inches in an ascending direction, which with my knife, I laid open, and found it to be a small tube or canal, a little resembling the œsophagus

phagus by its wicker like structure; it extended no farther an entire tube, but was divided into a number of fine tubes or fibres, which were lost in that which I called the cerebellum, or medullary substance. The left leg was flat, having two tibiae and two fibulae articulated about half way from the patella to the ankle.

I should have proceeded further in my dissection and enquiry, but was suddenly called off.

What great reason have we to praise the great former of our bodies, that our children are not oftener deformed than they are.

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*On the fatal Effects of the Corrosive Sublimate of Mercury. Communicated by Doctor Levi Ives. Read February 7th, 1787.*

**O**N Friday, Dec. 29th, 1785, Mr. I. S. nineteen years of age, through an unhappy mistake of his own, swallowed four grains of the corrosive sublimate of mercury, dissolved in a small quantity of water, which very soon excited a violent vomiting and purging, with intense pains and griping. It was about thirty hours after he took the fatal dose, when I first visited him. I found him attended with a constant nausea, and purging of a sanguineous mucus, with a quick, low pulse, great thirst, a most intolerable cardialgia, and griping. I directed a cooling purge, and to dilute plentifully with an infusion of violets, together with an infusion of gum arabic, which was taken freely, but without any mitigation of his complaints. Sunday morning found him as above described, and no alteration for the better. On Monday finding him sinking under his complaints,

plaints, directed to the use of ol. ric. with barley water and nitre, which gave some relief to his griping. Tuesday, January 1st, his purging and gripings much abated, yet attended with a very quick, low pulse, cardialgia, and great thirst. The prescriptions of Monday were continued, and as his pains became erratic and more universal, I directed an anodyne for the night, tho' with little advantage. Wednesday his distress became still more universal, the same medicines were continued, with an anodyne at evening, which procured some rest. Thursday the 3d, found him distressed with the forementioned symptoms, and nature evidently sinking. Friday the 4th, came on a small hæmorrhage from the nose, with a singultus and a great acerbation of all the symptoms. Saturday and Sunday following no material alteration, except a manifest decay of strength. On Monday came on a profuse hæmorrhage from the nose, which continued until death closed the scene, which was on the eleventh day from receiving the fatal dose.

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*The fatal effects of drinking cold water, when heated. Communicated by Doctor Samuel Nesbitt. Read April 4th, 1787.*

ON the 11th of August, 1774, I was called to visit Joseph Kent, a labouring man, aged 45, of a robust habit. The account he gave of himself was, that a few days before, when warm with work, he had drank about a quart of cold water, after a hearty dinner of fish, the immediate effects of which were great distress at the pit of his stomach, a trembling and difficulty of breathing

breathing, with faintness; the trembling and faintness went off soon, but the difficulty of breathing and pain, increased, extending over the whole hypochondriac region, so as to give him the idea of cholic, which idea he retained through the whole disease, notwithstanding every persuasion on my part, and the plainest indications to the contrary, as every enema and aperient in the course of of the disease operated readily. A physician was called immediately who had prescribed a lenient purge and sedatives; but without relief. I do not recollect whether venæsection was premised; but I think it most probably was before my visit, which was on the 4th or 5th day of the attack. I found him with every symptom of an extended and high inflammation, great distress and difficulty of respiration, accompanied with a severe singultus, and extreme pain in the region of the liver. I immediately let blood from the arm copiously, which was repeated often and occasionally, without any permanent relief. For several days the most rigid antiphlogistic course was pursued, epispastics were applied & renewed to the costæ, sternum, and parts adjacent, gentle cathartics & enemata were administered, with the desired effect as evacuates. Fomentations of emollient herbs were repeatedly used, with now and then a gentle anodyne as a placebo. But the whole that was obtained from a bold antiphlogistic course, was a prevention of gangrene in the inflamed viscera, and of course a less speedy termination of the disease. The issue was a suppuration of the inflamed parts, probably about the 15th day of the disease. When symptoms of the hectic kind came on, and a formation of pus, the pains grew more tolerable, and an apparent distension began in the right hypochondrium, which in the sequel,

sequel, about two days before his death, became prominent a little below and to the right of the cartilago ensiformis, with a fluctuation about the time of his death, evident to the touch. Death was so evidently near at hand, that I expected no relief to the patient nor credit to myself would arise from a puncture of the abscess, and therefore deferred it until dissection. On the cessation of the inflammatory symptoms, and the commencement of the hectic, the antiphlogistic course was exchanged for a regimen of the nutritious and restorative kind, with a light preparation of the bark. The patient finding no prospect of relief from any remedies I had applied, and still retaining the idea of cholic, as before recited, dispatched a messenger for a famous cholic doctor residing in a neighbouring town, without my knowledge. I was informed, however, before the doctor's arrival, and desired the nurse to let me know that I might attend and state the case to him previous to his attempting any thing for the patient. The doctor arrived about ten, in the night of the 4th of September, and immediately pronounced the disease to be the cholic. I in vain endeavoured to remove every idea of the kind from his mind; contrary to my remonstrances, he was put under a course of strong aloetic purges, combin'd with aromatics, commonly called Hull's bitter powders. The operation was violent, and he died on the 6th, about thirty days from the first attack.

The appearance of the body, on dissection, was as follows. On puncturing the abscess extending from the liver, a stream of pus issued to a distance from the body; when the viscera were exposed to view, the liver was found to have been greatly distended with pus, from whence the

the aforementioned tumour was formed, by a distension of the peritoneum and intervening teguments; it was a mass of corruption, and its substance discharged by that and several smaller abscesses: the lower surface of the diaphragm was overspread with numbers of small tumours, of the size of nutmegs and hazel nuts containing pus; the mediastinum and the pericardium in a similar state, but the tumours smaller. In the place of lymph, in the cavity of the pericardium, there was found a purulent matter to a considerable number of ounces: The heart's surface was covered or encrusted like the distinct small-pox in a state of complete maturation, or a day or two past that period: the external surface of each lobe of the lungs was affected by previous inflammation, and matter was contained in the right cavity of the thorax, which communicated by an opening through the diaphragm with an abscess in the liver.

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*An extraordinary cause of an Asthma, in the case of a Lady of this city, proving fatal. By Dr. Samuel Nesbitt. Read before the Society, April 4th, 1787.*

**I**N the morning of the 24th of June, 1774, I was called to visit Mrs. R—, aged thirty-eight years, in consultation with Dr. Bontecou. We found the patient sitting up, leaning her elbows on a pillow, supported by a stand, and in that posture labouring for breath, with an emaciated countenance, feeble pulse, and every symptom of great debility, unable to lay in a supine posture, having thus passed her days and nights for some time, except now and then on a bed bolstered up: the patient was then pregnant, and  
about

about the sixth or seventh month of gestation. The disease had been gradually increasing for about two years, with this addition, that in the period of gestation the symptoms were much aggravated by her increase of bulk; it appeared to us impossible she could endure thro' the remaining period of gestation, if the symptoms increased with the bulk, even if her strength would have admitted; but as the case then was, the situation of our patient was truly deplorable; however, we had not much time to deliberate on the case, for on the evening of the same day, premature labour came on; Dr. Hubbard was joined in the council, and delivered her in a few hours: we then hoped for an abatement of the symptoms, but none were obtained; every effort was made for her relief and recovery, but she died on the evening of the 30th.

We viewed the case as an empyema, and requested liberty of the relatives to open the body, but with great reluctance on their part, obtained leave to puncture the thorax. I punctured the right cavity of the thorax, but no fluid issued, I did not proceed to puncture the left, lest I should fail in finding a fluid contained, which was the apology made to the relatives; but loth to stop our enquiries, I enlarged the puncture a little with a scalpel, so as to introduce my finger, and found it obstructed in its course by a hard body; we enlarged the opening in the course of the rib and distinctly felt a hard fleshy substance, in form and shape like a pine apple, crowding up along the right cavity of the thorax, and pressing strongly the right lobe of the lungs upwards, and against the mediastinum. The tumour was a schirrhous enlargement of the liver, in form and  
about

about the size of a moderate pine-apple, with its apex projecting into the cavity of the thorax, and carrying by distension that portion of the diaphragm opposed to its superior point, and reaching at least to midway of the cavity: we were anxious to push our enquiries further, and to have examined more minutely into the state of the affected viscus and other of the viscera, but the relatives would not admit of any further desecrating of the corps, as they called it.

From these circumstances, Gentlemen, thus discovered as it were by accident, the investigation of the cause of our deceased patient's complaint and its gradual accession, was apparent; the aggravated symptoms from gestation by the increase of the uterus, and its consequent pressure on the superior and affected viscus, were likewise easy to be accounted for, and that no substantial relief was derived from delivery, we were at no loss to determine, all being deducible from the grand and proximate cause, the unnatural distension and elevation of the diaphragm; the interruption of the same muscular partition, so necessary in both acts of respiration; and the occupying by the tumour the greater part of that cavity prepared for the free action of the right lobe of the lungs.

From the history of this singular and unfortunate case, there appears no æra at which we could promise any successful mode of treatment; at the time I saw the patient, the case was irremediable, and I am led to conclude that at no period of the disease when the complaint of the asthma became apparent, was their much, if any chance for relief, as undoubtedly the schirrhous had obtained some considerable size before the difficulty of breathing

breathing was much noticed, and its cause being concealed, destroys the first principles of practice viz.

Investigatio causæ, sæpe morbum solvit.

CÆLSUS.

*Case of a Hydrocephalus Internus. By Dr. Ebenezer  
17, Beardley. Read before the Society, October,  
1787.*

**F**RIDAY, January 13, 1787, Polly Edwards, daughter of Pierpont Edwards, Esq. of this city, aged five years and three months, was seized with thirst, and restlessness; the next day she was something feverish, and dull, but play'd abroad. At night her complaints returned, and she was feverish and restless through the night. Sunday, Monday and Tuesday, she complained of a soreness in her head, which was so great as to be much affected from a slight touch; she was also attended with a constant head-ach, and for the most part was dull and sleepy, but had turns of anxiety and restlessness: her thirst continued, and her countenance was very florid. On Wednesday, her disorder was so increased that she became confined to her bed. Thursday night she was very restless, her sleep was much disturbed and she frequently cried out that some body pulled her hair. Her weakness increased so that she became unable to bear her own weight, her eyes appeared bright, shining, and inflamed; she picked her nose, and often put her hands up to her face and head. She had no appetite for food from the beginning; she voided three worms in consequence of a purge of mercurius dulcis.

G

Friday

Friday and Saturday, her anxiety and restlessness increased, and she frequently threw her hands round the back side of her head. Sunday her pulse, which, from the beginning, had been quick, full and strong, became remarkably weak and small; and she totally lost her speech, which returned no more.

This evening I saw her for the first time, in company with the Doctors Prime and Nonson, the former of whom, had attended her from the first accession of the disorder. Her face was very florid, and a little bloated, her eyes inflamed, weeping, and the pupils dilated, the pulse was very small and weak, so as hardly to be perceived, but not remarkably quick, her extremities were cold, but her head, especially the hinder parts of it, were very hot; she had little or no thirst; she had frequent turns of the greatest anxiety and distress imaginable, during which, she writhed her body, threw off the bed clothes, grated her teeth, started up on end in the bed, and clenched her hands round the backside of her head. In the intervals between these paroxysms, she lay quite easy and composed, looked about, and took notice of the people and things around her. Her reason did not appear to be at all impaired; she appeared to know every person of her acquaintance who came into the room, put out her tongue readily when desired, for the inspection of her physicians, &c. which continued till near the closing scene. In her intervals of ease, she lay upon her back, with her feet drawn up. In her paroxysms of distress, her eyes were convulsed. Through the whole of this week her anguish and distress continued to increase, her extremities became as cold as a corpse, her pulse was quick,  
weak,

weak, and so small as scarcely to be perceptible; yet her head remained hot, and her cheeks highly coloured to the last. On Sunday morning she expired without a struggle or a groan. Purges of merc. dulc. with senna, rheubarb, and the Carolina pink root, had been the principal medicines. These were succeeded by fomentations, semicupium, blisters, wine and other cordials.

Dr. P. who attended the patient from the first accession of the disorder, had considered it as a worm case, and notwithstanding the dissent of the other physicians who were consulted, he maintained his opinion with confidence to the last. To remove all doubts upon the subject, and to investigate the nature of the disease, the body was inspected in the afternoon of the same day. The intestines, which had been supposed to be the seat of the disease, were entirely sound, without a single worm or any other morbid appearance; which was also the case with the other viscera of the abdomen, and the thorax. Finding no morbid appearance in the thorax or abdomen, we proceeded to inspect the brain. After the external integuments were removed, the cranium was sawed off a little above the ears, and carefully removed without injuring the dura mater, when with a scalpel, the upper part of the brain, with the surrounding integuments down to the first ventricle, were removed. The first and second ventricles, being laid open, exhibited no morbid appearance, but upon cutting into the third and fourth, five or six ounces of clear transparent lymph flowed out, and ran into a vessel which was placed to receive it. The dissection was performed in the presence of a number of the  
 faculty,

faculty and others, who were fully satisfied that this was the seat of the disease, and that the patient's death was occasioned by a compression of the brain, especially the cerebellum, from whence the remarkable failure and weakness of the *vis vitæ*, loss of speech &c. which took place many days before death, though the animal functions remained sound to the last: the reason of which is obvious from anatomy and physiology.

*Case of a Schirrous tumour in the Pylorus, Mesentery, and Intestines, communicated by Dr. Ebenezer Beardsley, Oct. 17th, 1787.*

**M**RS. Sarah Tuttle, aged 64, had for several years been afflicted with indigestion, nausea, acidity, and heart-burn, with diarrhæa, and costiveness alternately. Lime water, soap, gum pills, bitters, and absorbents, which her physicians had occasionally prescribed for her, afforded her a temporary relief, but the complaints often recurred, and increased, so as to render the last six or eight years of her life very uncomfortable. About the beginning of last July she was taken down with a fever of the low depressed kind, attended with headach, vertigo, sleeplessness, frequent slight rigors, and the usual complaints in her first passages. August the 10th, my advice was asked. She was much emaciated, had a low feeble pulse, constant nausea, cardialgia, and sickness at her stomach, with frequent ejections of an acid, slimy fluid, the thrush, and a troublesome and wasting diarrhæa.

She was wholly destitute of appetite, and had little or no quiet sleep. I prescribed watery infusions

ons of rheubarb, flowers of camomile, snake-root, and other stomachics, with the bark, and anodynes, which gave her great relief for several weeks. But the nausea and sickness at stomach returning, and finding no relief from stomachics, antacids, or any other medicines, at her request, on the second of September, I gave her about one scruple of ipecacuanha, which operated mildly five or six times. But the next day the sickness, &c. returned, and she was, in all respects, worse than before. After this I directed her to the use of porter, which abated the nausea and sickness, but produced an intolerable burning and uneasiness in the stomach, upon which it was laid aside. She continued slowly declining, without any remarkable alteration in her symptoms, till Saturday the 12th instant, when she died, at about ten in the morning. The dissection was performed by Dr. Spalding, in the presence of Dr. Darling, my brother, and myself, the next morning. The thoracic viscera, liver, spleen, omentum, and large intestines were in a sound state. The stomach was considerably distended, and filled with a fluid which resembled chyle. At its lower orifice, there was an oblong schirrous tumour, of the size of a pullet's egg, and about two inches and an half in length, extending downwards into the duodenum. The schirrus invested the pylorus on all sides, and was nearly three quarters of an inch thick. The orifice was contracted to the size of a goose-quill, and upon cutting into the tumour, there was found a quantity of pus-like matter, of an ash colour, and of the consistence of thick cream. The substance of the tumour consisted of a number of round, hollow bodies, of a hard compact texture, which bore a strong resemblance

to the round belly worm, but they adhered closely, at each end, to the surrounding parts. The mesentery, and a considerable proportion of the small intestines were also in a schirrhous state. The uterus, vesica urinaria, &c. were not diseased, nor was there any sphacelation in any part. It would be a curious and interesting enquiry, if we were able to give a history of the origin, and progress of this disease. It is highly probable that it had been of many years standing. The only practical deduction which I shall make from this case is, that, where a patient has been troubled for many years with similar complaints in the primæ viæ, we ought to suspect the existence of a schirrhous or cancerous tumour, and to be on our guard against exhibiting to such unhappy persons strong emetics, or any other acrid, stimulating medicines, all of which must increase the malady, and precipitate the sufferer to the grave.

*Case of a singular Wound in the Eye, from the bursting of a Gun. By Dr. John Spalding. Read before the Society, April 2d, 1788*

**M**R. Ezra Curtis, aged twenty years, on the 18th of September, 1785, received a wound by the bursting of a musket, the breech-pin of which, entering his right eye, drove the eye, with the whole of its bony orbit before it, until it was impeded in its progress by the vertebræ of the neck, and os maxilla inferior, or lower jaw. The spine of the pin passing through the coracohyoidæus and part of the mastoides muscles,

cles, to the adipose membrane, without perforating the skin. The body of it was firmly wedged between the processes of the vertebræ of the neck and the upper and outer angle of the lower jaw. The destruction of such a number of large blood vessels producing a violent hæmorrhage from the wound, nostrils and mouth, which was succeeded by a great degree of inflammation, and tumefaction of the face and neck, no suspicion was entertained by the surgeons who attended him, or any other person, that the pin had entered the eye, till six months after, when a suppuration took place, and the tumour being opened, the pin was discovered, to the great surprize and astonishment of the surgeons and spectators. After the inflammation and tumour subsided, the end of the pin projected itself about three eighths of an inch beyond the skin, where it remained immovably fixed, without admitting any change in its position from the strongest efforts that could be made, until May 31st, when it was happily extracted.

Upon his first application to me, which was the first of May, I dilated the wound as much as the nature of the parts would admit; and then with a pair of strong forceps, attempted to turn the pin so as to disengage it; but after my utmost exertions I was obliged to relinquish the attempt, the case being of so singular a kind, and from the proximity of such a large number of blood vessels, attended with the utmost danger. On the 5th, I procured a consultation of the faculty belonging to the city, in which it was agreed to denude a part of the jaw bone, and with a small trephine cut out a piece opposite to the pin, in the shape of a crescent; this operation

tion I performed on the 8th, in presence of the gentlemen of the faculty afore mentioned, and took out a small portion of the jaw, about half the breadth of the screw, by which it was loosened a little, so as to admit of more motion than before, but all our efforts to extract it proving ineffectual, and fearing that the jaw would be rendered wholly useless if the painful operation of cutting it any further should be repeated; I determined, as the dernier resort, to attempt to saw off the spine of the screw as near to the body of it as possible, hoping by that means to give it more liberty to turn within the narrow circumference to which it was confined. On the 15th, having fixed a small hand vise to the end of the spine which projected out, and fixed that vice into a larger one which was fastened to a bench; I then began the difficult, painful and laborious operation, which I continued till his strength and patience were exhausted. On the 16th, I reassumed the operation, and repeated from time to time as his strength would admit, until the 29th, when the separation was completed, and the spine of the screw was extracted without difficulty, the body of it still remaining behind. In attempting to extract it I unfortunately broke my forceps; but having provided myself with a stronger pair, on the 31st I happily extracted it, to the inexpressible joy of the patient; who had exhibited an uncommon degree of fortitude and resolution through the whole of his severe sufferings and distress. The jaw, which had been immoveably fixed from the beginning, so that it was with great difficulty he got down a sufficient quantity of food for his support, gradually recovered its former motion, the wound

healed

healed well, and except the loss of the eye, he is now perfectly recovered.

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*Case of a fatal Peripneumony. Communicated by  
Doct̄or Ebenezer Beardsley. Read January 2,  
1788.*

**J**ULIA MEIGS, daughter to Mr. Josiah Meigs, of this city, a lovely and beautiful child, aged seven months, was taken about eight days ago, with a cold, attended with a cough and feverishness, especially at night. But the symptoms were so slight, that her parents were not alarmed about her until Tuesday morning, the 23d of October, 1787, when, by the advice of a physician, she took a dose of emetic tartar. On the evening of the same day I visited her, at which time her pulse was quick, hard and strong; her respiration quick, laborious, and accompanied with a rattling noise: her skin was dry and she was very thirsty. Her countenance was pale and full, with a kind of shining, leucophlegmatic appearance, which extended over the whole body. The emetic which she took in the morning operated several times, both upward and downward, but without affording any relief. I prescribed small doses of emetic tartar, as a febrifuge, with pediluvium, and diluting drinks. Wednesday morning there was no abatement of the symptoms, the pulse continued quick and hard, the respiration laborious, attended with a noise not unlike the boiling of a pot, her thirst was great, and her skin, notwithstanding the pediluvium, &c. remained dry.

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It

It now appeared that the disease was a true peripneumony, and from its rapid progress there was reason to apprehend a speedy and fatal termination,

I attempted to bleed her in several places in her arms and feet, but the veins were so imperceptible, that all my attempts were unsuccessful. I then had recourse to deep scarification and cupping, which I repeated in several places; but with all my endeavours I could not extract more than two or three ounces of blood, which was very thick, without scarce any appearance of serum. Nitre, camphor, &c. with diluting drinks, were freely exhibited, blisters were applied to the sternum & sides, and emollient cataplasms to the lower extremities. The steam of a warm decoction of emollient herbs was received into the lungs, and emollient nitrated enemas were frequently injected. But all these remedies proved ineffectual:— she made an easy exit on Friday morning.

As there had been some difference in the sentiments of the physicians who saw her during her illness, some of them having suspected that the disorder was the croup, or that suffocating disease vulgarly called the rattles, the body was opened in the afternoon of the same day.

The dissection was performed by Dr. Nesbitt, in the presence of several gentlemen of the faculty. Both lobes of the lungs were deeply and extensively inflamed, and in several places entirely sphacelated. No other morbid appearance was found in any of the viscera, only the liver appeared to be of an unusual size and hardness, but there were no signs of inflammation upon it.

The history and dissection of this subject afford some very important practical hints, with respect  
to

to the diseases of infants and children. Diseases of the lungs are more frequent, violent and fatal in infancy than in adult age. A large proportion of children who die under two years of age are carried off by diseases in this organ; and, to the best of my recollection, many of those which have fallen under my observation, have been attended with the same symptoms which occurred in the present case. But I must candidly own, that I have not been wont to consider and treat such cases as strictly inflammatory, and of course have neglected venæsection, or used it very sparingly, and the proper antiphlogistic regimen and medicines, for emetics, pectoral detergents, &c. Other practitioners, as far as I am acquainted, have pursued the same course. But for the future, whenever I find an infant attended with a dry cough, difficulty of respiration, a hard, quick pulse, thirst, &c. I am resolved to be more upon my guard against an inflammatory affection of the lungs; and, where it is possible, to bleed such subjects as readily as I would adult persons attended with the same symptoms.

I beg leave to propose it as a question to you, my learned brethren, whether, in such a case as the foregoing, where no vein can be found from whence a proper quantity of blood can be obtained, it would not be warrantable to open an artery? and whether a puncture in the temporal artery, which is perhaps the most eligible, would not be admissible?

*Case of an amputation of the leg, in consequence of a divided artery. By John Spalding, Surgeon. Read to the Society, 2d January, 1778.*

**M**R. James Robinson, Jun. of Durham, aged twenty-two years, on the 27th of March, 1787, cut his leg with a straight edged axe, which divided the postica arteria, near the junction of the fibula to the tibia transversely, about one and three-fourths of an inch from where it goes off from the tibialis anticus, from which proceeded a violent hæmorrhage, which was restrained for the present by a common bandage; it remained secure to all appearance, until April 4th, when it began to digest and the hæmorrhage returned with as great force as before, and was again suppressed by compress and bandage. On the 5th the hæmorrhage returned a second time, when the Doctors Cole and Gaylord, were called in, who made a ligature round the divided artery, by which the bleeding was restrained until the 6th; in the morning the hæmorrhage returning, I was called to the assistance of those gentlemen; we agreed to make a ligature on the upper part of the divided artery, which restrained the bleeding until the 11th; but the ligature not investing the wounded artery, but the muscles only, immediately below it, which we discovered to be the case after amputation, the upper end of the artery having receded from the wound so far as to be out of the reach of the needle, and the upper branch of the postica dilated, so as to form a sort of aneurism; we then, not knowing the impossibility of securing the artery, agreed to fix on Pettit's tournequet, and  
clear

clear the wound of the grumous blood, and cut away the muscles on each side the wound, so as to admit the needle to pass so deep, if possible, as to encircle the artery; which operation proved unsuccessful as the former. We ordered the tourniquet to remain, that in case of its bleeding it might be restrained, but to be so loose as not to obstruct the circulation in the least, unless upon a return of the hæmorrhage. He remained free from hæmorrhage until the 14th, when they were again alarmed by the blood flowing from the wound; they sent a messenger after me and the gentlemen before-mentioned; we met in the evening, and from the loss of blood, which he had sustained at different times, and the improbability of saving the limb by any further efforts, made known our sentiments to him and his friends, desiring them to call in such further counsel as they should think proper, which they accordingly did. We met on the 15th, and after maturely examining his case, gave it as our opinion, that amputation was the only means of saving his life; observing, at the same time, that his recovery was doubtful, from his extreme weakness: however, as there appeared no alternative, we proceeded, and amputated the limb in the modern method, by the double incision, &c. The wound digested well, had very little of the symptomatic fever, owing, perhaps, to the previous loss of blood. He recovered sooner than usual, has a fine coat of flesh, which covers the stump, and he now enjoys a good state of health.

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*Case of the Bite of a Mad Dog. Communicated to the Society by Dr. Benjamin Gale. C.M.S.*

**T**HE saliva of a mad dog, when mixed with the reflux blood, is known to be a flow,  
but

but deleterious poison, and unless relieved by art, brings on a train of grievous symptoms, which terminate in death.

The inhabitants of these northern States, have not been exposed to the bite of mad dogs, until within the compass of a few years, and for that reason I conclude physicians have not paid proper attention to search after a rational and radical cure.

If you judge the following history worthy to be communicated to the public, you have my liberty to do it, in that way, and by those methods, you may think will render it most useful to those who may have the misfortune to be bit by a mad dog. The truth of the facts may be relied upon, and is well known in this vicinity.

A mad dog, on the 4th of October, 1786, came from the north part of this town, about sixteen miles from the sea. In his course down he passed through the east part of the town of Guilford, and again entered and passed through this town on the post-road, as far as the west parish of Saybrook, where he was pursued, overtaken, and killed. He attacked and bit a child in East-Guilford, in the vertebræ of the neck, the wound much lacerated. In this town he bit a girl about eight or ten years of age, through her cloaths in her hip, one tooth perforated the skin and drew blood. In his whole course, in the whole of cattle, hogs, dogs, including the children, he wounded the same day, to the number of fifteen or sixteen; all the dogs bitten, were killed soon after being bit, except one, which was permitted to run at large until it manifestly shewed symptoms of madness, and then was killed: all the other animals bitten run mad and died, except one sow, which

which suckled a number of pigs, six or eight weeks old; she was bit in the tip of one ear, which was perforated by one tooth only—The sow nor her litter of pigs were in any perceptible manner affected; which, I conceive, was owing to the poison passing into the blood, being immediately drawn off by the lacteals, and disseminated among the whole litter of her pigs, before it had contaminated the mass of blood, it might not affect either sow or pigs; as it is well known the most deleterious poison may be taken in so small a dose, as not to injure the animal machine.

I had certain advice the same day the child was bit at East-Guilford, by one who both saw the dog and the child, soon after it was bit; and again saw the dog as he was passing through this town, and informed me it was mad, which was the occasion of its being pursued and killed.—Never expecting to have such a case, I had spent but little thoughts on the subject; but had taken so much notice of of practical writers on the subject, in the course of my reading, as to think their prescriptions trifling and insignificant. Being anxious for the safety of the children bitten, recollecting I had an abridgement of all the medical cases that had been read before the royal society, and finding one among others, which I looked upon rational, and which had been successful so late as the year 1731, which was put in practice by Mr. Floyer, in consequence of the recommendation of Dr. James, who never had made trial of the medicine himself, which was turpeth. min. several times repeated. The trial was made first on dogs that were mad; giving for the first dose twelve, the second twenty-four, the third forty-eight grains, and the method succeeded:

ceeded: it was afterwards tried on three of the human kind, and was successful in all three.— Concluding the child bitten would fall under the care of Dr. Todd, a young gentleman who had studied under my care, I immediately wrote him my advice, as follows, founded on that intimation given in the philosophical transactions, No. 441, page 241. (which see) I advised him to dress the wound with equal parts of s. nit. and s. marin, finely pulverized, to scarrify the wound as much as the part would admit, if necessary, and to fill the wound with it, and likewise to incorporate with it the digestive.

Common salt I had experienced of great efficacy in wounds from the bite of dogs not mad, and the addition of s. nit. I took as a hint from the worthy president of your society, and then immediately to give an emet. of turpeth miner. proportioned to the age of the child, so as to puke it three or four times. And to repeat it for four or five times, at the distance of four, five or six days, taking in the intermediate days a portion of calomel in theriac. audrom. sufficient to purge it two or three times the next day. The calomel to be taken at night going to bed, and a draught of canker weed, boiled in milk and water, every night. By canker weed, I mean an herb brought into our assembly by a member some years past, famous for its usefulness in the malignant species of the aphæ, accompanied with a putrid fever, in order to spread its utility thro' the government. Mr. B. Batram, the famous botanist, of Philadelphia, once shewed me the same plant, and told me it was sovereign in the bite of the rattlesnake, and termed it *prenanthes*, a name however I never could find in any botanic writer. By this method,  
carefully

carefully attended, the child got well, and remains so to the present time.

The girl bitten the same day in this town, I visited the next day from principles of philanthropy, concluding they had sent for a physician who at present resides among us. I asked the mother of the child whether her daughter had been bitten by the mad dog the preceding day? who told me with a smiling countenance she had, and seemed wholly unconcerned. I then asked her whether she had consulted a physician? she told me she had not. I then endeavoured to convince her of the great danger her child was in: but it made no impression on her. I asked leave to see the wound, which was on her hip. I carefully examined the wound, and found one tooth had perforated the skin and drew blood. A little below where the tooth had perforated the skin there appeared a streak, which looked like blood settled under the skin from being bruised, but rather of a darker hue. As the woman was so unconcern'd, I did not think proper to urge a scarification, but advised her to make a poultice of wheat bread and milk, and incorporate as much of the s. marin. as could well be mixed after it was reduced to the consistence of a poultice, and to wear it steadily. The contused part appeared to be about one third of an inch in length, and the width of the narrowest tape. I told her if she would permit me to give her child medicines, I would do it *gratis*, which she at last consented to. I put her upon the same course of medicine I had advised in the case of the other child. The poultice separated a large slough from the wound, but not deeper than the cutis, about an inch long and half an inch wide, and afterwards soon healed. I should have

thought the tooth passing thro all the cloaths the child had on, it might have wiped off all the saliva, in which I conceive the poison is contained, had it not cast off so large a slough. The child continuing the course of medicine prescribed, had no symptoms of the rabies.

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*Case shewing the good effects of the antiphlogistic regimen in the eruptive variolous fever. By Dr. Samuel Nesbitt. Read to the Society at their annual meeting, January 2, 1788.*

**J**OSIAH TUTTLE, of East Haven, aged twenty-one years, of a large frame and rigid fibres, was seized on his passage from New-York, on Saturday, the 9th of June, with the eruptive variolous fever; the symptoms ran very high, but at that time, he supposed he had only caught cold by sleeping on the deck, and did not suspect he had received the infection. On his arrival that evening, or the next morning, Dr. Hotchkiss was consulted, who bled him, and prescribed febrifuges. On the 10th, about ten at night, I saw the patient for the first time, found him very restless, with great delirium, a strong throbbing pulse, skin hot and dry, his countenance very florid, his eyes inflamed, and a great determination to the head, with a constant nausea and eructation of bilious phlegm. I immediately let blood to the amount of twenty ounces, then gave him a strong solution of emetic tartar. During its operation he ejected great quantities of bile: after the operation of the emetic, I gave him a cooling purge, which had its desired effect, thoroughly cleansing the intestinal canal, the vomit having failed

failed in that part of the operation. I remained with the patient until about four o'clock in the morning, and had an opportunity of remarking that he obtained relief from all and every part of the treatment; the delirium almost gone, the restlessness, &c. so that he could lie composed, which, before these evacuations, required the family to detain him in bed. I enquired on my first seeing him, whether he had not been exposed to the small-pox, as at that time no satisfactory information could be received from him; I strongly suspected the small pox, and was determined in this instance, to try the effects of the antiphlogistic regimen: he was allowed only a sheet to cover him when in bed, the doors and windows of the room open constantly, and in the day enjoined to be led out; his drinks were beverage impregnated with nitre, &c.

On the afternoon of the 11th, I visited him, the eruption was then evident, he was much better, but still too much fever for his safety, and had now and then intervals of wildness and delirium: I let blood again, to the amount of about sixteen ounces, gave him frequent doses of the nitre, his drinks and regimen continued.

On the 13th, I was called to visit him, chiefly to determine whether the eruption was the small-pox; their doubts arose from his being so well, and so free from any complaint, and the eruption so distinct and favourable, that the family and others said it was impossible to be the small-pox, and therefore pronounced it was the chicken pox. On inspection I was convinced otherwise; I continued to affirm it was the small-pox, that he was past all danger, and felt very happy to see the good effect of a bold antiphlogistic course. Dr. Hubbard agreed to inoculate the family who had been

been exposed, I therefore, as a matter of convenience, and a saving to the family, resigned my patient to the care of the Doctor, perfectly satisfied with the issue of my experiment: the Doctor carried him through with ease and safety, he making no complaint, except from a few pustules on the soles of his feet.

This case, Gentlemen, and many other observations I have had opportunity to make in the disease, leads me to draw this conclusion, that the good or bad management of the eruptive fever, in most habits, stamps the extent and future progress of the disease, perhaps I may venture to say, the very nature of the pock; and that in this stage chiefly, if not principally, is the skill of a physician manifested and called for.

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*History of a Dysentery, in the 22d regiment of the late Continental Army, occasioned by the Barracks' being over crowded, and not properly ventilated. Communicated by Doctor Ebenezer Beardsley. Read Jan. 2, 1788.*

**A** B O U T the first of April, 1776, the American army under the command of his Excellency Gen. Washington, marched from Boston to New-York, at which place they arrived about the middle of the month. The sick and invalids having been left behind in the hospitals, the whole army was in perfect health.

The troops were quartered in barracks, and in the houses of the citizens, till about the 10th of May, when they went into tents, except the 22d regiment, under the command of Col. Samuel Wyllys, who for want of tents, continued in their quarters in Smith Street. The

The regiment were very healthy till about the middle of the month, when more than one hundred men were taken down with the dysentery in the space of one week. Such a sudden invasion of this formidable disease alarmed me very much, and I was greatly surpris'd, upon enquiry to find, that there was not a single dysenteric patient in the whole army, except those which belonged to our regiment. From this circumstance I concluded, that the disease was occasioned by some cause peculiar to the city; but after a particular enquiry, I could not find that there was a single inhabitant sick with this disease in the city: those who lived in the same street with us, and many of them in the same houses, were free from that or any other acute disease. For several days I was much perplexed and entirely at a loss to determine what had given rise to the disease. At length I observed, that not only the inhabitants who lived with us were free from the distemper, but several whole companies of the same regiment had nothing of it. This led me to consider more minutely the circumstances and situation of the sick, the whole of which were quartered either in low, underground rooms, or in chambers or garrets, which were so situated as not to admit a free circulation of air. The rooms were also considerably less than usual in proportion to the number of men. Having made these discoveries and observations, I concluded at once that the disease originated from the confined and putrid atmosphere, which these unfortunate men lived in. I immediately communicated my observations to the Colonel, and requested that the men, both sick and well, might be removed out of those rooms into such as were more airy and spacious. This measure was attended with the  
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most salutary consequences: Those who were sick recovered in a short time, except two, who died; and no more being seized with the distemper, in a few weeks the regiment became quite healthy. This striking instance of the pernicious effects of putrid, stagnant air, was of great service to me in the course of the campaign. In the months of July, August and September, the dysentery, bilious and other fevers of the putrid kind, became very rife in the army. I took great pains to procure for our men who were down with those disorders, large rooms; and to have them well ventilated, and cleansed once or twice a week. Yet under these circumstances I frequently found, *cæteris paribus*, that the sick who lay in and near the corners of the rooms, were handled much more severely than those who lay in and near the middle of them. I do not remember to have met with this observation before, but I think it is of no small importance in the treatment of dysenteries, and other putrid fevers.

From the foregoing history the following practical deductions may be made. First, that *cæteris paribus*, people who live in airy, capacious houses, are less liable to be seized with dysenteries and other putrid fevers, than those who live in smaller houses and breathe a more confined air. Secondly, that patients labouring under these diseases instead of being confined in small, tight rooms, (the common and fatal practice of the country in general) ought either not to be confined to the house at all, or to be placed in the most spacious and airy rooms. Thirdly, that it is highly probable that smothering feather beds, warm, close rooms, and over careful nursing, are among the principal causes of the fatality which

too often attends this class of diseases. Fourthly, that persons in the latter stages of a pulmonary consumption, when they usually spit large quantities of purulent matter, and their perspiration and other excreta are of a putrid disposition, ought to be treated in this respect, as tho' they were sick with a dysentery or other putrid fever; which will not only conduce to their preservation and comfort, but is the only means of safety to their attendants and friends.

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*Case of a division of the Tendo Achillis. By Dr. Samuel Nesbitt. Read to the Society, January 2d, 1788.*

**W**ILLIAM HOTCHKISS, aged ten years, son of Captain Stephen Hotchkiss, of this city, on the 3d of October, 1783, was wounded a little above the heel of his left leg, by the stroke of a drawing knife. I happened to be present at the time of the accident, and on examining the wound, found a compleat division of the tendon of the gastrocnemei muscle, commonly called the tendon of Achilles, about three quarters of an inch above its insertion into the os calcis; having no convenient dressing on the spot, I dressed it superficially, so as to preserve it from the action of the air; the accident happening abroad, he was carefully conveyed home, with his leg and foot placed in the most favourable posture to prevent the receding of the tendon.

In consequence of a call, I visited the patient, and in the presence of Dr. Eneas Munson, examined the wound. A compleat division of the tendon was clearly ascertained, and that part of the tendon adjoining the muscle was found reced-  
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ded about an inch and a half from the lower part, and hid under the common integuments of the parts. We concluded to bring the divided ends of the tendon into contact, by future; and in order thereto, found it necessary to make a longitudinal incision, about two inches, thro' the integuments previous to a future of the tendon, thereby exposing the receded point of the tendon about half an inch; I then passed an armed needle through each extremity of the tendon, about half an inch from the divided extreme, previously placing the limb in a state of flexion, with the heel strongly bent back, and, by means of straps, &c. continually through the cure, retained in that position. The wound was then dressed up with small pledgets of dry lint, and a pledget of the linim. arcœi. over the whole. Rest was enjoined the patient, a strict antiphlogistic regimen prescribed, and an anodyne for the night. On the 4th we visited our patient: found him much easier than we expected: ordered an emollient cataplasm over the dressings: an enema to be administered, and an anodyne for the night.

On the 5th we visited our patient: the tension and inflammation moderate: he had rested well: therefore found no occasion to alter the above method; but directed as before.

On the 6th we removed the dressings, the wound beginning to digest, and the divided part remaining in compleat contact, gave a favorable aspect to the case: dressed with warm pledgets of liniment. arcœi. pursued the antiphlogistic treatment, rest, and anodyne, h. f. with the strictest attention to the flexure of the limb and foot. On the 7th we continued the same treatment; fever and other symptoms moderate, the aspect of the  
wound

wound favourable ; repeat an enema, and the anodyne, h. f.

On the 8th dressed the wound as usual, tension and inflammation of the parts moderate; a laudable discharge of pus, and the future beginning to loosen, so as to call our attention more particularly to the assistance of bandages and the strap, lest the parts, by inattention or a sudden motion, might be torn asunder. Continued the regimen and the anodyne h. f.

On the 9th the discharge and appearance of the wound continued favourable, the thread was removed, and the parts remaining yet in complete contact, a small slough beginning to cast off from that part of the tendon that was compress'd by the thread. Treatment as usual, only with the omission of the anodyne, and the addition of an oily embrocation to the knee, ankle, &c.

On the 10th the sloughs cast off, a fine appearance of a granulation, or increase of that part of the tendon cast off, and the symptoms in every respect mild and favourable.

The 11th granulations increase, and appear to extend themselves along the whole surface of the denuded tendon, the parts in complete contact, with a laudable discharge from the wound.

The 12th, granulations increasing a little too fast, præcip. merc. r. was added to the former dressings,

The 13th, and for some days, the fungus rather luxuriant rendered the continuance of the precipitate necessary ; however, the granulations, gradually subdued and restrained, changed their appearance and texture, from a soft fungus, to that of a tendon ; so that at the end of the month a complete cure took place, without any accid-

ent or bad symptom, except a trifling one of a fall, which the patient had in attempting to walk after the wound was completely cicatrized, by which, on examination, there appeared to be a laceration, or separation of the integuments in contact with the exterior surface of the tendon, and a small diffusion of blood marking the extent of the transverse and longitudinal incision. As soon as the patient was fit to go abroad, a shoe was contrived with a high heel, and the limb guarded by a strap, to prevent a sudden extension of the limb or muscle, and this regulation complied with for some months, gradually lowering the heel to the standard of the other foot, so that by degrees, a free and perfect use of the limb was restored, and at the present no difficulty remains, but is as active as any lad of his age and constitution.

The apparatus made use of to restrain the limb in a state of flexure, and its muscles from any unfavourable action, were a strong piece of pasteboard, accommodated to the upper part of the foot or instep and ankle, and confined by bandage, which by its pressure against the anterior and inferior part of the leg, prevented the elevation of the foot; the leg was preserved in a state of flexure, and the gastrocnemii muscle in a state of constant relaxation, by a strap affixed to the heel of a slipper, that went over all the bandages on the foot, and led to a bandage above the knee, with a buckle to lengthen or shorten it at pleasure. The few instances that occur, or are recorded of similar cases, induced me to lay this before you, Gentlemen, more especially, as there have been many objections offered against sutures in the case of such wounds, : it is true, the patient referred to in this case, was young and of a spare, delicate

delicate habit, and of course less disposed to inflammation, and a numerous train of bad symptoms, common to such wounds in the plethoric and adult habit, yet, in my opinion, it does not argue against the safety of the practice, provided the antiphlogistic method is carried to the extent such plethoric habits require, as the degree of symptomatic fever alone, in such, and perhaps all wounds, (not in themselves mortal) must determine the proportion of danger or difficulty.

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*Case of a Wound in the Trachea Arteria and Œsophagus. By John Spalding, Surgeon. F. M. S. Read to the Society April, 2, 1788.*

ON January the 22d, 1781, I was called to visit Mrs. Potter, aged 58 years, who had been afflicted with a large scrophulous tumour on the fore part of her neck, and much subject to melancholly, and under temptations to put a period to her life, for a number of years. On the 22d day of January, she, with a pair of shears (which she had secreted for that purpose) attempted her own life, by thrusting one blade of them into her throat; cutting the trachea about two thirds off; and wounding the œsophagus. I arrived about half an hour after, and found a deep and frightful wound in her throat; the fore part of the trachea open, and extended about an inch. Dr. Ives being in the neighborhood, was called in to assist me. I made two ligatures on the trachea, one on the right and the other on the left side of it; directed her to swallow nothing but liquids, until I saw her again; and to  
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keep her head in a prone situation. On the 23d, found she had slept very little, her pulse calm, the wound discharging a gleet matter copiously: dressed it with lint dipped in bals. traumaticum; directed her to take 20 drops of the balsam, in a tea of baum. On the 24th found her pulse a little accelerated, and her rest disturbed in consequence of a cough: prescribed a tea of flaxseed and honey, with a dose of the elixir asth. to be taken at night, and chicken broth sparingly, on account of the difficulty of deglutition, which never failed to excite the cough. The wound discharged a viscid gleet; ordered a saline draught, and a cooling enema: her cough abated, and she rested better. On the 25th found a full pulse, a dyspnea, with an inflammation on the scrophulous tumour threatening a gangrene. I let blood, & gave her a solution of sal nit. ordered her feet to be bathed in warm water, and to take her broth sparingly, part of which escaped through the wound.

On the 26th, I found her pulse very full, with great difficulty in respiration, and the scrophulous tumour much inflamed; ordered her feet to be bathed in warm water, and took from her about twelve ounces of blood, which gave her immediate relief: continued the nitrous solution, and she rested much better that night than the preceding; the wound continuing to discharge a gleet with a little purulent matter. On the 27th, perceived an abscess had formed in the body of the tumour, which had emptied its contents into the wound, part of which was discharged by the mouth; the inflammation abated, the gleet less, a discharge of pus, and the fever abating. On the 28th, I found, by a fit of coughing the night before

before, the ligatures had given way, her breath and liquids which she took came out at the wound; I then passed an armed needle through the divided muscles and trachea, making three futures on the gaping wound, drawing the edges into close contact; then dilated the scrophulous tumour, at its depending sinus, in order to give vent to the matter, advising her not to take any thing into her mouth for several hours; she rested better than she had done at any time before. On the 29th, found the inflammation much abated, owing to the free discharge at the depending orifice; her respiration relieved, yet on her taking drink some of it escaped through the wound; the matter discharged was of a better kind. I directed her head to be kept still and in a prone situation. On the 30th, found she had rested very well, her mind a little more composed, the tumour lessening daily, she could swallow much better, especially when she took but a little at a time; her fever subsiding, and the appearance of the wound favourable. On the 31st, she had a craving appetite for food that was more nourishing; gave her an egg beat up with wine and sugar; she swallowed it without much difficulty; and appeared mending in every respect. Feb. 1st, found her craving solid food; I informed her it was not admissible under her present circumstances, and must content herself with her liquid diet, until the wound cicatrized. On the 2d, found she had rested very well, swallowed with ease, very little of it escaping at the wound. From this time she mended daily, and the wound incarned and cicatrized, and she now enjoys her usual health.

*Case of an enlarged Gall Bladder. By Ebenezer Beardley. Read April 2d 1788.*

**M**RS. Scott, a healthy temperate industrious woman aged 44, was seized with a violent paroxysm of the bilious colic, attended with the usual symptoms of nausea, vomiting, severe pain in the abdomen and costiveness. She obtained relief from purges and other remedies commonly used in that disorder; and in about a week was quite free from pain and disease, except a slight jaundice, which disappeared within a few weeks, in the use of saponaceous and other medicines. She continued healthy for about three months, when she was again attacked with a more severe fit of the cholic, which lasted longer and was more difficult to cure than the former: this paroxysm, like the first, was succeeded by a jaundice, which was more obstinate than before; but at the end of six or eight weeks it disappeared, and left her to appearance in a state of health. She continued apparently healthy for about four months, when she was attacked with a third paroxysm of cholic, which was much more severe than either of the former. Aloetic purges, fomentations, enemas, &c. removed the constipation of the bowels and pain in about a week. But from this period she began to complain of an incessant cardialgia, which preyed upon her without intermission: an obtuse, deep seated pain in the pit of her stomach and right hydochondrium, a yellowness in her eyes and skin, obstinate costiveness, with other symptoms of an inveterate jaundice. For these complaints she took mercurials, soap, lime-water, gum pills, absorbents, bitters, &c. But notwithstanding her

her complaints daily increased, her appetite forsook her, the heat and uneasiness about her stomach became intolerable, and in about four months she died, quite emaciated. Soon after her death I examined the body in presence of my brother and another physician. Upon making a transverse incision through the integuments, a little below the diaphragm, we were surpris'd at the sudden and violent protrusion of a hard elastic body through the aperture we had made, which upon farther examination we found to be the gall bladder, distended to the enormous length of ten inches, and proportionably large in its diameter.

The coats of the bladder, notwithstanding the amazing distension, were thick, hard, and elastic. we separated it from the liver, and opened it by a longitudinal incision from the neck to the fundus, and found that the distension and enlargement, were occasioned by a preternatural fleshy substance, which appeared to have sprouted out from all that part of the bladder which is connected with the liver, and had gradually increased to such a monstrous size. The fungus, or fleshy substance, consisted of coarse parallel fibres, not unlike the muscular parts of lean beef, and from the middle of it we extracted near an ounce of a soft, grey coloured calculus. The end of the fungous substance, next to the fundus of the bladder, was in a state of suppuration, and there was a spoonful of very thick cream coloured pus about it. It did not adhere to the bladder any where but at its insertion into the liver. There was no appearance of bile in the gall-bladder, the communication with the liver being wholly cut off by the fungous body.

What could have given rise to this formidable disease? Must there not have been a previous wound,

wound, laceration, or inflammation in the part whence the fungus issued?

Permit me again to repeat the practical caution, which I gave at the close of the history of the schirrous pylorus, at our last meeting, against the use of strong emetics in long continued biliary obstructions. In a case like the preceding, their effects must be terrible to the unhappy sufferer.

*Case of Dysenteric Symptoms from worms. By Dr. Samuel Nesbitt. Read before the Society April 2, 1788.*

**I**N the winter of 1784, I was called to visit a child of the Rev. Bela Hubbard, Aged two years. The child was seized on the night preceeding with a violent fever, great restlessness, a constant nausea, and vomiting, attended with alarming dysenteric symptoms, viz. a frequent discharge of an acrid mucus, resembling in colour beef brine, a distressing tenesmus, with a tumefaction and tension of the abdomen. Under these circumstances I found my little patient on the morning succeeding the attack. The dysenteric symptoms were so strongly marked, that, overlooking the circumstance of worms, I bent my whole attention to deterge the acrid offending matter; and accordingly prescribed two gr. of emetic tartar, to be dissolved in four table spoonfulls of warm water, and one spoonfull to be given every half hour, until the child had taken the whole, or a sufficiency to clear well the stomach. The first spoonfull suppressed every appearance of sickness at the stomach, the second was  
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given, and the whole according to the directions above, without any apparent disposition to vomit. Its operation was cathartic, and procured, within three hours from the first dose of the tartar, a discharge of thirty two large worms of the round kind. Some of them measured 8 and 9 inches in length, none, that I remember, fell short of four inches. The first discharge contained twenty, which were forced into the anus in such a body, that the assistants found it necessary to relieve the child by the hand. Two discharges more completed the number, they were all alive and squirming on the receiver. From the expulsion of such a number of disagreeable tenants, every dysenteric symptom vanished, the tension of the abdomen and fever subsided, and from that period a perfect recovery took place, without any further assistance from medicine.

Thus, gentlemen, without assuming any credit to myself, a happy and speedy issue was, by accident, obtained in the present alarming case, and by a medicine, which, in its operation, proved the most active and powerful anthelmintic I had, or ever have met with in my practice; curing, as Celsus says,

“*Tuto, cito & jucundo.*”

I most sincerely wish we could always be so fortunate in our prescriptions, when we are right in our conjectures of the proximate cause of diseases. But it is not to be expected that a mistaken theory will always terminate so favourably.

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*Case of a schirrhous in the Pylorus of an infant.*

*Communicated by Doctor Hezekiah Beardsey.*

*Read April 2, 1788*

A CHILD of Mr. Joel Grannis, a respectable farmer in the town of Southington, in the first week of its infancy, was attacked with a

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puking, or ejection of the milk, and of every other substance it received into its stomach almost instantaneously, and very little changed. The fœces were in small quantity and of an ash colour, which continued with little variation till its death. For these complaints a physician was consulted, who treated it as a common case arising from acidity in the prima via; the testaceous powders and other absorbents and correctors of acid acrimony, were used for a long time without any apparent benefit. The child, notwithstanding it continued to eject whatever was received into the stomach, yet seemed otherwise pretty well, and increased in stature nearly in the same proportion as is common to that state of infancy, but more lean, with a pale countenance and a loose and wrinkled skin like that of old people. This, as nearly as I can recollect at this distance of time, was his appearance and situation when I was first called to attend him; he was now about two years old. I was at first inclined to attribute the disorder to a deficiency of the bile and gastric juices, so necessary to digestion and chylification, joined with a morbid relaxation of the stomach, the action of which seemed wholly owing to the weight and pressure of its contents, as aliment taken in small quantities would often remain on it, till by the addition of fresh quantities, the whole, or nearly all was ejected; but his thirst, or some other cause, most commonly occasioned his swallowing such large draughts as to cause an immediate ejection, and oftentimes before the cup was taken from his mouth. It did not appear that he was attended with nausea or sickness at his stomach, but he often complained that he was choaked, and of his own accord would introduce his finger or the probang, so as to excite the heaving

ving of the stomach and an ejection of its contents; the use of this instrument was generally necessary if the stomach did not of itself, in a few moments, discharge its contents, the choaking would in that short space of time become almost intolerable, which by this discharge was entirely removed. In this situation, with very little variation of symptoms he continued till death closed the painful and melancholy scene, when he was about five years of age. He was uncommonly chearful and active considering his situation. A number of the most respectable medical characters were consulted and a variety of medicines were used to little or no effect. His death, though long expected, was sudden, which I did not learn till the second day after it took place. This late period, the almost intolerable stench, and the impatience of the people who had collected for the funeral prevented so thorough an examination of the body, as might otherwise have been made. On opening the thorax, the œsophagus was found greatly distended beyond its usual dimensions in such young subjects; from one end to the other of this tube, between the circular fibres which compose the middle coat, were small vesicles, some of which contained a table spoonful of a thin fluid like water, and seemed capable of holding much more. I next examined the stomach, which was unusually large, the coats were about the thickness of a hog's bladder when fresh and distended with air, it contained about a wine pint of a fluid exactly resembling that found in the vesicles before-mentioned, and which I suppose to have been received just before his death. The pylorus was invested with a hard compact substance, or schirrosity, which so completely obstructed the passage into

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the duodenum, as to admit with the greatest difficulty the finest fluid; whether this was the original disorder, or only a consequence, may perhaps be a question. In justice to myself I ought to mention, that I had pronounced a schirrosity in that part for months before the child's death. On removing the integuments of the abdomen, I was struck with the appearance of the vesica fellis, which was nearly five inches in length and more than one in diameter, it lay transversely across the abdomen, and was bedded into the small intestines, which were sphacelated wherever they came in contact with it; its contents were rather solid than fluid, and resembled flesh in a highly putrid state; its colour was that of a very dark green, like the juice of the night-shade berry, and a fluid of the same colour exuded through its sphacelated coats. The necessity there was of interring the body that evening, put a stop to any further examination.

I should have been happy, Gentlemen, if I had been able to have given you a more particular and accurate description of this very singular case, but the above-mentioned circumstances forbid.

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*Case of Calculi in the Lungs. Communicated by  
Dr. Eneas Munson. Read April 2, 1788.*

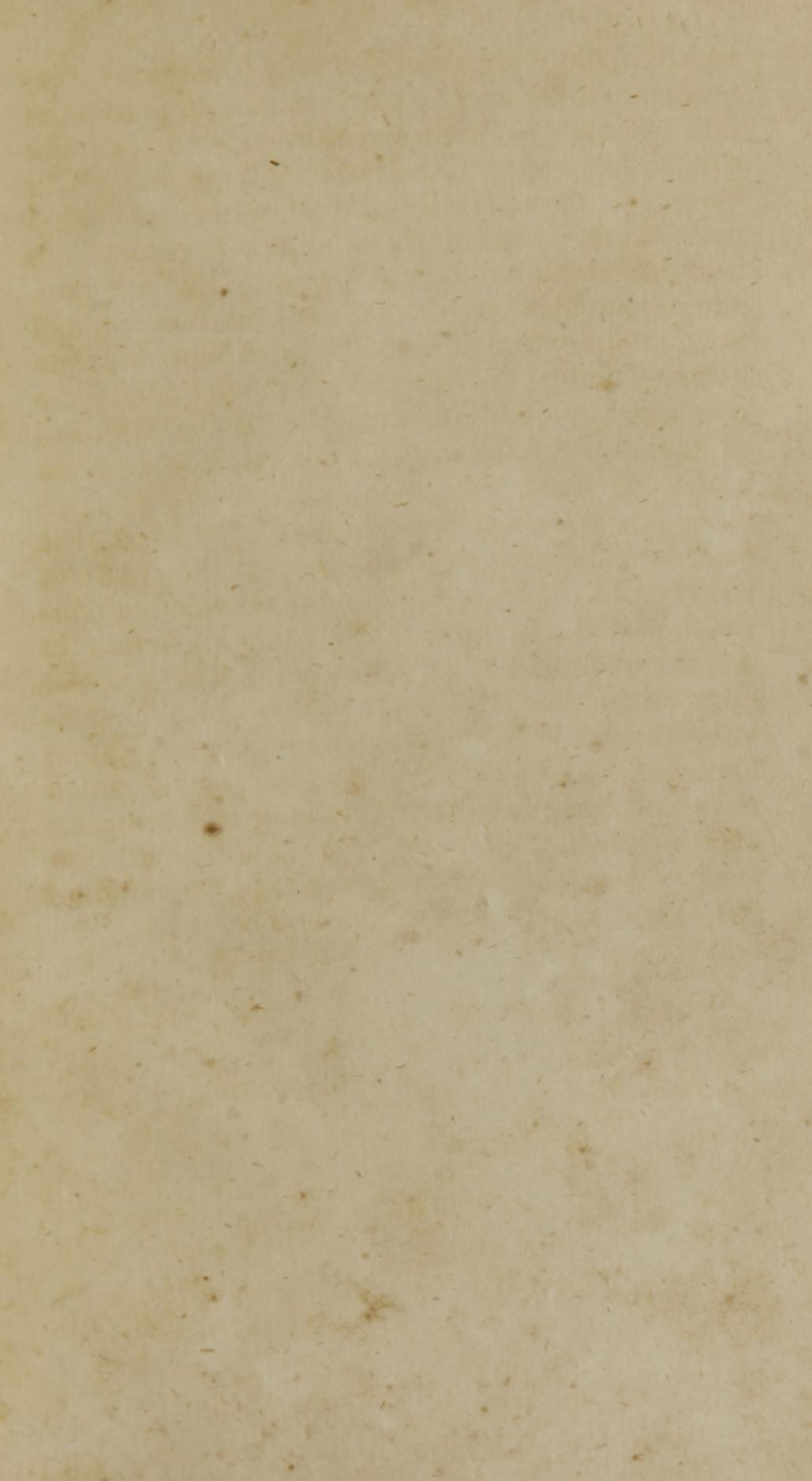
**M**R. CALEB HOTCHKISS, aged 45 years, of a choleric disposition, died of a consumption of the lungs, in the month of December, 1784. His disease by his own account of himself, commenced about 15 years before his death. Sometime in the year 1769, he was exercised with extreme pain in his chest, at different periods,

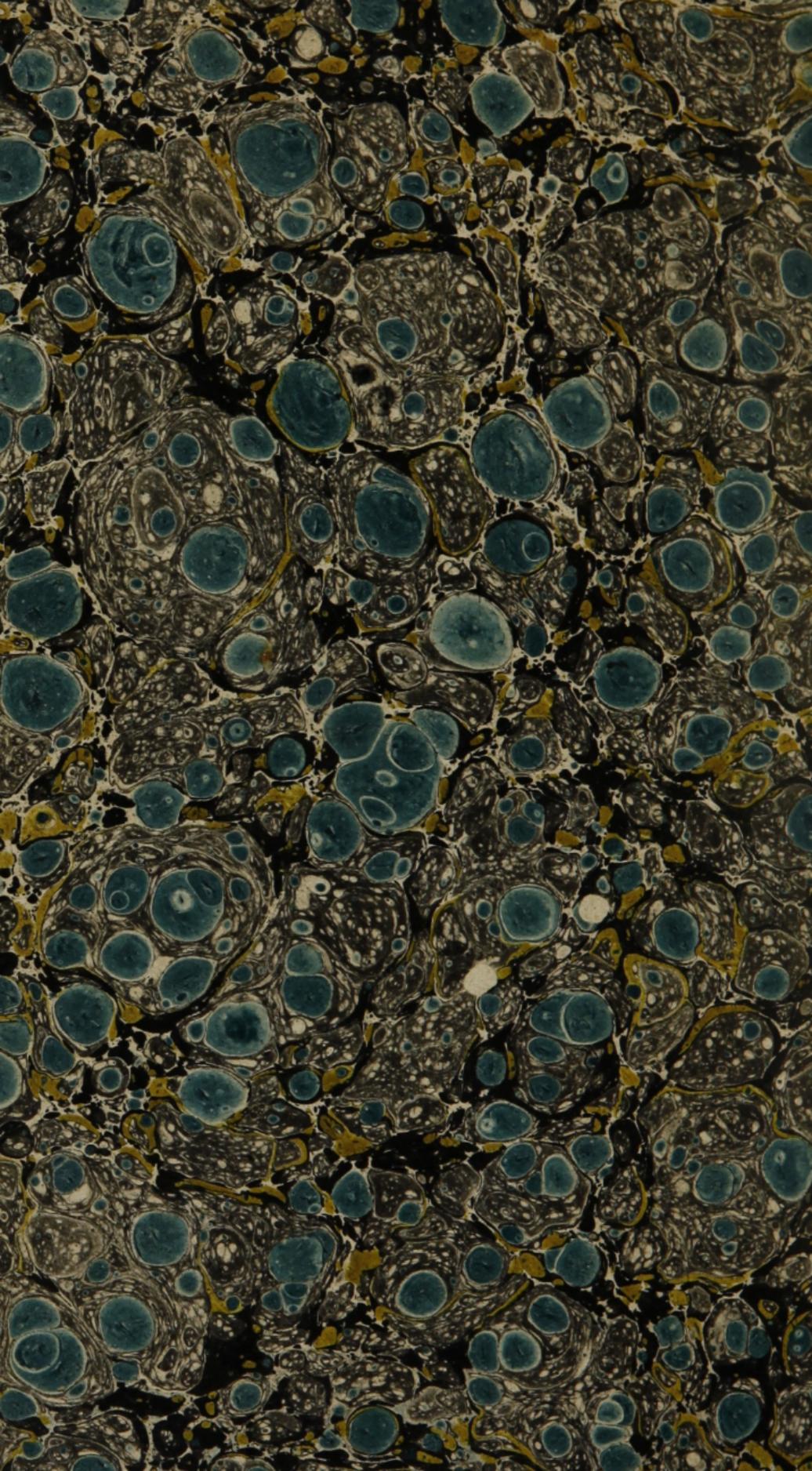
periods, which ended in a nephritis; and at length in an hæmoptosis, when, by coughing, a calculus was thrown out from his lungs, after which he passed about 12 years of tolerable health; he lived a sedentary life, and was able to pursue a moderate course of study, and preached occasionally, until July 1784, when I was consulted in his case. He complained of a general lassitude and weakness, attended with a slow fever and cough, with a quick, hectical pulse; tho' without any pain in or about the chest. His cough was neither hard nor frequent: he had been riding short journies, for the purpose of recruiting his health, and had found so much advantage thereby, that he was determined to take a more lengthy one of some hundred miles. But his weakness and Hippocratic countenance, together with a small hæmoptoe which attended his cough, made me diffident in recommending so lengthy a journey as was proposed, and the more so on account of a number of small calculi, which at different times he had coughed up, tho with less irritation than might have been expected, they being of very even, smooth surfaces, but of different figures, and about the size of a large orange seed. But seeing the great confidence he had of the advantages he should derive from the proposed journey, I consented, rather than advised to it, with all the precautions I thought necessary for one under his infirmity. He returned in about six weeks, and appeared rather recruited, and continued so until the month of September, when his cough increased, and on the 9th he raised about a pint of blood from his lungs; which came so fast and suddenly upon him, as to threaten an immediate suffocation. I was called in the night, but before I arrived

ved his hæmoptoe ceased. But just on my entrance into the room he expectorated a large mouthfull, which appeared by candle light to resemble a mixture of blood and pus. This I directed to be thrown into a small vessel of water, and after maceration, found it to consist of a portion of the internal membrane of the lungs, about one inch and a quarter in length, and half the breadth, and about a quarter of an inch thick. About this time he expectorated another calculus, after which he continued gradually to decay, until the latter end of December following, when welcome death closed the scene.

As this is but the second case of the kind that has fallen under my observation, in the course of thirty years practice, I narrate it as something singular, with this remark only, by way of quære. As, in the present case, many severe pectoral complaints were terminated with a fit of the gravel, whether very considerable relief may not be expected in like cases, from those means which have proved so specific in resolving and bringing off calculous matter from the kidneys and ureters? Which is humbly submitted to those more skilful and experienced to determine.







Nesbitt S.

Beach E.

Tomlinson A.

Spalding J.

Hubbard L.

Munson E.

Beardsley E.

Ives L.

