John Simpson
1861

Note of Pass
from the
Medical Board
Service 1860-61

Artillery - Commander

[Signature]
The notice of the cases which form the subject of this paper were taken during the winter of 1850-61. They were intended to illustrate some of the diseases which lead to heart and lung trouble. A great number of such cases entered the Hospital during the winter. Each case was carefully examined, and the various methods of treatment attempted. The possibility of adopting a new plan was discussed by the Professor and students at the bedside.

The first case which I shall relate is one of the cases of chronic bronchitis and emphysema treated in the same way. By first, by diffusible stimulants; antitussives, cod-liver oil, and opium. By the inhalation of camphor and ipecac, and fomentations of the lungs. By expectorating the bronchi with hot M. A. Apo.
A. M., 62, a labourer, admitted into the Infirmary Jan 15th, 1860.

Antecedent History. Patient states that up to the beginning of last winter he had enjoyed good health. At that time without being aware that he had caught cold, he was seized with chills and which reduced him in an illness in which the most prominent symptoms were severe cough, shortness of breath. Another repetition. He was confined to the house for about three months, during which time he was coughed frequently over the chest. He has never completely recovered. Cough and shortness of breathing have continued more or less ever since and the repetition has been frequently followed by blood. She has raised temporarily and always had good food worn clothing. Three weeks ago he caught cold and has been unable to work ever since.

That on admission—

Circulatory System—Warm bound; tremulous.
Respiratory System—Weak.
Bowel 100; of fair strength.
Respiratory System: Chest barrel shaped and moves "in waves". Respiration chiefly abdominal. Pulmonary resonances increased and ronchi heard. No tickle over the cardiac region. No respiratory murmurs felt. There are dulcet sounds ribbontail with inspiration and expiration. Respiration rapid and especially over the upper third of the lung. Staccato. After the violence an abundant mucous rather kettically. The cough is more especially at night and occurs in paroxysms. Respiration 36 per minute. Sputum mucous. Coughs - Typical interscostal containing streaks of blood.

Respiratory System: Chest of Engelmann followed by pain back. His night are much disturbed by a severe fit of cough. Nocturnal respiration: Longs chain, appetite good. Complains of nausea at times. Gastric distress. Follows a brief fit of coughing. Can't tolerate.

 gastro-


Integumentary System: There is slightly thin skin. No weakness, learn to little.
Nov. 13th, Tuesday. Ordered — R. Chloroform 3 fl.,
Dr. All. Chloro. 3 gr. And balsam Of. 3 gr.
By a tablespoonful three a day.
Nov. 16th. Somewhat profuse last night after the
Nov. 21st. Has improved slightly since last report
Dr. blenomy well. Very weak to lie. Had
food well.
Dec. 24th. Pulse 70, fuller than before. Sputum still
contaminous, et cetera of blood.
Dec. 21st. No blood appears in the sputum, absence
symptom an interesting. He alteration in the
pulmonary sounds.
Dec. 7th. That he is gaining strength slowly.
Dec. 8th. Today he had an attack of dyspnea.
Dr. painfulness in the chest got which
have appeared to fit, with gradual relief.
Dec. 12th. Cough and sputumation still continue
as before. Ordered a couple of pipes three
a day. (By the help of draining the
pleura.)
Dec. 13th. That he is better since taking the
Pepine. This sputumation is not quite as apparent.
Dec. 17th. Cough as bad as ever. Has refector
ated a considerable quantity of blood. Shortness of breath continues.

Dec. 20th. Expectoration very copious. Repeat the
Capsule of Caponi.

Dec. 26th. No beneficial effect has been observed
from the use of the balson of Caponi, and it is
ordered to day to be suspended.

Edmund
Antispasms die once two Containing 0.05 drachm.

Dec. 28th. Remain in the same condition. Expectoration
Caponi. For the slightly touched with blood to
the physical sign in the centre of both basal
Coccyx of hardness will somewhat prolonged
expiration an expiration. - 

Feb. 11th. Haunch three times a day.

Dec. 29th. No improvement, there were slight
hemoptysis both night.

Dec. 31st. Parsons have been taken regularly
since they were ordered. Patients states that he
feels very much better. There is loss of force two
cough not as frequent. He breathe with more
facility.

Jan. 2d. 1861. Continues much better. Cough
expectoration diminished twice in a report. The
falling cold has not curved constipation.
The lungs have been opened about a day since he began taking it. The expectoration contains patches of a greenish-black color.

Jan. 8. Before he had been on a few days and the bowels were open, he began to feel better.

Jan. 9. After the last four days 10 ft. of an advance has been made, it was determined to inject the trachea with a solution of nitrate of silver according to the plan proposed by Dr. Horace Jamison of New York. Two ounces of a solution containing 3i-i2i of nitrate were used. The operation was easily performed. The desired effect of it was to produce a feeling of warmth in the chest. In this patient, the other view of a complete recovery.

Jan. 10. Again felt better, the injection of nitrate of silver having been made.

Jan. 11. The child much better and says he feels a great improvement in his breathing though on respiration, in very rough shape.

Jan. 12. The patient breathes gradually and is examined that another injection should be employed.
Jan. 24th. An injection of 1/2 of the 1/2 of the above stated with the best one was made today. Some difficulty occurred in passing the tube across the urethra; about its force, which had super

banced since last report, but it was overcome. This injection also produced great relief and patient brief desire of leaving the hospital. 

The second Case of Chronic Bronchitis.

With eczema of face treated in the same way with the same result.

The treatment by leeches and Arsenic, gave marked but only very temporary relief. It diminished the length of the paroxysms of coughing at night—but did not in any way tend to the ultimate cure of the complaint.

2. By Cupping. The old method of treatment was reprobated by a member of the Club and a fair trial was given it, but it had to be discontinued in both cases except to symptoms of impaired expectoration which began to appear to symptoms of impaired expectoration which began to show themselves.
3. By Salic acid. This substance was recommended for trial on account of its astrigent virtues in mucous discharges & hemorrhages. This principle the elimin-ated from the body in the urine is purified for it can be detected in them by the aid of Chemical tests.

The colour which the specimen often assumes in a patient taking Salic acid is evidence of this. In the above case the specimen contains blood-basd patches which probably owed their colour to the action of the acid upon the blood. Contains in the specimen, just as the specimen juice or acetic acid fills kiss the blood, so it may be owing to the formation of salicylic acid, though it is difficult to conceive how the small proportion of blood contained in the blood (1% in 1000 parts) should occasion such a characteristic reaction.

It has been proved by means of the iron test that salic acid is also eliminated by the urine unchanged. Salic acid does not constitute the
De Histamaticis ex B. Pradicis.
Albunnci ad. do. do.
& in Dr. Chrestiens Disputer.
bowels. Consequently, though it has been recommended in Diarrhoea and Dysentery, it
leaves doubt as to whether the good effect which follows its use can be fairly
attributed to it.

Nevertheless, as this drug has been administered daily for weeks together
without any bad consequences,

it has been used in Hæmoptysis, Hæmaturia, Neurasthenia, albuminuria, Hæmaturia
for Chronic, Bronchitic, dysenteric, diarrhoea, and by Dr. Trent in Cases of
Chylous, Urine. It is recommended by

Dr. Andrew Read as a Purgative.

Uranic or Jatamic or an analogous
substance has been used for nearly the
same purpose, but it produces more
nuisance than ache when long continued than
Fallie acid, cannot be given in each dose,
its solution exposed to air becomes
converted into Fallie acid. This change
probably takes place before its therapeutic
action are manifested in the system.
A solution of silver nitrate. The patient was prepared for it by holding the jaws open by means of a splint or plate. An injection of it, to assuage any irritability which might prevent the entrance of the drug, was made afterwards. It acted on the lungs. The injection of the solution caused no cough or pain but rather an agreeable feeling of warmth in the chest; it gave the patient considerable relief in his disease for a few minutes of the procedure.

It cannot be expected from the pathology of this disease that much benefit can accrue from the use of drugs; it seems therefore better to direct attention to the diseased organs for alleviating the most distressing symptoms. Perhaps in cases in which the complication was not very copious, a proper palliative that might be of assistance might be to administer all alkaline salts containing large quantities of copper, such as Chlorate of Copper and 6.
Combine this with antiparasitics or sulphonie & Chloric. Ether or Sulpho
inflata 98. In a case of dyspepsia
occuring during pregnancy the most
marked relief was afforded by the slow
dose of chlorate of Potash, three a day.
This has to place before the descent of the
Uterus in the latter month. The same
dose has been used with success to pre-
vent the death of the fetus in the latter
months of pregnancy, when abnormal
pregnancy the fetus has uniformly died
before arriving at maturity and when its
death depends on placental agena.
Uterine is decompromised in its passage
through the cryptic Vagaries in the
plants in Pachyblata of Potash & Chloride
of Paramecium.
The following Case is one of Pneumonia & subsequent Phthisis which ran its course in fourteen days from the date of the onset.  

J. MacD. Maxwell, age 31, a Machine Maker, admitted Saturday December 8th 1860.  

History. Till Monday last (Nov 26th), the patient enjoyed very good health. He never suffered from any pulmonary complaint. But that day he was exposed for several hours to heavy rain. On his return home neglected to change his wet clothes. Next day he complained of a common cold but had no cough or pain in the chest. He went to his work as usual. That morning the following (Saturday), though he had then impaired appetite, nausea, hacking pain in the chest. The next Thursday he awaked with severe headache. Yell any worse he became previa a breath. The symptoms became more severe during the day. She was further exposed to the influence of the weather by being obliged to stand for several hours at the foot of a ladder. Expired all the time to a cold wind, monotonic chug.
During the time he was thus engaged he had several more severe experiments of burning which he attempted to alleviate by copious draughts of cold water.

At 2 p.m. he returned home still cool that he was not boiling. Edwards evening he felt ultimately and alarming heat. His appetite for food completely left him. He was seized with a severe pain on the left side of the chest. Difficulty of breathing. November 28th he had both suspicions and was visited by a S.E. doctor who recommended his admission into the Infirmary.

Date of Admission: Saturday, Dec. 1st, 1860.

Circulatory system: Heart sounds are normal. Pulse 100. of fair strength.

Respiratory system: Nose: well. Respirations 36 per minute. painful (difficult). Performed apnea slightly. Frothy, watery, thin in consistency. Cough paroxysmal severe frequent. Echocardiograms of chest equal on both sides. No marked difference between them anteriorly on posteriorly.

On consultation
Anteriorly. Left lung. Respiration harsh and feeble with distant expiration at the base and slight bibillary with inspiration over the middle third. Right lung. Respiration feeble. There is no increase of vocal resonance on either side.

Posteriorly. Left lung. Auscultation there is marked dulness over lower two-thirds. On percussion, there is tubular breathing and dull free expiration. The vocal resonance is dyspneic between the lower angle of the scapula and the diaphragm.

Right lung. Respiration harsh and slightly auscultatory. With inspiration there are moist rattle at the base. The vocal resonance is not increased.

Nervous system. Does not sleep well owing to the pain in the left side of chest, which is increased by coughing. Has a deep inspiration. The patient also suffers headache and feeling pain in the back, thighs, hands.

His bowels were opened last night. There is no tendency to diarrhoea.


Intercrenular system. Face slightly flushed. There is a herpetic eruption about the lips, chin and moderately worse.

Progress of the Case. He was ordered an at.

benevolent strong infusion. The following mixture:


Sunday, Dec. 26 (4 day from regio). Patient has not slept an account of the slight pain.

Physical examination. On auscultation over the left lung anteriorly, Respiration is harsh. Inspiration is slightly prolonged. There is definite resonance at the base, over right lung the inspiration is harsh, almost bronchial. Posteriorly. On auscultation, left lung, there is absence over the whole. Right lung over the middle third. left marked at the base. On auscultation over the left lung, abundant fine eighth. At the base, over the heart, there are slight resonances with inspiration, but rather diminished at the middle third.

Vasomotor. Pulse 104 per minute, Respiration 28 per minute. Blood pressure, left arm not observed. Dark green. Blood is no change in the physical sign with the exception that the inspiration breath sounds over the base, have no change over the left lung and posteriorly are observed.

Monday Dec 3rd (5th day). Patient has not slept.
An account of severe eternally pain in the left side of the chest, to which was no pain. Paper was applied but failed to give relief. The pain not abating, a tincture of opium was applied and gave marked relief. Pain in the back. Respirations 20-25 per minute. Pulsation 72. Cough before the pain came on was troublesome, but after no signs. Phlegm fluid, slightly frothy, purulent. Urine maintained, thirst appeared. Appetite improving. His health was moved from hour to hour during the night without medicine. Patient had a headache. 10.30 A.M. 6:18. Pulse 84, regular. Chest examined. Coughing severe. Containing abundant phlegm. Nausea extreme acute. Physical examination of chest.

On examination anteriorly, inspiration equal in length. Vocal resonance equal on both sides. No deviation. There is loud tubular breathing on both sides. With slight "bronchial" notice.

On posteriorly, right lung, dulness to sudden friction over the whole. Left lung open. Slight, resonant, dulness over all the chest. There is absolute dulness from angle of Scapula to the base.
On auscultation over the left lung posteriorly.
Duller breathing above, absence of respirating
sounds at base, the upper tubular breathing
being heard here faint and distant, croupy
hope still well marked.

Patient is very weak, breathing a good deal.
Ordered light coffee to be continued and
I have a saltpetre poultic of urine every half
hour. - Saltpetre continued.

Vapours. Patient seems considerably stronger
now. 100 ws. still reduced with sweat.
Pain and cough to regularly administrated.

Tuesday, Dec. 1st (6th day). Had some outbreak.
of croup during the night - Pains more severe.
Throat becomes rawer. Pain in the abdomen
relieved - Temperature 99 1/2 per minute very
Pulse 98. Left. Passed Stool of Urine.

We were yesterday. The chest bent, high colored
Sp. gr. 1030. Spatia unchange in character.

Physical examination. Pulse as expectating.
Fall marked friction is heard over the left side
particularly with inspiration. Inspiration.

Cantoune wife less to 0. Image Brenda at night.

except when present coughs. Respirations 18 per minute. Urine contains a large quantity of bile. Frequent and quite no distinct acrid flow. Complete absence of bowel movements at base. Above the cord is asphylia.

Wednesday Dec 6th (14th day). Patient passed a good night. Pulse 84. Urine contains considerable perspiration. Slang moist clear. There is loud expectoration with inspiration at the base of left lung posteriorly. One thing (the remains of friction) with expiration. On the right side posteriorly inspiration is still hard. No expectoration is heard. Bowel tracts are not marked as yesterday in the effusion. Cough at times labile. Urine still lead colored with bile. Quinte mixture died continued.

Versippe. Patient becomes stronger. Hamburg being "quite well," meaning that he is free from pain and uneasiness. Pulse 84 full soft.

Physical signs remain as at noon Thursday Dec 6th (18th day). Passed a good night. Pulse 84 soft. Urine clear contains abundant chlorides. Expectoration over left back of chest is today distant. Slight asphyxia remains.
There is much excitement over night and frequently
breathing to have come chills for days
and quantity of urine to be diminished to 31
Chlorides absent from the urine

Friday, Dec 7th (7th Day). Patient has left well
Pulse 72. soft

Urine light coloured contains a
slight mucous layer.

Saturday, Dec 8th (8th Day). Pulse 72. soft
Patient was up for an hour today, says he feels
quite well." Slight abundant on the urine.

Handpiration is still heard over left lung posti.

Patient quite free from any nasty cough
Since this date the patient improved
very favorably I was dismissed from the
Hospital on the 12th Dec, the urine and
the uric acid no symptoms in the urine.
Dr. H. J. Parideus. "On the pathological state of the lung connected with Brometia."


According to André, pain in Pneumonia is due to the being at the same time an inflammatory condition of the Pneumonia. He has found that in all the individuals in whom he had observed this pain, the heart, the phrenic was inflamed and he had frequently seen a bluish tinge of the pain coinciding with a round condition of the phrenic.

Inflammations of the bone disquamation textures are not so frequently accompanied with bone pain as those of the more superficial textures. In this case, the pain was increased by each respirator which was performed with difficulty, not an unusual case of Pneumonia. with little or no suffocation.

The authors of the lectures just showed that the chlorides were absent in the urine in a true stage of Pneumonia, and that the carbonic was excreting by the breath. The chlorides have been found to be absent from the urine in small proportions constantly absent in any other disease than Pneumonia. They always are absent when the disease is fro...
gushing, but return gradually when the symptoms are abating and the medication is suspend. The underlying cause of the eruption was carefully taken by the addition of distilled water to the eruption, by a drop of nitric acid and followed by the detection of titers in solution. The cholesterol was found in the few other cases to be present in the fluid when absent in the urine.

- Ippei, 24th of July (8 days from injury). Dr. Reck states, "That there is reason to believe that the absence of cholesterol from the urine during the stage of hepatitis shows that depends upon a determination of its color to the infected blood. That when resolution occurs the form of attractive cancer, what happens, had been retained in the urine is reabsorbed as appears on the urine in the usual way."

It was also necessary because the hypothesis of any distinct pre of attraction between the blood or the lung that led the whole condition in every of the cholesterol or sodium being every possible could may be
divided gradually and of the several wavelike layers or "waves" which appear in the spectrum, the power of absorption being then in accordance - this lasts as long as the chlorine is advancing, but whenever absorption begins, the band of chlorine is also absorbed, disappearing from the spectrum. Chlorine is an element which is not eliminated from the spectrum by the chlorine, its natural channel.
and with a Case of Pharyngitis & Pneumonia, I do not see the amyclerable symptoms.

The two following Cases illustrate the symptoms of Aortic Mitral Disease with hypertrophy. In the first Case the disease was not far advanced, though the physical sign were exceedingly clear.

1. John S. aged 42. by occupation a gardener. was admitted on Saturday, Nov 20th 1860. The patient states that he was in the enjoyment of good health up to February of the present year, when being exposed to cold and wet weather he was seized with cough & pain in the chest, for which he was admitted into the Hospital in Portland. He left the hospital in some much improved in health, but since then though able to work he has suffered from difficulty of breathing & pain in the chest, no matter any unusual exercise. He continued in this condition until last Monday (Dec 19th) when he experienced...
without any evident cause, a severe pain in the left side of the chest, accompanied with palpitation, slight diminution of vision. He further states that he was formerly in the habit of taking spirits but not very often, and since he left the hospital in June last, about two

with fever temperature.

Physical examination. Monday 28th November.

Circulatory System. The apex of the heart lies between the 6th and 7th ribs and one inch lateral to a line drawn vertically from the sternal line. The tricuspid is anterior. Auscultation atonally a distinct cause double blowing sound near the heart. The apex is heard as the base of the heart (opposed

The Pulse is full, thready, pouter vealer on the left side but still jerking. Considerable aching pain is felt over the cardiac region. The face and ears are pale. There is no increase of palpitations, but they do not

Resultado, August 31st, 1837.

of the Carotid especially on the right side behind the clavicle.

Respiratory System. The patient has a strong

d Moscow
clue, when to expect, during the application of the leech-cup. Somewhat round and
head.

Rheumatic fevers. There is slight redness of
the eye, when patient sleeps or when he awakes.
Vertigo - the eyes is disturbed by unpleasant
dreams (often he wakes up with a start),
Deja-vu effect. Tongue clean - Appetite
good, but has a sense of fulness in the
Epigastrium after eating - there is pain
in the epigastrium over the hepatic region - The
Vertical chills of the body increase. The
head and face, becomes pale - Blood.
The hands are regular.
Sweats. Morning sweating, nothing abnormal
was discovered.

Interpuncture亅 headache. The Canthi are
sallow - The state that he has become
chronically thinner, of state.
He was ordered the following treatment.
1. Rest with occasional gentle exercise -
2. Purgative, but non-irritant castor oil
without fasting from any beverages likely to
disturb the stomach as broth producing.
Hatching and is having upwards upon the diaphragm.

3. Further accounts if there is any tendency to Coughing.

4. Antiperspirants were used. Should an attack of dyspnea occur.

November 29th Thursday, At 2 a.m. Patient was seized with a violent pain over the carotid up to accompanied with severe palpitation and dyspnea. Belladone was administered twice relief.

Nov. 30th Tuesday had an attack similar to that of yesterday amounting up to that the gas went. He was ordered

P. Op. Salts tinct. Bellad. 2 Dr., Chlorodyne 3

Met. Compound 2 Dr., Sugar to the pointful

In table when the dyspnea is urgent.

Dec. 1st He has had several attacks similar to that last described and especially worse after a full meal. The Carotid becomes

an hollow diminished in intensity.

Dec. 8th Patient has had several paroxysms of orthopnea which are much relieved by the draught of Sulphuric water.
Tuesday. Dec 11th. Patient had another paroxysm of pain this morning. 11 a.m., marked by severe pain in the cardiac region, a feeling of something in the pit of the stomach, tachycardia of the pulse, increased reflexes. It lasted for about 18 minutes. Afterwards he had pain in the region of his lips.

Dec. 14th. On turning in bed last night he had an attack of palpitation.

Dec 21st. He has slept well for the last two nights.

Dec 25th. continued in the same state with occasional attacks of dyspnea and palpitation, which were increased by cold drinks or meals, and lessened by the use of the antiparameics. He remained in hospital till the 9th January when he was dismissed, relieved with advice.

Dr. John T. at 30, 47th Street, admitted December 4th, 1860.

Patient as far as he can remember has never enjoyed perfect health. He says that in infancy he had a fever the nature of which he is ignorant, he cannot say if it was scarlet fever.
During his whole life-time he has been subject to occasional fits of depression & putration especially in winter & during which he was often confined to the house. For the last five or six years he has for the most part lived in and spent about 5 years ago he was in the hospital with one of these attacks and was dismissed much relieved, he then was by the use of Dilatation from the time of his dismissal to last August (1860) he has been tolerably well with the exception of a slight attack of scrofula in the spring of 1859. On returning home from the Volunteer review by storms he caught cold and was very ill. He was attacked with chest pains commencing in the abdomen descending down the leg. The urine was scanty & yellow. Since that date of illness he has been suffering from deepening cough which has lately been attended with severe pain in the shoulder which has compelled him out of necessity into the infirmary. He was an admissions. Consulting surgeon, Haraft, after lie to within and a little behind the nipple
The extent of tracemess Cardiac dulness in inches.
The action of the heart is very irregular, a loud
shewing is palpable with the first sound at the
apex. The Pulse is small and irregular
about 100 per minute, variable.
Respiratory system—Caught a little the
breathing is very difficult. Percussion anterior
by pluse no pulv sound, but posteriorly there
is dulness over the base of right lung and firm
respiration an Ascendation
Nervous system, Patient has no headache
the upper arm, little an account of pain in the
shoulder & appearance of the apparatus.
Defensive system: Vomiting Chat, appetite good
no sickness, bowel confined. There is no
marked cronic.

Erector. Urea. system—Urine somewhat dis-
semined in quantity. p. 9. 4. 10h. E. contain
albumin in small quantity.
Integumentary system—Sweat wading of the
legs and feet, chill Cool and dry. 10h, led
the Vein.
Ordered the dipped to 3/4 and to have the follow
Wangfulful 1st taken occasionally. Dec 7th Patient passed an extremely restless night. Respiration difficult. Heart putative. Volutino there are strong putations in the jugular veins which are turgid. He was apped to 3 7 but with little relief.

Dec 11th Sane some hot better today. Countenance lips confused in appearance — Palse Do anything. Dec 14th Face lips, are vivid. Complaint any much of pain in the right shoulder. Breathing hurried.

Order: 1. A. R. Min. To start 3 g. in an hour.

Again at 3 p.m. Leg: Two fingers postured, every thing.

To 12th morning rather more today. Vire is still very vivid. Palse more regular. Vomits two

Times in the afternoon but has no retchings.

Dec 13th — Countenance is much the same condition. Breathing nowhere becomes any difficult he ever

Enclosed a draught containing half a pound of chicory but without relief. He only passes a few

Times of water and the ascites seems to be on the increase.

19th Dec. Today the live was carefully examined

And the vertical diameter below the nipple was found to measure only 3 1/2 inches. He was ordered to
The day passed over the hepatic repair and afterwards a plentiful drain applied and to have a curfew glassful of quai daily.

Veepus ordered the antiperonema to be continued in the hope of relieving the excreta dyspepsia.

20th Dec. Passed a very bad night. Dyspepsia occurs.

Amount of urine as the last 24 hours. 3xxx. Ordered for 34.

21st Dec. Pain less of great pain in the lower part of the abdomen. Then passed early. 3xx. Urine. Ordered cataplasia was passed which saw off a small quantity of 3x of urine. Worms present. No next day 21st 3xx. Urine. Ordered weeping was digested.

This morning with temporary relief. Passed 3xxv of urine since last Saturday. Diarrhea rapidly increasing. Thought he would lose the smile of life but was a break. Also bile. A gentle digitalis given three a day. Veepus hills occurred. Urine 3xx. Extraction an old. Do have hot bottles to his feet. Hps.
Dec 23rd. The paroxysms of dyspepsia are becoming more frequent - He could not take the parts, so the jaw was removed. He was ordered to have Victuals of liqueur painted daily over the respective region.

Dec 24th. The dyspepsia seemed to be more severe than before. He had no sleep. Passed 3 pints of urine twice last night.

Dec 25th. He was ordered to have 3 pints of wine every day.

Dec 26th. The Paroxysms were acute. He was called this morning at 3 o'clock. He had less suffering from great pains in the shoulders. He was ordered a stimulant. He was ill.

Dec 27th. Fever was feverish. No change was made in the patient. He was ordered a stimulant. He was ill.

Dec 28th. His condition seemed to be the same. He was ordered a stimulant. He was ill. He was ill.

Dec 29th. He was ill. He was ill. He was ill. He was ill.
Post Mortem Examination. Dec 28th 1860.
50 hours after death.

The body is large, muscular, well formed. There is much lividity of the face and neck; the lower extremities are edematous. Thorax. On opening the sternum and costal cartilages, a large rent of the external surface of the pericardium was exposed, only small portions of the fascia pericardium being free. There were about two joints of fluid in each pleural cavity and about 2 inches of effusion in the pericardium. The heart, particularly the right side, was much distended with fluid or partially coagulated blood. The aortic valves were tested found competent, but the aorta in this structure. The mitral orifice was contractile to 1½ inch in circumference resembling a gutter in shape. The edges of the valve were quite smooth, but the chordal tendineae were a little shortened. The valves of the pulmonary artery were normal. The tricuspid orifice was dilated to 1½ inch in circumference. The left auricle was dilated its walls were of the normal structure.
The left auricle was dilated and its lining much raw thinned. The right ventricle was much dilated and its wall, near the end. The right auricle was very much dilated. The heart weighed 2 1/2 ounces.

Both lungs were somewhat compressed and compressed. Except their costal margins which were emphysematous. They were carefully examined but no appearance of pulmonary embolism was found. The lining membranes of the bronchi were much emphysematous and coated with a moderately tenacious mucous preputial fluid.

The abdomen contained about half a gallon of fluid. The pericardium of the heart was the lower half of the anterior surface of the right lobe was of an opaque, yellowish-white color. It was found to be about the tenth of an inch in thickness. On cutting off the base it was found moderately emphysematous. It presented at places an early stage of atelectasis. The branches of the vena porta within the liver were angulated dilated. The spleen was entirely congested. Its sheath, purple and tense.
The kidneys were much emaciated [and] atrophied, small, and [in] natural, the cause can and will spread out. The mucous membrane of the intestines was a "good deal emaciated."

In the first case in which there was a double pneumonia with the breath came at the base of the lung, indicating punctation of the chest so free with insufficiency of the valve, the pulmonary symptoms could only occasionally be heard at all the aperistaltic manner, but he had always a certain amount of stiffness on the head which was much increased by any unusual exertion. The cerebral symptoms consisting of sudden starts while asleep, rising on the table, or painful dreams, which he said he had when questioned, seem more characteristic of the cerebral lesion than of the pulmonary in which pulmonary symptoms were predominant.

In the first case the pitting probably arose to diminution in the form of the heart.
with difficulty, though this was not acco-
tented.

The occurrence of cerebral affections with
heart disease has been explained in
the following ways, without supposing that
the heart disease is the cause of the cerebral
1. Atresia of the Ambrostomatic Cereus,
pending with atresia of the aorta, and
consequent tendency to mal-absorption of
the brain structure.

2. The tendency to apoplectic retroac-
ation may be increased by decrease of the
right side of the heart, either dilatation or
contraction of the Venae cavae, or:
Causing a static of blood an regurgitation
from the ventricle into the auricle, and
therefore producing a strain on the brain
within the Cranium, thus causing such an
occurrence being much increased by any
obstruction to the flow of blood through
the brain.

3. Deposition of a fibrous clot or growth
from the valves of the heart & conveyance
of it along the current of the circulation,
into some of the cerebral arteries, generally the middle cerebral, causing obliteration of the vessel and softening. This occurrence was well illustrated in the case of a man who was in the hospital last winter, who had become suddenly unconscious, the necropsy was found to have partial hemiplegia, paralysis of the lower palate, upward retraction of the muscles of the eye, and an adhesion to the leptomeninges was marked. Among unusual cases lately occurred in the hospital, in which two capillary extravasations occurred in the middle posterior lobe of the brain near the surface, from which the patient was apparently recovering. A post mortem examination determined that death was caused by rupture of an aneurysm into the pericardium.

In both the above cases there was loss to the brain in the first occasion, in the latter constant. Any circumstantial fact...
Traité des maladies du Cœur Tom. I. p. 52.
Paris 1835.
trait de maladie du Cceur Tom. I. p. 32.
Paari 1835.

The extent of the preceding Case exposes much that from unfortuato circumstances, he, which he had so continually been unable to gain so many Cases as he had hoped. He is to apologize for the serious injuries inflicted on those he has injured.
Elevated the draughtsman, especially a full meal or by the resting posture brought it on — this probably explaining its frequent occurrence at night.

The extent to which the disease had advanced in the case of mutual chlorine may be judged from the size of the orifice compared with those in the healthy head as given by Baudrand. According to him, the average size of the mutual orifice is 3.5 to 3.8 inches in circumference of the breast or 3.3 to 3.8 inches but in this case they measured respectively 1.4 inches & 3 inches in circumference, so that the mutual orifice was only 30% of its proper size and the breast positive more than half again its proper size.