Clinical Records of
The Dumfries and Galloway Royal Infirmary

By Thomas Brisbane
Si condulcit tunctorum fugio corpus
Aut nihil esse lucto affert: habes qui
Accident, fomenta parit: medicus naget ut su
Saneut. ae reddat natis caraque puerisque Horace

Such is the inscription on the foundation stone of the "Dumfrie and Galloway Royal Infirmary" — within whose walls have occurred those cases the subject of my Thesis —

This Institution is at present in its 87th year, so that it has lived to harbour many in sickness and distress, and afford those comforts which medical knowledge can supply — May its efforts be ever fruitful — but tenor of the future — let us think of the past — pay into its recesses, think over what has been done and transacted within its walls. An occupation which curiosity tempts and which occasion befits
Such are the statistics of Fever in Dumfries Infirmary so far as I have been able to ascertain them

The calculations previous to 1826 were made out of the general register of admissions and discharges at that time (1826) medical reports commenced to be added to the usual yearly report of this Infirmary—so that since then the number of cases of Fever have been copied out of these reports—and these have been already published by Dr. Greig one of the Physicians to the Infirmary.

I have placed the Fever statistics of the Edinburgh Infirmary beside those of Dumfries as a means of comparison and it will be seen at a glance how very much they correspond.

In the early years of the Dumfries Infirmary the annual reports were published from May 5th to the 31st of January to the end of December—this may explain the seeming increase of Fever in the Dumfries Infirmary in 1801 which was actually the epidemic of 1800.

The next epidemic 1817–1820 also correspond as also do the epidemics in 1827–1829 1837–1839 1841–1845 1847–1849 1857 and still more slightly to a slight extent during last winter when there was a considerable increase of Fever patients both in the Edinburgh + Dumfries Infirmary.

It is curious to notice how much—poverty—want of employment and increase in the price of provisions caused by a failure in the crops tend to produce such marked effects on the health of the population—The fever epidemics of 1817–20 –1836–29 and 1847–49 have been traced by Dr. Hudson and...
Causes of Fever

Change of type in Fever
other, to these causes—

That causes of a physical nature have also had much to do with the origin and spread of these epidemics is not to be doubted—special
closes (or narrow alley) were continually lending
in their fever patients to the Infirmary— and
Dr. McLellan one of the late physicians of this
Infirmary speaks of having attended no less
than 23 cases in a small close during the epi-
demic of 1838. It is a fact well known that
a fever and fever go hand in hand—so that
when the water was introduced into the town
in 1852 rapid declination in the number of
fever cases was what was simply expected
and which after results most satisfactorily proved
Measures of sanitary police were thought of
in 1848 and were slightly acted upon but
nothing much was done in this direction until
1851 when further but not complete measures
were taken and it is also hoped that these means
will materially aid the health of the population in
this respect.

That fevers and other zymotic affections
do change in point of frequency & severity is—
I believe allowed on all hands— Dr. Greene
the senior physician to the Infirmary tells me
that he remembers the time when they had
constantly to leech and blister the abdomen and
to leech the spine— operations seldom or never
required in those cases of fever which have
been admitted here for some years past.

That there is a change of type in inflammato-
ous another question—some have sought to
make out an analogy but when we consider
that the lesions met with in fever are not constant
Fever

Epidemic of 1800

Epidemic of 1817-20
That sometimes no lesion whatever is found and that even when lesions are found, the fever is out of proportion to the local affection — I can see no reason why diseases obviously so contrary in their nature should be supposed to be similarly influenced by a change of type in disease — I do not say that inflammation has not changed its type — but I see no reason for supposing that because epidemic symptomatic affections are fluctuating in their latency and character — that inflammations should be so also. —

During the epidemic in 1800 in this Infirmary — the Matron — the cook and one of the nurses were all laid up with fever — and the same nurse had not enjoyed above three months of her recovery when she was again similarly seized.

Dr. Chisholm thinks that the commencement — went on a great scale of that migration of the poorest class of the Irish which has streamed more or less since into the great towns of Scotland — overstocking them with labourers condensing their population and planting among the native citizens habits of uncleanness — overcrowding and improvidence had great effect in giving rise to the epidemic of 1817-1820 —

Investigating this point I found that out of the 87 febrile cases admitted in 1801 into the Dumfries Infirmary only 3 belong to Ireland while in the epidemic of 1817 no less than 23 out of 68 fever patients are entered as having no distinct place of residence but belonging to Ireland.
On looking over the fever case books corresponding to this epidemic (1817-18) fatigue, cold and exposure to damp are seen to be pretty frequently mentioned as causes of the complaint. That contagion had great influence in the spread of the disease is proved by numbers of the same family and numbers from the same place being admitted.

In reading over the individual cases I find them to be generally abrupt both in their invasion and termination. The complaint being generally ushered in with severe rigors and the patient laid prostrate at once — also that relapses were occasional although not general but that the relapse had no stated time from the period when the patient was considered convalescent but so far as I have seen in looking over the case books for a period between the 12th and the 20th day after the patient was considered convalescent.

As regards the pulse in this fever — I find that in these case books the pulse is generally entered as full and quick in its character. The number of its pulsations in the male patients were generally from 100 to 120 per minute while in the female patients the number of beats seldom average as low as in the male and occasionally rise to 132 and upwards — and this is in accordance with the well known physiological law that the pulse of the female generally averages about 10 beats more than in the male and here also in disease with increased pulsations — the same law continues in correspondence with the increased number of beats —
Climate of Dumfries

Treatment of Fever
In a pamphlet published by a late physician to the Infirmary (Dr. McCullum) he states the prevailing characteristics around Dumfries to be in general mildness and humidity of atmosphere — the most frequent winds are from the South and South West. Easterly winds prevail in spring but are not so severely felt as on the north and east coasts of Scotland. The situation of the town is low on the banks of the Nith, in the lowest part of the valley known by the name of Nith — to the north the town is open to the breezes of the Solway Firth — and on all other sides to the distance of five or eight miles is surrounded by a range of low and sheltering hills — In consequence of the humidity of the air the streets lane and closes in winter are in a very damp and dirty condition.

The prevailing type of fever is Typhus and it is very rarely noticed that a case of Typhoid or gastric fever is seen.

Dr. Greene, one of the physicians to the Infirmary, has stated in a published paper in the Medical Times Gazette that formerly all fevers were highly inflammatory — but that now there is a change of type which has necessitated a change of treatment. Dr. Greene describes his own treatment as eclectic neither stimulating over-much nor bleeding over-much.
Intermittent Force
As regards intermittent-fever, Dr. Grieve states that since his appointment to the Infirmary he has never seen any of Dumfries' thre' growth now a period of thirty years. Most of the cases occurred among drovers who had driven cattle to the eastern counties of England and who were often obliged to lie out all night. It is then that malaria is most active and although they are not prostrated at the time yet they bring the seeds of the disease with them to Scotland to be developed sooner or later according as they are exposed to the predisposing causes.

I have found also that in the old journals about the end of the last century most of the cases occurred in labourers who had been in England — but I found no special places in the neighbourhood mentioned as giving rise to the disease. I found several reports of cases in which it was not stated where they had been exposed to the malarious disease and most probably there were cases originating in the district.

I have never heard of cases connected with Loch Neep or its vicinity — a large damp tract of mossy ground below Dumfries but which is now being gradually drained and encroached upon — indeed Dr. Grieve has remarked that those living on the precincts of the moat are remarkable for their health and longevity.
Averages of cases of Pneumonia from 1788 to 1820
Pneumonia Spird by a Medical dictionary of 1794
to mean the inflammation of the Contents of the
Thorax. The Species are the Pneumonia and
Pleuritis which last includes the inflammation of
the Heart Pernicardium — Mediastinum and Diaphragm

There is nothing surely definite in such a
meaning — it does not seem to mean any
particular disease but to include the whole
of the diseases that may affect the chest.
The term was a general one and might or
might not be applied in the old admission
books of the Dispensary Infirmary — it frequently
occurs in some of the books and is absent in others
for instance from 1803 to 1810 I do not find a
single case of Pneumonia recorded — but in
that year (1810) it is entered no less than ten times
Other and plainer words expressed with equal
accuracy the same meaning — and the use of
the term "Pectoral Complaint" was noticed to be
frequent in those years where Pneumonia was absent
from 1788 to 1820 putting a few years
whose registers have not been able to find
Sixty cases of Pneumonia are entered in the
admission books — of these seven died —
that is one death in 8.4 — the average duration
for each of these patients in the three was 27 days.
In the next period 1820—1830
the term Pneumonia had assumed a more definite
meaning but still it is very doubtful if all the
cases of Pneumonia were termed so and so entered.
Many of the cases now called Pneumonia would
most probably be entered as other complaint —
febrile or a more general diffusion of a
Knowledge of auscultation and percussion
was yet absent
Averages of cases of Pneumonia from 1830 to 1836
I name Febricula as I think it the most likely — knowing in my own experience that the first case of Pneumonia that in my dispensary practice was mistaken for a case of Febricula — there are also many other diseases with which it may be easily mistaken. And of course finding Pneumonia most in our day — where before it was not supposed to exist, and all this by our extended means of observation and diagnosis tends considerably to lessen our old mortality averages in Pneumonia.

In the admission books of the Dumfries Infirmary from 1820 to 1836 I find twenty-one cases of Pneumonia entered — including all the cases mentioned as Pneumonia whether complicated or not — of these cases there were fifty-nine cases and twelve deaths; that is a mortality of one in five. The average duration for each of these cases was twenty-two days. During this interval the Acetonection system was in vogue and faithfully believed in.
I shall now proceed to consider a few of the cases of Diabetes Mellitus which have been admitted into this Hospital.

I have taken the trouble of counting the number of cases found in the registry books and find there to be 24. I have not found a death in any of this number and consequently there is no record of a post-mortem.

All of these cases belong to different places in the neighbourhood.

The nature of the disease being essentially chronic, it is difficult to find a full history. Which consequently extends over several case books and these not continuous.

The first case I shall notice is that of a man named James Wilkinson admitted May 11th.

His previous diet had been almost exclusively before consisting of broiled meat, tea, wheaten bread and jell — the admixture he passed daily about 320 oz. the sp. gr was 1.040 — the urine gave the characteristic reactions of diabetic urine before usual tests and all the other symptoms of diabetes were well marked —

He was ordered animal diet — occasional purgatives — lemon daily — frequent baths and the following powder every night.

<table>
<thead>
<tr>
<th>Pulse Ferric gr. 1/2</th>
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<tr>
<td>Ant. flos Tetr. 9 gr.</td>
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<tr>
<td>Vol. Capsicum gr. 1/2</td>
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Under this treatment he was much improved and on June 14th the last report I can find of him — the urine daily passed is stated amount to be 320 oz and the sp. gr. 1.039 — He was dismissed much relieved but after dismissal the symptoms again increased.
Diabetes

Case treated by Batho & Opium

Case treated by Smet & Lyttac
and he was readmitted on April 2nd year. He was again placed under the same treatment and was dismissed much relieved in the month of August following.

Another case is that of a man named Robert Mitchell admitted February 10th. His previous diet had also been almost exclusively vegetable. The urine gave the characteristic reaction of diabetic urine by the usual tests and all the other symptoms of diabetes were well marked.

On admission the quantity of urine passed in the 24 hours was 3432 oz and the Sgr. 1042. He was ordered animal diet, baths and the opium treatment. On May the 23rd he was relieved and passed these about 250 oz. Sgr 1042. The opium was then omitted and he was ordered


Suck Lyttae 91 x viii for pic tis. Musk and brine water made for drink.

To continue otherwise as before.

He continued this treatment until August the 13th when he was dismissed at his own desire. At this time the amount of urine daily passed was 266 oz and Sgr 1040.

No good effect had resulted from the use of the Tinct. Lyttae. This patient was also ordered eggs along with his animal diet but he stated that they made him thirsty and they were discontinued.

Another case is that of a man named John Stewart admitted March 14th. All the symptoms of diabetes were well marked. There is no notice taken of his previous diet. On admission
Diabetes

Case treated by Animal diet and Porter

Case treated by Opium and Mct Crease.

Case treated by Rennet.

Case treated with the Bicarbonate of Soda.
The amount of urine passed daily was 232.03
and the 29th of January he was ordered a
animal diet and porter.

By the 24th the symptoms had been rather
increasing and he was then ordered 25.803
of urine daily. He was then ordered
potatoes and cod liver oil. Discarding the porter
he was allowed 3/4 of whiskey instead.

Under this treatment he continued much
the same and on the 4th of May he was
ordered air in addition.

June 9th he felt better.

On May the 19th the urine was reduced to 168.53
The cod liver oil and the potatoes were then
omitted and he was ordered

Next Creosote 3/4 per day.

After this he continued in the same condition
until May the 21st when he was discharged.

Another case is that of a man named
McKee. Admitted May 9th.

All the symptoms of diabetes were well
marked and the urine gave the characteristic
tests.

On admission he passed 258.03 of urine in the
24 hours and the urine was 10.38.

He was placed under the Pennet treatment
and ordered warm baths and bran bread.
By June the 12th the urine was reduced to
168.53. The Pennet effects
a considerable diminution in the quantity
of urine at first but it had again
been rather increasing of late and he was
therefore omitted and he was ordered

Soda Bicarbonate of leuc per day in
with occasional doses of Dover's powder at night.
Diabetes

case treated by Animal diet and Venesection
Under this treatment he very considerably improved and at his admission on the 27th July — the urine was reduced to 540 oz and 31/2 lb. on 10 30.

In 1818 I find a case treated by blood-letting. This patient (Mr. Brown) had been under treatment for six weeks previous to admission being ordered nothing but animal diet — his previous diet had been vegetable — under this treatment the quantity of urine had been very considerably reduced — on admission 18 English pints of urine were passed in the 24 hours. He was kept on animal diet and had venesection to 36 performed every other day for eight days after his admission. He was dismissed relieved at the end of four weeks — the amount of urine remaining steadily at 9 pints for one day previously.

As a specimen of the animal diet referred to which was ordered in these cases, I may refer to that ordered in the case of Robert Mitchell —

**Breakfast** — A crusty roll and tea without sugar

½ lb. of meat

**Dinner** — 15 oz. of beef tea — with bread, some cabbage, ⅛ lb. of meat

**Supper** — A crusty roll with milk —

Some cheese and an egg.
Case something approaching to Idiopathic Intrinsic Lateralis.
Referring to that terrible malady, Tetanus I have found at least the histories of six cases —

All of these were traumatic — one case arose from a wound of the thumb — another from a punctured wound at the leg — the third from a lacerated wound of the foot — the fourth from a burn of the fore-arm — the fifth from a case of mortification of the leg, and the sixth in the case of a little boy admitted with a compound fracture of the left femur at its lower third.

A case something approaching to Epidemic Ruminia occurs in 1847 — it is believed entered in the register book as a case of Ruminia and classified cured —

It is as follows: — Hugh Campbell age 42 — at 10am on Thursday last whilst at work felt prickling of the fingers and stiffness of the lower jaw. Between 12 and 10m today was suddenly seized with prickling pain of the right cheek — and immediately the lower jaw began to be forcibly drawn to the right side and remained in a state of partial rigidity.

For nearly five minutes the patient suffered extreme pain in the right cheek and the countenance exhibited remarkable lividity. The fingers were at the same time affected with prickling pain and there too considerably. The right side of the neck was also rigid and corded and the head was drawn towards that shoulder — the left limb moved in an accessional manner behind the Remain of the jaw during the attack. He thinks with relief —

About 6pm was similarly affected for about the same time but the jaw was not drawn laterally and altogether this attack was rather less severe.

In recovering from this second attack he walked to the supernumerary.
Exciting causes of the tetanus

Period of appearance of tetanic symptoms from reception of injury

Condition of wound when tetanic symptoms appeared.
For many years back has been subject after hard work and long foot journeys to cramps in the calves of the leg while he was seated.

On admission his appearance presented nothing remarkable but he felt the right cheek sore and it was tender to pressure.

**S. Colgan, M. B., Ayrshire, 80**

9pm Med. not operated.

Rf Magner, Sulpiz.

Sproul, McEwen, Struthers.

Lab. No leucoma, statice. Ag. Defect of sn.

This case is continued in another book which I have not been able to find.

As regards the traumatic case of Tetanus already referred to — in five of the patients alone did any exciting cause seem to exist — cold and exposure to damp in one (Clark) and severe exertion in another (Hume) — The tetanic symptoms appeared at no fixed period from the reception of the injury and appeared at intervals varying from three to thirty-nine days.

In two of the cases at least (Angue, Brien) if not in more — the sore had just assumed a healthy appearance when the incipient symptoms of this disease appeared — Well do I remember this in the case of Angue which occurred under my own care. He on the very first day the sore was dressed and healthy granulations were forming. He complained of pain in the stump of a lower molar where no tooth was visible. In another day stiffness of the jaws had set in and the other symptoms of acute tetanus soon followed —
Case of Tetanus which recovered—
Nothing have been more unsatisfactory, than the treatment of these cases. One alone seems to have got better and that as far back as the last century — but on looking over the list of some patients for 1824 I find the case of a little boy aged 9 years called John Bloom, residing in Beverley. It entered as a case of Tetanus and dismissed cured.

Believing that the history and progress of the case of Tetanus occurring in 1824 will be interesting, I propose to relate it abstracted out of the case book for that period.

Rachel Middleboy, Act 44 — On the 21st June 1824 fell whilst in an epileptic fit into the fire and sustained a severe burn of the right arm and fore-arm. On the 6th of March the first felt stiffness and uneasiness about the jaws which increased during the next three days. Since then she has been only able to open the teeth as far as to get in the blade of a knife.

She was admitted into the Infirmary on the 11th of March, and at that time suffered from violent spasms and twitching of the body occurring every few minutes — the was ordered a warm bath — an anodyne balsam to rub the jaws and temples and the following draught every night.

Agua Mentheae Tis,
Salut Tart 3;
Laudanum Liquid
Mint Carum ca 5 Drupp.

13th March — Contortions less frequent — To have the draught as before with 5 Dr. of Laudanum four times a day.

14th March — Exhalation less frequent, Complaint of pain and stiffness in the abdominal muscles which are hard to the feel — Apple Fomentations.
Treatment of Tetanus by Opium

Treatment of Tetanus by Belladonna

Treatment of Tetanus by Cannabis Indica

Treatment of Tetanus by Tobacco enemata

Use of Stimulants in Tetanus
To have the draught three times a day— 15th March—Contraction. not so frequent. 20th March—Few or no contractions. since has kept stores considerably diminished. No occuring for the Anodyne. For some days—

Of the other cases two were treated by Anodyne. In one of these (Bruce) it had not the slightest effect—when this patient was unable to swallow. It was administered by enema but with a similar result—In the other case that of Clark it did relieve considerably, for a time—And hopes were entertained that the patient might recover. But the symptoms again increased and the patient died. At this juncture Belladonna Plaster were applied and Belladonna given internally until full dilatation of the pupil had been produced. but without the slightest effect—The case of the boy Wells was also treated with Belladonna, full dilatation of the pupil was produced, but without the slightest relief to the spasms. Which continued nevertheless to increase and to carry him off. Cannabis indica was used for a few days in the case of Angus. The physiological effect had been fully produced and she was dreaming pleasantly. But it had no effect on the disease.

Tobacco enemata were used in the case of Blake. but with no good effect. Stimulants were used pretty freely in the cases of Angus & Clark but notwithstanding the quantity taken—Nothing like the slightest appearance of intoxication was produced.
Use of Purgatives in Tetanus

Treatment of Tetanus by Heating Iron Aponti

Case of Tetanus following an amputation
Purgatives had been freely used in all but in
most of them does anything particular appear to
be noted down about the stools — In a general
way something more than draught was required
to bring about free action of the bowels and
onset had frequently to be given —

Flaxing Infusion of Alumite was used in
the case of Angus but the quantity taken was
enormous and without in the least producing
any physiological effect — Within 5 days the
for 118 minims an amount equal to 240 drops
as having measured ten minims I found it
equal to twenty drops —

Dr. Scott Surgeon to the Infirmaries and
who had charge of the case said that he had
never presented Alumite before in such large doses

Another case which occurred about 1835
in that of a man who had received a severe
gunshot wound of the hand whereby amputation
was performed but the patient afterwards succumbed
to Tetanus

One of the previous cases already referred to
was that of Mary Brown is so interesting not only
from the fact of its being a case of Tetanus
but from other reasons that I shall record
as entered yin the Journal kept at the time
by the House Surgeon —
Case of Mortis Cordis et Dolor Arteritis with obstruction Modification of terminus - and Autopsy

History
Mary, Bruce, Servant Act 21
Admitted 27th November 1835

Is of a delicate habit of body and for some years past has complained of dyspepsia on most
exercise and on ascending a stair — There is also a degree
of confusion. Vertigo and Vertigo's aurae on stooping
complains occasionally of a stitch in the side and occasional tightening
but has never had a fit of palpitation. Sometimes has a dry
cough — Her feet legs were sometimes swollen more noticeably
— Last towards evening another attack is sometimes disturbed by
unpleasant dreams.

Heart action rapid: percussion of cardiac region Considerably
duller. Between 2nd & 3rd costal cartilage of left side a muffled mur-
—mur is heard.

Between three four weeks ago had a rigor — Which
was suddenly succeeded by a pain in the neck of the
neck — The pain continued for three days then shifted and
attacked the chest.

After continuing the shocks for two days in the chest
it left and fixed in the whole length of the spine where it
remained but for a short time.

It then went to the wrist and arms. Last 24 hours
left and fixed in both the lower extremities from the
knees downwards, but it only continued in the left one
for about an hour and during that time although
it was, the seat of much pain yet it was deprived
of all sensation motion and was quite cold.

These with the pain left the extremity sound as before
for attack.

The pain & other symptoms continued to increase
however in the right lower extremity — and in the
same night of the attack of pain (12 day ago) the
whole of that extremity became much swollen and
the pain was most severe in the thigh bone —
She cannot say whether the swelling was hard or soft —
Case of Morbus Cordis
Arteritis with obstruction
Mortification of Sino-Truncus

History continued

and Autopsy
Case of
Morbus cordis
Arteritis with obstruction
Mortification of limb
Tetanus

Progress of Case

And Autopsy
States that the appetite has become rather improved of late — There has been nothing particular in the kind of diet she has been accustomed to

The head the head was sometimes the second quality but was perfectly sweet and considered good

Hab. Sol Mort. Dropsy 5th viii

Apply a Poultice

28th Nov.

Ordered gr. viii sanguis levis horae — Beef Tea —

29th Nov. Pain of leg not increased. Bow open

Bowl steak for dinner

30th Nov. Head a more restless night — complains of more pain in the foot and leg. There is no extension of pain or inflammation upwards. Thrust leg. Pulse 108

1st Dec. Pain of foot and leg increased — complains of pain under lip around the knee joint — Bow open: Tongue as yesterday

Foment the knee —

2nd Dec. Had the opiates — slept well during the fore-part of the night — however there was considerable incoherence.

The appearance of the integument-covered the foot and around the arch little changed.

That covering the upper part now void of all heat.

There are vesicles on several parts and

They does not appear to be any feeling from the line of demarcation downwards.

The swelling above the line is considerably less than it was, is more tense but not more painful.

The femoral artery cannot yet be found;

Pulsating but that of the external iliac is distinctly felt immediately above Rapport ligament.

Bow open: Tongue coated— dry at centre —
Case of Morbus Cordis
Arteritis with Obstruction
Necropsy of Limb -
Ectasus

Progress of Case - continued
2nd Dec. Cont.) Much thirst—Cheeks flushed—Skin hot—Pulse 130 full + regular—Continue as before

Rf Sol. Opii 3j

Aqua 2viii 94 + of lotio

Lotio to be applied warm to the knee and a little way above 3rd Dec.

Lay very quiet and complained very little of pain having slept the greater part of the previous day.

The cuticle is becoming detached: the festures are becoming softer and exhale an odour peculiar to phlegm-elastic parts—The subfloor-tissue for an inch or two above the line of demarcation and around the whole circumference of the limb considerably redder

Ulcerative inflammation appears to be going on between the living and dead part. The temperature is also increased—And in some parts a little below the line of demarcation there is a little heat.

Bowels open yesterday morning—Cheeks left flushed—Skin not so hot—Pulse 110 not so full regular

Bruit de Raphie distinctly heard between 2 3/3 Tingue Cartil of left side

12 noon. Heart's action distinctly heard to be regular

Nat. Fruna Communis Tinct.

Add to each dose of Ammon Carb. 1/4viii

Pf Calomel grn at bed-time

Omit the poultices

Rf Acid. Acet. dil 3j

Was Camphor 3viii

Sol. Opii 3j 44

To be constantly applied from the knees downwards

4th Dec.

Slept well—The femoral artery of the right side can be felt to pulsate a little below its part-ligament and along two inches of the course of the upper part of the femoral artery

A mixture of the Brui de Raphie and de Muffet is
Case of
Morbus cordis
Artificial with obstruction
Necrosis of limbs
Autopsy
Progress of case: continued
distinctly heard - the bruit de tapis is heard over.

Sporadic, ligament

Over the opposite femoral artery a similar sound is heard.

Sphacelation is spreading on the gangrenous portion of the limb — Swelling of the thigh nearly gone.

Bowels were moved freely by the enemy.

5th Dec. Slept well during the fore part of the night but was restless afterwards from pain of the leg — Sphacelation continues to advance on the gangrenous portion.

The skin is rather hotter — Cheeks more flushed — Pulse 110 regular. Heart's action irregular. thirst. Bowels open this morning. Tongue coated behind. sky.

To have sold powders.

6th Dec. Had a good night — Sphacelation continues to spread — No increase of the gangrenous inflammation.

Cheeks keep a little flushed — Bowels open since this morning.

Tongue coated at centre. Pulse 120 regular. Heart's action regular.

R. Secumae, Penelope.

Vin Rub. F. 7th.

Evening

Some purulent matter escaping — And on turning the limb which has been lying on its outer side — the integument for three or four inches in extent along the line of demarcation is ulcerated completely through exposing the muscles and some nervous twigs which on being raised on a probe do not give pain.

Let simple dressing be applied to the ulcerative part.

7th Dec. Ulceration going on and sphacelation still spreading — Pain not much complained of excepting on motion — Had a good night. Cheeks still a little flushed — Bowels open this morning — Tongue dark & coated at the centre. Thirst greater. Pulse 114 regular. Heart's action regular. Motley murmur not indistinctly heard these two days. — Chicks. Pray.
Case of
Morbus cordis
Arteritis with obstruction,
Mortification of limb,
Tetanus
and Autopsy
Appearance of tetanic symptoms

Appearance of the...
9th Dec. Rested well. Had porridge, &c. for supper. He relished but has tried of it. And took coffee again this morning for breakfast. Bowels open. Ulcerative action going on. Pulse, 120 regular.

10th Dec. Rested well with the exception of being for a short time sick. Ulcerative action going on very rapidly. Feels very little uneasiness, excepting occasionally that cutting pain passes through the leg. Cheeks flushed. Bowels open. Tongue the same. Pulse, 114. Regular. Relished the chicken broth.

11th. Stills ulcerated through all around, excepting a small part over the spine of the ribia. And ulceration of the muscles rapidly advancing. Bowels open. Tongue the same. Appetite pretty good. Pulse, 118.

12th. Rested badly, and complained of pain in the sole of the diseased foot. During the night commenced to complain of a feeling of stiffness of the neck & jaws which has gradually increased. The jaw can only be opened for a very short way and the tongue cannot be protruded. The head is a little bent back and the countenance has a peculiar appearance. There is much difficulty of swallowing and a feeling of choking. Very little pain is complained of. The separation of the dead from the living parts considerably further advanced. The discharge does not appear to be so copious. Pulse, 120 regular, but varies in its frequency at short intervals. Heart's action regular. Bowels open.

Joe M., Morph 2 ch. Ether.
and to be repeated every two hours.

Omit Milt Ml. Opill et Ammon. Carb. 1/2 Dr. Belladonna 3 ml.

Tinct. Camph 3 ml. 2 ml.

To be applied along the spine several times a day.
Case of—
Morbus cordis
Arteritis with obstruction
Necrosis of heart
Cedema
(11th Dec. Cont.)

Sultan's action increased. There is now a great degree of opisthotonos—Every effort at deglutition produces a feeling of suffocation.

To have an opiate enema—

12th Dec. Slept none and required the head to be constantly supported and pressed forwards—From the great increase of pain and extension which follows the want of that support.

Since the morning, the skin has been covered with a cold and clammy moisture. The pulses have been frequent and severe not very lasting. Cannot separate the pain in the least. Dysphagia is complete—Cheeks flushed. Countenance ex—pressure of much anxiety. Pulse regular.

Separation of the dead from the living parts continues to increase. There is some discharge but it is less abundant than it was before the Sultan's action commenced. To have an opiate enema at 1am. To have immediately eight ounces of strong beef tea as an enema. Opiate enema to be repeated every two hours.

Died at 4am.

Autopsy Twenty Four Hours after Death

Pericardium—

Adherent in every part and firmly to the Heart—

The whole Heart a little larger than the fist. Vegetations on the mitral valves.—Aorta as far down as its bifurcation healthy with the exception of all the coats of the different portions of the abdominal aorta which were stained of a black color. Two inches of the superior mesenteric artery at its origin was distended with a firm coagulum—The right external iliac and the superficial femoral in its whole length as well as the accompanying femoral vein was filled with a firm coagulum of a bright color.
Case of-

Morbus cordis
Arteritis with obstruction
Mortification of limb
Yetanus

Autopsy
(11th Dec. Cont.)

Fetid action increased.

There is now a great degree of opisthotonus—every effort at deglutition produces a feeling of suffocation.

To have an opiate enema—

12th Dec. Slept none and acquired the head to be constantly supported and propped forward—from the great increase of pain and extension which follows the want of that support.

Since the morning the skin has been covered with a cold and clammy moisture. The spasms have been frequent and severe. Not very lasting.

Cannot separate the jaws in the least. Dysphagia complete. Cheeks flushed, countenance exr—

Pression of much anxiety. Pulse regular.

Separation of the dead from the living parts continues to increase. There is some discharge but it is insufficient than it was before the fetid action commenced.—To have an opiate enema at 10 p.m.

To have immediately eight ounces of strong beef tea as an enema. Opiate enema to be repeated every two hours.

Died at 4 P.M.

Autopsy Twenty Four Hours after DEATH

Pericardium—

adherent in every part and firmly to the heart.

The whole was a little larger than the first Vegetations on the mitral valves. — Aorta as far down as its bifurcation healthy with the exception of all the coats of the different portions of the abdominal aorta which were stained of a black color.

Two inches of the superior mesenteric artery at its origin was distended with a firm.coagulum. — The right external iliac and the superficial femoral in its whole length as well as the accompanying femoral vein was filled with a firm Coagulum of a bright color.
Case of
Morbus cordis
Arteritis with obstruction
Necrosis of heart
Sepsis
Autopsy continued.
Autopsy continued.

The internal coats of both artery & vein were of a peculiar dark colour.

All the soft structures of the mortised part had been separated from the living— and the extremities of the artery & vein was rounded off.

The bullets of the left extremity did not contain coagulum and were apparently sound.
I now come to a complaint which in the former annals of this Institution was more common than Syphilis, and which was at times epidemic. A complaint believed to have been imported from the Highlands, where tradition says it was introduced by the soldiers of Cromwell when those put up in garrisons. I mean what is commonly here called the Tonsil and what to the medical world is known as Tonsillitis or Quinsy —

The characteristic symptoms of this disease have not much altered and it has merged itself more into the form of Secondary Syphilis, but still some of its peculiarity remain, and the name is still used to designate this minor form.

Formerly, it was otherwise. In 1769 a girl was said to have infected a whole parish where it was formerly unknown, and the clergy thought it their duty to preach on the moral duties of those affected with it. In reference to their neighbours, to visit those afflicted — to large exclusion and attendance on medical treatment.

In referring to the medical statistics published with the yearly reports of this Institution — any casual medical observer cannot fail to notice that seldom a year passes without its occurrence.

Even while 1850 no fewer than 15 cases were admitted with this complaint — and prior to this, the number is often considerably higher —

It shall become us to inquire a little about the nature of this complaint and in order so to do, I think I cannot do better than copy the description of this disease from a few of the medical case books.

Case I — Head first sore throat — afterwards hard spots appeared with round heads and narrow necks along the margin of each. There was not a spot upon the skin nor the least eruption upon the arms — it was caused by feeding a baby in a family where the disease was prevalent.
Illustrative cases—continued
Case II. Subacute ulceration of tonsils — Dark black circular round areas covered with glistering muccous — Caused by living in a house which was full of the disease.

Case III. Ulcereous masses on fauces — and upper and inner aspect of both thighs of unequal size hard at the base and of a darkly yellowish hue — soft at the apex and of a yellowish red — apex covered with a thin fetid ill smelling discharge — Intervening interment liquid moist and tender to the touch — was also general soreness of the throat — The disease was caught by infection about four weeks ago.

Case IV. Two or three condylomata masses round areas of anus — each having the appearance of a cut leaving the cut surface being implanted as if were into the cuticle — several suspicions looking correlations perceived on coronary glands — No other evidence of syphilis contracted a gonorrhea about twelve months ago.

Case V. Circular ulcer; the size of a 1/2 on the right amygdales covered with white sloughs — A rounded visible degree of fullness observed externally under the right angle of the lower jaw.

Case VI. A clean circular ulcer on the right tonsil apparently discharging little or no fluid, but eating the parts as if were by absorption — It came on about two months ago from eating with a suspected person — Small excavations on the glans penis and prepuceum came on about eight days ago.

Case VII. Both tonsils in one continued foul ulcer discharging especially thick yellow matter — There is also a small circular deep seated ulcer on the outer alveolar process of the first bicuspid tooth of the upper jaw causing some especially in mastication — known of no cause.
Sibbens

Sibbenia sore throat

Ulcers at the angles of the mouth
Case VIII. Both tonsils very much enlarged, and speckled with white sloughs which are also seen to a slight extent on the fauces. Tuberculous exsiccations round verge of anus. Caught the disease from impure connection and suffered at first from chancres which have now healed.

These are descriptions of the disease taken heterogeneously as I could find them — all of them cases entered as sickness in the journals —

Cases of sickness do not seem to be entered in the old journals — although their admissions are frequent as found by the admission books of the period. When it was quite usual for a family, especially the younger members, to be admitted as inpatients of this infirmary all at once for this complaint. The forms of sore throat referred to in the above descriptions are in no wise distinct from the forms of syphilitic sore throat except it be in their mode of causation.

The speckling of the tonsils and inside of the mouth is now and was formerly considered the most characteristic form — and it is to this form especially that the term tuberculous sore throat is applicable.

In none of the descriptions I could find was there any mention of the ulcers which occur at the angles of the mouth — one of the characteristic symptoms of the disease but I find on speaking to Dr. Blacklock Grieve the two oldest practitioners in Dumfries that it has been frequently observed by them in the previous epidemics of this disease but that this has not been seen lately for some considerable time past.

The peculiarity of these ulcers at the angles
Silbens
Silbenic sore throat – Continued

Silbenic exccesences at Amus
of the mouth is their proclivity to the formation of
velvet-like projections which form their resemblance
to a wild rash—indicating those persons who had
the disease and serving as a mark for to be deemed
by others gave cause to the Highlanders among
whom the disease first appeared in Scotland as an
evidence to designate the disease by the name of
Stiven, the Gaelic name for a wild rash.

This is the name by which the disease is
known in all the old admission books of the
Dumfries Infirmary, but which in the course of
time has corrupted into Stibbens, the common
appellation now for this disease.

Similar fungous productions to those at the
angles of the mouth have been said to be
common over the surface of the body and
succeeding upon a form of herpes excedens—but
prevailing to 1769 no such appearances had
been observed in Dumfries and I have
not been able to ascertain of their existence
in any succeeding epidemics.

When the disease has been primarily
communicated to the throat of the person infected
by eating and drinking with a suspected person
or otherwise—the poison may enter the system
and it has frequently as if the genital organs
given rise to Bubo of the submaxillary glands.

What has been particularly taken
notice of in the descriptions of Stibbens already
referred to are the excrescences at the ame.
I remember as a pupil of this Infirmary when
I first heard of the disease it was chiefly
these excrescences at the ame that were con-
—plained of and I was long under the impreparation
Sibbens

Sibbens as it at present exists
that this was the characteristic symptom.

It certainly is here considered a great peculiarity of the disease as it at present exists, but I find no particular reference to this symptom in Mr. Benjamin Bell's section on Sibbens in his work on the Uses of Venerea. On this subject he simply records a statement of the late Dr. Ebenezer Gilchrist of Dungies to the effect that sorenesses and leucorrhoeas about the anus were frequent. These are the only two papers I have been able to get information from in reference to the subject of Sibbens.

There is also a very common syphilitic affection occurring in the same locality. I mean condyloma — a condyloma is described as slightly raised patches of skin with a red and moist surface like that of mucous membrane and exuding a thin acid and ill-smelling discharge. The Sibbenic excrescences differ from those of condyloma in being less flat — assuming a more rounded form generally, narrower at the base — the intervening integument generally is of a livid bluish colour.

A case of such a nature following upon impure connection and shortly succeeded by any of the forms of syphilitic sore throat — already mentioned — more especially if it be in the form of white closely ulcerous — is what now exists as Sibbens.

It is considered that when the throat is first affected it has been produced by eating or drinking with a suspected person — or in some such similar manner — but when the Sibbenic masses appear first — the case is regarded as having arisen from impure coition.
Eruption succeeding Sibbens

Propagation of Sibbens in the year 1813
It is also thought that a case of Sibbens in the male would give rise to Sibbens in the female and vice versa, and not alone to the ordinary forms of gonorrhea or chancre. — Infe has been regarded as a great agent in the production of the ecreucescence. Cases of Sibbens have been observed to be much more frequent in females.

No secondary sibbenic eruptions have been observed so far as I can ascertain during the last thirty years—and when it does occur—it is analogous to the secondary and tertiary symptoms of syphilis — Sibbens being a form of the general disease which the blood has thus been poisoned — the eruption manifested present the same colour and appearance as in secondary syphilis and affect almost similarly the same structures. The hairy form following upon the herpes exudens when it reaches seems to be the peculiarity in these secondary symptoms.

Long ago when the complaint was epidemic it was propagated by using the same cups and knives — by wiping with the same cloth the infected have used — by drinking out of the same glass or cup — by smoking with the same pipe by sleeping with the infected or in the same bedclothes, by handling their clothes, by sucking or giving suck by sleeping or hugging or fondling children. That such opportunities were easily afforded long ago is undoubted — and this consequently a great degree tended to foster and maintain the disease. Nothing was more common than for lovers eating and drinking promiscuously out of the same dishes and saucers and smoking out of the same pipe, opportunities which also necessarily existed at the time, to a great degree in private.
Of course such opportunities for the spread of the disease did not occur among the rich — and greater cleanliness being attended to — the disease never gained much footing amongst them —

The peculiarity in the contagion was its contagious-ness without violation of continuity. This contagious property is now very much diminished if it still exists.

While somewhere about six or seven and twenty years ago the dikes need for patients with the gout were kept by themselves and were known by having a piece of wire twisted on them — since then this practice has gradually fallen into disuse, and there has been no peculiar ascertainment to the liberty of these patients from others of course each bed has its own spoon — and during the above period I have not heard of its being contagious in any instance.

That Sibbens is otherwise contagious in the same way as Syphilis I have no doubt and may in the same manner be communicated by a nurse to the child at the breast —

The Sibbens excavations at the anus may also be contagious in the same way as Condylomata are if there be violation of continuity.

In proof of this I may quell the case of a late dresser to the Institution —

In giving me a note on the subject — he writes thus — one of the dressers who had a small boil on his neck one day after dressing a case of Sibbens happened carelessly to scratch the boil with unclean fingers on his way to wash them. In a day or two it presented all the appearances of an angry blister.
Sibbens

Treatment
with a yellowish centre — it became slightly pustular and was out of sorts for a few days. It healed in about ten days. A piece of gold-beater's skin and two doses of calomel being the treatment. The neighbouring glands became much hardened thus showing the presence of the poison.

The treatment which has been pursued in this infirmary and which has been found most successful is a corrosive sublimate gargle for the throat—9/16 grs. to the ounce of water—also using it as a wash for the ulcerous excrescences at the anus. The lotio nigra has also been used as a wash for these excrescences.

Under these means the excrescences disappear and a quick recovery often occurs.

The constitutional treatment is the same as is pursued here in cases of secondary syphilis — viz., trichlora of potassium as a debulking to remove the poison from the blood — and mercury in the form of a Phisters will quiet every other sight until it slightly affects the mouth when it is discontinued.
Statistics of the major amputations
Gleanings from the old case books
prior to the publishing
of an operation table
I shall now proceed to tabulate our statistics of the major operations of surgery—The medical and surgical statistics of this infirmary did not commence to be published with the annual reports until 1826—and not in any way like a complete form until 1833—when an operation table was also added.

Anxious to know something about the operations previous to 1835, I made a search of the old journals and have found the following results which are only part of them but all I have been able to find.

I found records of seven cases of amputation of the thigh performed for white swelling of the knee. Of this number, there was only one death. As regards one of the patients—she was very much emaciated and had suffered much from hectic and bedsores before she could make up her mind for the operation—she at last submitted and afterwards made a rapid recovery.

I found the record of a case of amputation of the thigh for a cancerous tumour of the leg cured—and another a case of osteo-carcinoma of the tibia cured.

I found the record of a case of amputation of the thigh for modification of the leg following the old operation for popliteal abscess in which died.

I found records of four amputations of the leg below the knee—two of which were in cases of severe compound fracture of the tibia and fibula—one of which was cured and the other died—the other two were cases of laceration of the tarsal bones and both recovered.
Statistics of the Major Amputations Continued
As regards the upper extremity I found mention of a case of amputation of the arm on account of suppuration supervening upon a severe burn cured.

In 1835 operation tables were added to the annual reports—and the results since then are as follows:

1834-5
- Case of Amputation of the Thigh for White Swelling—Cured—
- Case of Amputation of the Thigh for Compound Fracture of the Leg—Died—

In one of these two cases ligation of the Femoral was required for secondary hemorrhage—
There was also a case of Amputation below the Knee—Cured—

1835-6
- Case of Amputation of the Thigh for White Swelling—Cured—

1836-7
- none

1837-8
- none

1838-9
- Amputation of the Thigh 1 cured

1839-40
- Amputation of the Thigh 1 cured \\
- Amputation of Leg below the Knee 1 cured

1840-41
- Amputation of the Thigh 1 cured
- Amputation of Leg below the Knee 1 cured

1841-42
- Amputation of Leg below the Knee 1 cured

1842-43
- Amputation of the Thigh 2 cured
- Amputation of the Arm 1 cured—1 Died
I was under the impression that I had all the cases of amputation correctly entered, having several times compared these tables with the annual reports but having deputed a friend to look over the results I found that in 1847-48 I have omitted an amputation of the leg below the knee cured. This, however, will not affect materially the cases considering that one of these amputations entered as remaining at the termination of the annual report in 1849-49 is added to the aggregate of amputations of the leg.
1843-44
Amputation of the Thigh 2 = 2 cured

1844-45
Amputation of the Thigh 1 = 1 died of an affection of the Stomach+ Bowels

1845-46
Amputation of the Thigh 1 cured
Amputation of the Leg 1 cured

1846-47
Amputation of the Thigh 2 = 1 cured, 1 remains

1847-48
Amputation of the Thigh 2 = 1 cured, 1 died

1848-49
Amputation of the Leg 2 = 1 cured, 1 remains

1849-50
Amputation of the Leg 1 = 1 cured
Amputation of the Arm 1 = 1 cured

1850-51
Amputation of the Thigh 2 = 2 cured
One of these was a case of severe compound fracture in which secondary hemorrhage occurred requiring ligation of the femoral artery

1851-52
Amputation of the Thigh 2 cured
Amputation of the Arm 1 died

1852-53
Amputation of the Thigh 1 died
Amputation of the Arm 1 cured

1853-54
none

1854-55
Amputation of the Leg 2 = 1 cured, 1 died

1855-56
none
Statistics of the major amputation continued
1857-58  none
1858-59  operation table omitted by mistake
1859-60  amputation of the leg 4 = 3 cured 1 died
         amputation of the arm 2 cured
1860-61  amputation of the leg 1 died
         amputation of the arm 1 cured

These statistics are carried up to Nov. 1861
the date of the latest annual report —
Since then four cases of amputation of the
thigh have occurred — one of these was in a
case of white swelling of the knee joint — the
operation was performed by the circular method and
the patient rapidly recovered — a second was in a
case of acute necrosis of the tibia and
femoral bones with disease of the ankle joint
this case afterwards died of Pyaemia.
A third was in a case of Suppurative disease of
the leg, latterly malignant — where the patient
died of Pneumonia — and the fourth was
performed on account of traumatic spreading
gangrene following a severe compound fracture
of the leg. This man also died from pleuro-
— pneumonia which was confirmed by an
autopsy.
Statistics of the major computations continued.
I have carefully read Prof. Simpson's most able article on the statistics of amputations in his edited work by Dr. Cruiksh & Others. I have attempted a comparison between our amputations in a similar way before and after the introduction of chloroform. Since 1835 omitting from Nov. 1835 to Nov. 1838 of which I can ascertain no accurate result and which is consequently excluded — all the operations which have taken place being entered. Tabulating the results I find as follows:

1835-45 = 11 amputations of the thigh 2 deaths
1845-61 = 11 2 deaths —

adding 4 from Nov. 1861 till Nov. 15 cases, 5 deaths —

That is altogether 26 cases 7 deaths —
1835-45 = 3 amputations of the leg All cured
1845-61 = 14 2 deaths —

I have not been able to find out the result in one which is entered as remaining at the termination of the year report.

adding 1 case from Nov. 1861 till Nov
18 cases — — 2 deaths

That is altogether 27 cases — 2 deaths
1835-45 = 1 amputation of the arm died
1845-61 = 6 — — 1 died —

That is altogether 9 cases — 2 deaths.

Adding all these major amputations together the results stand
54 cases, 11 deaths —

a mortality of nearly 1 in 5

A case of amputation of the thigh 1846-7 and a case of amputation of the leg 1848-9 are entered as remaining. And of annual report
Chloroform in Major Amputations
1835-45 = 15 major amputations 3 deaths
1845-March 1861 = 35

Mortality in both cases 1 in 5

Consequently the introduction of chloroform has not with us
in the least lessened the chances of life in these operations.
Within the last six months, two of the cases operated
upon were very hopeless from the first—consequent to
the operation being a matter of difficulty—both
therefore were performed at too late a period and
considerably lessened the chances of survival.

Had I made my conclusions only to the
date of the last printed annual report—a great
advantage would exist in favour of chloroform.
1835-1845 = 15 major amputations 3 deaths.
1845-1861 = 35 ——— 5 deaths,
giving thus a mortality previous to chloroform of
1 in 5—after its introduction 1 in 7.

Besides how much more soothing now
is it for a patient to look forward to the operation
almost realising as Prof. Simpson has said—in
this artificial abrogation of pain and suffering
those dreams of the mystic and marvellous
which the servile and flesh-pain of our younger
days was taught to ascribe to the enchantment
of the Arabian Nights and the spells and
charms of bygone ages.

Or to think before the introduction of chloroform
of the mental strain to submission.

Says tells me that in the old days of the
Pembroke Infirmary all the operations which
could be delayed were performed on Sunday
Notifiable of which were sent to the Minister
of St. Michael's Church. The minister prayed for
while courage and a steady hand to the operator
and for patience and endurance on the part of the patient.
Chloroform in operation
How the unpleasant remembrances of an operation haunted the late lamented Prof. George Wilson.

You write thus I watched all that the surgeons did with a fascinated intensity — I still recall with unwelcome vividness the spreading out of the instruments the twisting of the tourniquet — the first incision the pinching of the severed bone — the sponge pressed on the flap — the tying of the bloodvessels — the stitching of the skin and the bloody dismembered limb lying on the floor.

And this is the case with many. A great many more.

Add to this that in this Infirmary in 1835 — a case of Amputation of the thigh was to have taken place on account of mortification of the leg. It is mentioned in the journal detailing the report of this case that the man actually died in a state of terror when going to be lifted from the bed to the operation table. Such cases did occur in such times every now and again.

At present let us be thankful that much misery and endurance of pain is spared the patient — less nerve required by the surgeon and everything in every respect more pleasant for both parties.

I may mention that Chloroform has been very freely used in this Infirmary since its introduction and that — but in the single instance had it proved fatal.

It has been observed that pyaemia and internal inflammation have been here the most common causes of death after amputation — of the three cases of death within the last six months — there was pyaemia in one and in the other two pleurisy pneumoniac.
Old Raglan

Conclusion
An asylum was formerly connected with the infirmary previous to the building of the Crichton Institution and the two end wings of the building were the original cells. There a helpless and homeless people were placed in the same unfeeling way which characterised the ideas of the period—now they are regarded as fellow creatures in every respect deserving our commiseration and to be treated as still possessing the feeling, impulses and affections of man.

This infirmary was instituted in the year 1776 when very few charities of a similar kind existed in Britain—and still it is the only one in the south of Scotland for the first ten years the average number of cases admitted was 130—whereas for the ten years preceding 1814 the average was 322 and for the five succeeding years the average was 437.

At present this average is between four and six hundred per annum but the number has exceeded this limit and unostentatiously the Institute is fulfilling its benevolent purpose—affording shelter and the proper means and appliances for restoration and health to such as can be benefited by skilful treatment and medical experience, and so all its inmates the solace of kindly attention and a generous effort to alleviate their sufferings and indirectly benefiting the community at large by mitigating the ravages of disease which threatened to spread in the too often crowded and ill adapted dwellings of the poor—may spread its malign influence over all but which timely treatment in the well ventilated wards of a public hospital frequently dispells.

Thomas Brisbane