

Obituary notice of  
Dr. A. B. Crosby.





of the chin along the lower edge of the jaw beyond the angle. The vessels were ligatured, and the cheek dissected up and drawn upward toward the eye and held there. The lower jaw was then divided at the symphysis and again just above the angle. This portion was removed, exposing the diseased tissue, which was dissected out with knife and scissors, cutting first from below and then from behind forward. Two glands which seemed to be diseased were also dissected out. A large artery near the seat of the lingual was cut and tied during the operation. The hæmorrhage from the smaller vessels was controlled partly by ligatures and partly by perchloride of iron. The cheek was returned to its normal position and the wound closed with sutures. The string which was passed through the tongue was attached to the ear. The tracheotomy tube was left in the trachea. Patient slept five hours during the night, enemata of brandy and beef juice being administered every three hours. No food could be taken by the mouth, as the tongue was so much swollen that it filled the whole mouth.

August 18th and 19th. Patient took milk and beef tea by the mouth. He had a good deal of trouble with his breathing, the tube becoming filled up very frequently with muco-purulent discharge.

August 20th and 21st. Patient had severe attack of bronchitis, very abundant expectoration, becoming more and more purulent in character. Vomited almost all food taken by the mouth, and was fed by means of enemata.

August 22d. Tracheotomy tube removed, but this gave little or no relief. The expectoration became very offensive and profuse. His strength gradually failed, and he died on the morning of August 23d.

The external wound did well throughout his whole sickness, and healed by first intention. At the autopsy, performed fourteen hours after death, the trachea was found filled with greenish purulent discharge, very offensive. Gangrene of base of left lung, involving a portion about the size of a base ball; bronchitis throughout the whole of both lungs. Heart, stomach, intestines, and liver normal. No cancerous disease found internally. The wound of the tongue had nearly healed.

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#### OBITUARY NOTICE OF DR. A. B. CROSBY.

MESSRS. EDITORS, — Prof. Alpheus Benning Crosby was born at Gilman-ton, N. H., February 22, 1832. He came to reside at Hanover, N. H., in 1838, when his father, Dr. Dixi Crosby, came to that place to assume the professorship of surgery in the medical department of Dartmouth College. He graduated in the academical department of that college in 1853, and received its degree of M. D. in 1856, from which time till 1861 he remained at Han-over in professional practice.

At the commencement of the war of the rebellion he was appointed surgeon of the first regiment of New Hampshire volunteers, and the same year was made a brigade surgeon and medical director on the staff of Gen. C. P. Stone. He subsequently held the same relations to Gen. John Sedgwick, Gen. Silas Casey, and Gen. John Peck.

In 1862 he was appointed associate professor of surgery, and in 1871 he

became professor in full of that department in Dartmouth College, as successor to his father. This office he held up to the time of his death. Between 1865 and 1871 he had also been appointed professor of surgery in the medical department of the University of Vermont, in the University of Michigan, and in the Long Island Hospital College. He was elected professor of anatomy in the Bellevue Hospital Medical College in 1872, and surgeon to that hospital in 1876, both of which offices he held at the time of his decease.

In all these positions and in the practice of his profession, his success was preëminent, and his reputation as a teacher and surgeon was unsurpassed by that of any practitioner of his age in this country. Though founded on a profound knowledge of all the subjects he professed to teach, and a thorough experience and conscientious performance of duty in his profession, his success was also essentially enhanced by his fine personal appearance, his kind and genial spirit and affable manners, and his high sense of honor, which made friends of all who knew him.

But this sketch must be restricted especially to an account of Dr. Crosby's last illness and death.

He had come to Hanover from New York, where he had lived for the last five years, to perform his professional duties during the present course of the medical college, which commenced on the 1st of August. On the 3d he made the following statement to the writer:—

For several weeks before he had observed that he had risen in the morning not so fully refreshed by his sleep as usual, which he naturally ascribed to a winter and spring of incessant extra mental labor. He had also had a sense of "renal weariness." But only four days previously he had experienced great exhaustion after a fatiguing professional trip and loss of sleep, and then first had his attention directed to a copious diuresis. The latter persisting, he had on the day before caused an analysis to be made by two of his advanced pupils, who found the urine to have a specific gravity of 1030, and to contain not less than seven per cent. of sugar. He had also for two days past had a defect of vision, sometimes not distinctly seeing, and sometimes seeing double, the features of those in the farther and higher parts of the lecture-room, while he clearly saw those on his own level at any distance. His tongue was covered by a creamy coat, and thirst was constant. His pulse was but slightly accelerated, and the temperature was 99°, it having fallen from 101°, as found two days before. He had already adopted treatment appropriate to his condition.

He fully appreciated the gravity of his malady, and freely expressed his preparation for the probably not very distant result. I, however, suggested that, since the starting-point of the glycosuria was almost certainly the overaction of the brain to which he had so long subjected himself, complete cerebral rest for several months might remove the present symptoms, and he at once decided to refuse all practice and merely to give a daily lecture through the term, and then to go abroad for an indefinite period.

He called on me again on the 6th, when all his symptoms were somewhat improved, but he had decided after his lecture on that day to give up his course entirely for the present. On the evening of the 8th I was requested to see him at his house. I found he had kept his bed all that day, but there was no

apparent dryness of the surface nor elevation of temperature; the tongue looked better and the thirst was diminished. His vision had very much improved within the past two days, and the diuresis had somewhat lessened. He was bright, cheerful, and even jocose as usual. But his face was slightly flushed, though not at all hot to the touch, and he was rather somnolent; but his sleep was so quiet and apparently so restful that I advised that it should not be unnecessarily disturbed. He passed a comfortable night till four A. M., when stertorous respiration commenced. I was sent for at nine A. M., and found him comatose. He died at a few minutes past one that afternoon (August 9, 1877).

The post-mortem examination, at which I was present, was very carefully made by Prof. C. P. Frost, on the afternoon of August 11th, fifty hours after death. The rigor mortis, which had occurred a few minutes after death, had disappeared. Only the brain, liver, and kidneys were examined.

The brain weighed fifty ounces avoirdupois. The anfractuosities were very deep, and the gray matter presented more than the average thickness. The entire organ was decidedly anæmic. Great care was taken to detect any organic change, but no softening was found, except to a very slight extent in the left hippocampus major. But there was decided scleroma of the whole substance of the pons and medulla oblongata, and consequently of the walls of the fourth ventricle. There was also a body as large as a common pin's head—apparently an embolus of long standing—at the point of division of the basilar artery into the posterior portions of the circle of Willis, which must have presented some obstruction to the cerebral circulation. No microscopic examination was made of any portion of the brain.

The kidneys presented evidences of extreme lesion, one of them being so pulpy as to be ruptured in its removal. The other kidney and a portion of the liver were sent to Dr. R. H. Fitz, of Boston, for microscopic examination.

Dr. Fitz found that the cells of the liver were "rather more granular than in a fresh, healthy specimen,—the granules largely disappearing on the addition of acetic acid. The kidney was extensively diseased, scarcely a normal tubule being present. This was suggested by the flabby, soft nature of the organ and by the opacity of the surface of a fresh section, particularly in the region of the convoluted tubes. With the microscope an excessive fatty and granular degeneration of the tubular epithelium, parenchymatous nephritis, was evident, and the Malpighian bodies were indistinct in their outline, and likewise exceedingly granular. On section through the bases of the pyramids I found numbers of hyaline casts."

I may here remark that Dr. Crosby's pulse was normally slow (but 60), and not strong, and that he had been aware of the anæmic condition of the brain for the last two years. He stated to me several months since that he never felt so able to make his highest intellectual efforts as when in a paroxysm of fever, and his heart, thus excited, delivered a greater amount of blood to his brain. He sometimes, when over-exhausted, resorted to a two-grain dose of sulphate of quinine to produce a similar effect upon the cerebral circulation.

I think the preceding facts afford an explanation of a death to most so unexpected and mysterious. The brain had been overtasked, for the last ten years especially, and had been but irregularly repaired by a sufficient amount of sleep. Dr. Crosby was an early riser, but was not early in bed;

and of course he lost sleep in his professional night-work. But it was doubtless his extra professional labor which turned the scale against him, especially his courses of popular lectures and his speeches on public and private occasions. An anæmic brain thus constantly forced and imperfectly repaired must ere long suffer some modification of nutrition. This did not declare itself till ten days before death by the glycosuria and the usual accompanying diuresis. The syrup — for it is essentially such — which deluged the kidneys, being a powerful irritant, excited a rapid inflammation of those organs, a consequent sudden arrest of secretion of the peculiar normal elements of the urine, and sudden death from uræmia. Similar irritant effects of the saccharine solution are produced externally in cases of vulvar pruritus attending diabetes in the female. The urethra had in the present case become highly irritated on the 6th of August, and I expected that signs of renal congestion or inflammation would promptly ensue. The diplopia and other defects of vision I should attribute to cerebral exhaustion and a loss of perfect accommodation rather than to uræmia.

Such a sudden termination of so brilliant a professional career is of pregnant interest to the younger members of the profession. As one who has now attained to his ninth septennium, though for many years beset by all the dangers which have conspired to end this valuable life, — and who has meantime lost three younger friends and professional brothers between the ages of forty-one and forty-five from over-work and insufficient sleep, — I trust I may be pardoned for reproducing here for the consideration of my younger readers the substance of a conversation I had with Dr. Crosby on his becoming a resident of New York:—

“ You have come to reside in this metropolis at a dangerous time of life, and it is peculiarly so to one of your mental characteristics. The age of forty is a critical period in any hard-working and conscientious physician's life. Such a man has probably already secured a certain foundation for success, and a patronage which will support himself and family. But he does not yet feel assured of this, and still labors as unintermittingly as for the previous ten years to certify his success. But God has given sufficient vital force to last a man of average strength, if he taxes it continually in the practice of our profession, only till he is about forty years of age, or more accurately, to the sixth septennium, or forty-two years. Hence very few such men can go beyond this date without breaking down, and perhaps not to recover. Some are overtaken at an earlier age than forty, and some may go on to forty-four or forty-five, but the general proposition is as has been stated. Thus many of the most promising men in our profession die between the ages of forty and forty-five. With the cases of Conant and Brown, of this city, you were acquainted. The only sure means of escape are timely rest — and it should be periodical and complete — and sufficient sleep. You are now about forty, and have not systematically commenced with either. But this danger is evidently augmented if at this time of life a change of location is made, since the needed respite will certainly not be secured, but anxiety, and labor also, will be increased in securing success in a new position.

“ But there is still another element which will tell still more against you. I allude to your social tendencies, your facility as a speaker, and the fact that

you are therefore a favorite on convivial occasions. I have no apprehension that the allurements of city life, fatal to so many, will overcome a man who very seldom and always lightly drinks wine and never uses tobacco; but you will often be solicited to make after-dinner and public speeches and to give popular lectures, and to such calls you will be very likely to respond, at the expense of much extra mental labor and the risk of breaking down."

He replied that he considered me the proper person to caution him on these points, since I had myself gone over that ground, though I seemed to have got over all right, and he had no idea of being more foolish or careless in these respects than I had been.

"But you only know in a general way what I have done; you do not know, and I shall therefore tell you, how I have, as I believe, avoided the consequences which I fear for you. I found early in my career that I had not the strength to attain to my own ideas of professional acquirements and standing, and also to engage habitually in extra-professional labor and excitement; that I must entirely forego convivial and to some extent even social pleasures, or forfeit to a corresponding extent what I held to be the true aims and duty of a medical man. I have therefore never, like you, acquired the reputation of being a good fellow, and have usually escaped the solicitations from that direction which you will constantly have to meet. I also, many years ago, learned that the man who energetically uses his brain for sixteen hours daily needs eight hours to repair it thoroughly, which means that he needs eight hours of normal sleep. But as this cannot be secured by a physician in practice, I have adopted the best substitute I could command, and habitually take a nap of ten or fifteen minutes immediately before dinner whenever this is possible. This habit I have considered my main safeguard against exhaustion and illness for the last twenty-five years. I have also been absent from the city on a vacation at least one month in a year. Yet with these precautions, even, I felt assured that I had made two very narrow escapes, when forty-three to forty-four years of age, and again at fifty-eight."

He promised seriously to consider the points I had suggested. But he consented to assume one extra task after another, still sleeping too little and resting not at all. He had, however, decided to give no more popular lectures after completing his course last winter at the Cooper Institute, but to limit himself thereafter to professional work. But that decision was made too late.

He leaves a wife and three children. His mother still resides at Hanover, and his only brother, Dr. A. H. Crosby, at Concord, N. H.

The loss of such a man from our ranks is felt not only by the institutions with which he was connected and the communities in which he practiced, but also by the profession at large. I think he was personally acquainted with more individual members of the profession than any other physician of his age in this country, and I never heard him speak of a single one with any unkind feeling. Neither malevolence nor jealousy had any place in his mental organization. Ever and only pleasant will be his memory to all alike who knew him, for

'None knew him but to love him,  
Nor named him but to praise.'

E. R. PEASLEE.





