

Jackson - Jan'y 25 - 1836 -

Hearing. - sometimes so acute that the slightest noise produces the greatest agony. It is often perverted, - sometimes false - so that during high excitement, they hear laws & gongs addressed to them, - reproaching them, - also other delusory sounds. - relieved by Camphor, 20 or 30 grs. per day for 4 months. Also used Counterirritants externally for long time.

This illusion somet. exists in persons of great mental power; so that they are mono. maniacal on this case. - Thus Luther Meunter thought he had a constant controversy with Satan, ascribing voices, &c. -

Blindness. - Errors may arise from defects of the optic instrument, - of the Retina, - Nerves, - Thalamie Strains. - Somet. the sensibility is augmented by Hæmorrhagia of 5<sup>th</sup> pair. - Remarkable acuteness of vision. -

Case in which Touch supplied vision. -

Diminution of Sight occurs. -

Hallucinations. - as Nyctalopia, see at night - Hemeralopia, - see in day. - lateral vision -

perverted, - hence superstitious stories. - Case of Nicotet, - delusions in fevers, - in mania, -

hist. of Lord Littleton, - a lady's appearance, predicted the day & hour of his death. - & at the appointed time, in the midst of a joyous festival, he fell dead. - Fear probably was the cause from its depression. -

Case of a student at Heidelberg, - deceived  
by retarding the Clock, & afterwards recovered.

Pathological condition of Dist. Tendencies.  
The two principal are those of Thirst & Hunger.  
- seated in the Lungs & Stomach. -

Thirst exists in febrile diseases & in Dropsy  
showing that the blood vessels require some  
fluid to fill them up. - Sometime, it appears  
in last stages of Consumption, - it may be  
a nervous affection, - result from fear, - from  
wounds, on field of battle. - This should be  
kept in view in treatment of Children, -  
convulsions even from Thirst, & relieved  
by a portion of Cold Water. -

Jan 26. - Very intense & unquenchable  
thirst is a very unfavorable symptoms in acute  
forms of Fever. - In chronic diseases, it often  
accompanies them. -

This sense is sometimes very acute; so that cases  
are recorded of 400pts. taken in 24 hours. -  
Sometimes a total absence of it for months. -

Reversion of it is probably a frequent cause  
of Interm. - This is sometime acquired, - sometime  
paroxysmal, - & sometime nervous perversion of  
Thirst. - Case of Paroxysmal Interm. -

Case of Lawyer of eminence, who from excite-  
ment of Brain, was driven to it when  
suddenly engaged in Court. -

It is a morbid perversion of the Receptive  
Sensation of Thirst. -

Hunger also is sometimes perverted -  
Thus sometimes, a morbid appetite in Cancer  
of the Stomach. - prob. it is partially owing  
to the Erosions mistaken for Hunger. -  
Sometimes, from Position of Stomach, - & there  
is then a sense of Faintness always after  
any exertion, relieved by taking food. -

Case of voracity in French Army, & after  
death, - Stomach found a large Sac occu-  
pying nearly the whole Cavity, - this to a  
less extent in certain individuals; as one  
who ordered a dinner for four usually.  
These patients digest well. - But there  
is another class, who eat much, but re-  
ject it soon after. Case of <sup>mad</sup> lady whose  
whole life was spent in eating, vomiting  
& evacuating. - Sometimes no desire  
for food, especially in nervous affections.  
Case of lady for 5 or 6 mos. on Sugar & Water. -  
another 2 or 3 teasp. of Jelly in 24 hours, -  
but these recover, when nervous affection  
is cured. - But if this disgust for food,  
occurs from some organic lesion, it is  
a fatal symptom. -  
In acute diseases, - a destruction of ap-

petite is salutary, -

Inversion often occurs, - as craving for  
Chalk &c., - for which you had better sub-  
stitute Pap of flour, - Starch &c. -

Maniacs somet. present it, - Also Cravings  
of Pregnant Women. -

Somet. this can be allayed by Opium,  
- & somet. Aro. Spts., - so that the lower clas-  
ses indulge it to destroy appetite. - Case of  
family, laid on it, & destroyed by Cholera;  
Pressure around waist by Girdle, somet.  
enables persons to sustain it, - as shipwrecks  
Acids increase it & hence probably Earths  
which neutralise it -

But the mode of treatment must be  
founded principally upon experiment. -

The Visceral Funct. Diseases of Nervous  
Character. - The Viscera are supplied  
from Ganglionic & Sympathetic Systems.

We may have Nervous affection of single  
organs or Apparatus, - or expressions in  
one organ of affections of some distant part.

Visceral Nervous Derangements are very  
common, & apt to be confounded. -

Simple Neuroses known by general &  
local. - General, - no Fever, - no general  
derangement of the system, - & other organs  
performing their functions regularly. -

Local symptoms; - no simple disturbance  
of function, without any change of structure,  
ascertain by percussion &c. -

Jan. 27. -

Modifications of voice of nervous Character  
relieved by Antispasmod. & Counter irritation  
between the shoulders -

- by Respiration. - Case of Child, in which  
it became only a voluntary act; - with  
some pain about the heart &c. - relieved by  
Cups between the shoulder, & Blister to spine; -  
a relapse occurred, & treated by Homeopat.

of Digestive apparatus, - Sensation most  
painful, so that in attempting to swallow  
- a peculiar feeling & loss of sensation evident.

Relieved by any stim. - as Must. Brandy &c.

- Nervous Dyspepsia is accom. with much  
acid & flatulence; - so that if wind is not  
discharged, the diaph. is obstinate. - The

punching of Hallstead cured these cases. -

Relieved by absence of thirst, - no furred &

pointed tongue, - no fever, - no pain upon

pressure, - no bad taste in the mouth, - & the

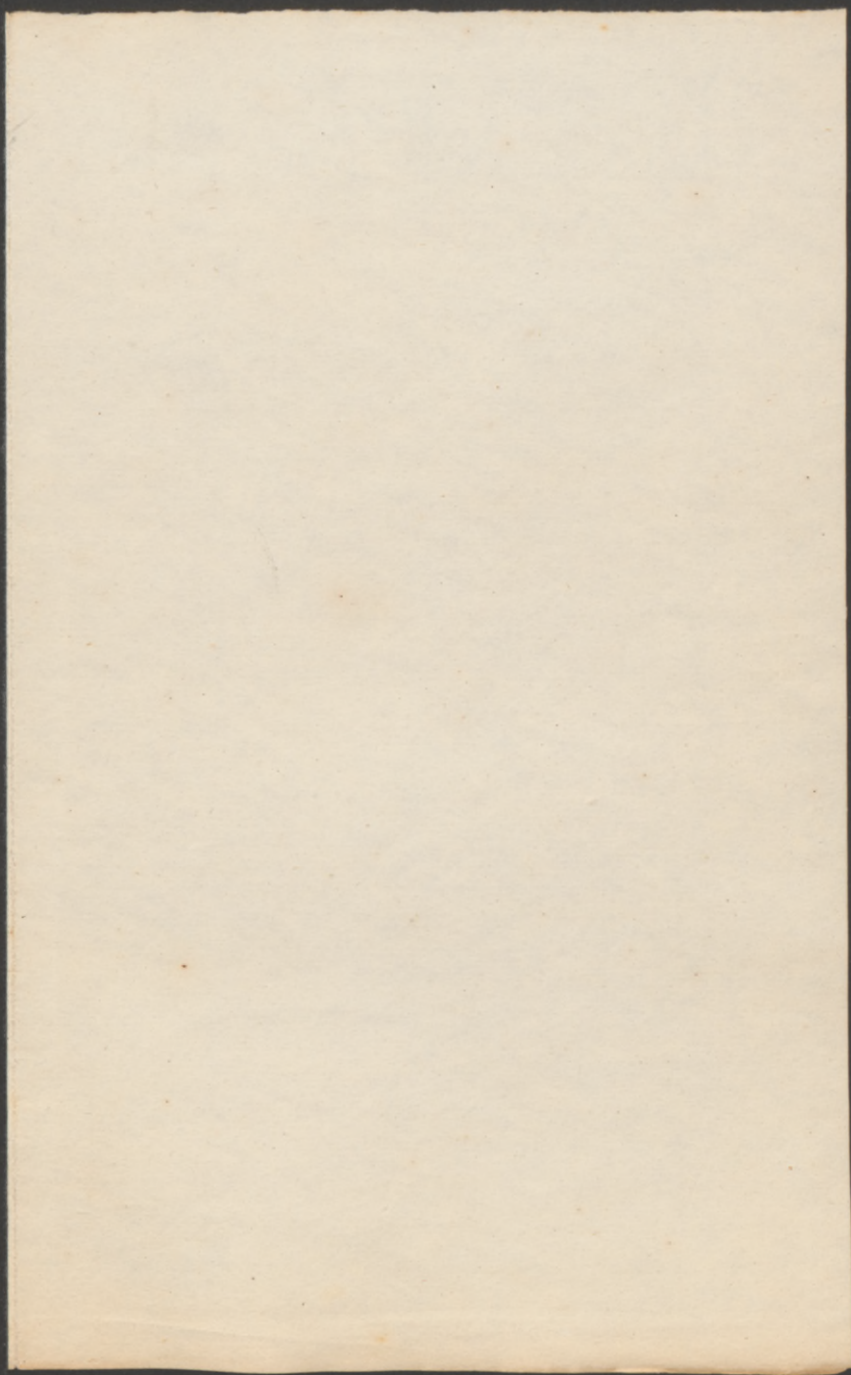
uneasiness does not take place immediately

after food, - but in int. storm. The digestion

produces great int. of mind &c. -

Cardialgia accom. nervous & sometimes the

inf. form. -  
Nervous affection of Colon, producing great



Inversion of Sympatms may perhaps  
be illustrated by affections of Uterus  
followed by vomiting &c. - So also in  
Pregnancy. - Jan 4 28<sup>th</sup> 1836 -

Treatment of Hysteria of two kinds. -

1. Find the location of the affection -  
it is either usually of Stomach or Uterus. -

When gastric irritation is exciting cause,  
- it is accomp. with great thirst for Cold  
drink, - & they may be indulged. - Then  
the stimuli aggravate the symptoms, &  
Cold W. is very soothing & beneficial. -

Address the excit. to Skin, by Liniments  
to Stom. - ankles, arms, &c. - also to Rectum  
by strong solution of  $\text{Zn}$  &  $\text{Zi}$  - Assaf. in Muc  
W. - with 5 to 20 grs Laud. ad Evacu. -

If patient has not great thirst, you  
may give diff. Stim. - as Ether, carefully  
mixed with thick mucil. Symp. - One  
30grs to  $\text{Zi}$  - & repeat 15 or 20 min till re-  
lieved - Hoff. Anod. - Ag. Animo. with Symp.  
Tr. Assaf. teaspoon. every 15 or 20 min -

but if these remedies produce thirst, -  
address to skin & to lungs, by inhaling Ether  
from teaspoon. -

Valerian. Oil, - 20 grs with Symp. may be  
given also dissolv. in Ether or Hoff. Anodyne. -

When the Paroxysms occur daily for  
a long time, we may suspect organic



functional derangement of the Uterus.  
- most commonly examination will show  
that prolapsus had taken place. - Any slight  
will somet. produce very violent pain. -

Patients complain of Pain in Back; or at point  
of Coccyx. - Pressure often relieves it. - But  
if there be Heat & morbid Discharges in Vagina  
we may suspect Chronic Inf. - & apply Leeches  
to Neck of Uterus; - 1/2 dozen gives great relief. -

Spine & Ganglionic become involved secondarily,  
& external Int. an often Serviceable, &  
it must often be long continued, from 6 to 18 mos.

Somet. Agypt. depends upon Dyspeps. & Neph.  
then Tonics & Laxatives, - alkaline remedy

℞ - Gentian ℥i Infuse in bij bock  
Cassia. ℥ss. in W. 3 or 4 days  
Rhei ℥i or ʒ add 1 pill brandy  
Wheat. Br. ℥ij decant after 3 or 4  
Sem. Feic. ℥iv ℥i. 2 or 3 times per Day

Diet must be restricted; without Coffee,  
Green Tea or Wine. -

### Derangements of Motility. -

~~Permanent or transient.~~  
Muscles are mere passive agents, & we must  
look to the Nerves as the original seat. -

Local Spasmodic Diseases, - as Wry Neck. -

This may be natural, - or instigated as from air  
blowing upon one side. - Apply local heat by

smoothing iron, or along spine. - If persistent must use  
Sive. Prun. Cole 10 gr & Black Drop ʒss. 3 or 4 times per Day

Tetanus is another local affection. - somet. accompanies Tetanus, - somet. occurs in Infants within first 14 days. - Appears to be connected with Gastric derangement, & purgatives are most effectual. - May arise from Cold. - Then treated by Gen. Local Bleeding; Cupps & Mustons to Mastoid & Neck; & themselves by Purges

Jan<sup>y</sup> 29. 1836 -

General Spasmodic Diseases. -

Permanent rigidity of muscles & joints is owing to Inf. of Corp. Striat. & Infer. of Brain. It occurs somet. in Typhoid Fevers, - it is a dangerous, - but not a fatal symptom; - But if the rigidity comes on gradually with out Fever, - it is a fatal symptom, & shows that Softening of Brain is progressing. But this is not a spasmodic disease. -

Tetanus from Causes, Predis. & Exciting Predis. are nervous Temperament, - Hot Climate & Climate, - from Cold, - Wounds &c. - Hence it is Idiopathic & Traumatic. - the first most easily cured, - the latter, hazardous

The structural condition of Nervous system in this disease is unknown. -

Symptoms of approach should be carefully watched. - Punctured & lacerated Wounds are most apt to occasion it. - Insensibility &

difficulty of swallowing.

Existing causes are some local irritation & often a considerable time elapses, before the impression disturbs the nervous centre. -  
Somewhat local irrit. - perhaps owing to some irrit. of internal surfaces. -

Symptoms are preliminary, - as (Nuclear) irritation in part & in Nerves extending from it, & pain from pressure along its course, - then trichs, - Pulsation distinct, along it. -  
Uncomfort, feeling at back of Neck, - some jaw, & at end of sternum, - then active measures must be immediately used. -

Somet. Insensibility is commenced. -  
The muscles affected are different, - either flexors or extensors. - Patient bent forwards in Emprosthotonos, - or backw. Opisthotos. -  
- If all muscles, he is rigid, - Tonic Tetanus also on side affected. -

Cramps for a few minutes, violent pain, increase in frequency, till at last violent spasm produces suffocation. - Mind is often perfect, - so that Brain & Nerves do not suffer, - but merely motional power circ. & skin natural, - except in Parox. or in Sweat of Agony.

Treatments not settled, - opposite opinions, - Caustic, - V.S. - Merc. - Revuls. upon Spine, - Antispasmodic, - as Opium in large doses, - Liquor Prep. is better than Solid. -  
The Brain does not feel the narcotic effect, -

Intoxication by Opium. Stim. to produce relaxation has been attempted. -

Likewise Tobacco has been recommended, - & the safest method is as Suppository. -

The most successful treatment, is Local Depletion by covering spine with Cupes & Leeches, - Op. internally, - & Calomel. -

Follow local dep. by Moxa; Caustics to Convulsions. - differs from Spasmodism having the senses destroyed during the Paroxysms, - from having irreg. muscular action, instead of fixed spasms. - The whole of the Brain & Nervous centre appears to be involved. -

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collection of flatus, - producing pain, - vom.  
boryspms &c. - Relieved by Lonic. & Cammi.  
Subject. - as <sup>2</sup>Mark & Fenell or Chamomile -  
- more common in Females than Males,  
& with it we have great torpor of <sup>the</sup> bowels,  
& the best remedies are those addressed to  
the Spine. -

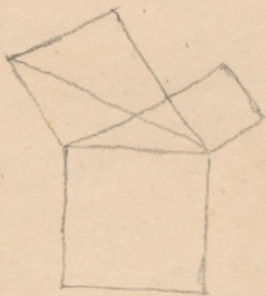
Nervous affection of Secretory organs, - par-  
ticularly of Urinary organs, increasing the  
discharge enormously, during Paroxysms.

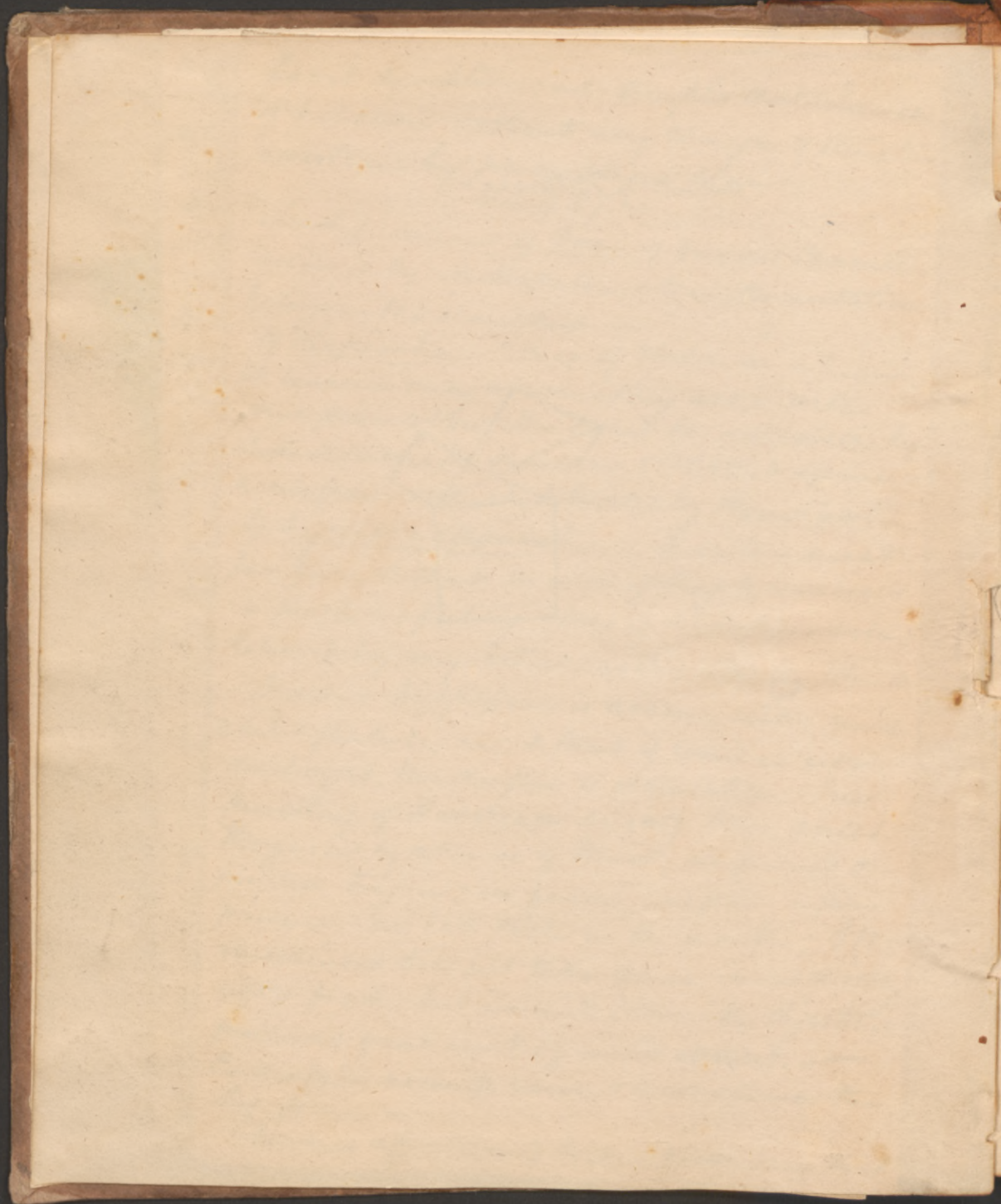
The derangements of Sympathy next  
demand attention, & may be of 3 kinds -  
Augmented, Diminished or Perverted. -

Under the first, is comprehended Hysteria  
Other local excitement in Females is usu-  
ally the Attens. - The only means to be re-  
lied upon for cure, is to equalize the  
nervous stimulation. - It commences gen-  
erally in abdomen, vice, - unpleasant feeling  
from lower part of abdomen, rolls upwards  
& forms Globus <sup>2</sup>Hyst. - & we often have ad-  
sociated with it, derangements of functions  
of Lungs, - Heart, - Viscera &c. - It seems to  
belong to Symp. system only, because like  
the functions are disturbed temporarily only.

Second. - Paralysis is one of the worst forms  
of dimin. Sympathy. - It must be cured  
by Fever, which is a healthy recuperative  
process, depending upon movement of nervous  
system.

Canula of Bellouque





Olfactory - 1<sup>st</sup> Pair - Corp. Striata  
 optic - 2<sup>d</sup> Pair - Thal. - Sects of Cris. Cerebr.  
 Mot. OC. - 3<sup>d</sup> - Sub. Subj. of Cris. Cerebr. -  
 Trochlearis - 4<sup>th</sup> - Valve of Brain  
 Trigemini - 5<sup>th</sup> - Corp. Restiforme & nerves  
 from junct. of Bond & Cris. Cerebr.  
 Mot. Extensus - 6<sup>th</sup> - Corp. Pyram. -  
 (Facial) Portio Dura <sup>of 7<sup>th</sup> Corp. Rest.</sup> & Surface of  
 Pars Media <sup>of 7<sup>th</sup> Corp. Rest.</sup>  
 (Auditor) Portio Mollis } 4<sup>th</sup> Ventricle. -

Gloss-Pharynx

(Cardio-mucosa Gastric) Pars Vagum

Spin. Accessory

Hypoglossal - 9<sup>th</sup>

} 8<sup>th</sup> Fissura between Olivace  
 & Restiformes. -  
 - medial Spins. as low down  
 as 5<sup>th</sup> or 7<sup>th</sup> Cervical Nerve  
 - Between Pyram. & Olivac.

3. - Thru. Sphenoid. Fissure. - to Muscles except Obliq. Sup. - & R. Extensus
4. - Same. - Ext. to forams. - to Troch. or Sup. Ob. -
6. - also thro. Cav. Sinus. - sends fil. to Sub. Cerebr. - rad. of Symp. - thru. it pates  
thro. Sphen. Fiss. - to Rest. Extensus. -
5. - Plexus at point of Petrous Bone. - canal of same name forming Vag  
of Gasser. (Gasser) - & thence 3 branches - 1. Opth. - thro. Sphenoid Fissure. -  
2. Sup. Max. - thro. For. Rotund. - 3. Inf. Max thro. For. Oval. -
1. - Nasae. frontalis & Achrymal. -  
Nasal - fil. to Lentic. Ganglion. - thence divides into 2. one goes to Sub.  
Cerebr. - other (Int. nasal) thro. Ant. Eth. For. - sent thro. Ant. Eth. - to 1<sup>st</sup> & 2<sup>d</sup>  
Lentic. Ganglion of this fil. & from 3<sup>d</sup> - sends 20 Cilary Nerves. -  
Frontal. - Int. & Ext. -



2. Sup. Max: passes thru Pterygmax. Fiss. - sends forwards  
Supr. br. - which branches also to the Teeth. - I  
Forms Sphen. Cal. Lam. - & thence to Palatine; Sphen. Pal  
to Nose, - & Pterygoid. - Pter. divides into Superf. & Deep  
Portions, which with remainder of C. forms Lymph.

Muscles of Mastication; - Sup. Temp. with Temp. Artery, -  
- Next Inf. Dent. to Post. Dent. For. & thence sends Stylo Hyoid, -  
Lingual & Inf. Dent. go between Pterygoid muscles. -  
Ling. is gustatory nerve & receives the deep Portions of Ch. Lymph;

7. The Great Int. - P. Dura in front, - winds round <sup>Sup.</sup> into Stylo. Max.  
For. - enters Parot. & divides into Facial, or Vas. Arterial.

8. Spin. Ac. - thro' Post. For. Lac. - to Stern. Clid. muscle -  
Glos Phary (along Stylo Phary. muscle, to Tongue & Glottis  
behind this & between it & Stylo Glos)

9. Hypo Glos. - below former, - thro' Ant. Corn. For. - to muscle  
passes above Os Hyoid. - <sup>or in cavity of</sup> sends down from its  
Curve. Descend. Arter. in front of vessels of Neck to  
Stomach, - Thy. & Omohyoid -

Paragum. - thro' Post. For. Lac. - sends off Sup. & Inf. Pharyng.

outside of  
Prim. Carot. - Sup. Laryng. - in Thorax, Inf. Laryng. or Recurrent. -  
- these Laryng. behind Trachea. - down Esoph. (pleura) to the  
Stom. - Right is Posterior & Left Anterior. -

Sup. Laryng. - falls between Os Hyoid. & Thyroid behind mid. 3rd. Dig.  
Recur. - Inf. Laryng. - left, from front of aorta, - up Esoph. - to Larynx -  
right, behind subclav. & prim. carot. -

Jackson Jan 7 25. 1836

Vital Phenomena are results of different causes, & external agents are absolutely necessary for them, - as Caloric, - Air, - perhaps Light, -

Between Life & these external agents there is an eternal conflict, & the latter sometimes prevail. -

1. Vitality is incessant activity or movement. -
2. Movement owing to Ext. agents. -
3. Reaction between these causes Life, or vital phenomena.

Vital movements which take place in organized matter are various, & may be arranged into three sets of relations, - or mutations, - & digestion, absorption, circulation, - respiration, - terminating in Nutrition & Secretion.

We have also movement, of sensation, - of voluntary & involuntary motion, - of perception.

Every movement has some specific agent, to effect it.

First cause of Life by Excitability, Contractility &c.

1. That it is generated in Nervous System. -
2. That force of life is essentially connected with organization, - is a property belonging to it. -

Formerly life was thought to be owing to Animas or  
Soul, - & this has been variously modified since the time  
of Stahl. - Hoffman thought that the force causing  
these movements was carried into <sup>oxygen</sup> Lungs & thence produ-  
ced its effects. - Cullen took somewhat the same view.

Jan 26. - 1836. -

The objection to the doctrine of Stahl is that if the ner-  
vous system is the exciting power of vital actions, what is  
it that excites the nervous system?

Doctrine of Glisson is that Life is an inherent prop-  
erty of organized matter, - & this proper of Irritability,  
is dividable into Natural, Sensitive & Animal. -

This doctrine was obtained by Haller, because he  
limited it to that tissue alone which contracts when  
Irritants are applied. -

By vital actions we now mean the reactions which  
takes place in organic matter between it & the external  
agents, - peculiarly modified according to each tissue,  
& that there is but one vital force, acting upon  
the organized matter. - The structure is constantly

changing - & hence the effect of the reaction must constantly vary - & no individ. remains the same for 24 hrs.

Hence the importance of examining the forces of the diff. organs, so as properly to adapt our remedies. -

So also those who have been accustomed to the use of Ardent Spirts; or Opium; they acquire a new vitality & this immed. return to a state of health is fatal. -

Chronic diseases require the same modification of the life of the individual to suit his diseased organs. - Case of Dropsy of 9 yrs. standing, - treated for some by another physician & she died in 3 weeks. -

Absorption. - Upon this movement of imbibition depends some of the most important functions of the Economy - Formerly it was thought to be owing to a particular set of vessels; but now thought to be a property of all organic & inorganic matter; & that there is a kind of Chemical affinity between these tissues & the matter absorbed. -

If the economy can reduce it to its own nature, it does so; but if not; a conflict takes place & diseases of various kinds result.

Jackson. - Jan<sup>y</sup> 28<sup>th</sup> 1836. #

Movement of Circulation, - or distribution of nutriment to every portion of the body. - This takes place only in the higher order of animals, - in the lower order we have a movement of imbibition.

The Heart & Arteries are the powers propelling the blood, - & the column of blood distending the elastic coat of the Arteries, gives origin to the pulse: - but when the column is so diminished as not to fill up the calibre of the arteries; we find no pulse. - The Forces returning the blood to the Heart are yet unknown, - it cannot be the mere vis a tergo of the Heart, - but perhaps the suction of the Vt. side may have some influence

Between Venous & Arterial, we have the Capillary or Interstitial Circ. - the most important to the physician. - This movement does not take place by mechanical, - but by vital forces, - as shown in conjection, - irritations.

Hence the totally distinct principle of action of blood taken from the Arteries & blood taken from the capillary system by leeches or cups. -

Another Phenomena which probably acts upon circulation is similar to that of vegetables, in which the nutriment rises thro' the woody fibre, - from the vacuum produced by Evapor. from Pores. - So in human body, we have numerous extended surfaces folded up economically, - as in Lungs, in which the blood is spread out to the thinness of red globules, - & from this a constant evap. is kept up. - so also the surfaces of other organs & parts of the body. -

Jan'y 29. 1836 -

Movements of Respiration. - Before nutriment becomes fit blood for the economy, it must be exposed to atmos- pheric air, & arterialized. - Venous blood is fatal to the Brain whenever it enters it. - The presence of Oxygen is rather inferred than demonstrated in Art. blood, & like- wise the existence of Carbonic Acid in Venous blood, - this has been recently shown by means of a serous membrane stretched as a partition between Blood & Lime Water. -

Any foreign body which cannot be assimilated, if it can be divided sufficiently minutely, is eliminated by the Lungs. - Some medicines have peculiar tendency

6  
to Lungs; - thus Arsenic is eliminated in that way,  
& it may be a question whether Arsenic does not pro-  
duce a tendency to Tubercles - So also Mercury, & from  
this we account for increase of Tuberc. Consumption. -  
In summer hot climates, - the Skin eliminates it, - but  
in Winter, the Lungs, - I have great caution for those who  
have been thro' a course of Mercury. -

Movements of Nutrition & Secretion, occur in the  
very interior structures of the economy, & we know but lit-  
tle about them. - They are constantly changing. -

Movements of Vibration & of the Nervous System generally,  
we only know as a fact, the cause & manner is beyond  
our conception. - Pressure upon them, arrests their functions.

Nervous Parenchyma presents 2 forms Pulpfy & Fibri-  
nary; the former ash colored or darker, - the latter white. -

They are diff. arranged in diff. parts of the body, & from  
these proceed numerous Chords or nerves, terminating on  
surfaces, & form the sensitive Surfaces. - We shall com-  
mence with the Spinal Marrow, which may be divided  
into 6 portions. -

Jackson. - Feb 7<sup>th</sup> 1836 -

The White or Medullary portion of the nervous system merely transmits impressions, - while the Cortical or Cerebrations originates the forces of the Nervous System.

We shall follow Bellingeri, an Italian Anatomist.

There are 3 straits of medullary matter in the spinal marrow. - 2 Ant. - 2 Post. - & 2 Lateral. -

1. The 2 Ant. are connected with Cerebrum.

2. The Post. with the Cerebellum

3. The Lateral with the Corp. Restiform.

1. Produce motion - 2. Sensation, & 3. Superintend the Organic & instinctive action of the Individual.

We believe that the Ganglia are formed on the Nerves from the Lateral straits; - not on the Posterior. -

Post. roots have 3 origins, - one from Lateral straits; and two from the Cerebrations portion & a third from the Cerebellic straits. -

Hence Bellingeri concludes that the Ant. portion gives origin <sup>to flexion</sup> the Lateral, to organic action; the Post. to extension; & the Cerebrations, to Sensation. -



Sensibility is divided into Organic & Functional. -  
 Organic is found when Brain does not perceive any  
 impression, as in Apoplexy, - or in musc. tissue removed  
 from the body, which contracts, if irritated. -

Besides this, to perfect Sensation, we must have the  
 Brain to perceive the action of external agents. -

We have 3 External senses, from imitation of ext. agents. -  
 - Tactile, arising from some modification of mucous  
 membranes lining the diff. cavities & organs. -

Three things are essential to Animal Sensations, -  
 1. An impression or modif. of recipient surface, -  
 2. Nerves to transmit the impression, -  
 3. Organ to receive the impression & appreciate it. -

There must be an absolute connexion between  
 the various parts contributing to sensation, - or the  
 function will be completely destroyed. - Hence  
 disease either of the recipient surface, - of the trans-  
 mitting nerves, - or of the Brain, may destroy the  
 proper exercise of any of the sensations. - p. 11

Chapman. - Feb. 1<sup>st</sup> 1836. -

Willis pronounces Hydrothorax generally incurable; & when it occurs from organic lesion, - or in broken down constitutions, it probably is so, - but if from simple Pleurisy, - prognosis is favourable. -

Post mortem exam. shows Pleurisy attend by Inf. - or structural lesions of the Thoracic or Abdominal Viscera. -

Fluid is found in Pleural Sac, compressing the Lungs. -

Somet. in the Pericardium: - Edema of cell. tissue of Lungs

Treatment, - In the early stage, they are generally Inf. - shown by blood, - pain in side, &c. - hence commence with R. S. - & repeat while active pulse is demanded it.

Top. depletion, by Cups to Back & Pluck. to Breast -

Nitre, alone or with Tart. Emetic, - Squill & Calomel, -

Digitalis, in which at present but little confidence, -

Colchicum, - Dr. Ferriess experiments resulted in the

following combination as most efficient

℞. Ecarter, ℥i	Dose ℥i every 3 or 4 hours. -
℞. Spt. Mt ℥ij	
℞. Saic	
or Colch. ℥i	
Syr. Rhau ℥i	

Emetics have been highly recommended, - but probably  
are useful only to exonerate the Lungs. - Their use in  
non-seating doses I think acts favorably, -

Purgings I have found advantageous especially in  
Women, who are much more tenacious of life than men.  
- but others do not recommend them. - The drastic ar-  
ticles are best as Elixirs or Croton Oil. - The first dose  
of Croton Oil I gave in this country (1741) provided my source at

Expectorants may act as pectoratives & facilitate the  
discharge of bronchial accumulations, - & most of them also  
produce absorption. -

For the Chronic form, little can be done. - Attend  
to invigoration of general system & organic lesions. -

Paracent, Thor. - may sometimes be tried as a palliative.  
Cures have been reported from it, - but they are very rare. -

The Pericardium has been tapped by a needle with  
success, in one case reported in the Lancet. - Scarus  
suggests that Sternum be first trephined, to expose the  
Pericardium to view. - See p. 12. -

Jackson, Feb. 2. 1836.

Paralysis of ~~Extens.~~ muscles - with permanent flexion of the limbs, - showing that the Antagonising power of the muscles is owing to separate Nerves arising from distinct portions of the Spinal Marrow -

The Ant. Strands coming from Centrum govern the motions of Flexors, - The Post. from Cerebellum govern the motions of Extensives. -

In the Spinal marrow, the Lateral strands superintend the Functions of the Viscera, - & their derangement is often the cause of Visceral Diseases. - This should be kept steadily in view in anomalous affections which appear to be seated in the Viscera. -

Inf. of Arach. memb. of Spine is accompanied with pricking sensation in limbs, - not always pain upon pressure, - Constipation of Bowels, - Ineq. resp. & Palpitation - - somet. rigidity of limbs. - After death, it is found thickened, & has cartilaginous & vascular deposits. -

Inf. of the Spinal Marrow, is accompanied with Tormentation, - & often with Pally. - p. 15

Chapman Feb. 2 - 1836

Hydrocephalus Internus, - was formerly consid-  
ered merely as effusion under the Scalp. -

Divided into Internal & External by Petit &c -  
Now divided into Acute & Chronic; - or other terms. -

Acute: Children are chiefly liable to it. -

First stage very insidious, - languor, imp. bowels, - collapse  
count. - tender scalp, - puffy abdomen, - epigast. tender -  
sleep disturbed by moaning, - inquietude also in day. -

Febrile movement follows. - Nausea soon, - dry  
or moist coated tongue, - headache, - or stiffness back  
of neck, - temp. art. - noise in ears, - aversion to  
light & sound, - sudden starts, screams in sleep. -

Next approach of heaviness, - scowl, - dilat. pupils, -  
pulse slow & intermittent, - bowels disord., - clay col. stools.  
Covered with oil, - urine deficient, - partial delirium  
when roused, - tend. to syncope when raised up. -

Now a dry cough arises. -

Pulse becomes weak & thready, - strabismus, rol-  
ling of head, - tossing hands about, low delirium, -

spasms of limbs, - diff. deglutition & labor. respiration.  
Invol. discharges. - Thus it may lie several days, e-  
maciated & suffering, - & Death occurs in 10 or 15 days.

Somet. a case occurs without premonition, & dies  
in 2 or 3 days; - they are often called Water strokes, -  
More commonly result from protracted Fevers. -  
It occurs somet. from Metastasis. -

Its cause cannot be readily explained; - probably  
the delicacy of the Arach. - is such that no intense Inf.  
follows its lesion, but this does in older persons. -

There appears to be peculiar susceptibilities to it in some  
families, perhaps connected with Strumous Habit. -

Partition has some influence. - The condition of the  
Chylific viscera, - the irritation of Worms, - the sud-  
den suppression of acute or chronic eruptions &c. cause it.

Diagnosis somet. is difficult. - Previous history, - incli-  
nation to vomit, - constip. & aspect of stools, - urine, aver-  
sion to light & noise; - strabism, - slow irreg. pulse, head  
& hands, - deglutition & respiration, - & they can bear  
only the recumbent posture, - faint or serene, & pained,

Important to determine whether of Cerebral Origin, -  
by observing the preliminary symptoms. -

It is only in the early stage before effusion that  
we can be very serviceable. - If excited by Stom. or  
viscera, it is more manageable, - & also acute & Infl. -

Benefic. Symp. - one Sense to be still, - tumidus aurium,  
or deafness, - pupils dilated or contract, - pain in Neck, -  
- Coma, - convulsions, - pellucid urine, copious watery  
discharges of feces are fatal symptoms. -

Fav. - are subid. of cereb. affect. - Compos. Stomach, -  
- mat. evac. & urine, - soft skin, - & defluxions from  
nostrils, which indicate proper secretions. -

Post mort. Exam. - may various. - Substance of Brain  
sometimes softened, & parts hypertroph. - while the  
Fornix is usually wasted, - Effus. in Ventricles, between  
menbr. - & convolutions, - of fluid of diff. kind & colour  
- Tho' somet. no effusion could be found, - altho' the  
symptoms during life seem to mark Hydroceph. -

Tumours, - abscesses &c are sometimes found. -

Disarrangements of Chylopoietic Viscera also. -

February 23<sup>rd</sup> 1836 —

15

The Effusion is owing to weak diffusible Arachnitis; but Hydrancephalus is very distinct from the usual acception of the term Arachnitis. — Sometimes it may arise from disorder of the Digestive Apparatus. —

Treatment. — Predisposition must be watched, guarded by vac. of Al. Canal; mercurials; rest; low diet, &c. —

— Leeches to part affected with Pain. —

After Inf. appears — N.B. if patient can bear it, which is rare, — consequently it must be used with great caution.

Leeches may be employed repeatedly; — or opening of the Temporal Artery, — Cold to Head, — Stim. to Feet, — Much depends upon Purgings, & I have seen it very beneficial. —

Cal. alone or combined, — or Spigel. & Verna for Worms —

Emetics have been too much reflected, for I have seen an overloaded stomach produce very similar symptoms. — They also change the capillary action. —

Plasters first upon the Nape of Neck, — then over the whole of the top of the Head, the latter to remain for 24 or 36 hours, until suppuration of the scalp is established. —

Shave the head several hours before its application. —



At this stage, the patient becomes affected with Spasms, -  
Convulsions or Coma, &c. - owing, I contend, to a collapsed  
state of Brain & Nervous System, - due to overexcitement,  
hence it is proper to treat it by Stimulants, as Carb.  
Ammoniac - Op. - Wine & even Brandy. -

After Effusion, there is but little hope of benefit. The  
fairest prospect is held out by endeavoring to change the  
secretory system. - Case with Rubin, child byss. - cured with  
Muc. Ointment & used 14/2 lbs. to produce effect. - it  
recovered & is still living. - See p. 17

Jackson - Feb. 4 -

Affections of Spinal Marrow. The dorsal portion gives  
rise to pain in Back, - Palpitation, - Embar. Resp. - Pain  
in Side (left) - & in Sternum, - Gastralgia; - The recum-  
bent posture in a warm bed increases the pain. We  
have also Cramps of Stomach, relieved by Cups to Spine, -  
If Lumbar portion, Pain there & in Sacrum; some-  
times down in Epigastric Region; so that it may be mis-  
taken for Disease of Bladder, Prostate &c. - Also  
obstinate Constipation often depends upon it. -

Colica Pict. depends upon Inf. of muc. memb. of Spinal  
d of Spinal marrow & nerves supplying the Dig. Apparatus  
Hence the diversity of treatment - according as one or the  
other affection gains the ascendancy. -

Spine subject to Hemor. or Apoplexy, produc. Paralysis. -  
- also to Dropsy, from Acute Arachnitis, - & accomp. Hydrocephalus.  
- Spina Vesida; Hypertrophy; Atrophy; - Concussion, -  
Compression from Tumours, or Aneurisms, - all producing  
disturbance of its functions. -

This appears to be also an Epileptic condition of it. -  
Case of Lad, seized with Intermitt. Fever; & after that  
regular monthly parox. of cramps of all muscles below  
the neck, continuing for 3 or 4 days at a time. - He  
was treated by cups, Leeches, Pustules to Spine &c. - & gen-  
dial, rest &c. appropriate to treatment of Epilepsy. -

There may be also a constant Pain in Spinal Mar-  
row, especially lower portions, lasting for years & then dis-  
appear. - If in females, it is often connected with Prolapsus.

Some pathol. regard Intermitt. Fevers as arising from  
Spinal Marrow. - Thus Hoffman; Trauccke &c. - p. 23. -

Chapman. Feb. 4, 1836 —

Chronic Hydrocephalus, - apt to occur in children of weak & strumous constitution, - or any cachectic condition. - Dry husky skin, - depraved appet, - disorder of digest, Stomach bound above Spain, - debility & emaciation. - Then from Headache, - vigil, or somnol, & other cerebral affections. - U.S. rarely admin. - but Leeches & Blest. to Head, - Purgings, & Mercury, which however may prove injurious. -

Somet. this form is Congenital; & may continue many yrs. - The functions of Brain may be continued, because the folds of the Brain are merely unravelled or drawn out into a sac, - so that there is no loss of substance. -

Medicine is useless; Tapping somet. is effectual. -

Anasarca. - if local; it is called Edema. -

It is much modified by circumstances under which it occurs. Generally commences in Feet & Ankles, - & gradually spreads to other parts of the body. - Small vesicles form on surface, burst & become Gangrenous. - Int. cell. tissues may become dropsical, especially of Lungs. - External is occasioned by local irritation of skin, - passing to subcellular tissue, - or by intermpt.

of excitation, - as in Pregnancy, - or from extreme ex-  
haustion. Somet, accomp. Ascites & other forms. - Also  
sequela of Fevers, - Cold, - debility from U. S. &c -

Diagnosis generally very easy, - & particularly by the  
indentation upon pressure -

Curability is variable, - if suddenly induced from the  
cell tissue, generally easy, - but not if Chronic, or depend-  
ent upon Visceral lesion - If attack long continued,  
Cells are enlarged; if recent, they are diminished -

Effusion is owing to slight & diffused Inf. of Cell. membrane  
& somet, in debility to escape of fluids thro' relaxed exhalants.

Treatment nearly the same as in other varieties -

Mercury is less applic. - & Diaphoretics more so, - also  
warm Striptures, - enveloping limb in silks, - cabbage leaves,  
or Tulip Poplar leaves. - Gangrene somet, occur from

pressure, - & may somet, be arrested by compressing the  
limb above & below with a flannel roller, which imparts

heat to the skin. - Regimen of Dropsy of Cavities partic-  
ularly during febrile state should be very low; - Case of Dr. Johnson, -

If it be of the less active kind; nutritious diet is demanded.  
Drinks are allowable, - acidulated Vegetables - Citrus &c -

Chapman Feb. 5. 1836. -

Diseases of Pulmonary Organs. - 1. Satanth, -  
- an affection of the mucous membrane of the Lungs, -  
- introduced by fullness of Head, - Cough, - Hoarseness, -  
Embar. Resp. - Cough & Expect. - some pain in Frontal  
Sins, - accomp. with Fever, - Terminates by copious  
expect. - or by Diarrhea. - It is apt to be complicated. -

Caused generally by some exposure, - by inhalation  
of acid fumes, - as of new Paint, - flowers, - snuff, - some is  
Epidemic (wide spread), & called Influenza (Italian). -

One attack protects the system during its prevalence. -  
Diagnosis easy, - partic. with the Stethoscope, we find the  
subsilent vocalus, - & temp. abs. of Respiration, -  
until after coughing. -

Prognosis most unfavorable in early & advanced age. -  
Thin & glairy sputa indicate continuance of Infl. - but  
thick & yellow indicate approach of convalescence. -

Catarrhs should not be neglected on acct. of the sequelae.

The upper lobe of one lung is generally all that is affected  
Mucous moud, either hard & thick, - or soft & pulpy. -

Pathology. - It is owing to Inflamm. of the mucous membrane extending from Schneiderian Membrane down the Trachea.

Treatment. - It may often be suppressed by taking an Opiate upon going to bed, - which acts as a diffus. stim. -

Somet. And Opets answer the same purpose. - Diaph. vomit. act happily, - Stim. pediculi. - Cups to Frontal Sinus, -

- & after three Cal. top. acts well. - Lemonade Hot, - Maltass. Whey (Milk boiled by, - Scholassar prabatum, - from Drury Lane). - Egg Tea, - Bran Tea &c. - somet. Cold Water. -

For Diaph. - Infus. of Eupat. - Inhalation of equal parts of Hoffm. An. & Laud. (Physic).

When more violent, more active treatment, as U.S.

- Topical bleeding. - Saline Purgatives, - Sealowel sometimes.

R Sulph. Magnes. ℥i to keep bowels open & give  
 Nit. Potass. ℥ij a tendency to skin, - give  
 Juss. Ant. - ℥ss it in small & repeated  
 Aq. Zepid. ℥ij doses. -

Emetics are suited to relieve pulmonary oppression.

Blisters, if properly timed are useful, - but it must be in declining stage, where Cough remains & pain

in the Chest. - Cough Mixtures are abundant, all containing Opium &c. -

℥ Ext Glycer Tris  
℥g. Zep. ℥ Tr  
Sut. Spr. Nit. Tris  
Aut. Wine  
Laud.

℥ Oxyg Seil  
Aut Min  
Mistur  
Laud

℥ Carb. Pot.  
Sut Min <sup>aa</sup> Tr  
Laud <sup>℥ss. 40.</sup>  
Comp. Sp. Lev. Tris  
Aqua ℥ Tr

For old persons, Purgative is preferable to other prep. of Opium.

Winegar or Lemonjuice with Brown Sugar. -

Diet must be strictly Antiphlogistic.

Vegetable Broth - 2 Lemons, 2 Potatoes, - sliced & sliced  
Slice of Bread, - 3 Pints of Water boil to 6j. - add Salt & pour it on pieces of toasted Bread. -

Lying in bed sometimes relieves it. - Laxatives recommended Spirituous Preparations, just before going to bed.

Sometimes a Paroxysmal Cough remains, after the Inflamm. has been relieved, - it may be owing to enlarged Glands, or Mucosa, - or atonic condition of mucous Membr. - They are relieved by an appropriate Laxative. -

Chronic Catarrh, - may be either original or follow  
 an acute attack, - & often degenerates into Catarrhal Consump.  
 Approaches with Pain in Chest & Sore Throat, - some Sputa  
 glaucous, mingled with small yellow bodies from follicles, -  
 - it grad. changes, - becomes more copious & purulent, -  
 Large quantities of Pus are contin. secreted without ulceration.

Diagnosis somet. difficult, - as it passes on, it closely  
 resembles genuine Tuberc. Consump. - Stethoscope.  
 gives mucous rattle in Catarrh with Resp. muffled, occa-  
 sionally stopped by the Phlegm; removed by coughing. -  
 If permanent cessation, & fibrillat. rouschus, show the  
 track of true Tuberc. - Percussion; cavernous Resp. to  
 show exist. of Tub.

Post mort. shows conct. Ulceration, - Dilat. or Contract  
 of Bronch. Tubes, - Secretions blocking them up. - False ad-  
 hesions of Pleura, - Dropsy of Heart, - & Infirmat. of Liver &c.

Treatment - First arrest Inf. - by gen. & tops. bleeding; - Dis-  
 tensio. - Tart. ant. - Low diet &c. - Then Emetic occasionally  
 - Balsams of Tolu, Copaiva. - Bals. of Honey (Tolu & Laud)

4. T. Tolu ʒi ʒss ʒss  
 ʒi ʒss ʒss  
 Laud. ʒi ʒss  
 Terebinth. Prep. - also  
 See p. 24 -



Jackson Feb<sup>y</sup> 8. 1836.

Medulla oblongata is a most complicated structure, - is the centre of the motorial, sensual & organic faculties.

The function of most importance is Sensibility; which is not fixed; - but varies with the structure to which it is connected. - Hence the variety of Sensations, - the diversity of talents; - &c. in different individuals. -

Some parts of the human body are highly sensitive; - while others are not; - but these latter may undergo such a modification by disease, as to be sensible. -

Sensibility is divided into Organic & Animal. -  
Organic occurs without Perception or Consciousness. -

Case of violent spasms &c. from Wine in Stomach, -  
caused by Cold Water & Cups to Stomach.

Animal requires the Intellect. -

Sensations are Org. - or Animal, - Int, or Ext. -

They are very numerous; - each part has its own. -

They depend upon the activity of Sensibility, & hence the capacity of exciting them varies exceedingly; - & so does in Pathology, - diff. susceptibilities to medicines. -

Sensations are Active or Passive. - Active, occur in Hypochondriacs, whose sensibility becomes so acute that the mind is fixed upon some organ as a seat of disease. - Thus trifling diseases often become very serious by the constant operation of the mind. - See p. 27

Chapman Feb. 8. -

Acute Bronchitis, - formerly called Peripneumonia Notha, - or Katarrhus Nothus or Suffocativa. -

It is produced by ordinary causes of Catarrhs operating upon weak or Plethorical Constitutions. -

The oppression is very various; generally heavy respirations with wheezing or rattling; - very seldom acute pain. - Cough dry, - or phlegm like white of Egg; - no Fever pulse somt. accel. & fullness; - somt. less; - pale countenance, dullness of mind; - thirst, clammy jaws, - Stool stop.

Somt. more reaction, - sense of tightness & suffocation - It rapidly advances; oppression increases; - brain becomes affected; - general prostration; - much thin bronchial secretion & rattling; - dyspnoea; - hoarseness, - inability to endure recumbent posture; - or expectorate & death follows. -

There are various grades of intensity, & secondary lesions.  
Etiology, similar to Catarrh; from Cold & moisture.  
Diagnosis, in early stage, easy. - Wheezing & rattling,  
 - or if after this, - use Percussion & Auscultation. -  
Prognosis unfavourable, if much oppression without  
 much expect. - Thin Sputa, - cold skin, - coma, - livid  
 lips & nails, - dury perspiration. - The Reverse of these  
 may be considered as favourable. -

Case ends in 3 or 4 days, - somet. in a few hours. -  
Post mortem, - Morbid glairy secretion in Trachea &  
 Bronchiae, - somet. engorgement of vessels & ecchymosis. -

Pathology. - It is an affection of muc. membr. of Lungs,  
 seated partic. in Bronchiae, - & more of Congestion than  
 Inflammation, - hence Sputa more thin & glairy. -  
 The secretions block up Branch. so that the blood can  
 not be sufficiently exposed to the air & decarbonised. -

Treatment. - The subjects are generally so weak that  
 N. S. is scarcely admissible; - Emesis, in commenc. is  
 recommended as highly useful, by Ipecac. - or Sulph. line.  
 but I prefer combin. of Ip. & Tart. Emetic. - Some caution  
 is necessary in administering them. -

Coughs between Shoulders & on Sides & Blister to Breast;  
Calomel may next be administered, & I have  
found it useful. - Then Cal. Sp. & Op. in small doses.

- Or Expect. as follows. - ʒ Lac Annou. ʒi

ʒ Decoct. Sen	ʒij	oz. Sile	
Honey	ʒi	Purgone	ʒss
Purgone	ʒss		

ʒ Honey ʒi      Tablespoonful of these  
Vinegar ʒij      very hour or two. -  
Purgone ʒss  
Water ʒij

ʒpt. Leet. - teaspoonful every hour I have seen useful  
In asthma - Carb. Annou. & True Wh. -

Inhalations, of Vinegar & Water, - Syr. of Toled Water &c. -  
- Hoff. Anod. - Tar. Serpentine &c. -

Chronic Bronchitis. - may follow Acute or not.  
Consumptions are peculiarly liable to it. - & probably it  
follows disorder of the Abdom. Viscera. - Resembles  
Ch. Catarrh, Sputa at first thin, - & gradually becomes  
pusulent without pain, - more wheezing & rattling,  
feeble pulse, - edema of lower Extremities. - Life is  
very indefinitely protracted & usually suffocation. -

Post mort. - Lungs do not collapse on acct. of nucleus contained, - lining membr. thickened & variously deranged from Inf. - So also the Parench. of the Lungs - Somewhat, the lining membr. is pale, & secretes abundantly.

Treatment. - Commence with mod. P.S. - if admiss. -  
Cups to Back & Sides - Blisters to Breast - Cal. Squills & Op. - singly or combined. - Colchicum has been used. - Balsamic Prep. might prob. be beneficial; - Also Tonics. - But the cases generally terminate fatally. - Sep. 28

Jackson Feb. 9<sup>th</sup> 1836

Sensations, when very active & long continued, destroy the sensibility of the part. - They are very variable, & cannot remain constant at any one point. -

One sensation destroys another of equal intensity. - Very painful sensations often removed by slighter ones, - as Rheumatic by gentle Frictions. -

Sensations acquire delicacy & acuteness by exercise. - & become blunted by inactivity. - The loss of one sense is somewhat supplied by another. -

Labourers have sensations much blunted, so that they complain of little or no pain. - Mrs. House -

In the higher orders, their vital powers are expended upon the nervous system, so that they are constantly complaining of aches & pains, without any disease. —

Pleasure & Pain are very variable, — one often terminates in the other. — Thus Titillation may produce Death. —

Pleasure is more lasting by closely adhering to a moral course of life; & avoiding all excesses of pleasurable indulgences; so that conscience may not check him.

Pain is a powerful stimulant to Brain; — & hence when this organ is acutely inflamed, — we must abstain from painful excitations. —

p. 33

— Chapman. Feb. 9. 1836 —

Tussis or Catarrhus Perilicis. — Its subjects are generally feeble; — it attacks smet. paroxysm. 2 a day, — surface becomes cold, — bluish de. — sometimes death from suffocation. — Sometimes the attacks continue during Minutes & disappear during summer. — Somet. continuous for several years, — with copious bronchial secretions. — General Treatment much the same as for former varieties of Bronchitis. —

Infantile Bronchitis or Cat. Fever. - Somet. it appears like Bronch. - somet. like Catarrh. - It occurs generally between 2 or 3 yrs. - begins like common Catarrh; the child changes but little; - sleeps rather more & perhaps more fretful. - pulse rather feeble; - pallor & cold surface, - impeded respirat. & gen. debility; - Next comes the stage of excitement; - more fever, - constric. chest; - cough; - abs. of secretions; - Next Collapse ensues; with wheezing & rattling, cough suppressed; - & occas. delusive respites, - till at length, comatose or suffocates. -

Somet. it advances very insidiously. - The Inf. may be extended to the neighboring tissues, - to the mucous lining of stom. & produces Gastric disorder. -

The disease usually prevails in Spring, but may occur at any other season. The flood robust as well as the weak & sickly, are subject to it occasionally. - It Somet. prevails epidemically - as in 1825, attacking all ages, something like Influenta; - & in 1831-2 it again appeared, attacking the adults more than children.

Diagnosis. - By history of disease, - by percussion & auscultation, - & from Croup, it is diff. in symptoms.

Favourable, - Facil. Resp. - Thick copious expect. - & de-  
fluxions from nose, - Bilious Discharges, -

Unfavorable, - Dry Schind. ment. & contractio Alae Nasi, -  
Short labor. breathing, - Hoarse lips -

Pest mottens. - similar to those in adults, - but more  
commonly pneumonia, - Sanguis. & Cerebral lesions.

Pathology, - Both seated in muc. lining of Lungs, - Bron-  
ch is Congestion - Cat. Hoer is Inflamm. - both may be mixed.

Treatment, - commence with Emetic & vomit. reft.  
when Resp. much oppressed, - then purging with Cal. &  
Castor Oil, - & continue it as revulives. - It rarely  
admits of U.S. - lest great prostration ensue. - Top. bleed-  
-ings by blisters are useful. - Excitements to Uterus,  
by Friction, Warm Bath, - Cal. Op. & Op. &c. -

When the system becomes much prostrated use Stim.,  
as Carb. Ammon. Wine Whay, - Blisters or Sinapisms to  
Extremities, - of which the latter are usually preferable. -

Phtusis, - a wheezing, rattling of young infants, - depends on  
malformation of Chest coat. - Clothing, Diet, Exercise & Tonics. -



Cynanche Trachealis or Croup or Wives de. de. -  
Heaving of Sighs - Tracheitis - to. to. to. to. to.

Prof. Astruc of Ed. in 1765 first described it; - but  
 I suspect it was known & mentioned long before -

Commonly comes on at night without promission, -  
 with a dry, hoarse, stidulous voice, like a ruffet bark -

- The Parox. is apt to return the next night similarly. -

Somet. it approaches insidiously like Catarrh; - with  
 active pulse, flushed face, - dry skin, - unperf. respiration, -  
 - sound like breath thro' gauze - sonorous dry cough, - no  
 expect. - & secret. generally interrupted, - feeble whispering,  
 - sometimes no voice, - cerebral affection & tend. to somnolence;  
 cop. secret. in Larynx, diff. or no expect., - then the  
 case rapidly advances, - embarrassed Resp. - feeble  
 circ. - cold skin, - eyes injected & protuberant, - lips livid, -  
 face cold & covered with dewy perspiration. - Sometimes  
 the brain remains perfect, & all the senses. - coughing  
 sometimes produces Convulsions. - Constant tenacious  
 sput. occurs. - Its duration varies from few hours to  
 several days. - One case I saw terminate in a few minutes. -

Feb. 10. 1836

32

Inf. of the mucous membr. may extend downwards from  
simple Catarrh of the Nose. - It also Bronchitis may extend,  
Causes. - Predispos. of childhood, - change of the parts at  
the age of Puberty, - abund. of lymph in blood of children.  
Moist cold abroad; - in Spring, near sea shore &c. - Some-  
times it is said to occur as Epidemic; - but this form I think  
is a modification of Scarlet Fever. - It may be Endemic; -  
as in Leith near Ed. - It may arise from irrit. of Alim.  
Canal, - from Nourish, - loaded stomach on going to bed, - from  
mental emotions &c. - No reason for suspecting contagious  
- but the mistake has been made from Scar. Anginosa  
which may occur without efflorescence, - the Inf. ex-  
tending from the throat, down the Windpipe. -

Diagnosis generally very easy if not complicated, - use  
Tact. & auscultation, if necessary, besides the other signs.  
Prognosis, - in early stage favourable from vig. treatment  
but if deferred or far advanced - it is doubtful. - Favor.  
to feel one's pulse to Med. - subsid. of stud. Compl. - restor. of  
nat. breathing, - equality of Temp. - more regular Pulse -  
Nasal - Inc. distend. - heart thumping, - abdom. breathing  
& elevation of Shoulders. -

Post mort. - Appearance depend upon time of death, - treat  
ment do. - Secretions ofropy mucus. - Extrav. of Coag. Lymph.  
forming Membrane, Surface beneath of red or livid hue. -

We may also find Congestion & Inf. of Lungs. - soas even to  
produce Hepatization. -

Pathology. - It has been divided into Spasmodic & Inflamm. -  
At first it must be spasmodic. & Inflamm. afterwards developed. -  
The diff. of Infs. between this & Catarrh is probably owing  
to the diff. of intensity. - See p. 34. -

Jackson Feb<sup>y</sup> 11<sup>th</sup> 1836

Man has 5 Senses. - Touch, Taste, Smell, Hearing & Sight, -  
by which he acquires all his knowledge. - Other ani-  
mals have other peculiar senses, - as the bird, which teaches  
it to wing its flight to distant regions in a direct course. -

Touch. - enables us to know the temperature of Bodies to a  
certain degree but not positively, - 2. Consistence & Weight. -  
3. Form. - This sense is divided into Tact & Touch. - Tact is  
common to the whole body. - Touch is most acute at  
the ends of the fingers, & in the Lips. - The hand is ad-  
mirably adapted to its purpose. -

Taste - is seated in the Papilla of the upper surface of the Tongue. - By cultivation it is much improved, & becomes very delicate. - By disease, it is often much perverted, & in chronic cases, a bad taste, a disgust for all food, is a fatal symptoms. - It is sometimes totally lost. -

— Chapman. Feb 11. 1836. — see p. 40

Treatment of Croup. - We rely principally upon Evacuants, - & the practice of using Mucus, &c. Assaf. &c. is highly injurious. - In commenc. - use nauseating med. - Simps. - or flannel wet with Opst. Ter. round Throat. - Smoke Opium, - or Snuff Plaster on Breast - Next vomit prescy with Tart. Ant. - alone or comb. with Cal. & Spec. - If it do not act, put Child in warm Bath. -

Next bleed, - & afterwards again repeat Emulsi. -  
 - Top. bleed somet. necessary by Cups to Side & Back of Neck, - or better by Leeches. - Mist. Throat. - If symp. increase U.S. - ad deliq. - generally puts an end to the disease. - Then give a large dose of Cal. to purge speedily & actively. - If cough continues, - give the Infus. Sangu. as an Expectorant. - Now Sweating is desirable, by Dov. powder. & vapour Bath for 2 or 3 hours. -

After the disease has continued for 10 or 15 hours, extravasation of lymph occurs, in the Windpipe, Lungs, &c — Then we must endeavour to remove it by placing Child in Warm Bath & while there, vomit it actively by Sulph. Zinc. — Tart. Ant. Sp. & Caly. — or Juice of Garlic. —

If the Lungs be much engorged, — General or Local Bleed. must be used accord. to circumstances, — Plistus to Breast, — & subseq. — Expect. of Ant Wine, — by scale, — Decoct. Seneg &c domes. comb. with Carb. Ammo. — Calomel also is useful, — in small doses to act upon mucous membrane —

Tracheotomy has been proposed as a last resort, but not much can be expected from it. — Sternutories might sometimes throw off the mucus. — So also a bougie pushed down the Trachea, would separate the mucus, — & the coughing throw it off in many instances. —

In mucus-forming after other diseases as Scar Fever, it has been proposed to paint the whole of the Lances with some stim. lotion, — so as to excite a new action —

I have found the burnt Alum appliced in the same way, more efficient. —

Prompt & energetic practice for Children. —

Cynanche Laryngea or Laryngitis. - 1812. -

Bailey published an acct. of it in 1812; Wick of Alex. in 1808. -

Commences with chill, - dryness of throat, shawking, -  
expect. not ref. - but by seriatim, - self, impeded - painful  
constriction of Larynx from Inspir. - with whistling, differs  
from Incurt, whistling sound of Croup. - No cough, - but  
a grunting, or grunting noise in Throat, - voice hoarse, -  
Pain from any effort at Phon. Adami - but very little  
tumor can be seen in the throat. - Diff. of deglutition  
- slight fever, - except when it commences as tonsillitis.

Somet, approaches as ord. Catarrh, without any appreciable  
constit. disturb. - for sev. days, - then rapidly develops.

Condition of primæ viæ varies, - stom. irrit, - somet. bowels  
lax, - or torpid & almost inert, to ord. impred. -

Sup. - somet. extends thro' the whole of the neighboring parts.

Somet. a pale bloated aspect of the surface, from the serious  
effusion in sub-cellular tissue, called Sar. Edematosa, -

In its progress, the symptoms increase, pulse ~~increases~~  
sinks, - deglut. very diff. - & seems to pass into Trachea, from  
inaction & swelling of Epiglottis, - dyspnoea oppressive, -

Eyes wild protrud. - mouth gasping - livid lips & face. -  
 & every indication of utmost agony. - Short respires. -

Duration from 2 to 5 days, - usually, only a few hours. -  
 It prevails more gen. among males than females, - & in  
 adults or old age. - Washington in Oct<sup>4</sup> - Dec 13, 1799. -  
 Somet. it occurs in Children. -

It arises from cold, - & austere atmos. - by inhaling va-  
 pours of boiling Water, - as in bursting of Steam Boilers, -  
 - from extension of Inf. sore Throat, - <sup>partial</sup> -

Distinguish from Croup, - by diffus. inflam. <sup>of</sup> Fauces, - ten-  
 der. of Larynx, - diffic. deglut., - intonation of voice, - &  
 age of their occurrence. - In Croup, muc. coat is inflam.,  
 & lymph is thrown out on surface, - but in Lar. Inf is  
 in sub-cellular tissue, - & no membrane is thrown out. -

Diagnosis: between this & Cy. Lond. - from there being  
 no swelling of Tendils. - Pharyngitis: has less disturbance  
 of resp. functions, but same agony of swallowing -

Prognosis. - It often proves unmanageable, & un-  
 less actively managed in the outset is very apt to ter-  
 minate fatally. -

Look most - Stellated spots upon inner surface of Larynx  
 - sides of rim of glottis approx. - Epiglott. swollen, - very rarely  
 extravas. of mucus, - if any, very thin, - not like Croup. -  
 Fluid found in cell. tissue, - Trachea seldom involved. -  
 Bronch. tubes, choked up, - & Lungs so filled that they do  
 not collapse. -

Pathology, is yet unsettled, - but there is a combination  
 of Spasmod. & Inf. affect. - Croup appears to be an affection  
 of inner & muscle tissue, termin. by effusion of lymph, -  
 while Laryngitis attacks out. cell. tissue, & termin. by effus.  
 of serum or pus. - hence the Larynx becomes obstructed. -

The inf. of the cell. tissue accounts for the intracta-  
 bility of the disease, - this is diff. to relieve in any part. -

Fibrin is more abund. in youth & hence more in Croup.

Treatment. - To overcome suffoc. & prevent effusion, -  
 O. S. ad deliq. - I much want of success owing to insuffic.  
 bleeding, - for here it is more necessary even, than in Croup  
 Death of Washington was owing to his not having been  
 suffic. bled in the commencement. - Even in old persons,  
 there is no substitute, - & we had better risk it. -



best excite vomiting, by Tart. ant. - Cal. & Op. assisted by  
Warm Bath, - which Armstrong has highly recommended. -  
Leeches & Blisters to Throat may also be added. - To  
prevent Spasms, Op. has been suggested, - but I do not ad-  
mire the practice. - Inhalations & Fomentations, -

If effusion has taken place, local depletion & blisters  
may prove serviceable - & I should rely chiefly upon a  
combination of Cal. - op & Sp. - & Vapor Bath with Do-  
vor's Powder to produce Diaphoresis profusa. -

Laryngotomy has been proposed by some, - & must be  
properly timed; - There are several modes of performing it, -  
& notwithstanding the failures of previous trials, - I can  
still recommend it. - I think it more useful than in Croup.

On acct. of the intractability of the disease, - the operation  
should not be delayed, - but performed as soon as the first  
stage has passed, & take the risk of cure. -

Chronic Laryngitis is more prevalent than Acute. -  
- the most simple form is called Hoarseness, - which  
has little constit. disturbance, - & may continue for long time.  
At first, a feeling of stiffness in Throat, some diff. of breath. -

obstructing inspir. - honest. pains on passing Windpipe, & on  
 exam. Throat, - no Inf. observable, - or elong. of Uvula somet,  
 & enlargement of Tonsils. - Ext. - the Sanguy somet. edemi-  
 atous; - No Fever at first. - but symp. grad. increase, - diff.  
 breathing, with shill, laboured inspir. - voice rough or  
 whispering, - impeded sleep. - spectra ofropy mucous, - somet.  
 pain in Chest, followed by Hætic, - Emaciation, - Purul.  
 Expect. - Night Sweats, - Diarrhea, - & ends Plethoric Sanguis. -

Duration from few weeks to several years -

It occurs in middle & advanced age, - more common  
 in males than females. - Clergymen have been thot.  
 most liable to it, - but I know no reason for it. see p. 42

Jackson Feb. 15. 1836. -

Smell, gives up the property of bodies called Odour, - &  
 is a species of Touch. - The seat of it is the Sclero. ment., -  
 - & chiefly on the Sup. Turbinate Bone, - It seems placed  
 as a guardian to what enters in the mouth, - & is more  
 perfect than the sense of Taste in man. - But the sense  
 is much more perfect in the lower animals, than in  
 man, & we often see it strikingly exemplified. -

The odour of a savoury dish awakens the Digestive organs, - hence in feeble Digestion, - always endeavoured to give the patient food agreeable to his senses. -

This sense undergoes various perversions, & sometimes is entirely lost, - sometimes becomes very acute. -

Hearing, gives us a knowledge of the sonorous properties of bodies. - Sounds differ in force & tone. - The gravest sound we can distinguish, is 32 vibrations per minute, - the most acute is 8190 per minute. -

Feb. 16: - The specific uses of the diff. portions of the Ear are yet totally in doubt. - We find the Concha or External Ear, the Meatus Externus, - Memb. Tympani, - the cavity of the Tympanum, communicating externally thro' the Posterior Fauces by the Eustachian Tube. - The Internal portion consists of the Vestibule, Cochlea & semicirc. canals, - of which the Vestibule is most important, filled with Liquor Cochlearis, in which floats the filaments of the Acoustic Nerve. -

Obscurity of sound may take place from flatness of Concha against side of Head, - from wrong direction of Ext. Meatus, - from induration of Wax, relieved

by injecting with large syringe, - from obstruction of the Eustachian Tube, relieved by injecting fluid or air. -

When the difficulty is in the Internal Organ, - or in the Nervous apparatus, - the case is almost irremediable. -

Music has very striking effect upon the mind. -

This sense may become morbidly acute, - obtuse, or perverted. -

Chapman Feb. 17. 1836. -

p. 44

It occurs in scrofulous & consumptive persons, - or in bad habits, - but I have never seen it from Acute Laryngitis. - Speaking or singing will not produce it unless there be a predispos. to it. - It has been traced to exanthemata, - to various Suf. & Ulcerations of Fauces. -

Chlor. Mucosa, - Indications of Tuberc. Phtisis. -

Thoracic oppres. - Wheezing & Rattling, - Colourless lips in Interval are signs of Bronchitis. - Percussion & Auscultation, - Nervous affections may someth. be mistaken, - so also partial Paralysis of Muscles of Voice. - To disting. between Laryng. & Trach. affec. - attend to seat of pain, - more alternat. of voice in former, - Cough more strid, - tickling, - & brought on by

food or drink in Laryng. - not in Tracheitis.

Prognosis very variable; some often difficult, & if it be a sthenous or tubercular diathesis, is almost incurable. - So also with other complications. -

Post-mortem, shows thickening of muc. memb. with granulations or small ulcers around the Glottis. - Cartilages converted into calcareous matter. -

Subcell. tissue solid, & incorpor. with muc. tissue. -

Somet. Edema of cell. tissue, - or pus. - Tubercles. -

Pathology. - Rhagosis of cell. memb. - original or secondary, with which muc. memb. participates. - Effusion of liquid takes place, usually serous; somet. pus. -

Very generally is connected with Tuberc. Phtisis. -

Treatment. - First ascertain the cause of the disease whether from elongated Uvula, - Syphilis &c. - & vary the treatment accordingly. - If from Chronic Inf. in a sound constitution. - Gen. & local Bleeding, - Blister

- Setons, - Rapid Diet, - Abstinence of voice & no exposure

to Cold. - Some treatment is inadmissible. - Cal. op. & Sp.

have been used, till stygalism is induced. - Discharge is necessary in use of Mercury. - Laryngotomy. - p. 43

Jackson Feb. 18. 1836

44

Vision. - performed by an appropriate apparatus, which gives us the idea of form & colour. -

The colour of bodies depends upon the rays of light which they reflect; - probably owing to the molecules, - hence we can understand how touch can distinguish colour. -

Eye composed of 3 parts, - Accessory, - Globe of Eye, & the Nerves supplying it. -

When Brain or Retina is much inflamed, Iris contracts & almost completely closes the pupil; - but when the Brain is in a state of congestion, the pupil dilates, -

The Tuberc. Intra-ocularis are the essential organs of vision. It is not known whether there is a decussation, or mere junction of fibres of Optic Nerve. -

Two provisions are requisite for Vision, - 1. Sufficient extent of Retina must be occupied. - 2. An impression must be made upon the Retina, by bodies at a proper distance. - The manner by which the Eye adapts itself to so great diversity of distance is unknown. Probably it is by the movements of the Pupil. -

Myopia & Presbyopia. -

Pertussis or Whooping Cough. Tuss. Convulsiva,  
Perennis, - Suffocativa, - Puerilis, - Chinkcough & c

Probably of modern date. - Occurs principally in  
 early life, - somet. in adults. - May commence like ord.  
 Cold. - continues throughout with fever, - somet. sud-  
 den & no febrile movement, but whoops first appear. -

It is paroxysmal, - preceded by tickling in Larynx, - con-  
 striction of Chest, - then sonor. expirations, - & then deep  
 convulsive inspir. - with hissing & vomiting or disch. of  
 ropy phlegm. - Somet. congestion, - suffus. of face & even  
 gush of blood from mouth, nose, - ears or convulsions.

Disease runs on from 1 to 3 mo. - is of longer duration  
 in Winter, - & cold is apt to excite a relapse or complicate.  
 Popular notion, that it requires 3 wks. to reach its  
 height, - continues 3 wks. - & 3 wks. decline. -

Has been thought to depend upon contagion, - & gen-  
 erally occurs but once, - sometimes more. - It occurs  
 as Epidemic, - somet. Sporadically. -

Diagnosis not difficult. - It differs from Catarrh by  
Parox. Cough, - no fever in commencement. -

It is unfavorable in Infants, or young that they can not expectorate, - in old persons, - or complicated with Pulmonary Affections, - Favor. signs are expect. or pointing, - shorted parot. Sputa mucous, &c. - It may terminate by spasm of glottis; convulsion, - Hydroceph. &c. -

Post mortem, - Muc. mucus. from Larynx thro' Bronch highly inflamed, - extravasat. of lymph.

Pathology - By some thought to be spasmodic, others, Inflammatory. - It has its origin in Spasms, irritations, which by protraction, produces Phlogosis, - & extrav. of mucus which brings on Cough & Expect. - then subsides until reproduction & another paroxysm follows. - At length disorgan. follows, - or Bronch. closed up, - or Glottis closed by Spasm, - or perhaps Brain may become complicated.

The Inf. is of specific kind & hard soon diff. to remove.

The upper portion of Spinal marrow is probably either the seat or primary complication of the disease. - Some modern writers consider it owing to some irritation of Pneumo-Gastric Nerve, - & experiments verify it. -

The management however is about the same -



Treatment. - Seems to be characterized by more or less empiricism, - as we have no cure for early stage. It will run its course, & we can only palliate it. -

Two leading indications by Cullen, - to restrain violence, - & overcome the morbid chain it produces. -

Bleeding is much relied on by many writers, - also topical Bleed, - followed by Blister, - & unless otherwise indicated apply them on back of neck or between the shoulders. -

Clear al. canal by Emetics & Cathartics. - Cholera may be vomited once or twice a day, - they bear it well. -

Small doses of Tart, Ant, or Squire may be given in interval. - Tendency to constipation must be guarded against by Calomel, - Castor oil to keep open. -

As the disease is generally exhibited, - V.S. is rarely admissible, & little else is requisite than the exhibition of Emetics & Nauseates to promote Expectoration. -

After the evacuation, specifics have been occur - as  
 R. least Pot ℥ss, - I do not place much reliance  
 Cochin ʒss upon them. - The operators have  
 aq. Fer. been tried, especially epidemically.  
 Sulfur Zi  
 Feaspoindul -

*Digitalis*, - *Belladonna*, alternated with Bitters. -  
 Also Stramon, & Prussic Acid, - but I distrust them. -  
*Lac assafetida* is best of Antispasmodics. -

To interrupt the morbid associations, - Baste has been  
 used, - but Sulph. Quinine may be more readily taken. -  
 Also Fowler's Solution has been very useful, - united  
 with Sassafras. - As Tonics, the Martial Prep.  
 have proved most serviceable. -

Tinct. Canth. - with Laud. - is cautiously administered  
 till Strangury occurs, - & then recovery commences. -

The best plan, however, is to ascertain the pathological  
 condition of each of the organs, & prescribe accordingly.

The Lungs are usually affected, - as also Spinal  
 marrow, especially Cervical portion. - Hence Frictions  
 along spine with Vol. Liniment. - Garlic Juice &c. -

Rubefac. plast. between shoulders, - as Beng. Patches,  
 or Warm Plaster is better. - The patient should guard  
 against Cold. - If weather be mild & buff. stage has  
 past, - ride out occasionally & visit seashore. -

Vaccination has been proposed as counteragent. -

Regimen should be low & abstemious; while Inflamm. condition remains. —

Asthma. — Symptoms are such as precede & attend the attack, — as disorders of Digestive appen. — Cardiac & Tend. of Abdomen; Pain. — Precursors of attack, — uneas. of head & eyes, — drowsiness; fullness of stom. — Borborygmi. — &c. — During the night, the attack comes on with constriction. — diff. respir. — wheezing, & <sup>sometimes</sup> with dry cough, — or with copious secretions. — Circulation but little affected, — some. weak, — surface cold. — If very violent parox. — count. purple. — & danger of Suffocation. — Towards morn. abates with more expect., — & on the following night, another repetition. — So it continues perhaps for 2 or 3 successive nights when it passes off with some discharge of urine or copious expectorations. —

Recurrence may be at regular stated intervals, — but generally is not periodical, — & not so strictly pure Asthma, — but some obtain form of Anhelation

It is difficult to give a strict etiology of this

disease; - it occurs most frequently previous to Puberty.  
 It is hereditary. - More direct causes are acrid in-  
 halations of fumes of Lead, Mercury, - & great variety of  
 articles, especially Specac. - smells, gases, - diff. states of  
 atmosphere, - dry & elevated country air, less friendly to the  
 asthma than central parts of a city. - Even the  
 different stones of a house make great difference in com-  
 fort of the patient. - Case - 3<sup>d</sup> Story, - Moral & Mental  
 Emotions; - recession of Eruptions. - suppression of natu-  
 ral or habitual discharges, - metastasis of Gout -

Diagnosis, generally very easy, from sudden period.  
 parox. & manner of breathing. -

Prognosis in early life is generally favorable, either  
 from remedies or from change at Puberty. - In later  
 life, - it is of less favorable appear. - Its ordinary ter-  
 mination is in some organic lesion of Lung, Heart &c.,  
 or by Diabetes. - Somet. death in Paroxysm. -

Post mortem varies very much. - In recent cases &  
 sudden death, - no morbid appearances on dissection,  
 death probably occasioned by spasm. -

Somet. Phlegmasis & copious secretions are found. -

Heart has been found much enlarged & aortic -  
ossific. of Valves. - disease & engorgement of Lungs &

Pathology, - not well understood; - by Cullen & some  
others thought to depend upon spasm of muscles of  
Bronchia, - but others contend that the irritation is  
produced by serous or other effusion into air cells. -

More recently, vascular surcharge, of mine, ment. -  
has been said to be the cause, - but I suspect both  
these latter are rather effects than causes. -

Rostan asserts that it depends upon some or-  
ganic lesion of Heart or <sup>large</sup> Blood vessels; - & this may  
be the case in some instances, but not in all. -

It appears to me to be a spasm of Bronchial  
Structure, & that the effusion, phlegmasis &c are effects -  
perhaps depending also upon some primary irritation  
of Pneumo-Gastric Nerve, - & digestive derangement. -

I consider <sup>it</sup> as originating in Nervous Irritation, -  
followed by Inf. of Pulmon. Structure, - & secretions  
producing serious consequences, if not arrested. -

It has generally been divided into 2 kinds, Dry & Humoral Asthma; but this depends merely upon secretion.

Treatment. - After disorganization, case may be considered as nearly hopeless. - But in curable cases, O.S. is first indicated by livid count. - Labor, respa &c. & though it may not always answer our expectations, - it answers well especially in febrile states. - In Chronic cases, Top. depletion somet. preferable; from Back of neck & Shoulders, - unless circumst. demand from Epistact. &c. p. 53.

Jackson Feb. 22. 1836. -

The most usual place in which Vision occurs is in the Yellow Spot of the Nervous, - altho' the whole Retina is capable of receiving a distinct impression. -

The simultaneous action of all our intellectual faculties, by the double organs, explain the reason why we do not see two objects, with our two eyes. - This is not always so, - cases are recorded of the alternate action of faculties; as in a lady of Meadville Penn. who changed every six months; & maintained two distinct characters. -

Strabismus cannot be readily explained; it is probably owing to want of Antagonism of muscles; - thus it is supposed that in infants lying in cradle, will constantly turn their eyes towards light, & hence destroy the balance between the muscles. - Some suppose that it is owing to diff. powers of vision of the eyes. -

But all attempts to solve the question have proved unsuccessful, & hence modus medendi is uncertain. -

The Eye receives a liberal supply of Nerves; Six of the Cerebral Nerves go to supply it; 2<sup>d</sup>; 3<sup>d</sup>; 4<sup>th</sup>; part of 5<sup>th</sup>; - 6<sup>th</sup>; & part of 7<sup>th</sup>; - see p. 35. -

Chapman Feb. 22. 1836

Plasters must also be applied to Back of neck or Shoulders; unless other indications. -

Emetics have been highly recom. by many; although opposed by some. - I always prescribe vom. in Scarlat. - I have generally found it successful. - Speccac. prefer. - Squill suitable for old people. - Stimulant Expect. have proved useful. - Also Lobelia. - I have seen great advantage from Tinct. or Juice of Pokeberry; -  $\frac{ʒij}{\text{adul.}}$  -

Purgatives of Calomel have proved useful both for  
wae. bowels, & exonerating Lungs. -

Three others consider Opiated injections. - but I think  
this owing to improper application. - they should not  
be given in height of Paroxysm. - Also all Narcotics. -  
Best of them is Paregone Elixir. -

Cold Water somet. relieves Parox. - It also Hot W. or  
Beverage. - Cold air; or feet to fire or Hot Bricks. -

Alkalies & Acids. - All employed empirically. -

Inhalations of various gases, - smoking Stramon. &c. &  
Tobacco. - I have never witnessed injury in this disease  
from smoking either of them, & do not believe there is. -

Insufflation of Air by Bellows recorn by Italians. -

Elect. - Magnetism & Galvanism, have all been tried.

In the Interval of Paroxysm, the treatment for  
evacuation must vary with the State of the system.

Guard the Uter. Canal, - use Martial Preparations. -

- if period. returns, Sulph. Quin. - Ars. - Sulph. Turc. Cop. &c.

- if spasm: - Valer. oil, - Musk, - Assaf. - Ol. Succ. - Eth. &c.

- if new. int. - Op. - Narcotics - & Sedatives. -



if it simulates Bronchitis (Chronic). - Tar Pill useful. -  
if any suppression, - metastasis &c, remove the cause

Regimen is of most importance. - No trespass a-  
gainst strict diet, - bowels reg. - warm clothing &  
careful protection of feet, - take exercise & avoid labour. -  
- & long journeys have improved it. - even military life.

Change of residence to situations which experience  
finds most agreeable. -

A review shows that the treatment is empirical, be-  
cause the Etiology & Pathology of it is unknown. -

If we can take it in the commencing stage, - a per-  
spiration produced by stim. pedicularia, - Sol. Powd. -  
- some, N. S. - & afterwards Emetics & Diaphoretics. -

Dackson Feb. 23. 1836. -

p. 58

The Diseases of the Eye are numerous, & would form  
sufficient to constitute a separate branch of medicine.

The Scurviness some, is much increased, - & is generally  
connected with putrid states of the Brain. -

In Amasosis, the loss is owing to the inability of the  
nervous organ to receive impressions. -

Double vision & inverted vision often accompany diseases of the Digestive Apparatus.

Inverted vision is generally connected with some disease of the Brain; & doubt: even without it, when of highly excitable nervous temperament. - Hence we can acct. for Spectres &c. so often seen by the vulgar. - Case of Nicolet most interesting. - (See Scott on Witchcraft.) -

Internal Sensations arise from peculiar conditions of the economy, or of internal surfaces; & not from external impressions like the external senses. - Thus the irritation of the lining memb. of the stomach produces the sensation of Hunger. - They may be divided into several classes; - 1. Those attached to organic functions. -

2. Those connected with intellectual & social faculties. -

Under the 1. Hunger; Thirst; Inspir & Expiration; - Evacuations; - Inability to carry on circ. from Congestion - Generation & Reproductions. -

Impressions made upon these internal surfaces often increase existing diseases, or excite others; - thus in Convulsions; - Mania, which may be derangement of Sen-

sation, seated in Medulla Oblongata; or derange-  
 of Thought, seated in Cerebrum. -

In treatment of former, the Digestive apparatus be-  
 comes very important to manage; - because the impres-  
 sions here are immed. transmitted to the Med. oblong. by  
 the Sac Vagus. - Hence in Mania a Cetero, attend to it. -

Observation: - Much of Medusa Frigate. -

Voltaire on Defecation. - Shakespear (Coriolanus)

We shall find that Int. Sensations are a Mentor whose  
 counsel we should not reject, - & often in treatment of  
 diseases, we must listen to it altho' contrary to rules. -

The reason why we have not so many specimens  
 of Cold Plague; the horrible Putrid Fevers &c. ~~which~~ as  
 formerly; - is because Physicians attend more to the  
 Language of Nature & treat their patients more ra-  
 tionally. - The diseases were not specific in themselves  
 but were rendered so by close confinement; - exclusion  
 of air; - inattention to the obvious language of Nature &c.

Chapman Feb. 23<sup>d</sup> 1836. -

We now come to diseases of serous & cellular mems.  
covering the Lungs - Inflammations of these have given  
rise to several names, - as Pleuritis; - Pleurodynia -  
Diaphragmatitis, or Parapleuritis; - Peripneumonia  
- these are now included under Pneumonia Vera. -

Pleurisy & Peripneumonia, are generally combined together,  
& we shall treat of it as Pleuro-Peripneumonia -

This may be ushered in with chill, & with wandering  
pains at length settling in Chest, with dull pain, -  
which in pure Pleurisy is most commonly in Left side,  
& generally when immed. under nipple, we have Peripn.

Pneumon. of st. side is most frequent. -

Resp. usually embarrassed from the pain in motion  
of ribs - hard pulse, - hot skin, - dry cough & expect. of  
thin mucus, - thirst, - furred tongue, - some. irrit. Stom. &  
tendrs Epig. - Scanty urine, - dyspnea becomes more op-  
pressive, - prostration, - cold extrem. - Coma or Delirium,  
expect. checked, - secretions in Bronch. - subsiding. -

Somet. the whole disease runs its course without symp. -

Duration varies, - apt to give way on 3<sup>d</sup>, 5<sup>th</sup> 9<sup>th</sup> days &c if properly treated. - French allow from 7 to 20 days.

Somet prevails epidemically as in 1813 et seq; - when it was called Pneum. Typhoides. - Cold, - expelled sup; - Rheum. & Gout, - Metastatic Abscesses, - Lamp Meath - also in Summer by entering Ice Houses &c.

The robust & Plethoric are generally the subjects, - attacks all ages & sexes, - perhaps more in middle life.

Diagnosis of Pleuro-pneum. generally very easy from pulse, - breathing, - pain &c. -

When Pleuris alone, pulse hard, corded, accel. & vibrat. - pain sharp lancin inside, - breath, quick short, - cough dry or glaucous sputa. - If Diaph. former are aggravated, - inspir. embarras. - cough convulsive, - flushed face, - eyes wild, - risus Sardonicus. - If Lung subst. - pulse full slow, pain more thumic, epig. or should, - deep seated, obtuse, - cough less, - expect. thick, tenacious, - & looks like Jelly, - coma more apt to supervene.

From these signs, many variations, - & very often we cannot distinguish between Pleuris & Pneumonia.

The signs from Percussion & Auscultation also maintain  
 in Empyema; - the Crep. Rattle appears in first stage.  
 Flat Percussion; - & at length want of Resp. murmur. -  
 When Pus forms; - we have Mucous Rattle; - Cavernous  
 Rattle, & Pectoriloquy. - The same thing somet. occurs  
 in Empyema; Hydroth; - Phthisis, &c. -  
Prognosis; - in Intemperate is very unfavourable. -  
 Sputa varies in diff. stages, & should be closely watched. -

Feb. 24: Pott has given us some precise  
 knowledge of this disease. - Pleura inflamed in points  
 or patches. - somet. thickened, - somet. no change. - Seldom  
 spot of Gangrene. - Most common is Coag. lymph which  
 is gradually converted into false membrane. - Effusions  
 - turbid or seropurulent or limpid, or sangu. tinge which  
 constit. Sanguin. Empyema or Hemorrhagic Pleurisy, -  
 Dry Pleurisy somet. - The Pulmonary subst. varies; -  
 acc. violet hue, dense & heavy; - red internally, frothy & crep-  
 itant, - or hepatized, with red, white & black spots intern.  
 or pale yellow int. - & put upon pressure; - somet. like small  
 abscess, - but wants the case lining abscessed. -

Somet. Gangrene, but very rare; - offensive odour, - & sloughs out leaving an ulcerated cavity. -

These aff. varieties often coexist in same lung. -

Both lungs seldom attacked, - & the lower portion is generally the seat of the Inflamm. - somet. the upper. -

Pathology - Inf. of the Pleura, grad. extends to substance of Lungs. Hence indication for cure is plain. -

Treatment - Should be prompt & vigorous. - In early stage no doubt of copious H. S. from large orifice. - Better that the unopened Pick be cured, than that the strong be permitted to die" (Sunderland) - Bleed till relief. -

Exception to this rule are aged, - or debilitated. - Hot skin, active pulse, constancy, - diff. respiration. - are better reasons for bleeding than the appearance of blood. -

Local depletion by Cups between shoulders, - or immediately over the seat of pain. - Followed by Blisters, - & at what period is a subject of controversy; - I postpone until reduction of vasc. action & excitement, - prior to establishment of Inf. - it often does much good. - Some substitute local deplet. by Cups for the Blisters. -

Emetics have been recorn. as substitutes for V.S. - but I do not believe they are useful. -

Amputations generally merely to keep the towels solution, but in certain cases I think more paying with Mercur would prove beneficial. - There is some danger of taking cold from constant exposure. -

Diaphoretics have received much confidence, - but except in forming or closing stage, they are not useful. -

Nitro & Sp. - Antim & Calomel. - p. 63. -

Jackson Feb. 25. 1836 -

Medulla oblong. is the seat of the sensations, - & in this also commences the power of motion. - Here then is the source of the Spasmodic Diseases. -

Doctrine of Phrenology: The Faculties are divided into 2. - Propensities & Intellect. - Propens. are divided into Domestic, Preservative, - Prudential Sentiments, - Moral Sent. & Governing Power. - Intellect. divided into Percep. -

Imag. - Reflective & Language. -  
Valedictory. -



Chapman Feb. 25 -

Tart. Ant. has lately been highly recom. especially by the Italians; - who have said to give it in very large doses ~~and~~ without distress. - But I do not believe it. They consider it as contra-stimulant, but no substitute for Bleeding can be found in Pneum. or Pleuritic Infl.

When given in such large doses, - irritation & Inf. of Stom. - Depression of Nervous System, - & even Death. -

Opiates are inadmissible until reduction of Infl. by depletion, - & after that, they may be combined with Diaph. & Expect. - as in form of Dover's Powder. -

Somet. in old persons, there is in common, much spasmodic cough & bronch. irritation; then Op. is proper. -

When vessels much excited, they pour out lymph, - but when weakened, they pour out serum; & hence much judgment is necessary to correct them. -

When cough becomes loose; Demulcents & Catch Must. If prostration, use diffus. stim. as Carb. Acimus. - Decoct. Senega. - Hot Toddy, -

Pneumonia Biliosa, - most common in Winter & Spring  
in malarial & malarial districts. - Somewhat in this City.  
Epidemic sometimes. - Excited by common pulmonary  
injuries, - & modified by condition of chylopoietic visc.

Posides ord. Peripneum. Symptoms, - we have dull  
pain, - expect. tinged with black blood, - symptoms of  
Autumn Fevers, - pain in head, - flushed face, yellow  
or brown tongue, - bitter taste, - fulness of liver, - de-  
ficient saffron mine, - pulse full & compressible, slow  
& oppressed, - hot surface afterwards cold & clammy &  
in 2 or 3 days typhoid condition, - prostration, - sensu-  
al & nervous disturbances. -

Diagnosis from common form is very easy. -  
It is more intractable & more fatal. -

Postmortem, peculiar appearance I do not know,  
probably congestion of lungs & brain. -

Treatment, - First P. S. - but must not be carried  
too far lest prostration ensue. - Blood is viscid & on  
surface loose coat, less firm than ordinary lymph  
like soft soap, - & under it like molasses & water. -

65  
Cups & Blisters to relieve local pain, - Evacuate  
Al. Canal by Emetic in commencement. - Mucinal  
Purges of great utility. - Best Diaph., - of which  
Gore's Powder & Infus. of Eup. - Serpentina &c. -  
In advanced stage, diffus stimuli. -

In every variety of Pneumonic Infl. - patient  
should be confined to bed with head & shoulders  
raised, - room of equable temperature, - diet of  
mucilaginous beverage during Infl. stage. -

We have also Chronic forms of these diseases. -  
Laennec doubts whether Chronic Infl. can exist  
for a long time in an organ so vascular & mobile, -  
but I think it may occur, - although rarely. -

It is somet. very insidious in its approach, - somet.  
slight pain, - transit. stitch, - dull sensation somet.  
increased by exertion or recumbent position. -

Then Cough, - labor. breathing, - Sputa puriform, -  
pulse quick, hard & febrile, - Heat. c. - disorder of  
Digestion, - irrit. stom. - or contrary. - Diff. breathing  
increases, - cough & bloody or puriform expectoration,

sometimes very abundant. - Somet. more marked, & may run thro' their stages without symptoms. -

Case of Boy, treated for Chronic Peritonitis, - but after death, Periton. perfectly sound; - but Lungs & Pleura much deranged & about six pss. in Chest. -

Another of young lady, treated for disease of Ovary. -

Causes of Chronic may be result of acute or of slow Inf. of the Pulmonary structure. -

Diagnosis; - from Tub. Phthisis; - Pleurisy Pleurisy  
When subst. of Lungs inflamed, - pain more acute, -  
sputa purulent & devoid of fauces odor which  
is almost pathognomonic of Chronic Pleurisy. -

When Chronic Pleurisy, fluids distend the Chest or  
false membrane. Thrown out, fluids absorb; - & chest contracts

Percussion & auscultation differ but little, unless  
a cavity is formed. -

Prognosis; must be founded upon the stage & com-  
plication of the disease; - upon the age & habits of the  
patient &c. - Empyema or Tubercular Diathesis are  
unfavorable symptoms. -

Post mortem examinations in simple Pleuritis, exhibit the Pleura of a deep red, - & may be thickened, - it is often covered with a false membrane, - Sometimes there is an effusion of seropurulent matter, - or of pus having the garlic odour, - & lung compressed. -

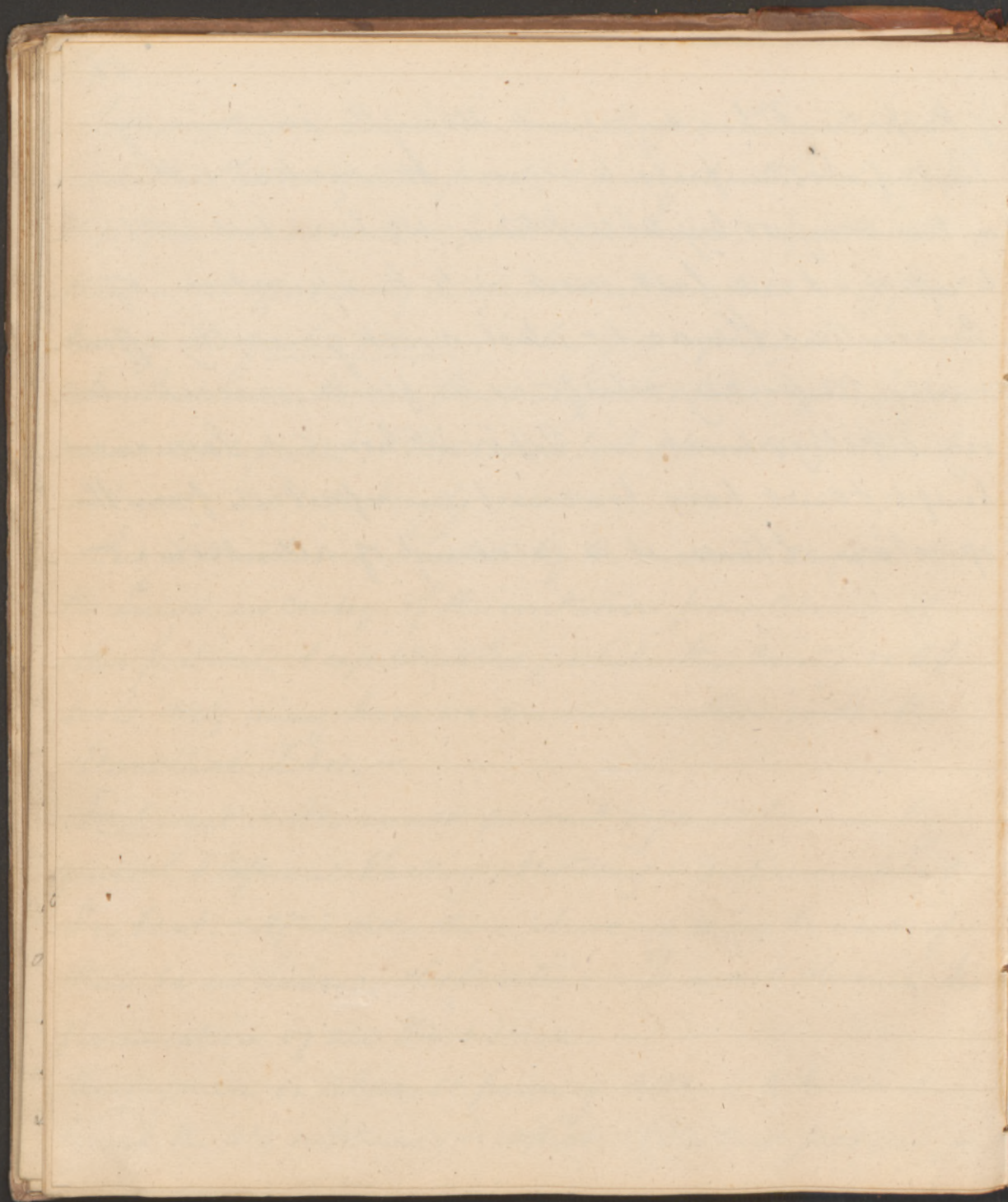
In Pneumonitis, we find Hepatization; often Tubercular development, & Bronchiae, - but abscesses without Tubercles are, exceedingly rare. -

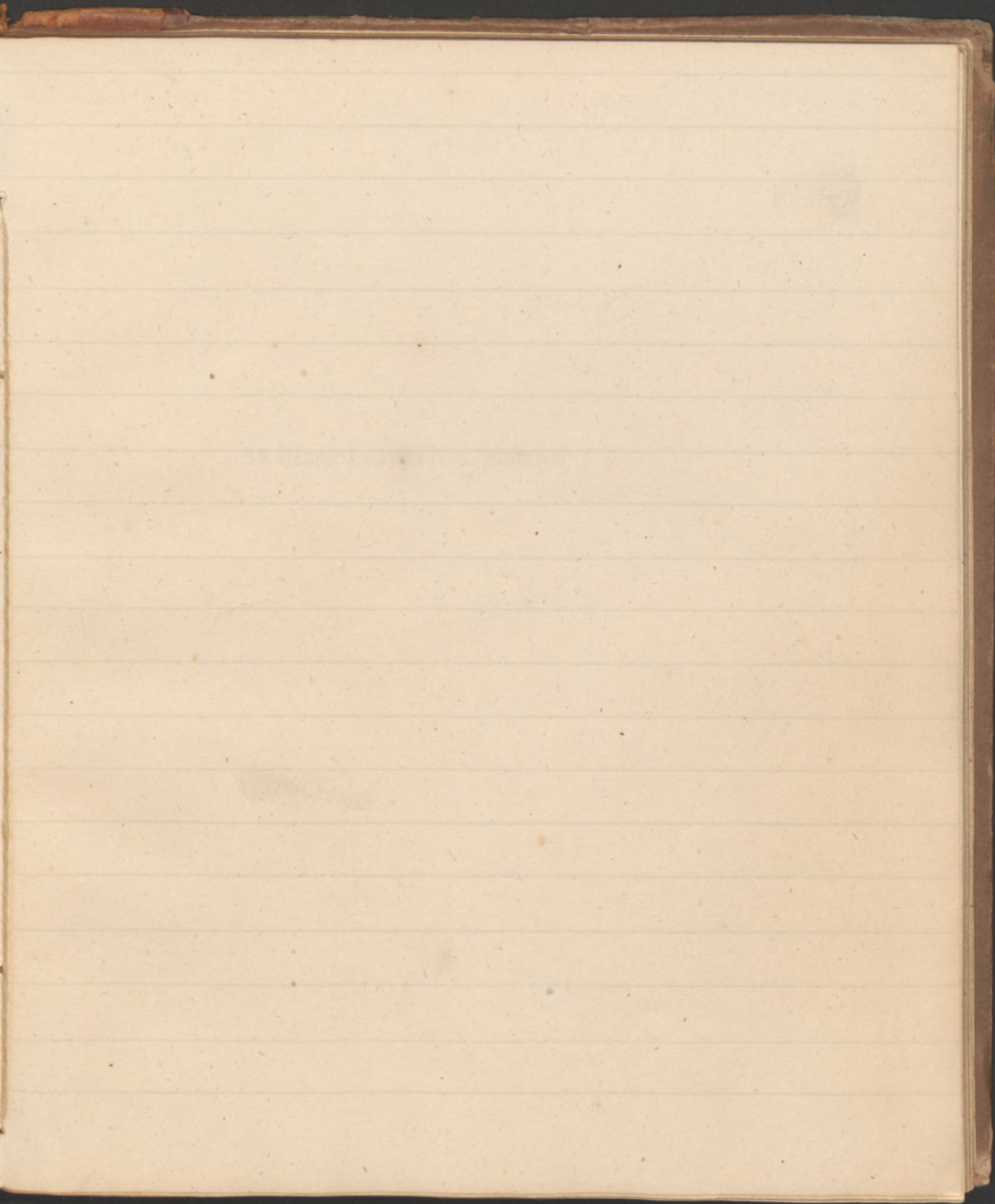
Pus is sometimes secreted by the mucous surface of the Lungs, in conseq. of the irritation from lesions of other portions, - & expectorated, - while the Cavity or Abscess itself may have no communication with the Bronchial Tubes. -

Treatment. - We must prevent organic lesions by general & topical Bleeding, - History, - Antimonials & Low Diet. - After reduction, Mercury may be used if there be no Tuberc. disposition. - It arrests chronic Inflammation of all the viscera. -

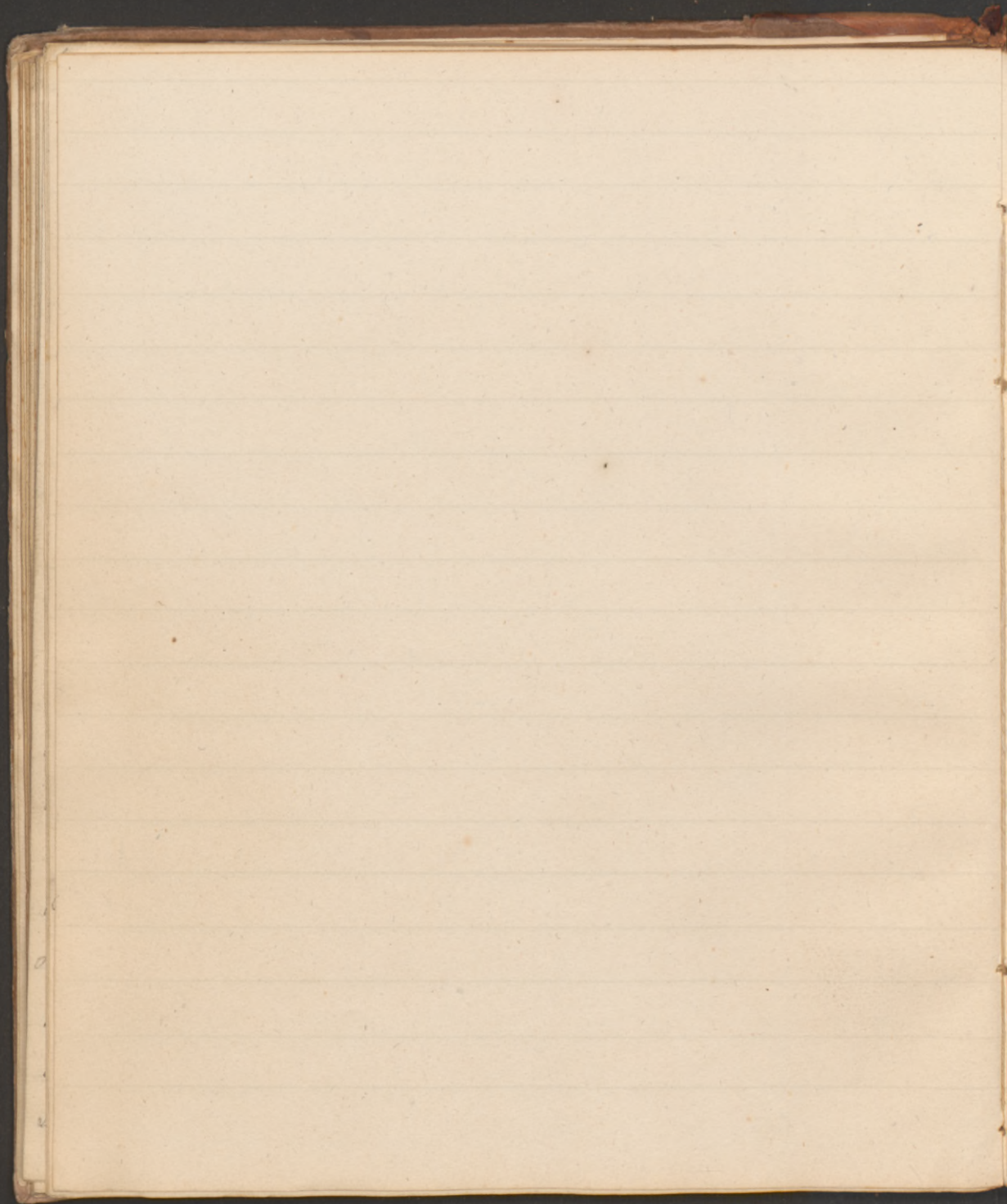
Empyema or Abscess forming, little is to be done. - Somet. the Abs. ruptures & is expect. - & the cure goes on,

if the patient has sufficient strength remaining. -  
But if Nature fails to remove the matter either  
in this way, or by absorption; we have but little  
to expect, - & our last resort is to the operation of  
Paracentesis Thoracis, - which most generally affords  
merely temporary relief, - as the fluid reaccumulates  
very rapidly, - somet. in 24 or 25 hours. - Permanent  
benefit & cures have however been reported from the  
operation, - & hence it is deserving of attention. -

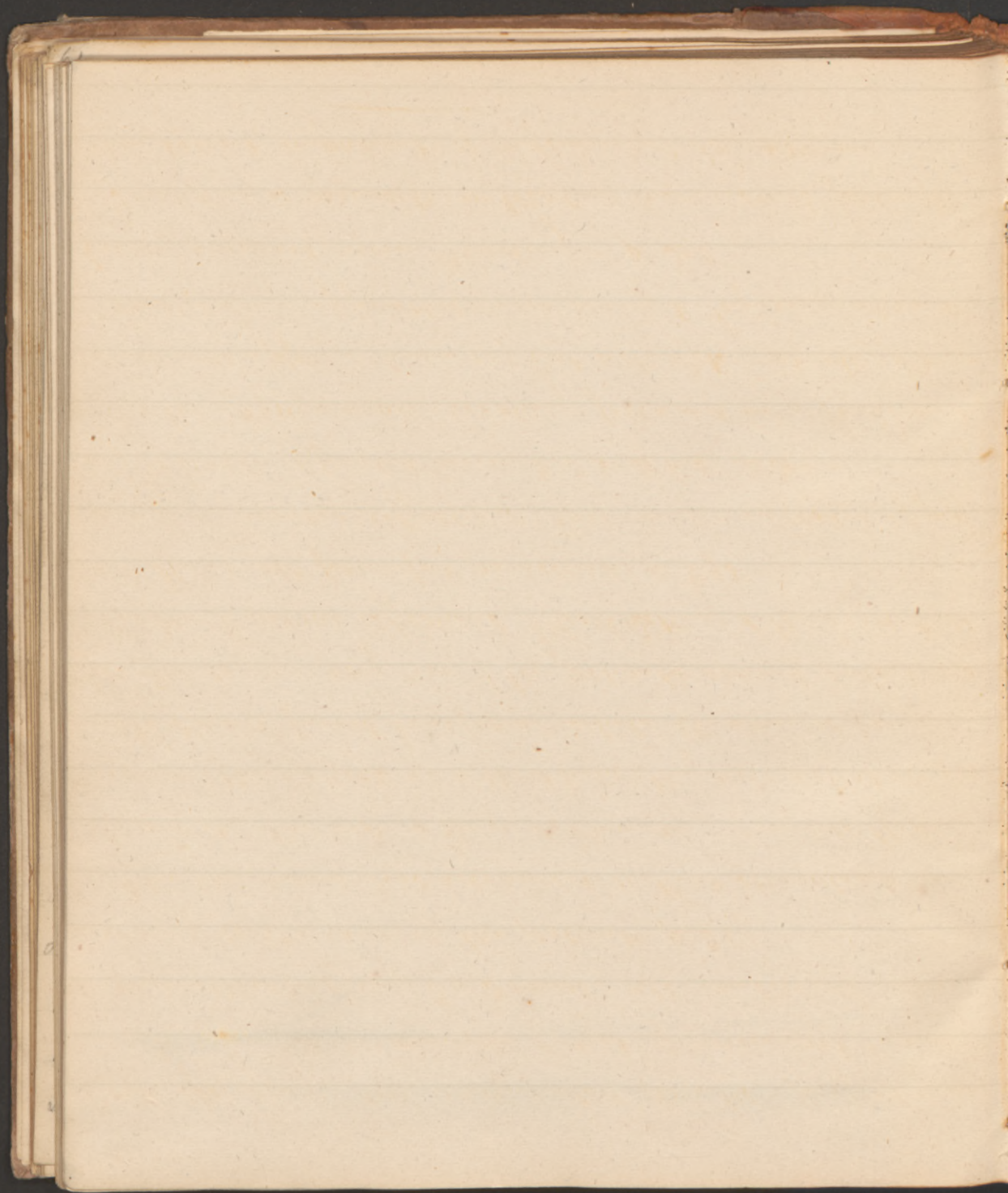








38 Blank Leaves Not Scanned



Local sponging, - see actualized drinks, - perfect quiet  
- dark room, - a good nurse & diet of arrow-root & gruel  
administered every 2 or 3 hours, - are essential & nec-

essary to the cure of the patient. - p. 287.  
After the disease had advanced so that stimulants are  
required, - the best is Rine or Brandy, - & unless these  
produce their effects in a short time, they will not avail. - p. 292

The Spine is very  
The Spine is very tender & inflamed while the skin is very  
hot, the tongue very dry, & the patient's action & heat. 293.

For the Central Affection, & the local  
are the most powerful remedies. - p. 295.  
For the Thoracic Affection, - cast. Emul. in doses of ʒij

to ʒiij later, repeated every 2, 3, or 4 hrs. - p. 300.  
For the Abdominal, - decaying, followed by a Pus, &

afterwards applied a linen rag wet with Sp. Verb. - p. 300.  
dearer than apparatus more nearly to inflammation &

hence requires more bleeding. - p. 312

Great care is requisite in treating Gonorrhoeal patients.  
They breed impatient of confinement de. p. 312

The exciting cause is a poison formed by the decomposition  
 of organic matter, - of which we know nothing except its  
 power to strike the human system with diphtheria death. p. 239  
 A putrefying cause is whatever diminishes the organic  
 action of the organ, & thus weakens the general strength of  
 the system: - the most powerful of all is the continued  
 presence or slow operation of the exciting cause. p. 274.  
 @ treatment: - fever, once established, cannot be cut short  
 & cured without a remedy. p. 280. -  
 The object to be aimed at in practice is to cure the inflammation  
 - the fever then proceeds mildly & safely. p. 282. -  
 Hence the grand remedy for this purpose is Bleeding, & the  
 earlier it is resorted to the more likely will it be to prevent  
 the occurrence of inflammation. - p. 284. -  
 To reduce this febrile inf. however, requires the loss of less  
 blood than for ordinary inf. - hence much judgment is ne-  
 cessary to decide upon the proper quantity. - in the early  
 stage, very little need be abstracted. - p. 286. -  
 After this, it may be proper to purge with Calomel &  
 Rhubarb, sufficient to obtain 3 or 4 stools in 24 hours. -

The spleen is almost always diseased in fever & becomes somewhat after in consequence; while the Pancreas

becomes harder - p. 115.

Tenderness of the abdomen in medicine, with loose

stool, generally marks the state of the abdominal

viscera in fever - p. 217.

The primary essential event in the Auricular veins con-

stituting fever is the affection of the nervous system; p. 218.

Inflammatory death never results from the sudden or

element of inflammation in any organ or organ;

but fever, on the contrary, may produce death in itself

in a single hour - p. 250.

The second event in the period of inflammation, con-

sists with the first - p. 250.

The third function deranged in the Respiration, p. 250

since fever thro' conduct of an Inf. - modified by the

peculiar & primary affection of the nervous system; the

removal of this Inflamm. is essential to, but does not

complete its cure - p. 255.

The course of fever one of 2 kinds, acting & proceeding.

dyspnoea with acute cerebral affection is character-  
 ized by pain to be attended with a slow & intermittent  
 pulse, which should be remembered. - The patient also  
 may be noticed with frequent deep sighing - p. 85 -  
 Dyspnoea: - The same organs are affected in that as  
 in dyspnoea: - The difference is only in intensity - p. 114 -  
 In dyspnoea with abdominal affection: - Innumerable  
 from the lungs must frequently take place - p. 123 -  
 the notion of Pleurisy existing as the cause of the in-  
 tense form of fever is erroneous. - It is a contagious state  
 of the system, which can often be relieved by Bleeding p. 127.  
 Pleurisy: - resembles an inflammatory affection  
 the pulse is generally from 120 to 150 - & the temperature  
 of the body rises higher in this than any other fever. p. 129  
 The disease is always marked by a peculiar specific  
 redness of the tongue & throat. p. 131 -  
 Pathology: - A characteristic of the febrile state  
 is a specific preternatural redness of the mucous mem-  
 brane of the larynx, especially of the smaller bronchi  
 - p. 141 -

management of the circulating functions. 13. Changes  
must in the venous & arterial functions - and these  
changes must always concur in one unvariable order.

In inflammation, the order in which these  
changes take place is different. p. 44.

There is no such thing as dysphormatic fever - it is an  
inflammation that a fever. p. 51

Of fever of all kinds differ only in the intensity of  
the action; but in order to classify them we adopt

the term dysphormic dysphorm - dysphormic character  
the mild degree of fever, while the reverse form is de-

termined by dysphorm - these may be again sub-  
divided into 2. milder dysphorm, & 3. milder dysphorm.

Conspicuous diseases are debility, fever, prostration  
only by the expression of - p. 59 & seq.

Dysphormic prostration with <sup>the</sup> cerebral affection is  
as often denoted by sickness at first in the head, &

the former is as true a criterion - p. 79.

Nothing is more characteristic of returning health  
than serenity, undisturbed sleep - p. 81.



fact what is merely a consequence, as Bullen's - 2. Form  
 assigning to the genus what belongs only to the species.  
 3. Form characterizing the disease by what belongs  
 only to a stage of it: as in the doctrine of *Debility*.  
 4. Form mistaking the effect for the cause, as those  
 who consider it owing to a mercurial state of the blood - p. 29  
 Several things are necessary to be known in order to  
 understand what I mean. We must ascertain the  
 common phenomena, the unvaried results of their con-  
 comitance & their mutual relations - p. 34.  
 Boerhaave says that the only symptoms in a long  
 catarrh, which appeared in all forms were shivering,  
 frequent pulse & heat - p. 29. - These however are not  
 always found together as he asserts. -  
 Bullen makes a still more general definition by  
 adding to the foregoing: - but it was not more correct - p. 29  
 Mr. Chirop differs but little from Cullen - p. 29.

arrangement in the nervous & sensorial functions. 2. De

of events which necessarily concur, & these are 1. De-

But we desire them to consist in a certain order

sweating stage, it was the least of all - p. 19

stages differ from those only in considering  
typhoid fever as the consequence of debility, hence  
he named it Adynamia, while inflammatory fever  
was termed an increased action. p. 21.

Winn's case the primary cause was the respiration  
of a contaminated atmosphere producing a morbid  
condition of the blood, while Relapsing, not regard-  
ing a vitiated state of the blood as the essence of  
fever, believed the primary cause to be a want  
of power in the system to form blood - p. 22.

Wolff's case contends that fever is merely a sec-  
ondary effect of some local inflammation, & that  
local inflammation always exists primarily in the brain. p. 23.  
Thomson also contends that fever is the result of  
topical inflammation, but that the organ which is  
always the seat of it is the stomach or bowels; hence  
he had termed it Gastric-Enteric - p. 26.

The errors here has preceding theories arise from  
several different natural forms assuming as a

Notes from "Smith on Fever"

MS  
B  
105  
1 v. 2

Diaporesis, taken & Symplicium considered

that fever arose from an effort of nature to expel  
the corrupt matter received into or generated in  
the system. - p. 14 -

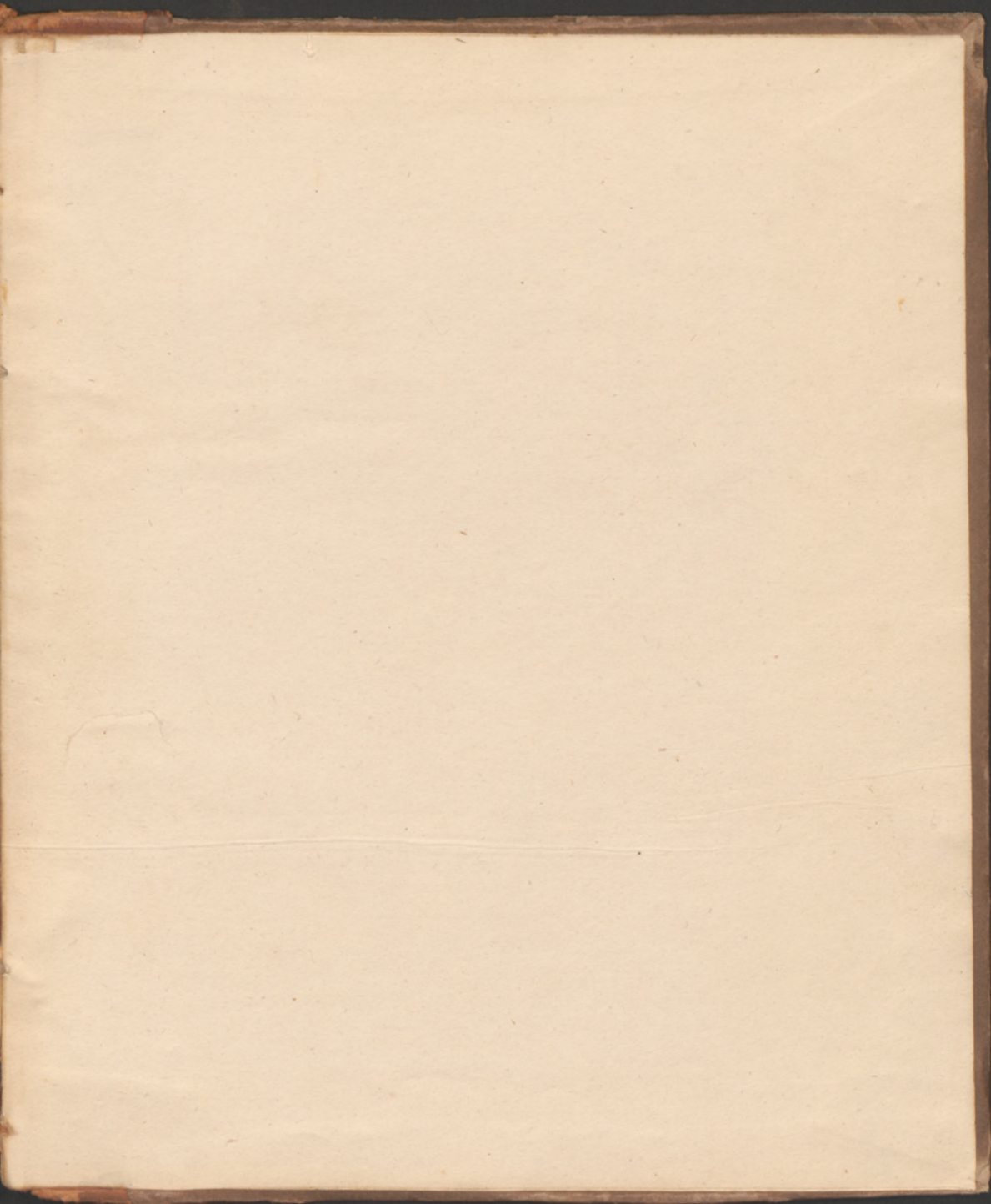
Cullen thought that the primary effort produced  
by cold: *inflammatio febr.* was *febris* & that the  
succeeding cold & hot stages were the result of this  
*febris*. - the cause of the general *febris* was the  
action of these elements & *inflammatio* & *febris*

the energy of the brain, thereby producing a *febris*  
in the whole of the functions & particularly in the  
action of the extreme vessels. - this however proved  
an indirect stimulus to the sanguiferous system,  
which together with the *Diaporesis* & *febris*

caused subsequent reaction. - p. 19. -

Fevers, a species of Cullen, attributed all fevers to  
*febris*, & asserted that the difference in fevers was

only in degree, - that during the cold stage, the *febris*  
was greater, - during the hot less, - & during the



Henry  
H. C.

Med. Hist.  
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