

Two Notebooks Written By  
Andrew George Malcolm  
Whilst a Medical Student  
In Dublin and Edinburgh

And

A Diary Kept By  
John Creery Ferguson  
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J I Logan

Belfast  
27 February 2022



## Introduction

### Malcolm

In December 2011 a firm of antiquarian booksellers in Surrey sold to the Wellcome Library two small notebooks which had been kept by Andrew George Malcolm from November 1839 to February 1842 whilst a medical student in Dublin and Edinburgh. The bookseller's records have since been shredded and the original source of the notebooks cannot now be determined.

It is known that a number of Malcolm's papers descended to Miss M H Malcolm, a great-niece, but the notebooks cannot have been included as Dr H G Calwell, who had access to the collection<sup>1</sup> while preparing Malcolm's biography, wrote in relation to Malcolm's time in Edinburgh:

*If he had left an account of his life and work there, similar to that written by his father of his own student days in Glasgow, this chapter would have been easier to write.*<sup>2</sup>

Malcolm graduated from Edinburgh in 1842 after a four-year course so that the latest he could have started his medical studies was in the autumn of 1838. An obituary in the *Belfast Daily Mercury* for 20 September 1856 said:

*... in the medical department of the Royal Belfast Academical Institution the subject of this notice commenced his professional education*

and the presumption is that he spent the whole of his first year of medical training there. Calwell said that he entered the school department of the Institution in 1829 and the faculty of arts in the collegiate department in 1834, and that in the latter

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<sup>1</sup> The extent of the collection and its current location are unknown but Calwell gave copies of at least part of it to the Public Record Office of Northern Ireland.

<sup>2</sup> Calwell, H G. (1977). *Andrew Malcolm of Belfast*. Belfast: Brough Cox & Dunn.

he attended the logic and rhetoric class in his first year, and the moral philosophy class in his second. This led Calwell to speculate that he might have intended to follow in his father's footsteps and train for the ministry. His father's training had included a little medicine in case of illness in a remote location in himself or others, but whether his son sought something similar is unknown. In any event, the Institution's faculty of medicine opened in 1835 and, if the above is correct, Malcolm would have been enrolled by 1838.

The obituarist also said that he "studied in other schools" and Dr R H Hunter claimed that Malcolm spent some time in Glasgow as well as Dublin.<sup>1</sup> There is no mention of Glasgow in the notebooks but he may have attended there informally either before he enrolled in the Belfast Medical School, or outside of term-time afterwards. The University of Glasgow Archives & Special Collections department said in response to an enquiry "As matriculating did not become compulsory until the 1858 Universities (Scotland) Act, it is still possible that he took classes here and paid a fee directly to the professor, but unfortunately left no written record behind."

On the first page of the first notebook Malcolm wrote "Meath Hospital, Dublin, 1839-1840", and it seems reasonable to suppose that he planned to spend his entire second year there. The last Dublin entry, however, is dated 27 February 1840, and after that there are 47 pages of "Extracts" until the first entry from the Royal Infirmary, Edinburgh, dated November 1840. A number of the cases recorded were taken from Billing's *First Principles of Medicine* and these extracts must relate to his own reading. It seems unlikely that he simply 'cut' the rest of the year as presumably he would have had to provide certificates from Dublin before he could graduate from Edinburgh, and he may simply have felt that it would be more profitable for him to

<sup>1</sup> Hunter, R H. A History of the Ulster Medical Society. *Ulster Med J* 1936;5:111.

record his own reading rather than the teaching provided—or perhaps he had been unwell.

He was known to have typhus fever as a student and his obituary stated that this was in Belfast in the summer of 1841. Beginning on page 180 below will be found a copy of the notes of a Dr Reid on a case of typhus fever beginning on 15 August 1841. The patient's initials were AGM, the age was 22, and the occupation was medical student, and almost certainly this was Malcolm. Dr Reid must have been James Seaton Reid, attached at that time to the Fever Hospital and afterwards to the New Union Hospital. Reid was one of the first in Belfast who was able to distinguish individual fevers one from another<sup>1</sup> and whilst these case notes, perhaps the only ones surviving of a patient under his care, do not discuss the underlying diagnosis, they do describe the clinical course and treatment in some detail.

In contrast to the limited notes he took in Dublin, Malcolm recorded more fully the teaching he received in Edinburgh, particularly that given by James Syme the professor of clinical surgery. Syme published his paper on disarticulation of the foot at the ankle in 1843 and that operation, with modifications, apparently is still in use today. Malcolm's record of Syme's teaching on the subject in March 1841 is on page 157.

### Ferguson

Unlike Malcolm's notebooks, the diary written by Ferguson from 30 October 1824 to 8 April 1825 says comparatively little about his education and much about his day-to-day and social life. It is to be found in the Public Record Office of Northern Ireland (reference D1918/2/4) and begins with an account of his journey from Dublin to Edinburgh, accompanied by his friend William Stokes, the later famous Dublin physician. Stokes completed his

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<sup>1</sup> Logan, J S. (1988). Address to the Belfast Division of the BMA. In: Logan, J I. *Records of the Medical Societies of Belfast 1822–1884*; 2:1521. <https://www.ums.ac.uk/downloads.html>

undergraduate training in Edinburgh, qualifying in 1825, whereas Ferguson, despite apparently wishing early in his diary to graduate from Edinburgh, was to return to Dublin where he qualified in 1827.<sup>1</sup> In contrast to Malcolm, Ferguson was not impressed by the teaching in Edinburgh<sup>1</sup> although, of course, some fifteen years separated their attendances there and Syme was not appointed until 1833.

On 5 November 1824 Stokes introduced Ferguson to Dr William Cullen (a great-nephew of the famous physician of the same name). Cullen may have met Laennec in the autumn of 1822 during a visit to Paris to purchase pathological collections for the College of Surgeons in Edinburgh,<sup>2</sup> but he certainly enrolled as a pupil under him for about a year, finishing at the end of 1823, and afterwards taught on the use of the stethoscope in Edinburgh.<sup>3,4</sup> It is likely that the interest Ferguson and Stokes had in stethoscopy arose from or was enhanced by their friendship with Cullen. Ferguson, for instance, bought a stethoscope on 9 March 1825 following a long discussion with him (subject not stated, however), and in August of that year went to Paris as a pupil of Laennec where he stayed until the following March;<sup>5</sup> and Stokes dedicated to Cullen his book on the use of the stethoscope which was published in 1825<sup>6</sup>. The book was well-received, but Stokes said in a letter to Ferguson dated 14 November 1825<sup>7</sup> “As to my publication it has little as regard to originality<sup>8</sup> ... I was only three months studying the use of the

<sup>1</sup> See the letter in PRONI dated 20 November 1824 to his father (Reference D1918/2/5).

<sup>2</sup> Struthers, J. (1867). *Historical sketch of the Edinburgh Anatomical School*. Edinburgh: MacLachlan and Stewart; 79.

<sup>3</sup> Laennec, R T H. (1826). *Traité de l'auscultation médiate*. Paris: J-S Chaudé; 1: xix.

<sup>4</sup> Huard, P. Les élèves étrangers de Laennec. In: *Revue D'histoire des Sciences* 1973; 26(4): 324.

<sup>5</sup> Logan, J S. An Autograph Letter of Dr. René Laennec. *Ulster Med J* 1972; 41(2): 108.

<sup>6</sup> Stokes, W. (1825). *An introduction to the use of the stethoscope*. Edinburgh: MacLachlan and Stewart.

<sup>7</sup> PRONI Reference D1918/2/19.

<sup>8</sup> Said not to be original at all but taken from published French work. (Nicholson, M. (2005) In: Bynum, W F, Porter, R. (eds). *Medicine and the five senses*. Cambridge: University Press; p140).



stethoscope when I wrote it.” Stokes’ presumed preoccupation with the writing of his book may explain why in December 1824 he left the translation of his thesis into Latin to Ferguson.

Ferguson had often heard Laennec confirming the value of stethoscopy in detecting the foetal heart sounds (and the ‘bruit placentaire’).<sup>1</sup> Jacques Alexandre Le Jumeau, Vicomte de Kergaradec, had in 1819 been the first in the world to hear these using a stethoscope,<sup>2</sup> and Ferguson is credited as being the first in the British Isles to have done the same. The sometimes given date of November 1827 derives from his paper of 1830 on foetal heart sounds being an unequivocal sign of pregnancy,<sup>1</sup> but he may have heard them in Dublin before that as he said he habitually used the stethoscope when examining pregnant women.

#### Notes

It has not been possible to correctly identify every word in the text. Those which are almost certain are inserted on that basis, less certain words are enclosed in square brackets together with a question mark, and totally uncertain words are indicated just by a question mark in square brackets. Isolated examples of non-standard spelling have on the whole been corrected, but repeated examples have not. Nearly all contractions apart from those in prescriptions have been expanded and punctuation and layout have been modified to aid understanding.

Notebook and diary page numbers are shown in the left margin as they make it easy to locate the original page image if there is doubt about a word, and also they are used in the labelling of Malcolm’s drawings. It proved awkward to include the images of those drawings in their original positions, and they

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<sup>1</sup> Ferguson J C. Auscultation, the Only Unequivocal Evidence of Pregnancy. *Dublin Med Trans* 1830; 1: 64.

<sup>2</sup> Pinkerton, J H M. Kergaradec, Friend of Laennec and Pioneer of Foetal Auscultation. *Proc R Soc Med* 1969 May; 62(5): 477.

have been grouped on “image pages”. A reference to the relevant page is given in the text, and each caption includes a reference back to the original Malcolm or ‘agm’ page.

### *Units and Symbols*

The “line” as a unit of length is referred to occasionally. It is defined as  $\frac{1}{12}$  inch.<sup>1</sup> (A “barleycorn” was recognised by statute as  $\frac{1}{3}$  of an inch and a line was  $\frac{1}{4}$  of a barleycorn.)

℥ is a minim; ℥ a scruple (20 minims = 1 scruple); ℥ a drachm (3 scruples = 1 drachm); and ℥ an ounce (8 drachms = 1 ounce).

### *Acknowledgements*

I am grateful to the Wellcome Library, London, for permission to reproduce Malcolm’s notebooks (reference ‘Closed stores WMS 3 (Shelfmark: MS.8791)’); to the Deputy Keeper of the Public Record Office of Northern Ireland for permission to reproduce Ferguson’s diary and part of a letter (references D1918/2/4 and D1918/2/19); to Sue Owen of typingangels.co.uk for her excellent transcription of both texts; to Harriet Wheelock, Keeper of Collections, Royal College of Physicians of Ireland for a copy of Ferguson’s paper of 1830; to the University of Glasgow Archives & Special Collections section for searching their archives for mention of Malcolm; to Google and archive.org for online access to old books and journals; to David Perry for the Cardo font used for most pharmacological symbols; and to R.O.M. logicware for Papyrus Author without which this project could not have been completed.

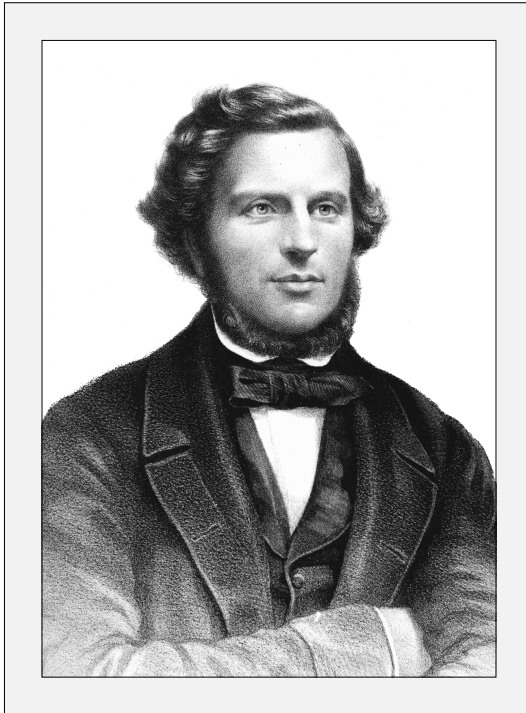
All omissions and introduced errors are my responsibility alone.

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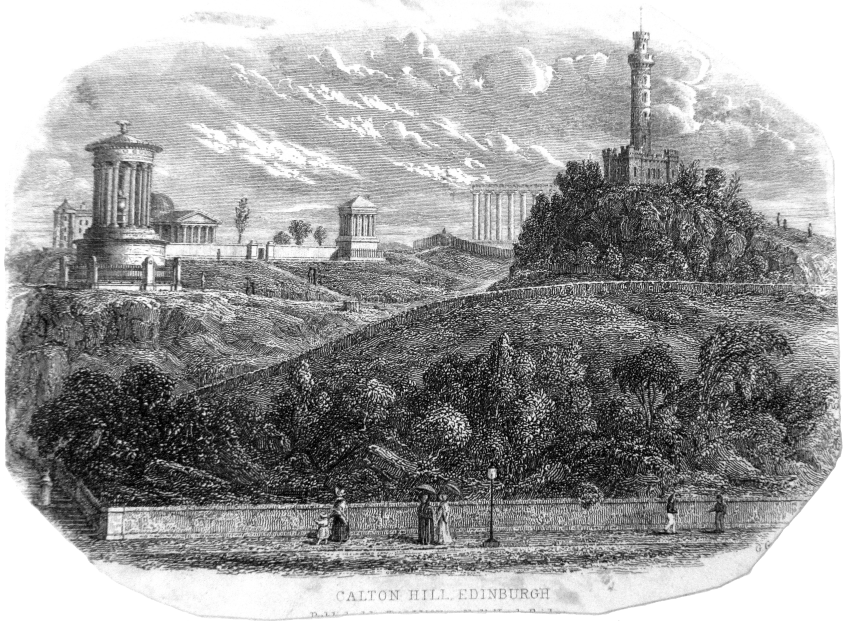
<sup>1</sup> *British Pharmacopœia*, 1867, p402.

Two Notebooks Written By  
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**Malcolm**

*Maledieu*



*View to Calton Hill, Edinburgh, from the region of Old Calton Cemetery.*<sup>1</sup>

<sup>1</sup> [Mr Iain Duffus of Edinburgh and Scottish Collection, Central Library, Edinburgh, suggests that the print is dated after September 1831 as this was when the circular Dugald Stewart monument on the left was completed. The artist (initials G.G.) is unidentified.]

Meath Hospital, Dublin  
November 1839–February 1840

001

HINTS

from Stokes, Graves, Crampton, Cusack, Porter, &c at the  
Meath Hospital, Dublin  
1839–1840

November 7

6 weeks ill of an affection of lungs. Suddenly after exercise and whiskey, haemorrhage from lungs (1 quart) preceded by a cough. Came in a stream. Ordered immediately—

V.S., dry cupping.

R Plumbi acet. gr.ij

Opii pur. gr.ss In

ft. pil Lales ʒij

One every 2 hours

(Stokes)

In a case of very severe fever, tendency to anasarca and affected with several gangrenous sores, pulse remarkably *slow*.

002 In cases of diarrhoea, dry cupping has succeeded when everything else failed.

(Stokes)

November 8

Inflammation not necessary to the union of cut surfaces: and if it occurs, it is only incidental.

In a fracture of thigh bone, it is wrong to employ *extension* and *counter-extension* at first, particularly in a strong adult, but in 3 to 4 days, to begin to extend it gradually, and the moment the bones are adjusted, put the thigh in one of Crampton's small boxes, and buckle firmly round seat of fracture. Examine every day and adjust as before.

Immovable apparatus bad, as it does not permit of examination. Fractures require constant attention.

003 Gentle extension is great relief in cramps or spasms of muscles in leg.

Fomentations preferable to cold lotions to allay inflammation which sometimes sets in at seat of fracture.

In delirium tremens (setting in after a fracture) best treatment is [Sura\_?] and often repeated draughts of Opium, and an enema of Senna and Salts in a day or so, but not immediately.

Sir P. Crampton Bt.

November 9

Heart can continue to contract though the stethoscope be incapable of eliciting any corresponding sound. When this occurs it is generally the precursor to softening of the heart.

004 A case in question—a man admitted into Meath Hospital, bad fever in home, 2 of his family had died, and he was the third, a circumstance very unfavorable as proved by statistical enquiries. Was a bad liver and a whiskey drinker, and therefore a *bad* subject. Had purged himself freely at early part of disease, which has a tendency to weaken and a predisposition to enteritis. (Typhus fever is in this country periodical and there is harm in giving any preliminary treatment such as purging, sweating, bleeding &c.) Complained a great deal *at first*, which is a bad sign.

Sounds of heart distinct but feeble impulse evident. (Affection of heart in these cases is combined with bronchial disease.)

005 Sounds daily became feebler, till the 2nd sound preponderated greatly. (In most cases, first sound.) Ordered Wine largely and some brandy. 2 days before pulse 104; day after stimulant given, pulse 144. (If the pulse decreases in frequency under stimulants, it is a good sign, but if it is accelerated, it is unfavorable.) Omit brandy, continue wine. Next day—died.

Meath Hospital, Dublin  
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Diagnosis made before post-mortem was “softening of heart”. Diagnosis should not be formed from physical signs *alone*, but combined with the existing constitution. Now here there was a constant diminution of action of the heart in a case of severe typhus, therefore *softening*. (The heart is not generally examined in typhus, Louis the only exception.)

006 In typhus, there is a *tendency to softening of organs*. Post-mortem. Heart, exceedingly soft, the finger pits into it—it falls in a mass on the tray. The slightest exertion ruptures it. No mark of inflammation on pericardium, therefore, no pericarditis. The muscle very homogeneous, fibres impossible to distinguish, and a gelatinous mass appears instead.

Is this a particular disease? The result of a general affection of the muscular system? Or a putrefaction perhaps? It cannot be the *last*, because the left side is sometimes *only* affected. It cannot be the *second*, because healthy muscle may exist in other parts, therefore it must be the *first*.

W. Stokes.

007

November 11

Synovitis. 2 forms, acute and chronic. Former commences with intense acute pain (most frequently attacks knee). Swelling ensues, i.e. an excess of synovia is secreted. Pain is now of a *bursting* kind. Swelling continues, but firmer owing to a thickening of the synovial membrane. In chronic synovitis, disease is very gradual—a degree of stiffness at first which is disregarded till pain drives him to his bed. Treatment—*cupping* at first. Extensive blistering afterwards. Internally:

Pil. Hydrarg gr.ijj

Calomel. gr.ij

P. Doverii gr.ij M

Every 3 hours till salivation ensues.

008 *Coxalgia*

In most cases it begins with true synovitis. A boy aet. 14 admitted. Blistering, dressed with mercurial ointment. Blue pill internally. On the 4<sup>th</sup> day pain gone but sweating at night (patient scrofulous). Opiat. Pil., Decoct. Cinchonae c. Acid Sulph. Pain became very great in knee. Sweating gone. Large issue<sup>1</sup> inserted external & inferior to trochanter major.

A line drawn from one superior spinous process of ilium to the other should be at right angles to the spinal column, but in this case it does not: it forms an obtuse angle on the affected side,  
009 thus accounting for the apparent lengthening of the limb—a depression instead of a convexity over buttock.

Sciatica comes on suddenly attended with flatness of buttock and length of limb. Treatment is cupping, blistering or cauterly, mercurialization, then  $\zeta$ ss Colchici 3 times a day or Carb. Ferri. Warm bath, sudden cold applications and champooning<sup>2</sup> are of great service.

Gonorrhoeal ophthalmia.

So called from it being found chiefly in persons having gonorrhoea. It may be caused, and is, by the direct application of the virus to the eye. Not remarkably painful, but appearance is  
010 intensely inflamed. Swelling, chemosis and profuse discharge resembling gonorrhoeal discharge. Very quickly succeeded by sloughing or ulceration of cornea. Treatment. Cupping largely on temples, salivation, and Sol. (gr.iv) Nitr. Argent.

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<sup>1</sup> ["Issues are a kind of artificial ulcer.... The issues commonly used are, the blister-issue, the pea-issue, and the seton or cord." *Encyclopædia Britannica*, 1797, v18, ch 9, Surgery, p. 121.]

<sup>2</sup> [Champooning: Perhaps a form of massage? "... the patient had scrofula, and while the limb was undergoing the champooning process, the bone broke..." *The First Lines of the Theory and Practice of Surgery*. Samuel Cooper; SS and W Wood, New York, 4th USA ed, 1844, vol 1, p. 386. Spelt "champooning" in the 7th London edition, 1840, on which the above was based and "champoo" is said to be a dated form of "shampoo" (Wiktionary).]



Meath Hospital, Dublin  
November 1839–February 1840

Gangrene of toes after fever supposed to be caused by arteritis. Comes on with slight pain and begins by a small dark spot which forms a vesicle, discharges and forms a slough. Extends. Surrounding parts swollen and inflamed. Treatment—leeches around edges, Decoct. Cinch. gr.i or ij 4 times a day, and Wine.

Sir P. Crampton

November 12

011 In typhoid softening of the heart, the pulse is generally accelerated, but in convalescence, softening is indicated by slowness of pulse even in some cases, as 30 per minute. It is remarkable that the erect position could be held with ease in some few cases.

A case of disease of lung and bronchii in a phlegmatic person, and one having a tendency to dropsy. Small quantity of Mercury was administered, which brought on malignant ptyalism causing the ulcerative disposition in the cheeks.

012 A child died of gangrene of mouth from gr.iss of Mercury. Another from Mercurial ointment having merely been rubbed on head. Treatment—if person cheek is swollen and inflamed or represents the ulcerative process, repeated application of leeches, poulticing, upright position, wine and nourishing food.

The patient before alluded to recovered but affection of lungs returned and obstinate costiveness ensued. No effect from purgatives by mouth, only way by the use of the *long tube*.

Case, *bruit de soufflé* in course of aorta. Came in with fever. Is this organic or nervous? Says he got a fright.

In male subjects, diagnosis is oftener organic. If *bruit de soufflé* ceases from *wine* then it is *nervous*.

Nothing more rare than solidity of lung in recent pneumonia.

- 013 Loss of voice may occur in pleuritis, pneumonia, etc., though there may be *no laryngitis*.

W. Stokes

November 16

If a lung be affected at commencement of fever, the efflorescence over skin relieves it immediately.

A case.

- Left clavicular region duller than right. No deformity. Respiration over entire chest audible and pure except at a point below left clavicle where crepitating *rale* is found. Has had *cough* for a considerable time succeeded by *haemoptysis*. Has had *venereal* 18 months ago. The question is "Is it a syphilitic affection or purely *local*?" Perhaps it is *mixed*. The circumstances would  
014 favour the *2nd*. He was cupped on the affected part and immediately *relieved*.

The *Diagnosis* is tubercule exists or is forming at that point.

*Prognosis*—as circulation is tranquil and no intestinal affection, is *favorable*.

*Treatment*—tonic and repulsive. Decoct. Sarsal c. Iodid. potassii and *issues*.

In a case of obstinate vomiting, a blister on epigastrium and Acet. Morph. draughts.

In smallpox, if *pulse be tranquil*, prognosis favorable. When nostrils are stuffed and dirty here, an injection of milk and warm water.

Case.

Posterior part of left lung solidified when labouring under general fever.

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015 Treatment is cupping and blister dressed with Mercurial ointment, so as slowly to affect his mouth.

W. Stokes

Nov 18

*Fractures of the femur* (simple)

I. of the lower third.

II. of the middle third.

III. of the upper third.

1. below the great trochanter.

2. through Do.

3. neck without the capsular ligament.

4. neck within Do.

(1) oblique (2) transverse (3) mixed.

3 different plans of *position*

1. Extended

*Boyer's plan*

Same as Devaults [*fig. 1, page 50*], except that in place of a tie at *a*, the groin pad has a fob that admits the large splint, which latter has a screw attached by which extension and counter-extension can be regulated at pleasure.

016 2. *Lateral position* of Pott.

3. *Double inclined plane*.

In fractures of the neck, *Hagedorn* proposed the use of the *sound leg* as a part on which a long splint might be fixed.

Sir P. Crampton

December 9

In *caries*, discharge is *thin*, sanious, of a disagreeable odour. In *necrosis* it is thick, and inodorous, of a creamy consistence. Granulations healthy, conical, and not tender, whereas in *caries*, they are very tender and unhealthy.

C. Roney

December 10

When ascites and diarrhoea alternate, prognosis is bad. The pathology of a case such as this is distinguished by fungus  
017 ulcerations of intestine, particularly colon.

Symptoms in a case of phthisis aet. 40 are very *vague*.

Disease of larynx is *generally* combined with disease of lung. This is the rule.

W. Stokes

December 13

When we find a case of *ascites* without *anasarca*, we may say either that there is organic disease of *liver* or severe *peritonitis*.

The latter is commonly called "*whiskey liver* [sic]", though it is not peculiar to drunkards. There is *no cure*.

A large proportion of cases requiring tapping have died of consequent *peritonitis*. The common way of tapping is decidedly injurious. The complete removal of the fluid, the squeezing  
018 to effect this, causes such a disturbance, and contact of surfaces which had been so long separated, predisposes to inflammation of *peritoneum*. Tapping should be performed with a small trocar, and a small quantity of fluid drawn off at a time; and as little disturbance as possible produced.

A case died in *Typhus*, when the heart was firm and sound, and sounds particularly clear and normal. Prognosis in such was not so favorable as if there had been local disease.

W. Stokes

23 January

23<sup>d</sup>

019

Where pulse is quick and weak it is more favorable for the

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administration of *wine* than when quick and strong. This latter state shows generally some local affection.

When diarrhoea supervenes in last stage of typhus, it generally prevents the appearance of *crisis*.

020 A coachman, while washing one of his horses' greasy heels with a sponge, got his face accidentally cut, in a lacerated manner. At the moment he rubbed off the blood with the sponge he was using, and for 5 or 6 days, cleansed it in the same way. Feverish symptoms set in, followed by a pustular eruption, *accurately resembling* on the 3<sup>d</sup> or 4<sup>th</sup> day, the *vaccine pox*.<sup>1</sup> The man was walking about, apparently under no general affection. No horse in his master's stables even had glanders.

W. Stokes

021

3rd February

Very injurious to give Colchicum Graecum or Nitre when any stomactic or intestinal inflammation exists.

If in *anasarca*, blisters form on legs, there is great danger of *gangrene*.

R. Graves

### Phlebitis

Acute and chronic.

1. Idiopathic and 2. symptomatic. Resembles erysipelas and is attended with same degree of fever. French say erysipelas is a

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<sup>1</sup> [Jenner knew that "the grease" of horses' heels caused cow-pox. (Jenner E. (1798). *An Inquiry Into the Causes and Effects of the Variole Vaccinae*.... London: Sampson Low.) See also: Esparza J, Schrick L, Damaso C R, Nitsche A. Equination (inoculation of horsepox): An early alternative to vaccination (inoculation of cowpox) and the potential role of horsepox virus in the origin of the smallpox vaccine. *Vaccine*. 2017; 35(52):7222; and Jenson, A B, Ghim, S, Sundberg, J P. Commentary: My Favorite Historical Paper. *Experimental Dermatology*, 2016; 25: 178.]

disease of *capillary* veins. Resembles lymphatitis and poisonous wounds. Let us take a case arising from punctured wound  
022 on vein of arm.

*Symptoms.* Great pain over seat of injury. Scab generally forms but soon falls off, and only gushes a dirty, foetid, purulent matter. You find that an abscess has formed in veins. Inflammation extends towards heart but not far. Surface becomes deep *red*. But if vein be deep, no change. For the breadth of 2 or 3 fingers along course of vein *feels* hard, round and knotty. If deep seated, great tenderness over vein and sometimes oedema.

At beginning, high inflammatory fever, pulse quick, shivering and fever of *typhoid* cast.  
023

More advanced, pulse becomes weak and continues quick and tremulous. Great thirst. Tongue foul, changing to a dry brown scabius—cracked. Teeth and lips of same colour. Subsultus head.

*Pathological character.*

*External tissue* suffers most. Is of a deep scarlet colour, owing to great vascularity, also *thickening* causing that hard feel.

*Internal membrane* pale, but not at all affected as to structure. The vein when felt after death, feels just like an artery.

1. Blood ceases to circulate in it (hypothetical)

2. Effusion of *lymph* as from serous surface. In *artery*, it is  
024 thrown out in *thin* layers, but in *veins*, in *large masses* capable of blocking up vessel.

3. We occasionally meet with *purulent* matter secreted either (1) by membrane itself or (2) from abscesses along line of vein bursting into it.

Some say it is 1. A source of danger if inflammation passes along vein towards heart. Hunter applied *pressure* and French speak of *cutting vein* to prevent this. But there is *no fear*. We have no dissection on record of *inflammation* of vein extending to heart. Inflammation of *small* vein insufficient to cause death.

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November 1839–February 1840

025 The inflammation stops spontaneously.

2. It is supposed that the pus mixes with blood, and that this causes *typhus*. This is wrong. We have only *one* recorded case and that a *French one*. Pus is *limited to inflamed spot and never circulates*.

As *results of phlebitis* we often find *depots* of purulent matter in pleurae, joints, and very seldom in peritonaeum.

Pathology can't account for this.

*Prognosis*

Always unfavorable. No guarantee although inflammation may have stopped. Symptoms more favorable than [Iclioss.?] Abscess forming in line of a [lymphatic?] *most favorable*.

026 *Treatment*

At *first*, local depletion.

At *second stage*—stimulants.

Porter

17<sup>th</sup> February

Cancer of breast generally prevails at age of 45 up to 50 and often still later, but fungous growths are generally much earlier.

Besides all the varieties of acute and chronic inflammation, there are 2 forms of acute inflammation very distinct. 1. Purely structural, arising as in common inflammation from a blow. 2. From sudden stoppage of suck.

- 027
1. Breasts may become hypertrophied from a superabundance of fat.
  2. Scrofulous enlargements.
  3. Irritability of breasts in delicate females.
  4. Disease arising from sympathy with intensive evacuation.
  5. Malignant fungus tumors.
  6. Cancer.

Cancer arises in 2 ways. 1. As a hard round lump, 2. as arising from an *open sore*. 1 is analogous to schirrus, is totally unconnected with structure beneath. Begins to enlarge but not regularly, but in a lobulated knotty manner.

028 Great pain *after* it has been handled. Begins to adhere to *deep structures*, which draw it as it were towards itself and also to the *skin*. Cannot be *moved* separately now. At this time system begins to be affected. One or two glands enlarge in axilla forming a firm, round, hard knot. Sometimes (and it is one of the worst forms) a *chain* of these extends from gland to axilla.

Genuine cancer can never grow beyond a certain size—never larger than a small orange.

029 It begins now to ulcerate forming a dark-coloured, deep, large cavity lined by a thin vascular pellicle. This area serially bursts as a fissure near nipple. Pain now ceases to be lancinating, it is *burning*. Discharge is thin and foetid.

In chronic inflammation of breasts, *treatment* is a *dry stupe*, i.e. a wooden saucer that fits breast, is boiled and taken out; when it dries, and is laid on a flannel on breast. This generally draws the milk if any exist.

030 *Internal treatment* is *Iodine* and *Mercury*.

#### *Fungus haematodes*

Begins very insidiously with a tumor *somewhere*. Grows very rapidly. Is not confined either to particular structure or size. Bursts by a deep fissure and immediately springs out in fungus growths. These bleed on the least irritation.

Cancer may remain in a person for 7–11 years before death which generally ends in phthisis.

F. H. is usually constitutional.

W. Porter



Meath Hospital, Dublin  
November 1839–February 1840

031

24<sup>th</sup> February

A very good course of treatment in *Lumbago and Sciatica* is in the acute stage

Local bleeding, followed by warm bath—

R Pulv. Jacobi gr.xij

Calomel gr.iv

Mur. morph. gr.ij M

ft. pulv. vj — one every *half-hour* and in a few days, Iodid.

Potassii.

*In acute rheumatism*

Warm *douche* bath followed by Chelsea pensioner<sup>1</sup> and bandaging.

In disease of heart, benefit from keeping a *perpetual blister* by *French presses* over praecordial region.

R. Graves

032

27<sup>th</sup>

In Chronic Rheumatism, a formula called “the Chelsea Pensioner” is very beneficial.

R Bitart. Potassac ʒij

Sulphuris ʒi

Pulv. Guaiacui ʒi

—— Rhei ʒij

Nucis Mosch. contused ʒi M

original tbss.

R. Graves

<sup>1</sup> [“The Chelsea Pensioner, a nostrum, by which Lord Amherst was cured of rheumatism....” Thomson, A T (1836). *The London Dispensatory*, 8th ed. London: Longman; 371.]



Extracts  
February 1840–February 1841

033

Extracts (abridged)

*Astringents* by contracting capillaries relieve inflammation, but in excess cause *morbid sensibility* which is lowered by *pain and inflammation*.

*Sedatives* in excess cause *morbid sensibility* by too great contraction of capillaries producing *frequent* contraction of heart. Thus bleeding makes pulse *quicker* and weaker—so *digitalis* and *antimony*—but effect on *overacting* heart is to make pulse slower.

*Pain in back and head* after V.S. is caused by *morbid sensibility* from over-action of capillaries by deficient injection of arterial blood.

034 A *cathartic* is sedative producing *morbid sensibility* and therefore *increased peristaltic motion*. *Ipecac.* and *Tart. Antim.* are sedative too.

In *diarrhoea*, from inflammation of mucous membrane, V.S. will relieve by diminishing inflammation.

Too great a sedative would produce *local spasm*, as painters' colic from the *over sedativeness* of white lead, and is cured *consequently* by *stimulants*, narcotics and warm bath and drinks, opium and enemas.

*Peristaltic motion* may *transmit faeces* or stop them.

*Heat of skin and dryness* caused by relaxation of capillaries from deficient nervous energy.

Dark, reddish and scanty urine = same

Lesion of nervous system. Nervous synocha = idiopathic inflammatory fever.

035 Cullen's Synochus is synocha terminating in typhus.

If nervous influence expended beyond supply, a secretion by cineritious<sup>1</sup> part of nervous system, it is evinced in health by sleep, in disease by delirium, stupor, or death.

Sleep = cessation of expenditure of nervous influence which takes place in nervous action.

Stimulant = which through medium of nervous system, increases action of heart and other organs by calling forth nervous influence or facilitating its extraction in them.

Opium = stimulant and narcotic.

Conium or Hyosc. = sedative plus narcotic and used when skin hot and pulse hard.

Powder Doverii = narcotic (nearly pure)

036 Morphia = narcotic.

Narcotics stop conducting power of nerves.<sup>2</sup>

Sedatives exhaust nervous system by diminishing supply from capillaries being contracted too much.

---

<sup>1</sup> ["Cineritious: Like ashes; having the colour of ashes,—as the cortical substance of the brain." Webster's Unabridged Dictionary (1913.)]

<sup>2</sup> Diminish morbid sensibility.

Extracts  
February 1840–February 1841

Mercury = sedative and tonic

Cinchona = tonic.

Arsenic = do.

*A case of continued fever*<sup>1</sup>

On admission

Skin dusky, petechiae distinct, eyes dull, lies supine, answers incoherently. Pulse small, soft 120. Skin dry and below natural temperature. Tongue dry and brown in middle with a margin of white fur. No cough. Sonorous and sibilous and *crepitating* rales.

037 V.S. ad ℥xvj  
R Haust. Domest. ℥iij  
R Sulph. Magn. ℥i  
Tart. Ant. gr. 1/8  
Aq. f. ℥iv M  
quadri horia

2<sup>nd</sup> day

Nearly free from delirium. Sat up in bed. Bowels still confined. Some *cough*. Repeat Haust. Domest.

12 noon

Purgation did not operate. Stupor, skin hot, pulse 84 and full.

V.S. ad ℥viiij  
Repeat Haust, [t hab.?] enema  
Cont. ant.

038 3<sup>rd</sup> day

Relieved, skin softer, *coughs more*. Very delirious during night and still wandering.

Hirud. x temp.

Soon recovered—improving steadily from this.

“Dr. Billing, London Fever Hospital”

<sup>1</sup> [Billing, A. (1841). *First Principles of Medicine*. 4th edn., London: S. Highley; 176.]

Child<sup>1</sup>

Aet 8. Very pale and wasting. Total loss of appetite ensuing after mild scarlatina. Had swelling of submaxillary gland. Not strumous.

Animal food and fermented liquor.

- 039 R Infus. Gent. c. Tbj  
Sulph. Quin. gr.vj M  
R P. Calomel. c. Rhaei no iv

8th day

No better—flatulence and acidity of stomach.

- R Decoc. Haematoxy.  
Mist. Cretae a. ʒss  
Sulph. Magnes. ʒss M  
ter in dies

Strong animal soup, bread and milk.

18th day

Appetite and digestion returned.

- R Medic. Primo. extend.

- 040 Haematoxylum = mild tonic.

Diarrhoea produces *cramps in legs*.

Tenderness of abdomen in hysteria arising from *reflex* action of morbidly sensitive nerves.

*Convulsions* = effect of morbid sensibility of nervous centres, locally or from a distance.

*Fever* = congestion of cineritious part.

*Tetanus* = morbid sensitivity of medullary part.

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<sup>1</sup> [*ibid*, p. 190.]

Extracts  
February 1840–February 1841

Girl<sup>1</sup>

Aet 15.

14th day.

Much oppressed, feeble, lying supine, delirium increased, skin dusky, pulse weak and frequent. Crepitating rale prevalent.

041 V.S. ad ʒxvj

Pulse rose—shortly recovered.

Trismus<sup>2</sup>

Debilitated habit.

Opii gr.j nocte qq.

R Infus. Gent. c. Tbj

Vin. Ferri. qs M

Nourishing food (liquid). Fermented liquor frequently.

Traumatic tetanus<sup>2</sup>

Aet 7. Trismus and opisthotonos in frequent paroxysms.

3rd day

Opii gr.jss nocte qq  
vesicat. long. spinae

042

4th day

Felt better. Bowels acted, vesicat irritates.

Enema. c. liq. Opii g<sup>tts</sup> 20

Ol. Tereb. g<sup>tts</sup> 30 ʒ<sup>tia</sup> qq. hora

5th day

Jaw relaxing. Better.

6th day

No opisthotonos since opiate last night. Muscles of neck and abdomen still rigid. Bowels confined.

Purgation (by a friend) (?) acted towards evening, producing griping and return of opisthotonos.

<sup>1</sup> [*ibid*, p.177.]

<sup>2</sup> [*ibid*, p. 209.]

R Enema c. Tinct Opii g<sup>tt</sup>s 30

043

Repeat in horis quatuor

Produced calm and sleep.

7th day

No return of spasms. Gradually recovered.

Opium will open bowels in diabetes and colica pictonum.

*Fever is gone* when nervous system begins to regenerate nervous influence, when intellect becomes clear and volition free, however weak.

*There may remain subsultus*, and great debility, and even childishness. Delirium is gone and the *eye follows objects*. Renewed secretion. Now use stimulants and tonics.

044

In palpitations, pulse small and heart acting strongly.

*Pulse caused by elongation of artery.*

*Impulse of heart against side of chest takes place just as auricles have filled ventricle and ventricles become rigid*, commencing their contraction.

*Impulse of do.* is in *proportion* to its muscular action and is produced by heart assuming a form approaching to the globular and becoming firm at same time (as in contractions of gastrocnemii).

045

Blood is pressed into right auricle by weight of returning blood from *all parts above* level of heart, plus pressure caused by a difference in height of arch of aorta above right auricle, plus by whatever remains of contractile pressure of arteries.

*Pulsation* caused by ventricular muscles in their systole to expel the blood.

*First Sound* caused by tension produced in shutting auriculo-ventricular valves.



Extracts  
February 1840–February 1841

*Second Sound* caused by tension produced in shutting ventriculo-arterial valves.

046 Lancet May 19, 1832.

Lancet November 1833.

Medico-chirurgical Review April 1833.

047 The circular coat of arteries is not muscular but *elastic*.

Lingual nerve = Motor.

Gustatory nerve = Sensitive.

Glossopharyngeal nerve = Nerve of taste.

Muscular coat in bronchi serving to expel any noxious matter.

Sum of arterial branches is *greater* than trunk.

Nervous influence is generated in the *cineritious* part of system and *conducted by* medullary part.

*Medullary part* = aggregation of nerves from frame.

048 The sum of arterial branches is greater than their trunks.

The nervous influence is generated in the *cineritious* part of nervous system, and conducted by the *Medullary*

Medullary part of cerebro-spinal system = aggregation of nerves from the frame.

Nervous influence is analogous to the electric principle.

Muscles and capillary arteries have a faculty of contracting = *organic contractility*, which being acted on by nervous influence produces *contraction*.

049 This contraction may be produced by

1. Blood in heart or capillaries.
2. Presence of food in intestines.
3. Electricity from a charged jar.

Contraction = organic action.

Heat is extricated all over the frame in the capillaries by the action of the nerves during the change of blood from scarlet arterial to purple venous, and also whilst it is changing in lungs from purple to scarlet.

050 There is a continued disengagement of carbon (fuel) from body which mixes with blood returning to the heart at the time it changes from scarlet to purple. In lungs carbon is thrown off and united with oxygen producing carbonic acid gas during which caloric is set free. So in lungs we have a charcoal fire and other parts a wood fire, one producing carbonic acid gas and the other carbon.

The evaporation of perspiration keeps the body cool and if deficient as in *fever*, body gets too hot, and in *low fever*, surface gets cooler than natural because nervous influence is not sufficient to keep up the full fire.

“Billing’s Principles of Medicine.”

051 24 days average duration of continued fever.

11<sup>th</sup> day majority died.

3<sup>d</sup> (4<sup>th</sup>–6<sup>th</sup>) after admission, majority died.

1 typhus gravis to 11 synochus out of 300 cases.

66 had cerebral disease prominent.

79 \_\_\_ thoracic do.

60 \_\_\_ abdominal do.

Extracts  
February 1840–February 1841

95 \_\_\_ mixed do.

*Sequela*

Erysipelas = 11 out of 300 .

Aet 20–25 most susceptible.

052 Aet 20–25–30 most deaths.

190 males }  
191 females } = 381 deaths.

1229 males }  
1308 females } = 2537 admissions.

Comprising a series of years as 1 to 6 <sup>257</sup>/<sub>381</sub>

Servants and labourers most susceptible.

“Smith on fever”

*Hippocrates, Galen*

Superabundance of one of or other of the 4 humours, blood, phloegm, yellow and black bile = cause of fever.

053 Result of a contest on part of nature to expel the morbid humour or render it inert = disease itself.

*Sydenham*

Poisonous matter mixed with blood, and various ferments or putrefactions of humours = cause.

Nature expelling do. = disease.

*Cullen*

054 Sedative effect of miasmata on brain producing cold stage and especially a spasmodic contraction of capillaries which remains and produces congestion in large vessels causing increased action of heart. Convalescence by restoring energy to brain and capillaries.

*Brown (pupil of Cullen)*

Debility = cause of all fevers.

*Burne*

Morbid condition of blood = cause

Stokes

Debility and morbid change in the fluids.

Clancy

Want of power in the system to form blood, cessation of chyli-  
fication, lymph supplying its place as long as the fever lasts.

055

Broussais

Gastro-enteritis = cause; great congestion = [cause] of *malig-*  
*nant* fevers.

Clutterbuck

Cerebritis = cause

“Smith on fever.”

Billing

Congestion of cineritious part of nervous system = cause  
(hypothesis)

Smith

Affection of nervous centres, superinducing inflammatory  
appearances in different regions of body = cause.

056

*Dusky colour of skin.* Caused by a diminution of charcoal  
combustion in the lungs.

If nervous influence is deficient, Nitr. Argenti has no effect on  
ulcer but chemical decomposition.

If a *blister do not rise* was caused by a want of injecting force of  
heart or deficiency in nervous influence.

*Inflammation* = first, diminished arterial action and 2ndly, depo-  
sition of coagulated lymph.

*Congestion* is only first part.

057

*Blushing* caused by capillaries of face being robbed for a  
moment of their nervous supply.

Extracts  
February 1840–February 1841

Inflammation begins in the *nerves*. Suppose *heart* is acting naturally and some secretion wanting or diminished—cause is *local enlargement of capillaries by deficiency of nervous energy*.

Iodine and Mercury cause *capillaries to contract*.

058 Solutions of metallic salts and some acrid vegetables *contract* capillaries, but in excess, *relax* them by destroying the nervous influence.

*Chilblains* = inflammation (relaxation) owing to contractility of capillaries having been destroyed by over-contraction.

“Billing, Principles of Medicine.”

Medical Student<sup>1</sup>

Swelled knee, no redness, great pain preventing rest.

Treated *secundum artem*. Had no fever, did not emaciate, great pain. One night in despair he took

Tinct. Opii g<sup>tt</sup> 60 or 70

059 Slept 12 or 14 hours, awoke free from pain. Very soon got well.

Young female<sup>2</sup>

Treated for 2 or 3 weeks by bleeding, neutral salts and low diet for “determination to head” supervening upon a supposed pleuritis.

Jactitation, sense of oppression at chest, incoherence of speech, severe pain in head occasionally causing her to put her hand up and cry out, intolerance of light and sound, flushed face, weakness, but no sluggishness of voluntary motions. No

---

<sup>1</sup> [*ibid*, p. 216.]

<sup>2</sup> [*ibid*, p. 216.]

060 fever, pulse jerking as after [haemorrhage but]<sup>1</sup> not firm. Tongue not foul but white as during empty stomach. Pain in side was at first in left side.

“Clavus hystericus of head kept up by inanition.”

Tonic and animal food gradually,

Vin. Ferri. g<sup>tts</sup> xx occasionally.

Cured in a few weeks.

### Boy<sup>2</sup>

061 Confined to bed for some time with swelling of knee and constant pain. Much emaciated, irritable and languid. Consumed of symptomatic fever. Gets no refreshing sleep from opiates. Pulse 130 and thready or rather wiry—very hard. Too weak to bear more leeches. Knee hot, red, tender, no motion. Kept it constantly bent owing to pain. (Indication to take off injecting force).

R Tinct. Digitalis g<sup>tts</sup> xv ter in dies

After second dose, got better sleep than from opiates. Pulse became slower immediately. Less than 2 weeks grew stouter, swelling subsided and eventually came round.

062 *Rubefaciens* = relaxants of capillaries but *weak* solution of do. are constringing.

Hectic = morbid sensibility + pyrexia.

“Billings, Principles of Medicine”

### Respiration

1. Air ordinarily present in lungs	12 pints
2. _ _____ inspired	1 pint
3. _ _____ expired	1 pint

<sup>1</sup> [Omitted by Malcolm when copying Billings's text.]

<sup>2</sup> [*ibid.*, p. 215.]

Extracts  
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4. \_ decomposed at one action of heart  $\frac{1}{4}$  of (2)
  5. (4) accomplished in  $\frac{5}{6}$  second
  6. 12 pints decomposed in 1 circuit of blood
  7. Air decomposed in 24 hours = 221,882 cubic inches = 540 times (1)
  - 063 8. Blood acted on by air at 1 action of heart =  $\frac{3}{2}$
  9. (8) accomplished in  $\frac{5}{6}$  second
  10. 1 circuit of blood performed = 160 seconds  
 $\frac{3}{540}$  \_\_\_\_\_ = 8 minutes  
 $\frac{540}{}$  \_\_\_\_\_ = 24 hours
  11. Quantity of blood in circuit = 24 lbs = 20 pts.
  12. In 24 hours 57 hogsheads of air flow to lungs.
  13. In do. \_\_\_ 24 hogsheads of blood flow do.
  14. By this, air loses 15,757.9131 grs = 328.25  $\frac{3}{4}$  of oxygen.  
 Blood loses 10  $\frac{3}{4}$  116 grs of carbon.
  15. Blood retains 2,648.809 grs of oxygen and 2,267.104 grs of nitrogen.
- 
- 064 1. Carbonic acid has *less capacity* for caloric than oxygen.
  2. When respiration and circulation sluggish, oxygen consumed is small and temperature low.
  3. *Inspiration* is favorable to the flow of blood to the lungs.
  4. Only a certain degree of dilation of lung is favorable to flow of blood *through* them.
  5. If dilatation be too great, quantity of blood flowing *through* is diminished or stopped.
  - 065 6. Preponderance of *inspiration* induces a preternatural accumulation of blood in lungs causing diminution of *animal heat*.

*In expiration*, aërated blood is transmitted through pulmonary veins causing increase of temperature.

Man aet 40<sup>1</sup>

Attacked suddenly with pains in limbs, back and abdomen. Chilly and cold skin. Frequent vomiting and purging. 30 watery motions between 6 and 10½ p.m. Matter passed like rice-water. Thirst. Tongue clean, moist and cool. Pulse 110, very feeble. Countenance cadaverous. Skin livid. Hands cold, skin shrivelled, fingers crooked, pain from cramps.

R Ant. Tart. gr.ij  
Sulph. Mag. ℥ss  
Aq. f. ℥viiij M  
c. j m. semi horia

066

2 a.m.

Symptoms relieved, no sickness. Only 2 motions of same appearance. Cramps gone from hands and arms, less in trunk and still in legs. Hands less cold. Does not feel chilly. Began to feel warmer along back after second dose, i.e. a little more than half-an-hour after commencing medicine.

11 a.m.

Pulse full, soft, 76. Still thirsty. Skin warmer than natural. Tongue clean, rather whitish. Refreshing sleep last hour. Feels only weak. No cramps, only pains of muscles on motion. 3 motions like last within 9 hours, none for last 3 hours.

067

No urine. Slight nausea.

“½ tablesp. every 2 hours.” Calomel. gr.v ss

6 p.m.

One yellow, foetid, feculent stool, ¼ pt. natural urine.

11 p.m.

Some sound sleep, feels comfortable but weak—seems tired and muscles painful.

2<sup>d</sup> Day

Feels well but weak. Pulse 84, full and soft. Skin still warmer than natural. Continue Mist. quadri horia

<sup>1</sup> [ibid, p. 242.]



Extracts  
February 1840–February 1841

Sulph. Quin. gr.ij  
quadri horia  
Soon recovered.

068 Morbid sensibility attends opposite states of capillaries.

*Female*<sup>1</sup>

Troublesome cough, uncertain expectoration, rather dry, producing towards evening difficulty of breathing which lasts through night till morning when profuse perspiration comes on. (Friend apprehensive of tubercular consumption.)

Tongue slightly coated, pulse 100+, skin rather dry. No stethoscopic signs of phthisis. Complexion rather muddy and sallow. Had ague some months ago—had not felt strong since.

R Sulp. Quiniae  
069 R Mucilaginis  
Syr. Scillae a. ℥j  
— Papaveris ℥iv  
Aq. fontis ℥vij M

7<sup>th</sup> day

Regular fit of ague.

Double the dose of quinine.

17<sup>th</sup> day

Quite well.

*Gentleman aet 45*<sup>2</sup>

Caught cold, followed by cough and severe pain of head shooting from right eye to back of head which was aggravated when he coughed or walked. Pulse 100, hard. This continued for some weeks.

<sup>1</sup> [*ibid.*, p. 236.]

<sup>2</sup> [*ibid.*, p. 237.]

070 R Guaiaci  
C.C. Nuchae ad ꝛxij  
No relief.

In one month

Sight of eye weak. Pains excruciating, periodically from 1 a.m.  
till 6 a.m.

For sleep—

R Anti-neuralgic medicine

Laxatives

for 3 weeks.

Unrelieved.

Paralysis of eyelid and all muscles of eyes except trochlearis.  
Degree of deafness. Numbness and pricking sensation to side of  
nose, cheeks and lips and teeth.

Vesicat. et med. Mezur.

071 No relief—  
R V.S. ad ꝛxij  
et saepe repet  
Soon got quite well

“Billings Principles of Medicine”

Life = mode of being in which a certain series of phenomena are  
observed to take place.

264° of heat can be borne

101° \_\_\_\_\_ of body

Sonnerat found fishes living in a hot spring at 158° at Manillas.  
He found the *Vitex agnus*, castus, and aspalathus on banks of a  
rivulet at 174°.

Distinguishing characters of living body

1. Power of resisting ordinary operations of physical agents

072 within a certain range.

2. Assimilation
3. Arranging this in a regular way

Ultimate elements of *vegetable* bodies

Oxygen  
Carbon  
Hydrogen

For *animal* bodies

Oxygen  
Carbon                      Caloric  
Hydrogen                    Light  
Nitrogen                    Electricity  
Phosphorus                Magnetic fluids etc.

Calcium  
Sulphur  
Iron  
Manganese  
Silicium  
Iodine  
Cholesine

073 Fluids : solids :: 8 : 1

All organs have *one* common end, viz:—the formation of blood. *Lewenhoek* in middle of 17<sup>th</sup> century discovered with microscope that globules arranged irregularly, formed the ultimate principles of animal tissues—Still argued.

Globules  $\frac{1}{8000}$ <sup>th</sup> part of inch.

In muscular tissue, direction of globular series is always parallel.

1. *Cellular Tissue* possesses

1. Cohesion
  2. Flexibility
  3. Extensibility
  4. Elasticity.
- 4 is peculiar to cellular tissue.

2. Muscular Tissue

Contractility—vital and peculiar.

074 3. Nervous tissue

1. Nervous 2. Sensorial.

Functioning of animals

1. Nutrition 2. Reproduction 3. Relations.

1. Infusoria

Globular

Bursaria

Vorticellae

Zoophytes

Medusae

Ichinodermata

2. *Articulata* (leech)

3. *Crustacean* (crab, lobster, prawn)

Crab—teeth at pylorus

In children, intestines are 10 times length of body.

Stomachs of Grassinovoires

075

1. Paunch

2. Reticulum

3. Omasum

4. Abomasum

In some, intestines are 27 times length of body.

1 drop of bile every half minute.

Pancreatic fluid more slowly.

Globule of chyle = central globule of blood.

(Edwards). L. U. R. (Physiology)

Guthrie's Black Ointment

R Nitrat. Argenti gr.x

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Solut. plumbi g<sup>tts</sup> xv  
Axungiae ʒj M

M. C. Review, July 1840

076

Lanes Oxide of Silver

dose = gr.ss 2 or 3 times a day  
Unguent (gr.v–gr.x so ʒj)

Out of 100 dissections of cases of  
*Renal Disease*

10 had Emphysema  
52 \_\_\_ Hypertrophy of Heart  
23 \_\_\_ Serous effusion in pericardium  
40 \_\_\_ old pleuritis  
8 \_\_\_ Disease of aortic valves  
32 \_\_\_ slight disease of liver  
18 \_\_\_ marked do. \_\_\_  
70 died from cerebral [damage?]  
4 were beyond 60 years of age  
13 \_\_\_\_\_ 50  
21 \_\_\_\_\_ 40  
16 \_\_\_\_\_ 30  
19 \_\_\_\_\_ 20

077

50 out of 74 died before meridian of life.

*Anasarca*

*Drastic purgatives* bring away large quantity of watery evacuations but produce some febrile excitement, and water is liable to reaccumulate.

Applicable in indolent habits—fever.

If stomach and intestines weak, injuries frequently leave chest oppressed.

*The Student Record Books of Andrew George Malcolm*

Bright recommended Elaternium

H. Smith \_\_\_\_\_ Tonic and purgatives

Sydenham \_\_\_\_\_ Antimony

(Copeland's D)

Cases when albumen [?] less urine though anasarca undiminished.

Opium and animal food recommended by Graves.

Nº 16 D. Journal

078 Perspiration nearly extinct in this disease.

Osborne

Out of 2,000 cases of all diseases except fever during 12 years  $\frac{1}{6}$  were cases of dropsy.

Mateer

55 percent of all dropsies are connected with diseases of kidneys.

Wells

Brain affected ultimately by excess of urea.

Christison

Exposure to cold and moisture most frequent causes.

Nayor

Intemperance ditto.

Bright

Scrofulous diathesis is a predisposing cause.

Christison

079 Specific gravity of albuminous urine—less

Christison

Specific gravity returns to its former standard as disease advances.

Bostock

Venesection at commencement

Barlow

Extracts  
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Disease of kidney may not induce dropsy.

Christison & Gregory

Restore secretion of skin = Indicat.

Osborne & Barlow

Deaths to admissions

Males 1–2.8	}	
	}	1–2 <sup>11</sup> / <sub>30</sub>
Females 1–1.2	}	

Register Belfast Fever Hospital

080 Bleeding followed by vesicat. and *digitalis* = sovereign remedy.

Blackhale

*Albuminous urine*—diagnosis of hyperaemia of kidneys.

Mateer

1011·88 = average specific gravity of 25 fatal cases

1014·48 = \_\_\_\_\_ recoveries

1004·5	}	Extremes of fatal cases
1018·	}	

1007·	}	Do. of recoveries
1023·5	}	

Albumen

H.	1·25	2·5	1·25	8·75
O.	10·0	10·0	15·0	30·0
C.	1·0	7·0	22·0	56·25
N.		17·5	27·5	17·5

Gregory

081 *Digitalis* doubtful

*The Student Record Books of Andrew George Malcolm*

Hydrarg. do.

*Bright*

Average specific gravity = 1.017

*Bostock*

3 species of Bright

1. Yellow mottled appearance externally. Greyish-yellow in section of cortical part.
2. Copious morbid interstitial deposit of opaque white substance.
3. Small, numerous projections externally.

*Bright*

Coag. urine seldom end in ascites.

*Copeland*



Extracts  
February 1840–February 1841

082

Royal Infirmary, Edinburgh

(1) Case of elastic stricture of 6 years standing. Bladder not affected. Before admission had complete stoppage of water. Had catheter constantly in for 5 weeks. Previously could pass urine but very scantily and with pain.

Has been using catheter night and morning. No improvement.

R Tr. Cauthandes g<sup>tts</sup> v ter in d.  
If disagrees, use emollient and copious drink.

R Pil. Plummer  
\_\_\_ Rhei c. gr.vj M  
ft. pil. ij  
Cap.j n. et m.

083 4 cases of *varus* treated by division of tendo achillis and afterwards by foot put in stocks on a flat board, then splints and bandaging.  
16 Nov/40 Handyside

Case of an old woman. Had epileptic attack last year. Admitted in delirium. Has pain in head. Pulse 114 firm. Slight conjunctival redness. (Probability of the return of the fit).

App. hind. viij temporalis  
Cap. Ol. Ric. qs v insten si opus

Bronchitis of fever gradually subsides with decline of fever.

084 Case of Diabetes

Urine 17 pints, specific gravity 1017. Nausea and pain of stomach which is increased on pressure, uneasiness of head from previous pills, some off. Appetite impaired.

Intermitt. Infus. Quass.

App. hind.viiij region hypoch. sinister  
Cont. pil. Opii  
6 oz meat daily.

Case. 4 weeks ago caught cold. Had shivering and headache, sore throat, pain in epigastrium. Menstrual suspended last Xmas, appeared lately. No pain on deep inspiration. Fauces red, pulse 92. Off food, strength, headache.

V.S. ad ẏxij

085 Haust. Morphiae v tsp.

17 Nov/40

Alison

Caustic used in chronic groin sinuses.

Cutting down through sloughs in burns to relieve the tissues below frequently practised. Ancient plan, to cut down to sloughs only.

Red lotion frequently applied after cotton in burns.

*Starch* bandaging in simple ununited fractures frequent.

Miller

(1) (See first case)

086 Increased mucus in urine this day, pain in abdomen on inspiration—deep. Drawn off with difficulty. Had shivering yesterday. Feels drowsy, appetite impaired. Pulse 100 full. Had Jacob. Pulv. et cal. last night.

R Calomel gr.ij

P. Dov. gr.iv M

tert. qq. hora

Bal. Fetoid. stat.

Spt. Minder. c. sol. aut.

Royal Infirmary, Edinburgh  
November 1840–February 1841

tert. qq. hora si opus Omitt  
Tr canth.

Diagnosis—catarrh of bladder and symptomatic fever.

Case of synovitis (S)

Cupping to ζxij.

Vesicat. ampl.

087

purgatives occasionally.

Pressure et Lin. Amm. rut

Camph. Opii. Acet. Tr. cantharidin

Case of erythema and effusion at elbow joint.

App. vesicat. circa olecranon.

Handyside.

*Club Feet*

Tendo achillis }

Tibialis anterior }

Peronaei } have been cut at different times

Flexors/sole } by Handyside.

Tibialis posterior }

Plantar fasciae }

088 From 1 to 4 days after operation commence traction by apparatus, screws and splints and bandaging. Increased daily.

Rapidity of cure depends upon the disposition of individual.

18 Nov/40

Handyside

*Case (C)*

Carpenter ill 8 days. Aet 36. Headache and dizziness, pain in chest. Bled and relieved to ζxiv. Admission, headache slight. Head was shaved and cold applied. Pain of chest returned. Pulse 80 firm. Had chill for 3 days with heated skin. Tongue coated.

Pulse 100 otherwise natural. Had 5 or 6 stools last night. Vomited some after the oil. Has pain on left side of chest and cough.

089 Sinap. app. later  
R Tart. Ant. gr.ij  
Aq. f. ℥vi M  
C j tert. qq. hora

Carpenter aet 21. 13 days ill. Commenced with severe pain in abdomen, headache, nausea and vomiting. Rigor next day. Slept ill. Had pill ordered which produced copious stool. Was very weak, could not sit up, pain in forehead and chest.

Abrad. capill.  
body washed  
Hirud. abd. app.  
Ol. Ric. c Tr. Opii

090 Today—pain of chest and mid. Pulse 92 firm. Tongue white, moist. Did not sleep.  
Sol. Tart. Ant ut preceding case  
Reapply leeches.

(D) Cough and pain of chest continue. Says he feels otherwise better. Pulse 112, rather small. Countenance natural. Blister discharging well. Sputa frothy, mucous with slight partial brown tinge. Tongue slightly furred, white and moist.

Repet. Haust. Hydrocyan. m. et v.  
Omitt. Mist. Acid Sulph.  
R Sol. Tart. Ant. pauxillum  
ad nauseam.

091 Head is generally shaved in fever.

Royal Infirmary, Edinburgh  
November 1840–February 1841

Shivering. Cutaneous pain generally. Some cough. Violent delirium. 2 or 3 days before admission exposed to cold. Tongue dry, brown crust, sordes etc.

Abrad. cap.

Haust. Aperiens.

Slept tolerably. Feels better. Pulse 88. Otherwise well. Mouth much cleaner. Got 10 grs. of Cal. and 1 of opium last night and aperients in the morning. Stools copious. Febrile.

Haust. Draph. c ʒ Opii

et Vin. Ipecac. a. ʒss. hs.

R Ol. Ric. ʒvj

Tr. Opii g<sup>tts</sup> v M.

092 Headache gone. Pulse 124. Yesterday do. Pain in epigastrium but no other abdominal tenderness.

Stem. Haust. c. Tr. Opii ʒss

h.s.

Cras. an.

Ol. Ric. ʒvi

Tongue clear, florid at tip. Face partially flushed. Pulse 112 small, rather compressible. Sputa brown, mucous, some cough, no pain of chest. Percussion dull at lower right side, some tenderness at right hypochondrium, but not definite. Can lie longest on left side. Some rheumatic-like pain in left shoulder.

093 Sumat m. et v. pil. c. Opii gr.ss et Cal. gr.ijj

ʒvij of blood taken from a small orifice. Pulse became small. Having a *bright yellow* thick gelatinous coating. [Crag?] loose. Had Cath. Infus. last night which he partly returned. Had only 1 scanty stool. Pain across chest gone. Very weak or languid. Pulse 144 feeble, nearly regular. Respirations oppressed, 28. Expectoration less deeply tinged with dark blood, frothy. Feels a weakness at epigastrium. Vomited this morning.

094 Omitt. Acetat. Plumbi  
Cont. pro. hisc Opium  
Ol. Ric. ʒvi

(F)

Stomach distended. Nothing remains, vomiting all—toddy excepted.

Cont. Spirit. Comm.

Omitt. om. alia

R Carb. Ferri. precip. ʒss

B. \_\_\_ Potass. ʒij M

in pulv. xij

Cap.i quater in dies

19 Nov/40

Graham

095 Indolent ulcer with thickened edges. Scrofulous. Leeches around have taken away the erythema and inflammatory appearance.

R Iodureti Sulphuris ʒj

Aq. dist. ʒi M

ft. lotio.

Hydriod. Potass. used (ʒij-ʒj lard) in scrofulous swelling and old thickened integument.

Contraction of flexors of leg, treated by apparatus producing extension, and turpentine and lard rubbed daily on calf.

Case of hypophthalmia. Leeching, lotion of Vin. Opii, (scrofulous character). Seton at nape of neck.

096 Case of effusion into knee joint treated by cathartic depletion, cupping. Vesicat. Ung. Hyd. Iod. Potass. et Camphorae. Pressure by Scott's strapping (doing well).

Royal Infirmary, Edinburgh  
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Chronic inflammation of elbow joints. Erythema and effusion treated by constitutional depletion. Now a *long* blister applied. Feels a little sick and other symptoms of irritation from blister.

(4)

097 Tongue dry, brown. Pain on making water less. Great thirst. Skin natural. Has bad taste in mouth. Slight cough, some shivering yesterday. No appetite. Pulse 96, fallen. 3 stools last night. Ant. Tart. and Cal. et Dov. P. omitted yesterday. Had a hot bath this morning. Erythema and oedema of prepuce and penis generally. Came on this morning. Great difficulty in passing catheter this morning.

R Spt. Mindereri

Tart. Ant. M

tert. qq. hora

Cont. Cal. et Dov.

Fomentation to penis and scrotum.

Hot bath.

Suspensory bandage.

December 18<sup>th</sup> Nov/40 (S)

Pulse 104 and rapid. Symptomatic fever. Bowels confined, skin dry, pains general.

V.S. ad ̄xvi

098 Dose of calomel etc. at bed time.

20<sup>th</sup> Nov/40

Handyside

See 19<sup>th</sup> Nov (C)

Coughed much during the night. Deep pain in abdomen occasionally. General abdominal tenderness, Some quickness. Pulse 90 rather weak, skin soft.

Cont. sol. Tart. Ant. c.

Tr. Morphi. g<sup>tt</sup>sij sing. dosibus.

Pitting after smallpox very largely met with over body.

Cough in paroxysms, severe headache, no stool. Pulse 90. Tongue slightly coated, moist. Skin of natural temperature but rather dry.

099 stat. Ol. Ric. ʒvj  
et repe. cras mane  
besp. cephalgia persistet, appl. hirud. fonte. xij  
App. lotions frigid.

(D)

Cough and other symptoms subsided. Pulse 100 is much better, influenced by Tart. Ant. Continue.

Case of dark ecchymotic eruption in fever—recovered.

(E)

100 Aet 30. Labourer at Railway. From Co. Antrim. On 15<sup>th</sup> ult. felt shivery and pain over body, succeeded by sore throat and some cough. Occupied for one night bed of a fever case. Several rose-coloured petechiae on admission. Tongue coated thickly, petechiae well marked. Had a Bolus and warm bath last night. Copious feculent stool, partly formed, of natural colour. No pain in head. Wandering. Pulse 112, face flushed.

Sol. Tart. Ant.

Omn. bihorio C. iss

App. frig. aq. Cap.

Hiccup 13<sup>th</sup> day or so. Lips parched, countenance natural, pulse very rapid 148 (125 last night), mouth ill tasted. Some headache. Skin soft, of natural temperature. No delirium. Several liquid feculent stools.

Stat. haust. C Tr. Morph. ʒss



Royal Infirmary, Edinburgh  
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et rep. cras primo mane.

- 101 Omitt. Haust. Opii [?]  
R Aq. Acetat Amn.  
Aq. font. a. ℥iij  
\_\_\_ Lauri. Cass. ℥ss  
Syr. Simp. ℥ss M  
Sumat. ℥j tri horia

(F)

Vomiting returned today (none for 3 days before). Matter rejected, less sour, said like ingesta. Black stools. No pain of abdomen on pressure, abdomen doughy. Great thirst. Pulse 86. Tongue not florid, nearly clean.

Ter in dies peccuat. g<sup>tt</sup>sij

Cont. pulv.

- 102 Skin more deeply tinged. Slight tendency of gums. Stools clay-yellow colour, soft feculent. Free from pain in left hypochondrium for several days.

Case of *jaundice*—treated by Mercury.

Cont. pil.

R Ol. Ric. ℥vj

Case of ascites and hydrothorax with *albuminous urine*. Tapped several times. Right hypochondrium enlarged, liver hardened and tender, enlarged. Died.

50 ℥ of yellow serum with whitened matter mixed in peritoneal cavity. 13 ℥ of reddish serum in right side of chest. 30 ℥ of do. in left side.

- 103 *Liver*

Right lobe weighed ℥i and ℥i

Left \_\_\_ \_\_\_ lbs.vj and ℥ij

Peritoneal covering inflamed. Colour of section of liver speckled white and brown. Hard.

Spleen

Enlarged and condensed in structure.

Kidney

Bright's disease. 3<sup>d</sup> stage in one and 2<sup>nd</sup> in other.

21<sup>st</sup> Nov/40

Graham

(G)

20<sup>th</sup> Nov—vid.

The v. Opii which was used as a lotion for the ophthalmia, excited so great *pain* that it had to be discontinued.

104 (4)

Pulse 80. Countenance not so anxious, less oedema of prepuce etc. Feels rather better.

Hab. trihorio Cal. gr.i c.

P. Dov. gr.iv

Cont. Spt. Mindereri etc.

22<sup>nd</sup> Nov/40

Handyside

Stupor. Pulse 120 small. Tongue dry in centre. Has had a blister applied to chest. Is taking ʒviiij of Wine.

Intermitt. Mist. V. Ant.

R Cal. gr.iss

Opii gr.ss M

g<sup>tt</sup> qq. hora

Aq. frig. appl. cap.

105

Pulse 114. Tongue still dry, pupils contracted. Has had Vesic. sterno. Sputa viscid, and difficult of expulsion. Coughs much. Has ʒvj of wine et Mist C. Spt. Am. Ac. et Syr. Scillae, and ordered generally, Mist. Cretae c. V. Ipecac et Tr. [Messhille?]

Hab. enema c. Tr. Morp. g<sup>tts</sup> 30

Interm. alia

Royal Infirmary, Edinburgh  
November 1840–February 1841

Erysipelas of face.

V.S. ad 3vj

Blood sizy. Next day felt much better, pulse 78, though erysipelas has slightly extended but not so inflammatory.

Alison

106 Post mortem

Case of fever, bronchitis, evidently symptoms of incipient pneumonia and emphysema. Died 3 days after admission.

*Left lung.*

Adhesions numerous. Under average weight. Well marked emphysema. In bronchi, thick viscid mucus and of a dark colour, in a state of chronic inflammation.

*Right lung.*

Also emphysematous. No lesions. Smaller tubes completely clogged with inflammatory mucus.

*Right kidney.*

107 Irregular on its external surface. Section marked by a deposit of new matter, granular.

*Left kidney.* Slightly affected,

Graham

Case of (H) (Alison)

Stupor (admitted in). Recovered from this state. Delirium succeeded. Headache. Pulse very frequent and small before death.

*Dura mater* thickened. Partial effusion of blood, decolorized, coagulated, lying at postero-superior surface of right hemisphere over arachnoid.

*Arachnoid* thickened and opaque.

*Vessels of brain* distended.

108 Considerable effusion into the ventricles and beneath arachnoid.

Ventricles uniformly dilated.

Diseased artery.

A cavity small in posterior part of right hemisphere close to posterior cornu of lateral ventricle.

Alison

Case of inflammation of liver.

Man, 2 years ill though the patient remarked it only 9 months. It extended on admission as low as umbilicus and caused complete dulness of lower half of chest. A tense depression was perceived in the middle of the [tumour?]. He had considerable  
109 cough and difficulty of respiration. Evident bronchitis with mucous and sub-crepitatory rales which cupping relieved.

Abdomen cupped which sensibly reduced size of liver. Incipient pneumonia in left lung posteriorly. (V.S. et [curetissi?]). Next day pulse 135 and soft. Cupped and Cal. et Op. continued.

Liver as high as 4<sup>th</sup> rib, pushing the heart upwards and to left side. Smooth external surface and filling up epigastrium and both hypochondria. Weight 11lbs 6oz 2drs. Cut surface has an unctuous soapy feel. Hypertrophy of substance and deposit of new tissue. Destruction distinctive between cellular tissue  
110 and granular structure evident. Very bloodless. Tears easily. Cellular tissue not increased. Granular distance large.

Left lung 1lb 12oz. Adhesions. First stage of pneumonia (probably subject to repeated attacks of inflammation).

Spleen roughly granular. Infiltrated with coag. congestion. Easily torn. Weight 1 lb 5 oz.

Right lung weight 1 lb 9 oz. Healthy.

Left kidney yellow degeneration. About 7 oz.  
23<sup>d</sup> Nov/40

111 A case of enlarged tonsils. Removed by probe-pointed bistoury, the tonsil held with forceps (no scissors or spatula or assistant).

Case of swelling and pain of shoulder joint. Cartilages affected (actual cautery applied). Pain went away but stiffness remained. Left hospital, received an injury, had a relapse, cautery again, only some relief. Great suppuration ensued and 2 or 3 sinuses formed. Some bone dead. Spiculae removed. Suppuration still exists. (Nothing for it but excision of head of humerus.)  
24<sup>th</sup> Nov/40 J. P. Syme

- 112 Internal opening in fistula, never higher up in the gut than 1 inch from anus

*Flap operation* —advantages

1. Rapidity.
2. Less pain.
3. \_\_\_ surface exposed.
4. More muscle to cover stump.

—objections

1. Oblique section of arteries.
2. Shock to system.
3. More skin.

*Gangraene senilis.*

No local application but linseed poultice serial. Repeated doses of opium. No stimulants. No animal nourishment except milk.

- 113 Rest horizontal posture.

25<sup>th</sup> Nov/40

J. P. Syme

1. Amputation above knee. (D)  
Flaps anterior and superior.
2. Section of contracted tendon at bend of elbow joint.
3. Cutting down upon diseased tibia and taking out a lesser piece of bone with carious state. Result of external injury—chronic.

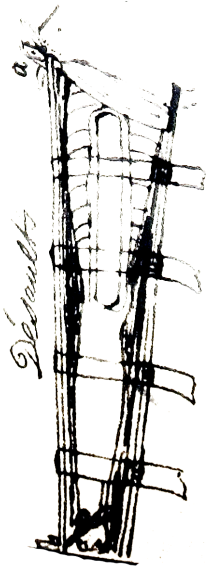


Fig. 1—agm15  
Desault's apparatus for  
fractured femur.



Figs. 2a & 2b—agm115  
Sectioning contracted tendon.



Fig. 3—agm115  
Operation for  
imperforate anus.



Figs. 4a & 4b—agm123  
4a. Incision for tumour overlying parotid.  
4b. Specimen of tumor of Maunceau. 1. Integument, 2. Gland, 3. Tumor.



Fig. 5—agm127  
2. External sore  
1. Incision.



Fig. 6—agm128  
Reduction of dislocated shoulder.

4. Case of diseased humerus (head). Had been excised but never completely recovered. Cut down upon humerus—found it  
114 diseased. Amputation only cure.

5. Case of strabismus. Division of internal rectus.

26<sup>th</sup> Nov/40

J. P. Syme

(A). Case of simple fracture. Old age. With difficulty fractured parts were kept apposed. *Suddenly* about 3 weeks after accident, a severe rigor occurred and symptoms of approaching death. Poisoning suggested. Stomach pump employed. Fluid \_\_\_\_\_. Died in a very short time, most probably from no definite cause. No local mischief.

115 It is not uncommon for old persons getting fracture of neck of thigh bone to die suddenly in 1 to 6 weeks.

There is no danger of delayed healing process, by cutting through a cicature bone in case 4 (see 26<sup>th</sup> Nov).

Case (2) [*figs. 2a & 2b, page 50*]

Turning the edge of the knife downwards and cutting tendon transversely.

Case of imperforate *anus*. 4<sup>th</sup> day. Small incision. Contraction of parts formed a small crow-quill sized anus. Injections had frequently to be used. 6 months old. Operated on then, cutting in course of *raphe* and at sides. [*fig. 3, page 50*]

Lint—tallow candle one a day.

116 In this case, there were no thumbs and arms and forearms very much shortened.

The effect of a blow upon a bone in weakly habit has a constitutional influence. *Inflammation* of bone ensues, suppuration etc.

The Student Record Books of Andrew George Malcolm



Drawn by George Richmond.

Engraved by Joseph Brown.

*James Syme*

Adopted from  
Memorials of the Life of James Syme  
by  
Robert Patterson MD



2 kinds of diseased joints

1. Rheumatic.
2. Scrofulous.

1. Pain deep, mostly at night, variable with weather, aggravated by motion and pressure. Referred to other parts. Want of power. Coldness, numbness. All before swelling ensues.

2. Swelling. Deficiency of motion, no pain. Suppuration and diseased synovium.

*Treatment*

1. Counter irritation. Rest.
2. Sometimes leeching, lotions, *pressure*, rest.

117

1. Affection of cartilages.
2. Do. synovial membrane.

Case (1) see 26<sup>th</sup> November.

Ligamentum patellae not recognisable, swelling so great. Joint evidently contains a fluid most probably *pus* with disease of cartilages.

Case (B). Aet 25. Complained of great pain of shoulder joint, arm and elbow, particularly at top, and worst in damp weather / [fatigue?] etc. Had lived in ground floor which predisposes such complaints. Leeching, friction, blisters—no use. Arm flabby, shoulder emaciated. Pain on pressure in direction of joints.

118

Crackling sound heard on moving arm different ways. Cartilages engaged. Cautery applied behind, and before lower than acromion process day before yesterday. Even now some relief.

27<sup>th</sup> Nov/40

J. P. Syme

Tincture iodine 1 part to 3 of water injected into tunica vaginalis in chronic hydrocoele. Has excited rather much inflammation. Leeches to section and purgatives.

Ununited fractures put up in starch bandage.

Robertson

119 The cutting of muscles is attended with very little danger.

Case

Lacerated wound over tibia. Down to muscle on external side of tibia. About 10 inches long. Fibula fractured, compound. Tibia laid bare. Anterior tibial artery wounded. Amputation proposed—rejected. Bleeding vessels secured by extending the wound. A few points of interrupted sutures. Wet dressing and light bandage.

Next day

Pulse very weak—feeble. Is insensible and evidently sinking. No reaction took place. It is most probable he would have recovered if amputation had been allowed.

120 The injured parts often act as causes of continued collapse therefore better removed. Example—case of deep wound of arm cutting across nerves and blood vessels leaving forearm quite pulseless and cold. Patient insensible. Forearm removed, patient very soon revived and recovered.

Case (A)

Popliteal aneurism. Last spring became diffused, leg oedematous, operated on. Recovered, but still some swelling. 6 weeks ago abscess formed in calf. Discharged very great quantity of pus and coagulated blood, the remains of the diffused aneurismal effusion. Suddenly he lost in one gush coming from the sac, 5 lbs of blood. Swelling immediately left limb. 3 weeks ago another loss of 4 lbs occurred.

Today he feels the premonitory symptoms of approaching haemorrhage. If so tourniquet; and immediate amputation is only remedy. Therefore always operate *early* for aneurism although it is said by delay the vessels will be in a better state to

perform their usual function of supplying the limb. Objection to stuffing the popliteal cavity—*depth* compressing both vein and artery causing mortification.

122 Case

Aet 19. Boy. Tumor, hard, fibrous, movable, lying over parotid, anterior to external ear and space behind angle of lower jaw.

Such cases frequently mistaken for tumor parotidialis which is irrevocable. Steps:

One incision from external ear to origin of triangularis muscle, right over the tumor and *down to it*.

Catch with a hook or forceps.

Dissect from before backwards.

A specimen of tumor of Maunceau was shown, displaying the small and flattened gland in fissure and the tumor, fibrous and hard, *behind* lying on pectoralis major.

123 [figs. 4a & 4b, page 50]

1<sup>st</sup> December 1840

J. P. Syme

Case—see (A) 27<sup>th</sup> Nov

Postmortem.

Fracture ununited and surrounded by purulent fluid which was most probably the cause of the sudden symptoms of death. Viscera examined but no material disease. 4 ozs. serum in ventricles; but this is not uncommon in old subjects. Diploe nearly all absorbed.

29<sup>th</sup> Nov

J. P. Syme

124 The effect of external injury on *dense* and cancellated bone is different. On former, it may exfoliate or fracture, on latter, inflame and produce suppuration.

An offensive foetor is not *always* connected with discharge from diseased bone.

If the discharge from diseased bone diminishes or thickens, it is a good sign.

The great majority of cases of curvature of spine is connected with diseased *bone*.

A case

125 Pulsating tumor in groin. Admitted into hospital. Pulsations ceased and could not be felt. Suddenly in a few days gangrene set in in leg. [Arteria iliaca?] pulsated as before—as a falcon hops. The common iliac was tied. Died. No record of success in popliteal aneurism treated by the *old* method, which was to cut down upon the tumor and tie it.

Advantages of modern method.

1. Allows a coagulum to form between sac and ligature and this takes away cause of aneurism *completely*.
2. Healthy part tied.
3. Easier.

Old method however, is advantageously employed for false aneurism at bend of elbow, when the inosculation is so great, that tying the brachial does not always succeed.

126 *White swelling*, generally described, is a chronic disease of knee joint attended with change of structure. Pain is not referred to joint but generally some contiguous joint.

Errors arising from this are 2.

1. Thinking the disease is in that *other* joint.
2. Believing it may exist in the joint referred to, although it may really exist in the *other*.

Case (B) 27<sup>th</sup> Nov

Movement of *opposite* arm gives no pain in shoulder.

127 In amputating for aneurism, it is not necessary to do so at place where ligature is, though this is a frequent precept—it may be much further down.

2<sup>d</sup> December

J. P. Syme

(A) See 1<sup>st</sup> December

Would not submit to amputation till 7<sup>th</sup> December. If no haemorrhage then, the sinus in leg will be laid open—  
[fig. 5. page 50]

*Dislocation of shoulder joints*

To be distinguished from fracture of neck and bruises.

1. Manner of accident.

Dislocation generally from falling upon hand stretched out. It may also arise by fall on joint when arm is away from side. Fracture from falling upon joint—bruise ditto.

128 2. *Character of injury.*

Fracture may be detected by drawing a line between elbow and acromian process and seeing if it corresponds to the line of [shoulder?]. Then feel in axilla and move arm and you will feel crepitus etc.

Pain in 2 or 3 days makes the muscles such as the deltoid flaccid and this since later dislocation.

Case.

7 weeks with dislocation downwards. Warm bath. Pulleys, having the arm close to the side, thus not interfering with actions of latissimus dorsi and pectoralis major. [fig. 6, page 50]

129 Was reduced twice but immediately bone returned to its old situation. 3<sup>d</sup> time kept in by a bandage. Probably some change of condition in glenoid cavity.

4 patients admitted today with urinary symptoms (C)

1. Aet 4. Some months ill. Catheter arrested at neck of bladder, therefore stone. Pushed back and urine flowed away.

2. Aet 8. 3 months ill. Sounded. No stone. Past the age of teething, therefore irritation of bladder.

In adults, it must be either stone, stricture or derangement of kidney or bladder. If pain exists *before* he passes urine and relief  
130 *after*, then it cannot be stone. If difficulty of making water and pain too, it is stricture.

Association, large discharge of blood symptoms of organic disease in kidney or bladder.

3. Case (B)

Sailor. (Sailors and solders never have stone, because at their time of life, it is most rare.)

Complains of pain and frequency of passing urine. On evacuation of wind by rectum it pains him. Has suffered a long time. Better when at work. Sounded—large stone, probably oxide of lime, as such produces little uneasiness although single and large. Grows slowly.

131 When the urinary secretion is at all disturbed, symptoms are more severe. Heartburn medicines afford temporary relief, and muriatic acid gives relief in alkaline urine.

Urine in stone is not distinguished from that of health.

4. Ill 3 years. Pain, passes blood, of a sallow complexion. Sounded, no stone, therefore organic affection of bladder.

Case

Aet 42. Had had fever, got an enema from pewter syringe, since which has had intense pain. Examined. 2 openings in hip,  
132 a large crevice in gut, large cavity, 2 external openings made into one.

Has known 4 cases of serious [?] arising from similar cause. One died, another had tremendous sloughing. All tedious cases.

Royal Infirmary, Edinburgh  
November 1840–February 1841

Had had but only once a case of congenital stricture.  
4<sup>th</sup> December J. P. Syme

(A) 4<sup>th</sup> December  
Leg amputated above knee or rather in middle of thigh. Flaps anteriorly and posteriorly—tourniquet used.  
7<sup>th</sup> December J. P. Syme

133 This operation was performed to prevent the sniping effect of a discharge which was going on from a large cavity in ham, which had been laid open. The *bone* (femur) was very dense.

There is generally a considerable flow of venous blood, particularly if thigh amputated at middle or upper part, which immediately stops when flaps are opposed.

Some vomiting occurred in the evening. This of itself is not of much consequence but if *shivering* precedes, it is exceedingly alarming.

Case of encysted tumor, 5 or 6 years standing. Such are very frequent in integument of head, neck, trunk and next extremities. If recent, rule is to cut them *out* completely but sometimes they inflame and then in place of being round and defined, they become flat, fixed and red and assume the appearance of an abscess. If so, cut freely *into* it and by putting a piece of lint into cut, heal it up as any common granulating sore. If sac is opened at very *first* and not excised, then an ill-conditioned sore may very probably arise, and sometimes horny tumors and cancerous sores may be produced. In 1654 is it recorded that a surgeon of this Town cut off a horny tumor several inches long.  
135 Such cases were more numerous previously than now, owing to the general distribution of surgical aid, which prevents such from even arising by attending to their preceding and inducing circumstances.



Fig. 7—agm140  
Improved method of using  
seton thread.



Fig. 8a & 8b—agm142  
Treatment of rectal fissure.  
Cut mucous membrane between  
verge of anus and fissure.



Fig. 9a—agm152  
Cleft lip.



Fig. 9b & 9c—agm154  
Edges kept together by pins & twisted suture.  
In this case. Generally.



Fig. 9d—agm154  
Spring to keep edges  
together.



Fig. 10a and 10b—agm156  
Improvement seen in contracted knee joint  
after dividing hamstring tendons etc.



Fig. 11—agm157  
Inflammation of  
femoral and (part  
of) saphenous veins.



Fig. 12—agm160  
Tenotomy knife.



Fig. 13—agm161  
Orthopaedic boot.



See (C) 4<sup>th</sup> December

If we put it back to bladder, we do harm, as it is easier to cut into urethra to get it out than bladder, and it may pass per urethram. Small calculi often get out so. Method of favoring its passage:

1. Dilating urethra by bougies.

136 2. Trying its extraction by forceps etc. passed down urethra. Dangerous and of little use.

It is mentioned as having been done in Egypt; to introducing finger into rectum and feel for calculus Then get it towards neck, passes catheter, blowing into bladder and so getting it out per urethram.

Case (6) it has got as far as bulb. We don't cut it out because there may be other stones in the bladder.

Case

137 Aet 14. 2 ulcerated sinuses in hip. Case resembles morbus coxarius. In morbus coxarius there is in *first stage*, *apparent* but no real lengthening of limb; but subsequently there is decided shortening. Cases of lengthening to do. of shortening as 7 : to 1.

This case has no pain on knee and the sinuses extend to trochanter major and not the joint. Bone diseased. Sinuses laid open.

Never knew of "scooping out" caries parts of trochanter major successful.

Once a case, opened abscess about trochanter major, great discharge which continued. Examined. It proceeded from trochanter major, a piece of exfoliated bone recovered. Next day shivering and vomiting; chilling fever, death.

138 On examination, large quantity of pus in hip joint. Cartilages safe.

(A) 27<sup>th</sup> Nov

Process of union of bones.

Haller's opinion = effusion of organized matter, which condensed, became cartilage and finally bone. Analogous to mode of *grafting* on trees. But his followers could not account for the long continued crepitus and its sudden cessation. Large quantity of blood effused in parts associated. Absorbed partially and a new, completely new substance is deposited, called callus, in which is deposited bony matter, and rest ultimately absorbed.

139

See 12<sup>th</sup> January 1841

8<sup>th</sup> December

J. P. Syme

Case of congenital varus.

Tendo achillis	}	
Tendon of tibialis anterior	}	divided
Plantar fascia	}	

Traction *immediately* employed, and found not to interfere with the deposition of tendonous matter as shown by M. \_\_\_ of Paris.

Tibialis posterior and flexor digitorum longus divided. In this case, tendo achillis, tibialis anterior and flexor longus pollicis had been divided before.

140 Improved method of using the seton threads. New piece of any number of folios may be put in daily. [*fig. 7, page 60*]

8<sup>th</sup> December

Handyside

In reducing dislocation say of humerus, extensive use made generally by the French etc. by applying the band to the wrist.

141 *Objections*

1. Liability to injure such joint or elbow joint.
2. More waste of force upon other joints.

3. Biceps and other opposing muscles are at full stretch.

Pro

Muscles around shoulder are not irritated—but it is my opinion that it makes very little difference.

142 Case, aet 50 or more. Great pain in perinaeum just at central point. No disease of prostate, no stone, no stricture. A surgeon said it was *tic deloreux*—was in error. Simply a *fissure* (small) in rectal mucous membrane. The pain had prevented him from riding or sometimes even sitting, and had continued a long time.  
Remedy

Old way was to cut the sphincter from fissure outwards. Not necessary—just cut mucous membrane between verge of anus and fissure. [figs. 8a & 8b, page 60]

143 A stone may be *behind* prostate and thus evade [stiletto?] of the sound.  
9<sup>th</sup> December J. P. Syme

Case of caries of 2<sup>nd</sup> phalanx of great toe. 10 months since commencement of affection. Usual cure was to amputate at last joint and make a flap of posterior integument. Best way is to make a longitudinal incision and take out the carious phalanx, leaving integument and cellular tissue etc. untouched, thus preserving the form in some degree of the toe but not its solidity. Recommended by a surgeon from Yorkshire. I had often done so for *necrosis* of similar parts.

144 Case of stone in bladder—see (B) 4<sup>th</sup> December.  
Aet 38. (Very unusual at this age but accounted for by finding that) on inquiry, complained all his life of urinary symptoms although it is only by cross-questioning this can be inferred. Said at first only a month or two ill. Symptoms latterly exceed-

ingly violent—screaming, writhing, moaning, etc. on the present medications. (Generally pain is indefinite and irregular in its attack.)

Tongue foul, white-coated. Pulse quick and symptoms generally unfavorable for operation immediately.

145 (Sounding often produces such irritation, particularly in some subjects and by careless operators.)

Case (L) of a strong middle-aged man, labourer, working on Edinburgh & Glasgow Railway. Fell and got his ankle bruised severely and lacerated by a stone or some heavy substance falling upon it while lying upon a stone, thus producing a regular jamb. The access in active cavity of joint communicates by a small opening with external air. (Great difference between affections of joints produced by external injury and other causes; 146 first are generally favorable, latter always unfavorable. It is injudicious to *probe* unless you wish to act upon what you will find. It is irritating, and in many cases, useless. The worst cases of joint *injuries* recover very often.) e.g.

Case. *Butcher*, while lifting a piece of beef and putting it on a nail, accidentally let it drop, and his hand coming down suddenly, struck against the nail which perforated his carpus completely through. Sent to hospital. In a few days it looked so 147 ill, that amputation was proposed. Man went home and returned with his wrist perfectly recovered.

(In sound constitutions, inflammation may be frequent, but suppuration is always rare; whereas in debilitated or naturally delicate, the slightest injury is liable to bring on suppurative disease.)

Case. *Soldier*, while on duty as sentinel, tripped and fell. Hurt his ankle slightly. Inflammation resulted. Suppuration. Bones became engaged and foot had to be amputated.

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148 (Air was considered the great cause of slough from punctured wounds of joints but air *itself* is harmless as in emphysema.) It is as Hunter says “*this stimulus of necessity*” that produces all these bad effects. The part is more or less *contused* and *lacerated*. A compound fracture may have its external wound heal by first intention, because the laceration and contusion had been slight.

The question of amputation for injury of joints should be decided at *first* or if not then, only when the patient is  
149 evidently constantly suffering under the suppuration process.

11<sup>th</sup> December

J. P. Syme

See (A) 1<sup>st</sup> December

Leg examined—large suppurating cavity found as stated.

Aneurism seems to dispose to form at the bifurcation or angles of arteries.

See (C) 8<sup>th</sup> December

Warm bath and castor oil occasionally was the only treatment. A morning or two ago became free from all pain and could make water well. Had taken bath evening previously. Sounded.

150 Mr. Syme could not exactly say that there was no stone in bladder but certainly it had left urethra, and very probably had been evacuated while in the bath. Will be sounded once more.

See (B) 4<sup>th</sup> December

This case is improving slowly. *Wine* mainly nature’s cure. Pulse a little lower, tongue cleaning; and it is probable in a few days he will be so far quieted as to be ready to undergo operation.

151 What is the *kind* and the size of his calculus? Most probably rough—oxalate of lime—which may remain a long time in the bladder without becoming large (pigeon’s egg). When the

urinary organs are in a good and healthy state, the sufferings are proportionally less severe.

Generally very *rough* stones produce the least uneasiness.

3 kinds     { Oxalate of lime  
              { Ammoniaco-magnesium phosphate  
              { Uric acid

152 Shall we perform lithotomy or lithotrity? It is too *large* for grinding. Besides grinding is apt to bring on urinary irritation, and the statistics of mortality are more in favour of *cutting*, therefore Syme prefers it, and supposes that at some future time lithotric instruments will be looked on only as curious and ingenious reliques of the inventive surgery of their ancestors.

*Case of Hare Lip (D)*

Aet 3. Had been operated on before unsuccessfully. Upper lip presents a wide fissure, sides completely organized, with large fraenum cleft [gra\_?] at one side, thus: [fig. 9a, page 60]

153 *Time* for operating. If you operate at 0 years of age, danger of irritation producing convulsions and death, or haemorrhage fatal; if at 7 or 8, danger from time of cutting teeth etc.; 5–10, features have got a bent, and after the operation there will always be a distortion more or less. Therefore between 2½ and 3 is the best period for congenital harelip.

*Mode*

If you make the *edges only raw*

The edges are not adapted for union.

Can't be perfectly approximated.

Don't heal well, and if they do there remains a puckered appearance.

Therefore take off a thin slice off the edges thus:— (dotted lines). [fig. 9a, page 60]

154 Must you cut the fraenum? Only when it is absolutely necessary as it can never heal by first intention and leaves a

subsequent disagreeable *inverting* contraction of lip.

Edges *kept together* by pins and twisted suture:

In this case [*fig. 9b, page 60*], generally [*fig. 9c, page 60*]

Pins taken out the 3<sup>d</sup> day and adhesive plaister substituted. Instrument continued for keeping edges approximated thus [*fig. 9d, page 60*]. Iron spring behind neck causing a pressure against cheeks. Only use in very obstinate cases.

155 Case

Phymosis accompanied with great haemorrhage. Secretion of purulent matter from prepuce and corona glandis. Frequently haemorrhage from urethra results from sexual intercourse some hours after.

Washing well out—black wash.

See (A) 4<sup>th</sup> December

Was going on very well when suddenly discharge increased. Says appeared as if [gnawed?] and of a grey unhealthy colour. Pulse very quick and countenance very unhealthy.

18<sup>th</sup> December 1840

J. P. Syme

156 Case of disease of knee joint terminating in contraction of hamstrings. Divided tendons etc. Posterior splint and bandage. Improvement in weeks. [*figs. 10a & 10b, page 60*]

Case of hydrophthalmia with conjunctivitis et iritis.

Antiphlogistic, 2 setons. Greatly improved in hospital.

Chronic enlargement of testis. Texture appeared soft, almost fluctuating. (Purging—rest). Became hard and firm (Ung. Hydroxy. Camphoratum)

157 19<sup>th</sup> December

Handyside

See (A) 4<sup>th</sup> December

Doing very well for a few days when suddenly pulse became more frequent. Repeated rigors followed, and yesterday died.

Some might say that the exhaustion produced by the loss of blood, the shock and his bad constitution produced the fatal result, but on examination the femoral vein was found inflamed, and 1½ inch below Poupart's ligament, a portion of saphenous vein thus, as far as B. [*fig. 11, page 60*]

Bad constitution generally consistent with phlebitis.

When very inflamed, blood immediately coagulates.

158 Mortification sometimes occurs after amputation, arising generally from venous inflammation and consequent obstruction, *not* because anastomosing branches are not large enough to carry on the circulation. Therefore always avoid injuring the veins in tying arteries. Clean the artery well before you pass the needle.

See (D) 18<sup>th</sup> December

Union already complete. Still using adhesive plaister as the child would very probably prevent its complete cure.

See (B) 4<sup>th</sup> December

Still improving but very slowly. Mucous exists yet in lesion. Tongue still dirty, pulse frequent. Therefore we must wait till

159 amendment, and if not amendment, for some time yet.

See (D) 26<sup>th</sup> Nov

Was coming on very well when suddenly surface assumed unhealthy appearance—yellow, flaps falling asunder, discharge profuse. Pulse 120 (3 days ago).

Such symptoms are not alarming, scarcely ever prove fatal.

Change of air is recommended, though Syme thinks if it does good, it is only *coincident*. He has been removed, however, to a



more airy ward and is now rather better. Surface rather florid than yellow, discharge less.

160 Case (F)

Aet 3 weeks. 2 club feet. Bones in this affection are always of good shape and proportion; ligaments are lax, tendons tense. *Old plan* was to use mechanical means, liniments of [Anson?] etc., warm baths, etc. *Modern* is division of contracted tendons and traction by bandaging and splints.

Tibialis anterior	}	
_____ posterior	}	tendons
Tendo achillis	}	

Cut *down upon* tendon after getting knife underneath skin. [*fig. 12, page 60*] Commence traction immediately. Leather splints, bandages, and subsequently a boot made appropriately.

161 Case

7 months child. Had 2 club feet, double inguinal hernia and contracted flexor tendons of fingers. (Truss—boot as [*fig. 13, page 60*])

Case (G)

Boy. Admitted. Fell on his elbow. Examined. Perfect motion but distinct crepitus in neighbourhood of [lateral?] condyle. (Flexion of forearm, figure of 8 bandage, rest etc.)

Children are very subject to injury of elbow joint causing relaxation of ligaments such as falling backwards of olecranon (medium—flex forearm, pads 1 over olecranon and other in bend of elbow—figure of 8 bandage).

162 Case (H)

Man admitted. Knocked his forehead against a plank whilst swimming. Trying to save a drowning woman at Leith Harbour.

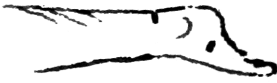


Fig. 14—agm163  
Division of tendo achillis and  
tendon of tibialis anterior.

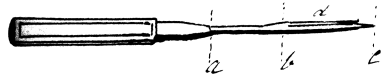


Fig. 15—agm164  
Tenotomy knife  
a-b = 1 inch blunt  
b-c = 1/8" sharp at d. edge.

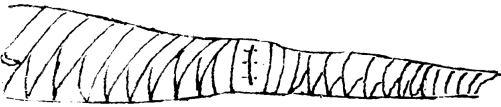


Fig. 16—agm165  
Compound comminuted fracture of patella.

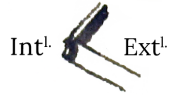


Fig. 17—agm166  
Rib fracture.



Fig. 18a—agm167  
Compound fracture of femur. W = wound.



Fig. 18b—agm168  
Opening made at 'C'.



Fig. 18c—agm168  
Instrument used.

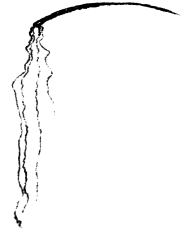


Fig. 18d—agm168  
Needle with thread  
replacing cotton.



Fig. 18e—agm221  
Late stage of sepsis.

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Examined. Wound on forehead, not large, laying bare frontal bone, no fracture, no concussion. (V.S.). Pott's secondary symptoms are to be dreaded.

22<sup>nd</sup> December

J. P. Syme

Case of *indolent ulcer*. Surface *blistered*. Rather improved (9 days).

2 cases of varus had to get poultices applied from pressure used being so great.

22<sup>d</sup> December

Handyside

163 Operation for club-foot. Division of tendo achillis and tendon of tibialis anterior. [*fig. 14, page 70*]

*Case*

Partial flexion and extension of forearm, prominence of olecranon, 6 week's standing. *Lateral* mobility therefore dislocation of ulna. (Attempt reduction.) *Coaptation* is what's required in such joints.

Bleeding in traumatic phlebitis is not of so great benefit as imagined.

23<sup>d</sup> December

J. P. Syme

(A) Operation for hydrocele.

164 Drawing off fluid by small trocar and injecting sac with 3–4 oz of sol. Iodine (keeping it in 4 minutes).

Case of dislocation of ulna, 6 weeks standing. Extension of forearm and bending it over knee of operator—unsuccessful though.

23<sup>d</sup> December

J. P. Syme

Case of talipes equinus of right foot. Operated on:

1. Tendon achillis } divided
2. Plantar fascia } divided

1. at 2 inches above insertion.

2. at middle of sole.

[fig. 15, page 70]

165 This knife is useful because you can use it more freely than a common bistoury underneath the integument. It is much the same as Liston's.

30<sup>th</sup> December

Handyside

Case (O)

Case of compound comminuted fracture of patella. Transverse generally. Fell 20 feet. Aet 30–40. Labourer, robust. Horizontal posture. Febrifuge-purgation mixture. [fig. 16, page 70]

2<sup>d</sup> day. Easier and feels leg comfortable. Sero-synovial fluid mixed with blood still escapes from wound.

166 Case (S) fracture of rib thus. [fig. 17, page 70] Emphysema tegumenti. Fell. Middle aged man. No haemoptysis but some mucous expectoration. Difficult and hoarse breathing. Emphysema extends as high as elbow and as low as crest of ilium. V.S. ad 3xvii when pulse has risen. Saline mixture.

2<sup>d</sup> day. Breathing a great deal easier. Pulse soft, etc. Bowels not opened yet. ʒvi of Med. Dom. every ¼ hour till bowels achieved.

4<sup>th</sup> January 1841

Handyside

Case (P)

167 Fracture of femur at middle. Upper part was found riding over lower. Wound (2 inches long), lacerated running longitudinally in substance of vastus externus, some of whose fibres were interposed between external surface of bone.

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Leg put up in Mackintyre's splint thus. [fig. 18a, page 70] Wet dressing to wound.

2<sup>nd</sup> day

Pain and tenderness on pressure of abdomen. Bowels not moved as yet.

App. hirud. xv abd.

Mist. Cath.

5<sup>th</sup> Day

168 Pulse 120. Since last has suffered all the constitutional symptoms attending compound fractures. Has been taking Cal. and Opium, and at the same time was ordered Wine. Today matter has formed communicating with wound but owing to the position of thigh cannot get escaping. A counter-opening was made today thus:—at c. [fig. 18b, page 70] by an instrument thus: [fig. 18c, page 70] with a long curved needle armed with a piece of thread (for want of cotton). [fig. 18d, page 70]

This opening gave exit to a large quantity of pus. Countenance very hectic, irritable. Ordered  $\zeta$ ij Vini every hour, Cal. and Dover's powder as usual. Fever mixture omitting Tart. Ant.

5<sup>th</sup> January 1841

Handyside

169 (A) 23<sup>rd</sup> December

Some swelling, but very little pain ensued. In about 8 days ready to leave hospital. No untoward circumstances attended this case. (3 to 4 $\zeta$  were quite sufficient. It is exceedingly difficult to inject more at once from a bag, and more is of no benefit.) [fig. 19, page 80]

The solution (1 part of the Tinct. Iodine to 3 of water) is decidedly better than the usual Port Wine injection—proved by experience. 1 out of 3 successful with the latter, whereas almost all with cases treated with the former were so.

Case (S)

170 18 years ago, hydrocele in both sides, with a small right inguinal hernia. Right side tapped and injected with iodine. Left tapped also, but blood only came away. In consequence, the surgeon would not inject this side. This was most probably what is called *haematocele*.

The usual history of this form, is that the patient had been tapped for hydrocele twice or thrice or more, and that each time it got darker in colour till it was regularly dark brown like coffee grounds. What is the source of this? It can't be from wound of arteries, because in a few weeks after first tapping, it will present same appearance. It is probable a morbid change  
171 in the function of surface of tunica vaginalis.

Treatment

1. Leave it alone in hopes that it may turn to hydrocele, which sometimes occurs.
2. (Old way.) Cut away as much of free tunica vaginalis as possible, by separating it from surrounding parts, after making a longitudinal incision.

J.S. treated a case of *haematocele* by removing tunica vaginalis entirely. Parts healed up. He injected the tunica and discovered an unusual network of arterial vessels, so that it would be impossible to plunge a lancet in without wounding some. But the cause of *haematocele* is as yet but very imperfectly known.

(H) 22<sup>d</sup> December

172 The wound in a few days assumed a very unhealthy aspect. It had irregular edges, a yellow discharge, and pale dirty surface, and constitutional disturbance. Antiphlogistic treatment.

(D) 22<sup>d</sup> December

The stump is improving rapidly, notwithstanding its previous alarming appearance.

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Case (L)

Compound fracture of tibia at junction of middle and lower third by a fall in labourer at Edinburgh & Glasgow Railway.

Admitted 10 days ago. External wound has at present a very black sloughy appearance. Leather splints 2 or 3 short bands. [fig. 20, page 80]

173 Case

Woman aet 50. Admitted 27<sup>th</sup> December 1840 with strangulated femoral hernia. Had it once before, but reduced it herself. Size of walnut. (Warm bath, taxis—no use.) Operated on 29<sup>th</sup>. Sac contained both intestine and omentum. Intestine was easily reduced after stricture was achieved but omentum was thickened, and folded, and adhered very strongly to sac. Several strenuous attempts were made to reduce it, but failed.<sup>1</sup> After so much hauling, J.S. thought it best to cut off the piece of omentum. 3 vessels had to be secured.

174 Small compress and spica bandage applied.

2<sup>d</sup> and 3<sup>d</sup> days—doing very well. Pulse became intermittent but this in an old person is of no consequence. Bowels were regularly moved by injection and draughts of Castor oil. 12grs. of Tobacco were injected on 2<sup>d</sup> day for pains she felt in abdomen.

31<sup>st</sup> Tympanitis. Ordered Castor oil.

1<sup>st</sup> January 1841. No complaint. 2<sup>d</sup> danger thought over. 3<sup>d</sup> (7<sup>th</sup> day from operation) wound dressed, some oozing. 4<sup>th</sup> vomiting of greenish matter quite suddenly. Some discharge of feculent matter from wound. Abdomen painful. 5<sup>th</sup> died this morning.

175 It is probable that adhesion would take place between omentum (cut part) and some part of intestine, which has ulcerated

<sup>1</sup> Besides it came down, still [mass?] when left alone, so that it would be very injudicious to leave it so.

and then allowed faeces to escape and produced constitutional irritation. When the hernia is omental, the plans for proceeding are said to be:

1. Reduce it.
2. Put a ligature round it.
3. Cut it off.
4. Let it alone.

The first should be done if possible. If it can't, don't try 2—for it invariably does mischief and can do no good. 3 gives rise to great haemorrhage (one case J.S. saw where 13 vessels were tied). 4 is best next to 1, and should always be considered when omentum is not too much interfered with.

176 In femoral hernia, taxis is generally not so successful but operation is more so than in inguinal hernia. Case of a young lady (aet 18). Costive for 4 days, and vomiting greenish matter or faeces-like on 2<sup>d</sup> and 3<sup>d</sup>. J.S. called, discovered a subcutaneous tumor (size of a hazel-nut), yielding, presenting the peculiar feel of a small femoral hernia. Operated, reduced it, instant relief. We should always examine ocularly such cases, despite of delicate feelings.

5<sup>th</sup> January 1841

J. P. Syme

(O) 4<sup>th</sup> January

177 Is coming on very well. Very little constitutional disturbance. Still some oozing of bloody synovia from joint. Has had applied cold lotions. Pulse 80. Has had only 1 rigor. Apply sugar of lead poultice. Solution of Tart. Ant. a little stronger so as to keep him under nausea.

(S) 4<sup>th</sup> January

Pulse 72. Doing very well but sides of jaws have become oedematous.



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(P) 5<sup>th</sup> January

Great discharge from both openings today. Superior one enlarged today. Seton threads passed through. Pulse 100, soft. (Ordered beef steak ad lib in addition to wine.) Sweats and purges still. (Chalk mixture.)

6<sup>th</sup> January 1841

Handyside

Case (N)

178 Middle-aged man, labourer, while lifting some time ago a very heavy weight, felt something give way in his neck. Swelling and stiffness resulted, and pain but not so as to prevent him working. Latterly pain has returned. Admitted 3<sup>d</sup> January.

Examined. Considerable prominence of 3<sup>d</sup>–4<sup>th</sup>, 5<sup>th</sup> spinous processes (rather more so at left side). Swelling at both sides. Difficulty in putting head back, inability to rotate it. J.S. calls it a cervical curvature of the spine.

Extent of forward and backward motion [*fig. 21a, page 80*].

Actual cautery applied. Red heat, rubbed up and down for 20 or 30 seconds [*fig. 21b, page 80*].

179 Pad C to be heated to about white heat [*fig. 21c, page 80*].

6th January

J. P. Syme

Sinuses which had resulted from abscesses after fever (6 weeks) all laid open successively [*fig. 22, page 80*]. And at present in this state, aet 50, all healthy and granulating back. (Astringent lotions and Iodine.)

6th January

Handyside

(O) 4th January

16 leeches were applied yesterday to knee.

- 180 Thirst less. Still some oozing. Slept last night. Pulse 86, improved, though it still (he thinks) has a tendency to rise.  
Mist. Cath.  $\zeta$ vj every quarter of an hour  
Bitart. Potass. and Citric acid mixture  
and cont. Aq. Acet. Amm. and Tart. Ant.

(S) 4<sup>th</sup> January

Emphysema still extends—as low as calf of right leg and as high as right temporal region. Today, can lie upon his back. Respiration a great deal easier.

(P) 5<sup>th</sup> January

A sympathetic bubo is appearing in left thigh. Pus greatly diminished and healthy. Emaciation going on. Countenance not so anxious. Pulse fluttering (probably from nervousness).

Nourishment *ad lib.*

7<sup>th</sup> January

Handyside

- 181 (N) 6<sup>th</sup> January

Feels neck easier today but motion not increased.

7<sup>th</sup> January

J. P. Syme

(H) 22<sup>d</sup> December

Unhealthy appearances of wound are fast disappearing. Discharge healthy. Constitutional disturbance gone.

(L) 5<sup>th</sup> January

This wound is also healing kindly. Slough has separated. Countenance improved.

(S) 5<sup>th</sup> January

Operated on today. Fluid discharged by trochar and cannula on left side today. 1 lb drawn off of straw-coloured apparently

muddy, thin, serous-like matter. It has a muddy appearance from a great number of floating, shining scales, displaying  
182 when the sun shines upon them a very brilliant appearance. This substance is generally present in hydroceles of long-standing, for if only of a few weeks' existence it is found invariably absent. This substance is called *Cholesterine*. It is also found when any albuminous fluid has been confined in one spot for a length of time. J.S. has seen it in cysts in bone and other structures. On this patient's right side, he has a hydrocele and a hernia.

Many varieties in this respect.

Congenital hernia [*fig. 23a, page 80*]

183 Ordinary inguinal hernia [*fig. 23b, page 80*]

Encysted hernia [*fig. 23c, page 80*]

The celebrated *Gibbon* had a hydrocele and hernia on same side. He allowed it to grow to a great size. Got it tapped. In a short time had it tapped again and *injected*. Peritonitis ensued and he died. Notwithstanding this, J.S. has injected in such cases; and once when first injection only *partially* succeeded he injected a second time, patient being in the horizontal posture.

(N) 6<sup>th</sup> January

184 J.S. thinks the intervertebral substances in the neck are absorbed partly, causing a prominence of the spaces behind.

Patient's age is 37, though he looks near 50 owing to the toil to which his class are subject, and also to his disease.

8<sup>th</sup> January

J. P. Syme

(P) 5<sup>th</sup> January

Pulse 120. Wounds looking rather better. Still hectic. Continue.

(O) 4<sup>th</sup> January.

Pulse 96, feeble. Considerable sanguinolent discharge, mixed with flakes of lymph. Patient looks wonderfully. Knee, leg, and



Fig. 19—agm169  
Bag for injections.

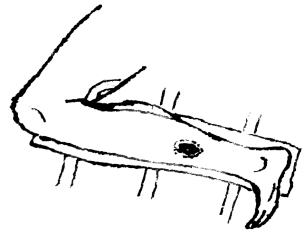


Fig. 20—agm172  
Compound fracture tibia.



Fig. 21a—agm178  
ROM of neck.



Fig. 21b—agm178  
Cautery applied.



Fig. 21c—agm179  
C to be white-hot.



Fig. 22—agm179  
Abscesses laid open.



Fig. 23a—agm182  
Congenital hernia.



Fig. 23b—agm183  
Inguinal hernia.



Fig. 23c—agm183  
Encysted hernia.

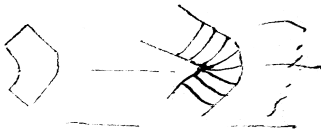


Fig. 24—agm189  
Leather splint for knee.

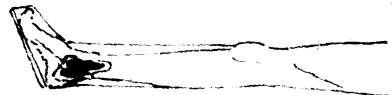


Fig. 25—agm190  
Long splint knee to foot.

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thigh swollen. Saphenous vein and lymphatics hardened slightly.  
9<sup>th</sup> January Handyside

185 J.S. recommended leather splints, wet before being applied.

(L) 5<sup>th</sup> January

The flat surface of the tibia is exposed for a little way. Some speedy exfoliation has occurred and a thin slice of bone is coming off. Sore however will, it is to hoped, heal kindly. (Exfoliation is always speedy or tedious according to the thinness or thickness of piece of bone exfoliating.)

(H) 22<sup>d</sup> December

Bone is granulating. (It was supposed by ancients that whenever periosteum is removed, exfoliation must ensue. This is not correct. Exfoliation generally occurs from a *blow* causing death of part of the bone—granulation from inflammation.)

186 Case (B)

Man aet 56. 2 years ago, by carrying heavy burdens, his right testicle became swelled, no pain however accompanied it. 2 months since, from same cause, another swelling, higher up arose, which increased by coughing. 3<sup>d</sup> day before admission, this hernia could not be reduced by him as he was used. His bowels became confined. No vomiting ensued. Admitted 10<sup>th</sup> January. Taxis immediately employed and in 5 minutes it was reduced.

(The taxis should be very cautiously and gently employed. The patient should be supine, shoulders a little raised, thigh flexed and adducted. The hernia should then be held all at  
187 once by the outspread fingers and gently squeezed so as to expel all flatus that may exist in the intestine, and then gently pushed upwards and outwards towards neck. It has sometime

occurred, that through the carelessness of the surgeon, the intestine has been *ruptured*, i.e. making too violent efforts to reduce it. As auxiliaries to the taxis, bleeding is useful to relax the parts and in case of failure, is a very good preparative to the operation. Tobacco (gr.x or ℥j to 1 lb of water in infusion) has been used also, but in larger quantity than that recommended, is dangerous. Tart. Ant. only increases the distressful emesis  
188 which generally exists. Applications of cold do not add at all to the purposes wanted.)

The man is now entirely free from the strangulation and is suffering only under swelled testicle as already mentioned.

#### Case (C)

Boy aet 13. 6 weeks ago got his left knee hurt, which caused swelling and pain and lameness. At present, alteration of figure of joint which by bonesetters would be called dislocation of the knee pain. Not at all soft and elastic. Painful only when moved. J.S. calls it irritation state of articular apparatus.

189 (Depletion should only be used at *first* and counter irritants *never* at first).

Rest is the main indication here, therefore apply leather splints (first soaked) to each side of joint and bandage thus:—  
[fig. 24, page 80]

#### (L) 11<sup>th</sup> December 1840

This case has almost recovered. Wounds healed up without any alarming symptoms, showing that *injuries* of joints are not near so dangerous as *disease* of joints. (Also buboes coming on from genital or crural injury or irritation produced them, are never so tedious as those that arise spontaneously, or without any direct cause.

190 This case (L) had his leg kept perfectly quiet by a long split extending from above his knee to foot thus:—[fig. 25, page 80]

Process of union of bones.

After the effusion and extravasation of blood and serum around fractured part, some is absorbed. In a short time a pulpy capsule is formed, or rather, separate bridges of it are formed from the nearest points of fracture extremities, in which in about 3 weeks, osseous matter is deposited piece by piece till it is all filled up—thus: [*fig. 26, page 90*]

191 12<sup>th</sup> January

J. P. Syme

(S) 4<sup>th</sup> January

Emphysema all gone. No oppression in respiration. Can sit up, feels well but hungry.

Full diet.

(P) 5<sup>th</sup> January

Left testis has begun to swell and become painful. Fomentations have been applied and it is rather easier today. Pulse quick. Very irritable. Apparatus taken down today and fracture *reset* as the bones had got a little out of apposition.

Cont. still Cal at night

Spt. Mist, c. Tart. Acet. during day and wine and nourishment.

192 H. is giving Tinct. Lyttæ to patients with weak ulcers, to induce a deposition of lymph as he says, thus the very opposite of Calomel.

Case

Fracture of neck of right thigh bone. Old woman. Slipped and fell on her side. Crepitus and eversion.

Extension and counter extension, foot being kept everted [*fig. 27, page 90*].

14<sup>th</sup> January

Handyside

- 193 An indolent ulcer on leg healed after various unsuccessful applications by making a crucial incision upon it thus converting it into a wound [fig. 28, page 90].

Case

Inflammation of bursa over olecranon process. Bursa was laid completely open. Sulph. Zinc wash applied. She had several attacks of erysipelas superficialis of forearm arising from the irritation. Sinus formed extending for 2 inches from olecranon along its external side. This was also laid open. Compound mercurial liniment applied over forearm. Bandage from fingers up to elbow.

- 194 [figs. 29a, 29b, & 29c, page 90].

Incisions Sores open Sores dressed

15<sup>th</sup> January

P. D. Handyside

Case (H)

Married woman. Admitted 15<sup>th</sup> January with symptoms of strangulated femoral hernia. 24 hours strangulated. 12 months ago was affected in a similar way but got it reduced easily. Symptoms present were great abdominal pain at lower part, vomiting, moaning etc.

- 195 Examined. Size of a turkey egg and tense. Ordered immediately a warm bath and injection. Latter having operated, taxis was applied and a part of the hernia was returned with evident relief. Still however she complained of hypogastric pains and continued vomiting. (What was to be done? Frequently remissions of pain occur although the hernia is not relieved. J.S. called once to a case by a medical gentleman who, however having ordered 2 injections (which produced copious evacuations) and applied taxis. Thought he had reduced the hernia, and told J.S. he was sorry he had given him so much unnecessary trouble. J.S. examined it and felt a small tense tumor and found patient



196 not so easy as would have been expected if reduction had been performed. That day J.S. was called to same case. Operated and relieved—successful.)

Repet. Inject. ft. V.S. and apply warm fomentations and a dose of C. oil. 10 hours after. Feels relieved. (This form of hernia simulates exceedingly direct inguinal and sometimes it is impossible to diagnose till operation.) [*fig. 30, page 90*]

Case (P)

Man aet 23. 10 days ago fell by making a false step, and in falling felt something about his knee give way. Examined. Transverse simple fracture of patella, an evident space existing between the fragments.

(This is produced *generally* by the violent and sudden  
197 action of the quadriceps extensor. A man in mounting a horse leant his arm over the horse's shoulder and by the sudden exertion of raising himself into the stirrup, broke his humerus. A case where humerus was broken from violent exertion in throwing a stone, and also one from gradual contraction of muscles of arm while striving thus: [*fig. 31, page 90*])

There is extreme difficulty in keeping the parts in coaptation—most generally only the external edges are so. To prevent the constant action of the muscles J.S. proposes but does not recommend section of the quadriceps tendon. This idea he conceived from reading in one of the journals that the  
198 tendo achillis had been cut to produce perfect rest to a fracture of the tibia, which was kept constantly irritated by the action of the gastrocnemii and soleus.

The circumstances that prevent bony union generally in fractures of the patella are:

1<sup>st</sup> Deficiency of texture from which the provisional callus may be formed.

2<sup>nd</sup> Want of perfect stillness of parts.

3<sup>d</sup> Presence of fluid of joint, particularly if great.

4<sup>th</sup> Want of sufficient vascularity. (This applies to fractures of neck of femur.) Longitudinal fractures of patella generally recover with bony union.

199 It requires from 8 to 12 weeks before fractures of patella are sufficiently recovered.

Treatment: [fig. 32, page 90]

Case (B)

Aet. 22 months. Burn of face, chest and hands from its shift catching fire.

(Such is sufficient to kill many a child. It is difficult to distinguish by a cursory examination a case of very severe burn from simple erythema. The dark brownish colour of the cutis, and the quiet of the child are frequently mistaken for common redness of cuticle but they are very different. The former is most  
200 dangerous. That quiet state is the commencement of approaching stupor which generally ends fatally in from 4 to 18 hours.)

Treatment—support strength by wine or spirits, diluted, frequently administered, warmth, application of turpentine covered by oiled silk. This was *Kentish's* plan but he used ointments in place of the oiled silk, and founded his indication upon the unfounded hypothesis that there was a very large quantity of heat taken into part burned, and which would be gradually reduced by applying less and less quantity [carefully?] till temperature was lowered, thinking that cold applications would produce too great a shock. Cotton is good for superficial trifling burns, but when discharge is apprehended, it is bad  
201 causing great foetor and a nucleus for maggots.

Degrees of severity:

1. Burns of abdomen (very few children recover)
2. \_\_\_\_\_ chest

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3. \_\_\_\_\_ hand
4. \_\_\_\_\_ back
5. \_\_\_\_\_ extremities

15<sup>th</sup> January

J. P. Syme

202 Case of dislocation of humerus downwards and forwards into axilla. Middle aged muscular man. Reduced by the operator putting his foot into axilla (the patient being supine and extension being made by a band attached to arm immediately above elbow and to a sheet passed over operator's shoulder, thus allowing the operator to use his own *weight* and form conjoined, and at the same time guide the patient's arm with his unoccupied hand [*fig. 33, page 90*].

18<sup>th</sup> January

Robertson

(P) 15<sup>th</sup> January

Swelling diminished, which will allow of a much closer coaptation of the fractured parts.

Case (I)

203 Middle aged man, admitted 18<sup>th</sup> January with fractured lower jaw just at the mental foramen of left side between bicuspid teeth. Caused by the passing of the wheel of a cart. (This fracture is rare and still more so is fracture at symphysis, such are always compound because the gum must more or less be ruptured.) It is not always dangerous, nor do any untoward circumstances ever arise during the cure. The recovery is rapid and sure, which depends considerably upon the nature of the soft parts around.

*Treatment*—old method used to be to put a piece of cork or wood between the teeth on each side for 2 purposes, 1. to prevent lateral motion and 2. to allow of food being administered. Now the first can be obtained by simply keeping mouth

shut and second by causing to suck his nourishment from  
204 between his teeth. Another method was tying 2 teeth together,  
one on each side of fracture, by which motion was prohibited.  
But then these teeth generally got loose and painful. The  
simplest and as effective as any is this: [fig. 34, page 90]

Case (G)

Aet 19. Was admitted 16<sup>th</sup> January. 5 hours before admission  
was in the act of drawing a gun out of an iron paling, when at  
the moment by some means it went off and lacerated his  
forearm of right side. Examined. A large wound in front of lower  
205 part of forearm and hand and wrist. Lacerated. Tendons  
of superficial muscles partially torn, and muscular parts  
contused and lacerated. Wound black from the powder. Ulnar  
artery torn, very little haemorrhage, but by some disturbance  
extremity began to bleed copiously and consequently had to be  
secured [fig. 35, page 100].

Considerable tension and pain.

(The reason for the non-bleeding of torn arteries has been  
variously given. It was at one time said to be owing to some  
adhesion which the blood had to the dead end of the artery, but  
the reason is that the internal and middle coats of an artery  
yield first, and by retracting within the external, cause an effec-  
tual impediment.)

206 An opinion was long prevalent that gunpowder was  
poisonous or rather acted as a poison in such wounds and  
therefore all sorts of stimulants as boiling oil or escharotics  
were resorted to to destroy as it was said the poison. *Ambroise  
Pare*, who used the method in the French army, was on one  
occasion deficient in the necessary stimulant application and  
was forced to use mild applications. Next day, on visiting them  
he was agreeably surprised to see that his patients were much  
relieved and felt a great deal more comfortable than the others.

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He accordingly introduced the mild treatment which has accordingly prevailed.

207 Still another practice of superfluity was kept up, viz. scari-  
fying the surface, to ease the tissues and give issue to collec-  
tions of blood etc. But Hunter opposed this plan which was  
universal and employed it only when great tension existed and  
matter required vent.

But what is a *gunshot wound*? Is it peculiar? No, it is simply a  
severe lacerated, contused wound and the treatment is as  
follows—

Cold application at first stage.

Warm \_\_\_\_\_ such as poultice fomentation during the 2<sup>nd</sup>  
or inflammatory stage. Prefer lotion astringent in 3<sup>rd</sup>  
stage. Counter openings and [?].

208 (H) 15<sup>th</sup> January

As before but all constitutional symptoms have gone. Pulse  
quiet, no vomiting, but still some pain in tumor. 7 leeches and  
fomentation were applied last night which have relieved her.  
(Most probably, the sac contains omentum and the hernia is in  
an *incarcerated* state, when adhesions have formed with the  
inner surface of sac which will retain it there. It is difficult to  
account for the local pain any other way.)

19<sup>th</sup> January

J. P. Syme

Case (O) 7<sup>th</sup> January

209 Since last report, matter discharged has changed from a  
sanguinolent matter to pure pus which appears to come from  
the very surface of joint itself. Constantly suffering, so that a  
consultation was held and it was decided that the only hope was  
amputation. Performed on 18<sup>th</sup> by double-flap, anterior and  
posterior. 5 or 6 vessels tied, 8 or 10 points of interrupted

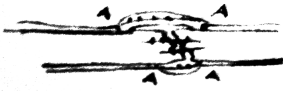


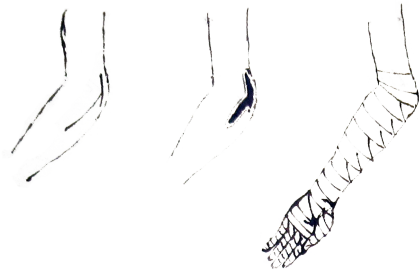
Fig. 26—agm190  
A = edge of torn periosteum  
..... = osseous particules.



Fig. 27—agm192  
Fracture neck of right thigh  
a. a = all one bandage, sheet passed round outside splint and leg. b. Extension by tying foot to splint. c. Counter extension by tying pelvis to splint.



Fig. 28—agm193  
Indolent ulcer.



Figs. 29a, 29b, & 29c—agm194  
Treatment olecranon ulcer.  
Incisions.      Opened.      Dressed.



Fig. 30—agm196  
Femoral hernia.



Fig. 31—agm197  
One mode of fracturing humerus.

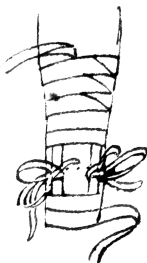


Fig. 32—agm199  
Fractured patella.



Fig. 33—agm202  
Reducing dislocated shoulder.



Fig. 34—agm204  
Immobilizing jaw.

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sutures and wet cloths over all. Had been taking Cal. and opium which continue as also his negus. Rest and perfect quiet.

- 210 Today, some oozing of blood from stump. Swelling and pain. Dressed today. Colour pale, thirst moderate, slept poorly ( $\frac{1}{4}$  gr. and iij gr. 4 times a day) [fig. 36, page 100]  
19th January P. D. Handyside

Case of fistula lacrymalis operated on thus: [fig.37a, page 100]  
Instrument: [fig.37b, page 100]

Aet 30. The success of the operation is manifested by the blood etc. passing out from nose or mouth. In this case it had trickled down posterior nares and was expectorated.

- 211 Case (G) 19<sup>th</sup> January  
Radial artery sought for, but not recognized, and supposed to have been torn away at first, Sloughs forming rapidly and some coming away—cataplasms daily.

(I) 19<sup>th</sup> January

A piece of leather was applied under chin and at sides of jaw, covered by a bandage thus:—[fig. 38, page 100]

(H) 15<sup>th</sup> January

Still considerable pain in tumor but no change in constitutional symptoms.

App. hirud. xij tumour  
21<sup>st</sup> January

J. P. Syme

- 212 (H) 15<sup>th</sup> January

Still considerable pain in tumor, which was very slightly relieved by the leeching. Is occasionally squeamish. (Now in what state is the hernia? Incarcerated but it may be incarcerated and yet in 3 different conditions: 1st. *thickened*, assuming the appearance of

the pancreas. 2. distended with gas, fluid or solid parts of intestinal contents. 3<sup>d</sup>. Adherent to sides of sac. Now to cure the first, laxatives and very low diet may cause absorption of the superfluous texture. The 2<sup>nd</sup> by purgatives, but the 3<sup>rd</sup> is beyond our reach unless we were to open the sac and remove the adhesions, which would only be allowable under the pressing symptoms of strangulation.)

213 Case (I)

Boy aet 16. Engaged on the railway. Got a severe injury of fingers by a waggon passing over his right hand. Admitted 22<sup>nd</sup> January. Central phalanges of middle, ring, and little fingers denuded, lacerated and partly fractured. Distal phalanges completely destroyed. Numbness up to elbow along ulnar side of forearm. (In such cases you must keep in mind these general rules.

1. If you require to remove *more* than distal phalanx, remove the *whole* finger, but if the thumb, save as much as you possibly can.

2. If a metacarpus be destroyed, take the corresponding finger away.

3. If a finger must come off leave its corresponding metacarpus.
4. Never amputate a hand if a finger, and more especially the thumb, remain.)

In this case, the thumb and forefinger were alone saved; the metacarpal (3<sup>d</sup>, 4<sup>h</sup>) were cut off by middle by bone forceps, and the 5<sup>th</sup> dislocated from its carpal attachment ([oscagius?]). Sutures and wet dressing. Flaps were formed by integument dissected back off metacarpus.

[fig. 39, page 100] View of parts after operation.

215 Case (B)

Girl aet 23. 18 months ago fell into fire, by which face and neck



were frightfully burnt. She had been subject to fits of epilepsy and in one of these, met with this accident. Native of the Orkneys. Admitted 22<sup>nd</sup> January. The face and neck presented one mass of morbid adhesions, and contractions. The eyelids were drawn down, everting the conjunctival surfaces. Alae of nose, lower lips, angles of mouth, also drawn down, and chin and all right side of jaw drawn down and bound by bands to integument of neck. Certainly a very frightful case and a sample of bad surgery. [fig. 40, page 100]

216 It sometimes happens that even when these adhesions and contractions have fully formed, still cure is not out of our reach. If the cicatrix be still vascular, red, much can be done by gradual and continued extension. T. had a young girl about 2 or 3 years ago, had a very obstinate [usual?] contraction of forearm to arm, so close as [fig. 41, page 100] admitting of scarcely any motion. Was cured (although at the time J.S. deemed it impossible) by the traction of iron wire fitted to a leather splint and bandaged on. In less than 4 weeks, she was completely cured.

217 One way of curing the contraction is *cutting* across these bands and applying pressure, but such cuts don't heal so kindly as expected and it is only applicable in narrow bands or in particular situations.

A second way is to *cut out the bands* and heal wound by first intention. This is only applicable to short, small contractions as between phalanges. Earle of London (St Bartholomew's) was its proposer. James of Exeter proposed to cut deep into band and cut it from its attachments, and leaving it, let the wound heal taking care that no sub acquired contraction may ensue. This is soon done.

218 What then is to be done? Nothing. The only thing that could be done would be section of the bands, which would not be successful and would occasion a great degree of suffering.

Case of *internal squint*

Boy aet 14. J.S. considers Liston's view of the operation the best and all the small work published lately upon it as "trumpery".

J.S. instruments:-[fig. 42, page 100]

Blunt pointed straight scissors

Dissecting forceps

Double hook (claws very short)

219 Speculum for upper eyelid

Do. for lower eyelid

One assistant to hold the upper speculum. Pinch up a piece of conjunctiva 2 lines internal to margin of cornea, after having fixed eye by hook inserted into sclerotic nearly 2 lines internal to inner edge of cornea, and secured eyelids by specula. Then cut by scissors the conjunctiva perpendicularly close to point of forceps. By this means you expose the muscle and by  
220 passing one blade underneath divide it completely. J.S. was scarcely 20 seconds.

23<sup>rd</sup> January

J. P. Syme

(P) 5<sup>th</sup> January

Testis still keeps swelled. His pulse still very quick, sweats often, voice not so firm as usual. Yesterday, a very important change took place—his left leg and foot became oedematous, and sloughy-looking excoriations with erythema were observed over foot, 2 or 3 small sloughs in popliteal cavity and wound opposite fracture larger—discharging and granulating, however,  
221 but very weakly. Splints etc. all taken down. Simple dressing applied to excoriations and sloughs. Sulph. zinc wash to wound, bandage from toes to thigh and many-tailed bandage over that again.

Horizontal posture, long side splint, counter extension and extension applied by means of groin bandage etc., and sheet passed around leg and thigh and splint. Cal. et opium, wine 4 oz

daily (had been taking 8). Jas. powder and cal. at night if heated.  
[fig. 18e, page 70]

222 (O) 7<sup>th</sup> January

Doing well, all stitches removed.  $\frac{2}{3}$  united by first intention  
[facing?] sinuses closing—looks better every way.

23<sup>rd</sup> January

P. D. Handyside

(O) 7<sup>th</sup> January

All ligature but 2 (4) removed today. Pulse soft, stump looking  
well. Is taking 8 oz. of wine and nourishing diet.

(P) 5<sup>th</sup> January

Rather better today, oedema considerably gone. Discharge  
improving.

Continue.

24<sup>th</sup> January

P. D. Handyside

223 Case of Double varus.

Right foot operated on: tendo achillis, plantar fascia, *tibialis*  
anterior [and] posterior, flexor longus digitorum.

Left foot: tendo achillis, plantar fascia and *tibialis* anterior.

Traction commenced immediately. [fig. 43, page 110]

(O) 7<sup>th</sup> January

A clot of venous blood was detached from face of stump yester-  
day, which produced the most excruciating pain. Sulph. zinc  
wash, oiled silk, bandage.

Granulating surface [fig. 44, page 110].

25<sup>th</sup> January

Handyside

224 (G) 19<sup>th</sup> January

Sloughs nearly if not all separated. Sleeps pretty well, occasional

pain in wound. Leave off poulticing. Water dressing and bandage.

(L)

225 Girl, aet 22, works in a mill. Got her hand dreadfully shattered by some part of the machinery. Required amputation—done by a country surgeon by *circular* incision, stitches. Admitted 25th January. Skin appears as if stitched over ends of bones. It is very probable these stitches will give way and leave projecting ends of bones. If so, they must be cut off, or amputation performed higher up. The suppuration and exfoliation otherwise would be interminable.

[Residual?] swelling around face of stump [*fig. 45a, page 110*]. It would have been preferable if the operation had been done higher up at B and by the flap method, as the ends of the bones would have got a great deal more *muscle* to cover them.

(E)

226 Man, aet 32. Admitted 23<sup>rd</sup> January. Some months ago fell and hurt his perinaeum whilst on board (is a sailor). Did not feel much uneasiness at the time but swelling came on and his urine was made at shorter intervals than usual. 4 days ago travelled from London, walking a good deal. Felt considerable pain in his perinaeum, went to bed. Perinaeum swelled and in coming here, a spontaneous rupture occurred in his perinaeum of a small size, from which his urine was coming away.

(Falls upon perinaeum very often occasion, besides bruises of integument and urethra, rupture of the latter, where the patient trying to void urine finds he can't, but some blood only comes away. Perinaeum swells, scrotum gets infiltrated and unless the fasciae of the perinaeum be divided by a firm incision, the most serious consequences may result.

Or, in place of rupture of urethra, abscess may form in

227 space between levator ani, urethra and fascia of perinaeum. This if not relieved, frequently discharges into urethra and then occasions false passage and extravasation of urine which must be treated as mentioned. Again stricture produces often rupture of urethra and consequent extravasation. Irritative fever is invariably consequent to extravasation of urine and is very alarming. After the opening into perinaeum is made there is no further danger from the urine but from stricture and this must be obviated by the frequent introduction and retention of a catheter into urethra during the healing of the external wound.)

228 This opening was enlarged by an incision made in raphe, which allowed all the water to escape [*fig. 46, page 110*].

(R)

Man aet 75, weaver, had served in the army. Admitted 25<sup>th</sup> January for retention of urine. Catheter passed. Has enlarged prostate and has had for a long time haemorrhoids. For 6 years, had a difficulty in making water. Blood sometimes escaped and he says himself there are false passages in urethra.

229 (The cause of enlarged prostate and haemorrhage is generally excess of nourishment.) The course of the urethra varies in different persons. Some mis-curved, some nearer the horizontal position. It is remarked that persons with broad faces, short vertically, have short urethras, and long-faced persons long curved ones. For enlarged prostate, we use a very special curved catheter and long and about no 8, thus:- [*fig. 47, page 110*]

Case (C)

Little finger of left hand lacerated, bone partly exposed. Considerable haemorrhage, water dressing [*fig. 48, page 110*].

Case

Simple fracture of left humerus at insertion of deltoid. Caused

by the falling of the shaft of a loaded cart, which he was attempting to raise up to overset it but was unable. It fell upon  
230 him striking his arm and knocking him down. Put up as usual.  
26<sup>th</sup> January J. P. Syme

(C) 26<sup>th</sup> January

A carbuncle has formed over inferior dorso-lateral region. About size of a half apple. Incised today by crucial incision and cuts filled with dry lint to prevent bleeding, which however took place to a considerable extent. [*fig. 49, page 110*]

Case (L)

A man aet \_\_. Admitted yesterday with 2 loose cartilages in knee joint. One about size of a halfpenny, and other small pea. 2 years ill. Got his knee (right) hurt.  
231 Swelling ensued. J. P. Syme

(P) 5<sup>th</sup> January

Still oedema. Great pain in thigh contiguous to wound when touched. Foot becoming cold and insensible—in parts wholly so. Countenance pale, eye still lively. P. D. Handyside

Extravasation of urine produces often deposits of purulent matter in joints.

27<sup>th</sup> January J. P. Syme

(G) 19<sup>th</sup> January

Poultices had to be resumed, as more sloughing appeared going on. Today, surface still sloughy. Can *scarcely* move hand and fingers.

232 (R) 26<sup>th</sup> January

Sloughs have separated, no swelling and wound granulating.

Catheter passed today. Several strictures exist in canal.

(Fistula in perinaeo has generally one cause, abscess, bursting either externally or into urethra.

This accounts for the fact that extravasation of urine does not always cause death because if abscess exists, it is prevented from extending further by the dense walls of the abscess composed of a layer of coagulated lymph.)

233 Now the care of this fistula in perinaeo is to remove the stricture upon which it now depends. How is this to be done? Not, as of old, by caustic and other irritating substances, not by cutting away the stricture—by simply using the bougie gently and effectively. In this we should never pass a second bougie until the irritation caused by the previous one has subsided. As a general rule, once every 3 days is sufficient. The kind of bougie—metallic ones are preferred by patients as being easier. Besides, if you use soft ones, you have no command of their position. Of these, steel has been proposed, but they are liable to rust and are heavy. Sometimes they are coated with silver, but then they are still heavy. The best are made of \_\_\_ hollow. They are light and exceedingly easy to patients, and half the price of silver. The size varies from N<sup>o</sup> 1 to N<sup>o</sup> 16. This last fits  
234 an adult sound urethra and is known to do so by the *equable* resistance when withdrawn. We should never stop the use of this, as the cure will otherwise be incomplete.

(L) 27<sup>th</sup> January

What are these loose cartilages? When examined, they present a smooth dense capsule covering a piece of cartilage in the centre of which is a piece of bone. How are they formed? Hypertrophy of a part of the joint ensues from injury, a piece of bone etc. is broken off, which soon assumes the nature of loose cartilage. A case treated by J.S. presented this process well. A hard small immovable mass at medical side of knee joint. In time it became

The Student Record Books of Andrew George Malcolm



Fig. 35—agm205  
GSW right forearm.



Fig. 36—agm210  
Beginning of amputation by  
double flap.



Fig. 37a—agm210  
Operation for  
Fistula lacrymalis.



Fig. 37b—agm210  
Instrument used.



Fig. 38—agm211  
Straps for fractured jaw.

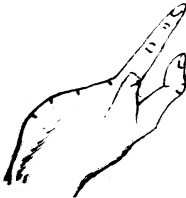


Fig. 39—agm214  
After amputation  
of fingers.



Fig. 40—agm215  
Contractures after burn.



Fig. 41—agm216  
ROM elbow.



Fig. 42—agm218-219  
Instruments used for squint: Blunt  
pointed straight scissors. Dissecting  
forceps. Double hook (claws very  
short). Speculum for upper eyelid.  
Do. for lower eyelid, s = a spring to  
catch underneath lower jaw.



235 movable and in fact a loose cartilage. Extracted. These are not peculiar to knee joints, but found in temporo-maxillary articulation, etc.

What is the treatment? A case is mentioned in the Edinburgh Medical Essays by Dr. Simpson of a hard substance being extracted from knee which was supposed at the time to be cutaneous. Violent inflammation followed. J.S. treated a case 1 year ago by cutting into joint and extracting, which was followed by great inflammation which produced ankylosis. Therefore cutting is the *radical* cure but very dangerous. Blisters and bandaging have been recommended. Now as the presence of these bodies generally produces an excess of synovial secretion, 236 such may reduce the swelling, but it is totally inefficacious. This plan resulted from error in diagnosis. Thickening of synovial membrane in one part often simulates loose cartilage; and as this would yield to blistering and bandaging, the treatment has been applied to real loose cartilage. But if you can produce free locomotion of the hard substance from one part of joint to another, you cannot err.

J.S.'s plan is *new* and is founded upon the general principle that texture may be extensively cut provided the external opening be exceedingly small and distant from part cut. Thus he proposes to pass a long thin bistoury into joint, cutting through synovial membrane freely and transfixing cartilage, drawing it 237 out of joint and keeping it fast underneath integument in one part of knee there to form attachments.

This man is aet 37. Says that 17 years ago felt frequently pains in his knee and 2 years ago obliged to give up work as a joiner on account of the inconvenience it occasioned, as it had then grown to its present size. The pain was acute stinging.

Case (T)

Ulcer of Tongue—may arise from a variety of causes. The

common apthous state may arise from disorder of the digestive organs. A caries tooth may produce ulceration. But the principal cause is the effects of mercury in excess when combined with a venereal influence. [fig. 50, page 110]  
238 29<sup>th</sup> January J. P. Syme

(T)  
A hard, homogenous, fibrous tumor attached to orbital plate of frontal bone on right side, between it and upper part of ball of eye, to which it was but loosely connected by cellular tissue. Eye sound. It was at first doubtful whether this could be removed without the eyeball and to ascertain so, in place of making the usual horizontal incision to extract the ball, a perpendicular incision was made at external canthus, eyelid raised, and tumor examined. It was found very far back in orbit, so far as to render it highly dangerous to extract without injuring the eye. Accordingly both were removed, conjunctivae being cut horizontally and ball turned out. Tumor was got out by 2 instalments owing to the difficulty found in removing it from its orbital attachments, and rendered more so by the danger of using the edge of the scalpel as the orbital plate is exceedingly thin and absorbed away [fig. 51, page 110].  
239 240 30<sup>th</sup> January Robertson

(L) 26<sup>th</sup> January

The ends of the bones, particularly of the radius, are protruding beyond surrounding integument. A good deal of swelling and tension and pain around. As soon as these are relieved, it will be time and enough to interfere.

(L) 27<sup>th</sup> January

It is true that you may cut any texture almost (excepting nerves and large vessels) without consequent injury, provided you don't

241 injure the integument or at least the least possible. This holds good also with regard to mucous membrane. You may make extensive sub-mucous incisions with impunity, provided the mucous tissue itself is not injured.

J.S. tried his new operation yesterday. He introduced a very narrow and long bistoury through the integument at inner and inferior part of joint, penetrated the synovial membrane (which was thickened) and which he divided. Then transfixed the loose cartilage which he had previously fixed as near the inferior and lateral part of joint as possible, and drew it out of the synovial  
242 sac through the opening into the cellular tissue where he let it remain, keeping it so by a compress and roller. It was easier than at first expected. The cartilage left the joint with a sudden glide and snap. Considerable pain.

Today feels quite well—scarcely any uneasiness since the operation. J.S. intends letting the cartilage remain in its new position if it causes no uneasiness; and if so it can be removed without danger unless it happens to form adhesions to synovial membrane.

243 Case (D)

A deformity in 2nd toe of both feet. Not uncommon. The toe is bent, the prominence at the dorsal surface thus:—D [*fig. 52a, page 110*]

This is generally the result in the first instance of tight shoes, and what is remarkable, that although sometimes we find one of the other toes so affected, yet almost always it is the 2nd. When one of these is examined, the joint is found obliterated, anchylosis instead, and generally a corn is seated over prominence  
244 which causes the annoyance the patient feels, sometimes so great that he will apply for the removal of the toe rather than suffer longer.

Treatment. Liston has recommended section of the extensor tendon. J.S. thinks that if advanced, this can be of no use. However he cut the tendon on right side to give it a chance.

Frequently the superficial bursae, so common over all prominent parts as knuckles, malleoli etc., inflame from injury; and in this very case it is so.

245 Bunions are allied to these. They are enlargements at ball of toe and when examined, found to produce a slight dislocation of phalangeo-metatarsal articulation *laterally*. These arise from irritation of bursae situation there. Effusion takes place, thickening, and consequent alteration in the relations of bones.

Rules

1. If it is necessary to remove any phalanx of any of the 4 outer toes, remove the *whole toe* down to metatarsus as otherwise the remaining part is liable to lead to deformity or irritation.

246 A phalanx has been frequently removed for exostosis; but this is unnecessary as by removing the exostosis, you cure the toe.

2. If it be necessary to remove distal phalanx of great toe, do so; but if any more be required, you must remove not only the whole toe, but the first metatarsal too.

The left toe shall be removed as only cure—and if right don't succeed, it also. Mode of removing thus:-

247 [fig. 52b, page 110].

(T) 29th January

Aphthous ulcers of tongue are easily removed by administering alterative medicines such as ʒss of Carb. sodae and 5 or 6 grs. of Pulv. rhei co once or twice a day.

248 There is a form of ulcer of tongue which is not mentioned by surgical writers and which is generally met with in old people. It is generally round, level with surface of tongue, of a grey colour. Patient is out of health, there is burning pain and it has often been set aside as malignant; but it is perfectly recoverable by

administering gr.ss of Mur. Hydrarg. Com. 3 times a day.

Then the ulcers that are induced by mercury and venereal combined are very troublesome. They generally are met with in cases which were difficult to salivate. Tongue enlarged, some partial abrasions generally of a blue colour, impression of teeth  
249 evident, deep notch frequently as if cut by a knife, apparently deep because tongue is greatly enlarged, sometimes tuberculated.

In such cases Sulph. cupri wash (Ἐι to ζι) is of essential benefit. In addition regulate the diet and alterative doses of soda and rhubarb and Hyd. pot. will accelerate cure.

*Cancerous ulcer* of tongue. Unhealthy [cavity?] excavated, irregular edges, foetid discharge. Will not yield to foregoing treatment. What is to be done? Don't perform operation by way of removal, as it was never known to be of any benefit.

Case woman aet 35. Admitted 25<sup>th</sup> January. 9 weeks ago, first  
250 recognized pain and some abrasions, which gradually produced the present ulcer. Says she never took mercury, but got powders (suppose Calomel) a few days ago from some dispensary. Ascribes it to smoking. J.S. not quite sure that it is not effect of mercury. Ordered soda and rhubarb powders with sulphate of copper wash. Today it is greatly improved, healing fast.  
2<sup>nd</sup> February J. P. Syme

If removal of a malignant ulcer of tongue be required from the pressing demands of patient, friends, etc., it is preferable to do  
251 so by scissors, as escharoties or ligature is painful and tedious and the knife does not cut readily on account of the soft tissue yielding. J. P. Syme

Case (G)

Boy, aet \_\_. Admitted 2<sup>nd</sup> February with a gunshot wound of

right arm at inner and middle part. Biceps muscle partly torn and protruding out of wound. Arteries and nerves safe. While getting over a stile, holding the gun by the muzzle, it went suddenly off. Very little haemorrhage—the shot passed through like a bullet. [*fig. 53, page 120*]

3<sup>rd</sup> February

J. P. Syme

252 (T) 30th January

Tetanus has ensued—pretty severely. Opisthotonos last night. Pulse weak, wound discharging very little and no great inflammation.

Was ordered large quantities of opium, besides tart. emet. in small doses. Blister to part.

Robertson

A case of phimosis and diseased preputial mucous membrane. Sores etc. Circumcision performed by scissors, 8 points of interrupted suture. Wet dressing, support penis.

253 Case of paronychia. Commenced a fortnight ago with pain at point of thumb (right). Pain, tension and abscess. Opened by 2 free incisions both on palmar and dorsal aspect. Forearm and arm tender and discoloured and swollen. Pain in axilla. Constant irritation. Treat—frequent catharsis and fomentations to part. Today considerably relieved, no pain in hand, arm and axilla all right.

4<sup>th</sup> February

Handyside

(D) 2nd February

Both toes removed today in the way pointed out. One examined. There was a subluxation at first articulation, with partial absorption of the cartilages and a very slight gliding motion. 1 point of suture with a bandage with water dressing. (There is

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254 no use in such cases in section of flexor tendons, as the disease was too far advanced. During the early stage, it may succeed.)

(L) 26th January

Amputation performed about 3 inches below elbow by the flaps operation. Palmer and dorsal flaps, 3 vessels, stitching and water dressing. The removed portion presented the ends of the radius and ulna protruding 1 inch beyond the skin, the former in a state of exfoliation and the latter granulating. Now, if this had not been done, there would have been tedious suppuration, exfoliation, etc., and after all, a hard stump, which upon change  
255 of weather or any other irritation, would cause considerable annoyance. (In transfixing in this operation, the forearm should be put in a position between supination and pronation.)

[fig. 45b, page 110]

(L) 27th January

Night after operation, experienced a cold fit, and following day, knee slightly painful and swollen. Red lines streaked along thigh to groin, indicating sympathy of lymphatics and an irritable constitution. But this is to be expected, and may act favourably in causing subsequent absorption of the loose cartilage. A parallel case may exist in disease called *ganglion*. To cure this, it  
256 is customary to pass a sharp needle through the sac and thus relieve the fluid. But even this excites a degree of inflammation, pain and swelling next day, which however serve to cause absorption of fluid and complete the cure. But in this disease, it is preferable to make pressure upon the tumor with both thumbs and cause internal rupture of the sac.

(S)

Case of a woman aet 35. Admitted a few days ago with, as she said, a stricture of the oesophagus. Now this is a very rare

disease; but in emulating others as it does, it is liable to be  
257 mistaken. It may be of 3 kinds:

1. The simple organic stricture (such as urethral).
2. Spasmodic or temporary.
3. Malignant depending on cancerous depositions.

Ulcerations at lower part of pharynx, may simulate this disease; but the most common mistake is the disease of the stomach. Such patients have a regurgitation after meals, which they think proceeds from food not having gone into stomach but remained in oesophagus. Stricture is mostly opposite cricoid cartilage. Examination by the bougie should always be resorted to satisfy patient etc.

258 The 2<sup>nd</sup> kind depends upon some nervous disorder and is chiefly found in hysteric women. The 1<sup>st</sup> is generally induced by the operation of local irritants. J.S. related a case where sulphuric acid dil. had been taken by mistake, which caused violent inflammation and regular stricture. Nothing but fluids could pass. Cured by gentle and persevering use of bougie.

Case aet 35—affected since last autumn. Says she can swallow solids pretty well, but fluids with difficulty, therefore there is no stricture; but to be satisfied, passed a bougie easily. There is no disease of stomach. What is it?

(G) 3rd February

259 Case of a young lad—wounds of this description are generally very irregular, ragged and dark edges. Muscle was torn across and its lower edge has curled up, which will require pressure. As to the removal of foreign bodies, do so if you can without irritating any part.

Case (Q)

Admitted yesterday. Boy, thrown down, railway carriage passed



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over his elbow inflicting a small wound. No fracture or dislocation. Rest and cold dressing.

Case (T)

A collier got a severe bruise over his leg—considerable ecchymosis. Last year got his thigh fractured which had been badly treated as the bone are riding. Knee joint affected with swelling and unnatural shape ever since fracture. Ecchymosis is effusion  
260 of blood into interstitium from living vessels. It may be deep-seated or near the surface. When the latter, it is indicated by a discoloration. Generally result of injury and occurs immediately after it, though the discoloration may not appear for a considerable time after or not at all. By gravity, the blood in a dying or dead body will sink and collect in most depending parts, and is more diffused than ecchymosis.

5<sup>th</sup> February 1841

J. P. Syme

(T) 30th January

Died yesterday. Examined today. Extensive meningitis around seat of affection and extending down to covering of cerebellum.  
261 Pus effused in considerable quantity between arachnoid and pia, and arachnoid and dura. Cellular tissue on external side of orbital plate, sloughy. Orbital plate translucent, so thin. Brain, cerebellum and nerves (optic) quite normal.

8<sup>th</sup> February 1841

Robertson

(L) 27th January

This case went on for 4 days without any unusual or bad symptoms. Day before yesterday suppuration set in in neighbourhood of cartilage and as it did not immediately involve joint (as rest of joint was not painful on pressure) a free incision was made into it. Today still continues constitutionally disturbed. Considerable discharge of a healthy nature. Some redness extending along

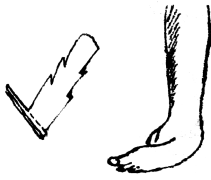


Fig. 43—agm223  
Splint and case of varus.



Fig. 44—agm223  
Granulating surface.



Fig. 45a—agm225  
Better to have operated at 'B'.



Fig. 46—agm228  
Urinary fistula (opened)  
after fall.



Fig. 47—agm229  
Urinary catheter.



Fig. 45b—agm255  
Later amputation.

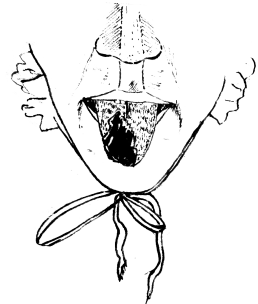


Fig. 50—agm238  
Ulcer of tongue.



Fig. 48—agm229  
Lacerated finger.



Fig. 49—agm230  
To open carbuncle.



Fig. 51—agm240  
Incision for  
fibrous tumour.



Fig. 52a—agm243  
Deformity 2nd toe.

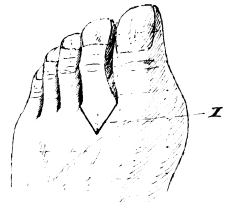


Fig. 52b—agm247  
I = incisions.

tendons of sartorius and gracilis and semitendinosus to upper-  
part of tibia, which is favorable as it indicates that the inflam-  
262 mation is not of the joint itself. The patient is evidently of a very  
irritable constitution. See Fig A. [fig. 54a, page 120]

(S) 5th February

It is most probable that some ulceration exists at back of phar-  
ynx, and as local means are out of the question, she is ordered  
as an alterative Hydriodate of Potassa. She is clearly of an  
unsound habit.

(F)

Case of simple fracture of femur. Aet 22. Admitted in December  
1840. By the fall of a mass of earth, was knocked down and thigh  
bone broken. Examined. Considerable deformity and evident  
crepitus. 12 years ago had necrosis of the other femur or tibia,  
263 besides, which is one or 2 inches longer. Put up in long splint  
and short adjusting ones. In 5 or 6 weeks afterwards, taken  
down, when fractured ends were found as movable as ever. Put  
on again for a trial.

Yesterday was discovered very considerable oedema of both  
leg and thigh (some is to be expected). Examined accurately  
today. Deep fluctuation was discovered at posterior and inside  
and outside of thigh opposite fracture. Bones grating as before.  
(It used to be considered practice to remove any detached piece  
of bone in a simple fracture by cutting down upon it, but this is  
grossly absurd, as it will soon form proper attachments to frac-  
264 tured end, and be no delay to the healing process. And again it  
was said that inflammation attends every case of simple frac-  
ture; but certainly not genuine, decided inflammation as many,  
or perhaps all, such cases would lead to suppuration.

Now what is the cause of this non-union and this abscess? It  
is either the unusual excitement from a broken, loose portion of

bone, or an excessive degree of inflammation. Tomorrow a puncture will be made at postero-inferior part of thigh to evacuate the matter and examine the state of the fractured extremities.

Case (B)

Female aet 22. Admitted 7<sup>th</sup> February 1841, with wounds caused by the bite of a dog. She says she gave the dog no provocation. These wounds are situated at lower part of calf. The part was cauterized immediately. (Now this is to be viewed in 2 ways. 1<sup>st</sup> as the bite of a *rabid* dog and 2<sup>dly</sup> as a particular kind of wound. You should always inquire what produced the wound. On no account let the animal be killed till it is ascertained whether he was rabid or not, which will be seen in a few days. Dogs are often shot, 1 as a kind of satisfaction to friends, 2 as a recompense for injury done, 3 from a superstitious belief that by so doing you destroy the malignancy of the wound. And if the animal be immediately killed, it puts the patient's mind under the dreadful uncertainty whether the dog was rabid or not, for weeks and months together, for hydrophobia may attack at a very long subsequent date. The treatment, if animal was rabid, is to *cut all the parts* concerned completely out, and if this be done before the constitutional symptoms set in, anytime it will avail, but if delayed, no earthly power can save. Now as to the nature of the wound itself, it is evidently a *punctured* one. This is the least apparently formidable kind but in reality the most dangerous. What is this owing to? Some said to injury of subjacent fascia; but, though this is true in some, it is not altogether so, for even when fascia is not touched, such consequences occur. It depends more on the *form* of the wound which being small confines the usual effusion of serum, blood, etc., and on this account it has been recommended to *enlarge* the wound; but this is not now considered as the best practice, it being consid-

ered time enough to interfere when matter etc. underneath demand exit.

Case (V)

Female aet 27. Admitted 29<sup>th</sup> January. 18 months ago was delivered of a child, since which, she discovered that her urine passed continually as soon almost as formed. Examined—a vagino-vesical fistula. Treated by caustic but of no avail. Admitted here. Aperture is of considerable size. (This complaint arises from some injury to vagino-vesical septum, either from head of child pressing, or instruments used in effecting delivery.

268 There is found sloughing, which when healed leaves an aperture through which the urine passes almost as soon as formed, or if a spoonful can be retained, it is discharged on the least motion.

269 2 methods of cure proposed. 1<sup>st</sup> scarifying edges of aperture and applying sutures. But if this succeeds sometimes, it fails very often. 2<sup>nd</sup> by very gentle use of actual cautery at very long intervals. This produces each time a small slough which at every healing contracts more and more till at last the aperture is completely closed. J.S. mentioned a case of this kind which was very successful: the patient afterwards became pregnant, and during delivery, her attendant physicians could find no *os uteri*. J.S. called in and certainly it was awanting, uterus being perfectly smooth where *os* should be. Under their direction he cut into uterus with a probe-pointed bistoury guided on his finger, and formed a new *os*. Delivery followed successfully.)

(C) 26th January

This was a man aet 33, a hedger. While working one day, pricked his little finger with a thorn which he extracted. A fortnight after, felt it sore and inflamed. Suppuration ensued. Lanced with considerable bleeding. Soon after, in place of granulating as usual, it presented a fungoid appearance and no disposition to

270 heal. 2 days ago he died. This case shows remarkably well, the effect of a certain constitution.  
9<sup>th</sup> February J. P. Syme

(F) 9<sup>th</sup> February

A puncture was made today into the abscess at outer and posterior part of left thigh a little below its middle and a basinful of dirty foetid pus evacuated. J.S. examined the state of the fracture and found spiculae of bone loose, which evidently had been the exciting cause of the suppuration and non-union.

(L) 27th January

271 Puncture wound still discharges some healthy pus. No pain or swelling of joint, irritation being confined to one spot, seat of cartilage. As this could be easily felt today and as it was doing no good there, J.S. removed it by a *hook*. Outer surface was smooth but internal presented evidence of recent absorption.

[fig. 54b, page 120]

11th February

J. P. Syme

(L) 27th January

272 To these bodies, there is usually a capsule of synovial membrane and inside as explained before, a nucleus of bone, seen through the cartilage, of a yellowish-white colour. J.S. is not quite sure whether the rough side indicates absorption (recent) or not. The joint is at present free from pain, redness or swelling. Wound still discharging pus, which proceeds from cellular tissue in its neighbourhood. Wound in synovial membrane healed up. If this is all right, the discharge will cease in a few days and can terminate as bursal inflammation in housemaid's knee. No inflammation appeared until the 2<sup>nd</sup> day after operation. J.S. would *now* have taken out cartilage 48 hours after operation, as it was it  
273 that produced the cellular inflammation.

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(F) 9th February

27 oz. of matter were discharged from puncture and 33 in the evening, making a total of 60 oz. The bones were found *riding* on each other and ends covered with a dense membrane. A pointed piece of bone was detected adherent to one extremity and 2 spiculae found loose. One of these old bone and the other partly *new*, as known by its spongy, rounded appearance. The chance of union is very small here; but he will get a trial and soon as hectic symptoms set in, it will be a time for the knife to interfere.

274 (J)

A woman was admitted 2 days ago with a tumor in her left groin in the situation of femoral hernia. It was tense, came on suddenly, accompanied with pain of belly but no sickness or vomiting. It is irregularly rounded. (Violent exertions often cause sudden and painful swellings in this situation, which it is very difficult to diagnose sometimes from hernial. However, the plan is, if symptoms *persist*, to cut down upon tumor and ascertain “what’s what”. J.S. related the case of a lady, who while  
275 lifting some unusual weight in a garden, suddenly felt a pain in her groin accompanied with swelling. Examined. Thought an inflamed or irritated gland—indeed it was distinctly felt to be so. Ordered fomentations, rest and laxatives. Called in 2 days after as symptoms persisted. Cut down, found glands enlarged but *underneath* a small femoral hernia, which he relieved. This shows that mistakes may happen and cutting down is the only sure guide.

Aet 28. Was delivered on the 4<sup>th</sup> inst. of a boy. Had a short and easy labour. On 5<sup>th</sup> had a rigor and circumscribed pain in left iliac region. Was ordered V.S. but little blood could be obtained.

276 Hot turpentine stupes. Was relieved and slept well. Milk ap-

peared. On 8<sup>th</sup> had another severe rigor and stoppage of lacteal secretion. Foot felt cold. 9<sup>th</sup> left ankle and knee discoloured, swollen and painful. Pulse 140, tongue foul, great thirst.

Admitted with very considerable swelling of left leg from groin downwards, an elastic swelling, painful, lower part discoloured, gangrenous. Countenance anxious. (Now what is the nature of this affection? *Dr. Hamilton* called it inflammation of the glands and prescribed free leeching. *Of late* it has  
277 been ascribed to inflammation of the veins. *Liston* is rather inclined to say no as this affection is seldom fatal, whereas genuine phlebitis is almost always. But this affection is not traumatic phlebitis which makes a wonderful difference. It is by no means rare. It generally arises from some very violent or unusual exertion; produces swelling more or less of limb, and circumscribed thickening along course of vein. *Leeching* in wholesale style is the best treatment. But whatever is done, the swelling never after leaves the limb and frequently upon exertion assumes a considerable excess.) This case is evidently going.

278 (P)

Case. Girl aet 16. Left leg much smaller than right. Painful, tibia bent, spine rounded off irregularly, crepitus at knee joints. Never had any sore on leg. Commenced with pain and swelling 4 years ago from exposure to cold and damp. Her right leg was much in same state at one time too. What is it? Not necrosis, not rachitis, not mollities ossium. J.S. does not know.

12<sup>th</sup> February

J. P. Syme

279 (T) 12th February

This case died on 14th. On examination there was no morbid appearance in either main artery or vein; but there was very extensive inflammation in the gangrenous stage of cellular



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tissue generally, but accumulated at foot and lower part of leg. This it was that caused death. (This inflammation is very readily excited by punctured wounds, and even slighter irritation, if constitution is unsound. Dissecting wounds are very prone to bring on such inflammation. J.S. mentioned a case where the irritation from a cut by a piece of glass was sufficient; and  
280 another which was produced by no injury but arose from the very unhealthy state of the constitution.)

(L) 27th January

Constitutional disturbance nearly gone. Discharge decreasing. As from his position, the suppuration had extended inferiorly to original opening at inner side of joint. A counter opening was made today. The inflammation is solely confined to the cellular tissue and does not engage joint at all.

(F) 9th February

281 Since last, discharge has daily increased and the sum of all the quantities of purulent matter which have issued as yet is 100 oz. Fearing, although young, that his constitution would not stand this tremendous strain long, a consultation was called when it was agreed that amputation was the only chance of saving him. This was intimated to the patient but he requested time to think of it.

(J)

282 Man. Quarryman aet 39, robust form. Admitted yesterday at 6 p.m. 10 a.m. had been working in a quarry, 8 miles from home, when suddenly a mass of stones loosened and fell down, crushing his right leg most shockingly. The leg was extricated, bandaged up, a tourniquet applied on femoral artery and man sent in a cart to Infirmary. During the journey he lost a very large quantity of blood as the bottom of the cart was actually

covered with fluid blood. On admission he was cold, exceedingly pallid, pulseless, collapsed, and some vomiting which is a sign here of the greatest debility. In a little time, the pulse could only  
283 be felt and then exceedingly weak and fluttering. (Now the question to be solved in such a state of things, are 1st. Is it necessary to amputate? and 2<sup>d</sup> if necessary, when? If such an injury were allowed to remain uninterfered with, the order of phenomena would be as follows: collapse, reaction, fever, suppuration, hectic irritative fever, death. Now the times for operating among these are the commencement of reaction, and if you pass over this, the period of suppuration. These are the only  
284 times. If you give a chance of recovery you must then determine during the suppuration stage. In military practice, doubtful cases are always operated on at the first, as the imperfect accommodation etc. prevent any other practice. You give the patient if collapse long, some stimulant and apply warmth to feet and by these means restore the vital process. Then is your time for operating. Occasionally collapse continues for very long time and the injured part appears to act as a “dead weight” on the system. The removal of this before reaction, will often  
285 produce it, the system recovering itself after the burden has been removed—and we must judge from considering the age, strength, present symptoms, whether the continued collapse is owing to the shock sustained, or “drag” of the injured part.) The present was no case for operating when admitted into hospital as the profuse haemorrhage rendered such useless. He could have died on the table. He was therefore allowed to remain—to be kept quiet and get camphor mixture and spt. armoraciae. Had some vomiting during the night and died today at 12.  
286 2 to 6 hours should always elapse before operating, and if you should be in doubt, delay till suppuration stage.

(V)

Varicose ulcer.

Several superficial ulcers at inferior and external part of left leg. External saphena vein enlarged, varicosed. This is a very common kind of ulcer. But how is it connected with varicose veins? When a vein is enlarged, the limb is distended and becomes more so standing, walking or taking much exercise. The vein becomes tender—in fact inflamed which is communicated to cellular tissue around. Abscess forms and skin gives way thus forming a sore. After a puncture-wound, sometimes a hard cord or mass and red lines are recognized. Now these are owing to cellular tissue inflamed symptomatically from inflammation of lymphatics and small veins. This kind of ulcer is attended with very severe pain, so much so that patients have come and asked for *amputation* rather than suffer so much.

*Treatment.* Some treat this by the palliative method, i.e. as a common ulcer: others by the *radical*. This means obliterating the principal vein. Sometimes this radical cure occurs spontaneously. Sir G. [Home?] proposed *tying the vein* which is a very severe and dangerous operation. Again it has been proposed to *cut the vein* across and apply pressure. This also is dangerous. *Velpeau's* plan appears very plausible. It is to insert a pin or needle *underneath* the vein to pass a thread in figure of 8 around ends. By this pressure the vein becomes in a short time obliterated. It is not however unattended with danger.

*Mayo* applied caustic externally over veins, hoping that the vein would take on the inflammatory action and lymph be effused and thus vein be obliterated. But this sometimes produces too great inflammation of vein, causing extreme danger. J.S. tried it in a case where both legs were varicosed and strangely, the untouched ulcer healed sooner than the one connected with the vein which had been obliterated. Notwithstanding all these various, J.S. prefers treating the ulcer simply,

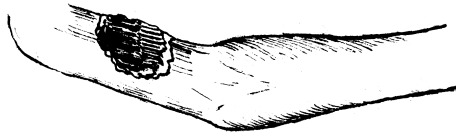


Fig. 53—agm251  
GSW right arm.



Fig.  
54a—agm262  
After removal  
loose bodies.



Fig. 54b—agm271  
One loose body. External smooth,  
internal rough.



Fig. 55—agm293  
No information.



Fig. 56—agm300  
Incision for removal of jaw  
or part of it.



Fig. 57—agm349  
(case agm345)  
Tumour forehead.



Fig. 58—agm349  
(case agm347)  
Bony cyst.



Fig. 59—agm349  
(case agm348)  
Bony tumour.

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290 and of local applications he prefers the Black Wash as the best he is aware of. Strength 8 or 10 grs. to 1 oz. and supporting the veins by a well-applied roller or a laced stocking.

(R)

Man aet 60. Sailor. Fell down the hold 14 feet, alighting upon his side. Admitted 14<sup>th</sup> February. Examined. Fracture of neck of thigh bone entering the joint.

This is a very common accident and occurs from the slightest  
291 cause in old people. J.S. has known it produced by a fall off a chair. The principal question to solve here is, does it admit of osseous union?—and what is the reason of the difficulty in getting osseous union? Cases, where the fracture is *confined to the neck* are exceedingly rare; and union by bone is nearly impossible in such cases. But if, as most commonly occurs, the trochanters are engaged, then osseous union may and does happen as in a fracture of the shaft. But can you diagnose  
292 between these cases? Generally not. J.S. had a case where he was sure almost fracture was confined to *neck* and it turned out upon examination post mortem that the trochanter major was completely fractured. However, as to treatment, there is *one rule* applicable to *every* case. Make no extension or counter do. but put a long splint in a folded sheet, fasten upper end to waist and turn free border of sheet over leg and thigh attaching it to splint.

16<sup>th</sup> February

J. P. Syme

293 [fig. 55, page 120]

When an injury presents itself, accompanied with effects of intoxicating liquors, it is sometimes difficult to discriminate between the symptoms arising from the liquor or those from the injury. However, when you are in doubt, you should always give the patient the benefit of the doubt.

(R) 16<sup>th</sup> February

Fracture of neck of thigh bone, engaging one or more of the trochanters, are almost always capable of osseous union. Several specimens were exhibited showing this very evidently. The main  
294 reason why fractures confined to the neck are so difficult of union by bone, is that there is no texture in the hip joint capable of producing the matrix, the provisional callus for the deposit of osseous matter to take place in. Want of vascularity has been alleged also as a reason; but not correctly, for, if this were true, no union of any kind, much less a firm ligamentous one could take place.

(J) Female. Aet 52. Admitted 17<sup>th</sup> February. 6 months ago observed a small swelling at inside of and beneath 1st and 2<sup>d</sup>  
295 molar, springing from the gum. It grew larger and larger and 2 teeth removed, after which the swelling appeared *externally*. It is a soft, irregular, fungous tumor with a hard, firm base. Discharge foetid. Says she feels a sensation of *heat* in part but nothing else. Appearance of countenance unfavorable, indicative of an unsound constitution. Removal is only cure which she won't submit to: indeed prognosis would *still* be unfavorable.

(In these tumors, we must 1st. distinguish between those of cheek and neighbouring glands, and those of jaw. This would seem uncalled for; but the mistake has not unfrequently been  
296 made. A lymphatic gland, for example, gets enlarged. At first small, movable, but gradually enlarging, it becomes hard, firm and at last immovable and presenting all the appearances of a tumor of jaw. Such a tumor has been operated on as if malignant, though perfectly harmless and jaw bone partly cut out for it. To avoid this, we must first enquire into the history of tumor. Ask, was it movable or immovable in *the first* instance? Again, if jaw unaffected, its inferior outline should be normal. Even a scar about the lip will assist you in your discovery of its nature.

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297 2<sup>ndly</sup> we must discriminate between 1. tumor of *gum alone* and  
2. that affecting the cancellous structure of the bone. 1. Gener-  
ally a large, soft, irregular tumor, not malignant. Sometimes cer-  
tain teeth are loosened or displaced by its pressure. These must  
be removed along with the tumor and parts causticised after-  
wards. 2. In this case, the bone is not itself diseased but its  
cancelli are filled and distended with diseased fibrous (gener-  
ally) tumor. Some of these growths are hard, white, dense,  
fibrous. Others are soft, almost fluid; but there is every variety  
between these extremes. Sometimes tumors of the gum after a  
298 time engage the bones and become malignant. J.S. related a case  
of a tumor of this kind having been removed by J. Bell. Patient  
quite well in 10 days or a fortnight, and remained so 25 years,  
when one day, holding bridle of his horse in his teeth, horse  
made a sudden start and gave his jaw a check. Immediately, old  
appearances showed themselves and J.S. removed it as J.B. had  
done before. But though it healed up in the same time, it broke  
out in 3 months as large, indeed larger, than ever. This time J.S.  
removed the whole of bone with the tumor, and patient  
completely recovered, and with scarcely any deformity.

299 It is a gratifying fact that such tumors do not engage the  
bone *beyond* the articulation. J.S. showed a specimen of this  
disease engaging the upper part of humerus. Recovered. Head  
of the bone was found in a concavity in the tissue, which  
surrounded the neck of scapula and partly overlapped coracoid  
and acromial processes, which although healthy had to be  
removed also partly. In operating to remove jaw or part of it,  
make your incision from before lobe of ear to angle of mouth,  
which gives you a very great deal of room. Liston does not cut  
into mouth at all, but along lower margin of jaw, but this is more  
300 difficult and maxillary artery is liable to be wounded

[fig. 56, page 120].

19<sup>th</sup> January

J. P. Syme

(F) 9<sup>th</sup> February

Although he was informed of the very slight, if any, chance he had of recovering without amputation, he would not submit, saying that if he had lost his limb, it would ruin his prospects for life, and that he would not part with it, live or die. However latterly, discharge is rather less. [Issues?] much less frequent, pulse better and skin cooler, so that he *may* recover. We should never decide *at once* and *absolutely* on such cases. The worst possible (apparently) cases sometimes recover.

(F) 1

Fracture (simple) of leg. As *usual* it was at first put up in side splints, the leg resting bent upon one of them, but this being found uneasy, the leg was afterwards put up in the double-inclined plane, which seemed to give much ease. The reason is not manifest; but it is probably owing to some particular disposition of the fracture.

302 (F) 2

Case of fracture (simple) of leg. Put up in Syme's *usual* plan, just referred to. The only thing remarkable in this case, is the appearance of dark-coloured vesicles over different parts of the limb. This appearance has suggested gangrene but it is common and goes off in a short time.

(C)

Case of *internal varus*.

Boy aet 6-7. His mother says there was nothing wrong at birth about his foot, but that sometime after, she had discovered a slight deformity, which one doctor told her she might obviate by occasionally holding the foot in the natural position, and another doctor afterwards recommended steel boot. This was tried, and ever since, *she* says, the deformity has increased. All



this is evidently unfounded or at least garbled and is a very common circumstance. Admitted 20<sup>th</sup> February.

Deformities of limbs are very common and may be divided into 1<sup>st</sup> congenital and 2<sup>ndly</sup> acquired.

*Congenital*

304 1. An abundance or deficiency of parts, as superfluous fingers, toes, etc., or less than the requisite number. The first of these can be remedied by amputation, which should be performed *early* as possible, and regularly by the knife and *not* the scissors as is too commonly the case.

2. Some inequality of growth of symmetrical parts, as left leg being commonly shorter than right. If this should increase much, it will lead to evident deformity. *Marshall* (of the Army) states that this is the cause of lateral spinal curvature which others ascribe rather to the increased development of muscles of right side and arm. If in examining a man, you find this lateral  
305 curvature, and you place a thick book or piece of board under his left foot, you immediately remove the curvature.

Deficiency in hip joint of necessary relations often causes a very marked deformity. This is not perceptible till the child begins to walk, when the trochanters are found projecting and a wide space exists between thighs. This deformity is not so much remarked when person is sitting, but on standing, it is very evident. It has been mistaken for dislocation. It has no remedy.

306 3. Displacement of the relative position of the bones composing the foot, as various kinds of varus, pes equinus, etc. The structures bone, ligament, vessels, etc., are all perfect, are all there, but their relation to each other is changed.

*Acquired*

1. Those arising from alteration in the function of muscle (1) Excess of contraction (2) Paralysis.

(1) Occurring usually in young children from 2 to 6 years of age. Generally during and after *teething* or scarlatina, hooping

cough and other diseases of children. This condition of rigidity, however, is far more rare than weakness of the muscles, varying  
307 from the slightest degree of debility to the most complete paralysis.

(2) J.S. knew a gentleman between 20 and 30 who had a weakness of muscles of leg in his youth and ever since kept a bandage on it, so that *now* his leg is apparently just skin and bone. However, he can move his toes and foot but very slightly. J.S. prescribed moderate exercise and the removal of the bandage. This kind of weakness admits of cure but complete palsy not. It is customary to support as it is termed weak feet and legs by iron boots. etc. but this can't be too much reprobated as it tends to weaken them still more. Exercise and frictions are the  
308 remedy.

*Wry neck* is an instance of gradual contraction of muscles. At first and for a long time, it is not apparent, but it eventually comes on causing the head to be bent forward or to one side. Squinting again is, not a permanent rigidity of certain muscles, but a prevailing excessive contraction of them. Sir C. Bell says it is diminished power in the antagonising muscle—but all analogy is against this. 2. Deformities from inflammation and its consequences—within muscles and tendons themselves or others affecting them.

309 Burn cases admitted into Belfast Surgical Hospital 1820–1840

Were	154
Of these died	66
Recovered	88

Average time in hospital of fatal cases was	4.4 days
Do. of recoveries	1–4 months

(“Register of Surgical Patients”)

*Club Foot* is almost always congenital, Until lately no accurate pathology existed of this deformity. It is now known that the bones are *not at all affected*, but only are differently related as to position. The treatment too is even now not quite settled. Mechanical apparatus has been generally considered as all that  
310 is necessary. Division of the tendons of the rigid muscles is now the great improvement. We are first to inquire—what muscles are in fault? A case presented itself to J.S. once, of a man aet 30 who had double varus and walked on the toes of one foot and the arch (which was made plane) of the other. Tenotomy was performed and the patient was well in 2 weeks. In internal varus, tibialis anticus is most commonly in fault with tendo-achillis. After division mechanical apparatus necessary. In infants this latter will be sufficient generally. The operation is performed by  
311 a narrow bistoury straight or slightly curved (former preferable) inserted *flat* between skin and tendon, edge then turned *downwards* upon tendon, which is divided, then withdrawn as inserted. How is it dressed? A piece of dry lint and a piece of leather soaked and put on spirally, kept on for 3 or 4 days [with] a leather boot, with flat sole and lacing in front as (F) 23<sup>rd</sup> December 1840. In *pes equinus*, no apparatus at all necessary. Patient may walk immediately.

(T)

*Tumor at side of neck*

Blacksmith aet 28. 6 years ago observed a small swelling a little  
312 below left ear. Movable and not painful. 6 months subsequently it became stationary. 4 years after it had increased to the size of a peach. Gradually enlarged to its present size, that of a foetal head at birth. Examined. Surface externally uniform, not discoloured, movable laterally but not vertically. Painful even when not touched. Admitted 20<sup>th</sup> February. Since yesterday has increased 1 inch in circumference. A chain of enlarged glands

can be felt contiguous along its side. The patient is willing to submit to any treatment.

- 313 Question is what is this tumor? and does it admit of operation? Tumors of this appearance may arise from various causes. Is it aneurismal? It has *not one* of the characteristics of aneurism. Is it enlargement of thyroid?—too high up. Is it fatty?—not lobulated and its consistence is different. Is it encysted?—no distinct cyst exists. Is it hydrocele of neck or is it solid? If solid, it surely would not increased so suddenly as mentioned. Handling is apt to irritate such tumors but not solid.
- 314 Which is it? A case admitted 29<sup>th</sup> April last year of a man aet 40. Had a large tumor extending from base of jaw to clavicle, 7 years' duration. Arose originally from a strain. Gradually enlarged. It presented much the appearance of a case of hydrocele of neck. It suddenly inflamed and threatened suffocation. Punctured when a quantity of turbid, muddy serum flowed off after which it gradually decreased and finally went away altogether.
- 23<sup>rd</sup> February J. P. Syme

- 315 A cystic tumor is one composed of many distinct cysts containing some fluid, being simply a greater development of the cells of the original structure. An *encysted* one consists only of *one* cyst. J.S. mentioned a case of aneurism at angle of jaw which was mistaken for abscess by a country surgeon who was about puncturing it, when he thought it better to send it to the hospital. To distinguish between an abscess lying *over* a large artery and an aneurism, we should by drawing it out laterally ascertain if it continues to pulsate as before. Stethoscope is
- 316 often used to discriminate between them; but even this is often deceptive in supposing aneurism when there was none and the reverse. One lobe of thyroid body is often enlarged alone so as, (if large,) to simulate a distinct tumor. The great objection to

removal tumors is their close contiguity to great vessels and nerves. Whether is it more dangerous to wound a large vein or artery? If an artery, it can be tied alone and no fear of subsequent danger. But if a vein, you must compress it by graduated compress and if that doesn't do, tie; but here there is imminent danger of phlebitis.

317 The Army and Navy surgeons differed at one time about the time for amputating in cases of recent injury. The former said to do so whenever the collapse would admit. The latter denied that there was any collapse. But here they were egregiously wrong. Even from their reports, at the attacks on Algiers, many cases died with *a very few hours* after amputation, showing that the shock i.e. collapse had been too great. During stage of inflammation, it is wrong to amputate (rule) but even so, if gangrene should set in you must not wait—operate as far from the  
318 gangrenous part as possible. If gangrene attacks the arm do so at shoulder joint—but never at hip joint, as experience declares these such cases almost to a certainty die.

Duration of Collapse = 1–6 hours

Do. \_\_\_\_\_ Reaction 12–18 Do.

Do. \_\_\_\_\_ Inflammation = a few days

Do. \_\_\_\_\_ Suppuration a few weeks

Suppuration may end either in granulation or cicatrization, or death. The first indication of the latter termination is a *distaste* of accustomed food, and *vomiting*. Now or never is the time propose amputation. If friends or patient reject, then these  
319 symptoms are followed by the irritative fever—yellow-coated tongue, small frequent pulse, sallow countenance, eyeballs protruded, emaciation. At this time, if friends propose amputation, don't yield—it is too late. It would only gratify their wounded consciences.

Why is it better to make a small puncture in cutting tendons than a large one as of old? J.S. says because the smaller the wound, the more disposed it is to heal by the first intention.  
24<sup>th</sup> February J. P. Syme

320 A case was admitted some time ago of very severe burns of upper and inner part of arms, which had occurred some time previously. Surface on admission in a sloughy state and from one part, very copious haemorrhage had proceeded. Tight bandaging had been resorted to and prevented its immediate return. It was supposed to come from the brachial artery, which had been engaged in the sloughing process of textures around.

Case was doing pretty well, when *rigors* suddenly made their appearance, and followed by symptoms of internal effusion. She gradually sank.

321 Examined. A small aperture (ulcerated) was found in the brachial artery about size of a crow quill, partly obstructed by a small clot of blood.

(T) 23rd February

There is still some doubt about the nature of this tumor. It is uniform and convex on its surface, which leads to the idea of it containing fluid, and besides in some parts (particularly towards ear) it has a marked feel of fluctuation. If it be solid, it must be soft or of soft consistence; but then this would argue a malignant tumor as softness is one of the characters of such and this one being 6 years in duration puts that out of the question.

322 It was examined by the surgeons at Glasgow and an exploratory operation was decided upon. This plan, so very common among many surgeons, of exploring by puncture almost every tumor they meet with, cannot be too severely condemned. The very irritation caused by the knife excites the tumor and necessarily induces a renewal of its increase. Such a method is only allow-

able in certain cases (and this is one) and only when some  
*decided* treatment is to follow. J.S. consequently intends to make  
a very small incision with a knife like a cataract needle. If any  
323 fluid flows off he will enlarge it and let it off, and if tumor be  
solid, he will operate for removal.

The sterno-mastoid overlaps its outer part firmly. This is not  
of much consequence, but *behind* the sternomastoid it may  
present firm adhesions to the important parts there—carotid,  
internal jugular, pneumogastric, and other nerves, perhaps  
thyroid body and oesophagus, etc. The internal jugular is almost  
always engaged and forms indissoluble attachments to tumors.  
J.S. read 2 cases descriptive of the operation for the removal of  
such tumors. One related by Dr. Simpson of University of St.  
324 Andrews and is briefly thus. A woman was bled often from the  
external jugular. Some time afterwards a small tumor formed in  
middle of side of neck. It broke, suppurated freely, ulcerated,  
and discharge had a very unpleasant smell. Increased to a  
considerable size; a firm, hard base. Operation for removal  
performed by Dr. S. In the course of the dissection, carotid  
artery was laid bare and its pulsations distinctly seen. A small  
branch was wounded but bleeding easily stopped. Internal  
jugular was connected very intricately to tumor and was  
wounded or rather cut across. A ligature was immediately  
325 thrown round it. The wound healed up kindly, but what the  
sequel was is not known.

The second case was related by Dr. Warren thus:- a large  
tumor occupying middle of side of neck and extending nearly its  
whole length. It rapidly increased to its size at operation. It was  
hard but of different densities in different parts, hardest where  
the nucleus existed. Supposed to have arisen originally from one  
of the lymphatic glands behind sternomastoid. Was operated on  
by the relater himself. In the course of it, carotid artery was  
326 exposed and tied. Internal jugular vein was found *completely*

*embedded* in the tumor. It was divided and immediately a few *bubbles of air* were seen entering and passing along through lower part towards heart, but were instantly pressed out by the assistant. It was then *tied*. The deeper parts of the tumor lying about pneumogastric and sympathetic nerves could not be removed but were fully cauterised. The wound healed up shortly after operation; but its sequel is likewise unknown.

327 Sir David Barry opened the jugular vein of a horse, introduced a catheter attached to a glass tube inverted over any coloured fluid. This fluid ascended and fell according as expiration and inspiration were performed, thus showing that the veins in the neck empty and fill as inspiration and expiration are going on. Now, if the veins were rigid tubes, upon division air would necessarily enter and proceed towards heart. It enters generally with a hissing sound. But being pliant, they collapse whereat external useless adhesions had formed between them and some texture as a tumor.

328 A small quantity of air may be blown into a horse's jugular towards heart, without causing much uneasiness: it requires a pretty large volume of air. Sir B. Bell states that the air enters chiefly by some motion of the muscles of neck or upper extremity. But this is plainly not the only or even chief cause. Therefore on dividing the large vein in head or neck or indeed any where, you must not only apply pressure at distal, but also proximal cut end. J.S. mentioned a case of a young girl who had a tumor of neck, for which she was operated on 20 years ago in this city.  
329 During the operation, she lost a very small quantity of blood, but while leaving the table, she fainted and suddenly died.

(D)

A man admitted complaining of weakness of right arm. On examination, his right scapula projected posteriorly, its posterior margin being separated from ribs. This was caused by the



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edge of the latissimus dorsi slipping off the inferior angle. Produced by violence. This is rather rare at puberty or afterwards, though not so in early life. The man is muscular but lean.

330 Treatment—palliation. A bandage passed round scapula to keep it as steady and close to ribs as possible and by this means allow of it being used more as a lever than he could before. Indeed it cannot be reduced. We have no recorded instance of its successful reduction. This accident occurred 6 weeks before admission. It was sent by a surgeon at [Maid o Knis?] Dispensary, to J.S. to see if he could reduce it by subcutaneous incision (passing the finger under muscle and hooking it up) and

331 certainly, if the case had been recent, J.S. would have tried it.

(W)

Weakness of inferior extremities. Boy aet 14. Admitted 1<sup>st</sup> February from Alloa. Complaining of pains in the small of back and weakness of lower extremities. Got a bruise or strain 4 months ago. Blisters etc. were used without effect before admission. Ordered warm bath frequently and alterative medicines occasionally. At present quite well.

332 Connected with this, we may notice the curvatures which engage the spine: 1. Lateral. 2. Antero posterior. This latter depends upon one of 2 causes. (1) Inflammation, resulting from injury, and (2) alteration of structure from scrofulous affections of bone. (1) may also result from vicissitude of temperature. It is generally slow and not painful for some time, when suddenly bone is found protruding. Matter collects and discharges around and frequently hectic results. As to the treatment, Pott recommended generally, counter-irritation. In the (1) variety, depletion during first stage and counter-irritants afterwards.

See II<sup>nd</sup> Report Book

February 26<sup>th</sup> 1841

J. P. Syme

333 Union of bones

Cause—danger of certain incised wounds and punctures

Modus operandi of Materia Medica

State of tongue indicating that of stomach

Diagnosis of tumor

Characteristics of disease

[On a loose sheet at end of first notebook.]

*Fever Diet*

1 pint milk gruel

6 or 8 oz Bread

Drink—Barley water—gruel

*Low Diet*

B. 1 pint porridge or  $5\frac{1}{4}$  oz bread.

and 3 gills of milk

D. 1 qt. Broth and  $5\frac{1}{4}$  oz bread.

S. as B.

*Full*

M. T. and S.—add e.g.  $\frac{1}{2}$  lb Beef.

[On same sheet but written upside-down.]

a bow—wheel of cart passing over—lower end cut—[?] always effect of direct violence—treatment mobilising—[?] sign of force

[Second Report Book]

334

[Inside of front cover is blank.]

335

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Continued from 1<sup>st</sup> Report Book

W.

If the antero-posterior curvature of spine occurs in scrofulous individuals, counter-irritation is the principal remedy. If exceedingly painful, you may deplete at the very early stage. The actual cautery is to be preferred. If it occurs in unhealthy children, enjoin rest, horizontal posture and some simple bandage.

*Lateral Curvature* is frequent in young females and occasionally males, arising from long sitting or standing or certain positions retained for a length of time. Tenotomy has been the great cure for this; but in many cases it is never necessary, and never in the early stage or if the bones should be afterwards engaged.

336 Except the rigidity of the sternomastoid, J.S. never met with a case of lateral curvature which would be benefited by tendo-section.

February 26<sup>th</sup> 1841

J. P. Syme

C 23rd February

4 days after operation, the boot spoken of was put on. 2 days after, able to walk, his foot having the natural position. Has left the hospital today.

E 26th February

J.S. succeeded today in passing a very slender bougie. This is the first and most important step in treating stricture. The operation for stricture, in J.S.'s opinion, is discreditable to the practitioner. The very greatest care and patience should be displayed

in passing a bougie in these cases; and by steady perseverance you will seldom fail in overcoming the difficulty.

T 23rd February

337 There were 3 doubts on this subject at our last meeting. 1<sup>st</sup>. Is it solid or fluid? 2<sup>d</sup>. Does it admit of operation? 3<sup>d</sup>. Ought the operation to be formed? As to 1<sup>st</sup>, it is now known that it is a soft solid tumor. 2<sup>d</sup> It is most probable it may be performed without injuring any very important part. Being soft, however, it is deceptive on this point, for it may *appear* to roll and move easily, whereas the *base* may be perfectly fast. 3<sup>d</sup> Is it malignant? for if so, it would be useless to operate. Its softness and the contiguous enlarged glands would favor this view of it. If in mammary tumors even *one* gland was enlarged in axilla, it is wrong to operate, for all such cases ultimately have a return of the disease or are cut off very soon. But may not these enlarged glands be accidentally so? There is no way of distinguishing  
338 whether or not. If, however, they should disappear or get very small. J.S. will operate and the man is to wait a few days longer to see.

T.S.

Weaver. Aet 65. 12 months ago first noticed a small tumor (hen's egg) on his left shoulder. Continued increasing but very slowly for 6 months, after which it rapidly enlarged and particularly within the last month.

It is *firm, unyielding*, extending all over scapula. Of late he has emaciated considerably. Generally painful and occasionally exceedingly so. Cannot lie on his right side without great agony. It is a softer growth than bone and growing from it—called *osteo-sarcoma*. Of this, you may have every variety between extreme hardness and insensibility and extreme softness and sensibility.

339 In this case, there are no enlarged glands but tumor is of unequal consistence and countenance of an unhealthy hue. It has been sometimes confounded with aneurism, when soft and extending over and around an artery. A case occurred at Paris, 25 years ago, about which Dupuytren and another celebrated surgeon were at issue. The artery was secured and still tumor remained. If this man had been 20 years younger, J.S. would have performed amputation at shoulder joint and have removed as much of the scapula as was engaged. Liston and J.S. have both removed large portions of the scapula without any bad consequences. As it is, however, the man must be sent home with only *placebos* to comfort him.

S.

Weaver. Aet 38. Admitted complaining of severe but occasional  
340 pain along course of sciatic nerve. 6 months ago first felt a pain in hollow between tuber ischii and trochanteric major which was most severe after hard labour. Blisters, fomentations etc. were employed but of no use. This complaint (1) is confounded frequently with coxalgia (2). 1 occurs most generally after middle age and in males and persons exposed to damp etc., and the pain occurs strictly along course of sciatic nerve. Whereas 2 occurs generally in early age, and pain is felt *across* or at *inside* of knee as well as hip. Pain also sometimes in groin and pain generally very severe at night, even while lying quietly. *Treatment* has usually been stimulating—as liniments, mustard poultice, blisters, warm bath, moxa, actual cautery, caustic, and  
341 rarely cupping and leeching.

These last should never be used, as they are invariably injurious. Moxa is good, but troublesome and exceedingly painful. The flying cautery is also serviceable, but uncertain. The modern method of cure is acupuncture, i.e. passing one or two or more needles for some depth under the skin at those

parts referred to as most painful. It is not at all painful and is exceedingly certain. Introducing needles at one place alone, will not cure all. They should be kept in for 2 hours at least. It is not necessary to transfix nerve, but just pass it down to the deep structures. What is its *modus operandi*? Not by counter irritation certainly. J.S. is inclined to consider its actions as galvanic.

342 The needles, when withdrawn, are found rough and discoloured a little, which is probably a slight oxidation. They should not be too well tempered as they are very apt to break. What is the condition of the nerve in sciatica? To be answered.

2<sup>nd</sup> March

J. P. Syme

Of tumors arising from bones, there are 3 distinct kinds. 1. Exostosis. 2. Medullary sarcoma. 3. Cancerous fibrosis. 1 is analogous to processes of bone. Its most common seat is the *linea aspera*. A *growing* 1 is distinguished by its vascular loose texture and covered with cartilage. Its treatment is simply excision. This only in cases where tumor is particularly inconvenient and can be safely removed. If close to a joint, it should never be

343 removed. It is common to find it on the top of great toe, growing out under nail when it can be readily removed. 2. It is distinguished by its unequally soft consistence. J.S. never knew an instance of successful amputation of a malignant tumor. It is to be carefully distinguished from aneurism, abscess etc.

A chronic abscess in an unhealthy patient should not be opened, if it gives little or no irritation. When it is necessary, use a trocar and let matter flow as it will but don't press it out. This puncture will probably heal up. Wait till matter points again, and then open. If you evacuate a large abscess at *once* you are sure to induce constitutional disturbance which is always proportionate to the quantity of discharge.

3<sup>rd</sup> March

J. P. Syme

344 Tumors of the mammae may be 1. Simple inflammatory enlargement at period of puberty 2. Induration at middle age, generally tender 3. Carcinomatous and cerebriform degenerations. 4. Fibrous. 5. Cystic.

1. Treated by a little opening medicine and fomentations etc. externally. 2. By improving the general health. 3. Are malignant and only relieved by removal. 4 and 5 are sometimes confounded with 3 and it is of the utmost consequence to diagnose between them. J.S. stated a case of a lady whose mamma was declared to be a case of carcinoma by 2 most eminent surgeons of Dublin which proved to be cystic. This shows what care is necessary. J.S.'s experience is against having recourse to the knife in removing malignant tumors, more especially when any  
345 neighbouring gland is enlarged. You must distinguish by the *feel* between cystic and carcinomatous tumors of breast. The former has the feel of a soft mass in which are here and there embedded two or 3 or more round lumps, the rest of the tissue being the natural gland. In removing cystic tumors if only one, remove it alone, but if numerous, better to remove the whole gland.

TH

Mason. Aet 23. Admitted 4<sup>th</sup> March with a tumor on his forehead. It is almost perfectly hemispherical, something like a half orange. [*fig. 57, page 120*] Not discoloured, soft in centre, hard at base, communicates no impulse. Patient has an unhealthy look. Under his right ear at angle of jaw, is an enlarged gland, has been out of health these two years. 15 months ago felt pain  
346 in seat of tumor and 6 months afterwards felt a small hard tumor over his forehead. 3 months ago, it had increased rapidly, though only half its present size.

What may it be? 1. Malignant growth from the bone. 2. Chronic induration of periosteum. 1. Exostosis is simply a

growth of bone. It may occur on any bone. Its most common seats are point of great toe and linea aspera, a little above knee. It seldom grows to any great size and though at first it may create some uneasiness, yet it soon ceases to annoy and is almost forgotten. If inconvenient, it can be easily removed. If near a joint, let it alone. Lister recommends in exostosis at point of great toe removal of the whole toe; but this is unnecessary as by removing the exostosis only, you cure it.

347 A bone may become enlarged by abscess or collection of serous matter contained within its cancelli. It sometimes increases to a very great extent (vid. fig.) [perhaps *fig. 58, page 120*]. This is common in upper jaw. Its cure is simply discharging the fluid. Again, a tumor may arise growing in the cancelli of the bone and causing it to enlarge. This may be either fibrous or malignant. Its treatment consists in removing this adventitious structure *entirely*, which is generally accomplished (if in the extremities) by amputation and if in jaw, by excision. A case of this kind was exhibited upon which a surgeon wished to operate. It was seated in the frontal bone which protruded both  
348 outwards and *inwards*, thus encroaching upon the anterior lobes. Vid. Fig. (C) [*fig. 59, page 120*]

2. Periostitic induration. Nodes are a familiar example. They are chronic thickening of the periosteum with osseous development, generally connected with a bad habit of body arising from low proprieties in diet, clothing, exercise. Wild animals never suffer this affection, tame ones frequently. But most frequently from scrofulous disease, syphilis and abuse of mercury, particularly when these are combined. Diagnosis of this kind of tumor is very important, as it readily admits of a cure. Blistering is the best local remedy and general strengthening medicine, of which Hydriodate of Potassa. is as good as any, or Carbonas sodae or Bichlor. Hydrargyri.

349 [figs. 57, 58, and 59—see above.]



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350 [figs. 60, 61, 62, 63, and 64—see below.]

351 J.S. considers sarsap. of no benefit, whatever. What is this tumor? Vid. Fig. [possibly fig. 60, page 150] He had gonorrhoea or perhaps chancre, took a good deal of mercury. If in doubt, always treat it as if the disease most easily and safely removed.  
5<sup>th</sup> March J. P. Syme

*A case*

Admitted of simple fracture of right clavicle. Caused by a fall. Treated by a bandage put around waist and right arm a little above elbow. No pad in axilla or any other complication. Bones completely apposed, the object being to keep shoulder as far out as possible.

F 9th February. Discharge still continues, though rather less. Pulse very quick and small, feeble. Tongue rather dry. Sleeps badly and appetite not so good.

(L) 26th January

Stump is healing up, though slowly. Otherwise perfectly well.

352 (G) 3rd February

Wound granulating well. Several shot were extracted at this stage, which had not been observed before. The cut muscle will be replaced by a fibrous texture = condensed coagulated lymph.  
(Syme)

(O) 7<sup>th</sup> January

The stump was going on very well for some weeks after last report and the irritation of the sciatic nerve every day growing less, when about 8 days ago, matter formed at inside of thigh just below groin in the femoro-inguinal region. Opened at most

depending part. Still discharges pus, healthy. Otherwise, pretty well—see Fig. [fig. 61, page 150]

(P) 5<sup>th</sup> January

Since last, constitutional irritation grew gradually more severe. Foot and leg became almost insensible. Sloughing sores noticed, extended; so that amputation was determined upon and accomplished 2 weeks ago in the same style as preceding case. At present, stump healing, but very slowly and as if under deficient action. Countenance very pale, appetite good. Pulse very soft and weak but not quick. Dozes a good deal. Voice weak. (Wine ad lib.)

(L)

A man aet 75. Admitted 3 weeks ago with simple fracture of femur at middle third. Long splint. Sloughing ensued when splint came in contact with integument. Splint removed. At present, leg and lower part of femur lying *inwards*. No apparatus. Very weak, apparently sinking. (Wine etc.) See fig. [fig. 62, page 150]

(E)

Drunken character admitted with 2 wounds of scalp on right temple. Phlegmonous erysipelas ensued. Incisions, foetid discharge and sloughing of cellular tissue. (Simple dressing, wine). See Fig. [not found.]

8<sup>th</sup> February 1841

Handyside

354 T.H. 5th March

The treatment mentioned at last report (viz. a blister and Hydriodate of Potassa. internally) has produced a most decided effect. The tumor is now about  $\frac{1}{2}$  its former size and is of a different consistence: so that now it may be said with great probability

that it is a periostitic swelling. It is very important to make a correct diagnosis of such tumors. However, if doubt exists, it is always good practice to treat it as if the milder case, which can do no harm and may do good in any event. J.S. related several instances where such were mistaken for tumor of bone and by the ablest surgeons.

FH

355 Woman. Admitted with fracture of humerus at its neck. Accident, fell upon shoulder. You find in these cases inability to lift arm, a fullness in axilla and a prominence of deltoid. The axilla is filled by the lower fragment being drawn forcibly upwards and inward by pectoralis and latissimus. The upper fragment is everted by action of supraspinatus. In the adult, the diagnosis is particularly easy, as in addition to these, you have distinct crepitus.

*Treatment.* In all cases of fracture, keep parts free from motion. A spica bandage and a cushion in axilla *not too high up*. In fracture of clavicle, you should use *no* cushion. Its object was to be used as a fulcrum by which the shoulder could be forced outwards. But to use it thus, it would require to be placed so high in axilla as to press upon vessels and nerves. No, there are just 3 indications to be followed out. 1. to keep shoulders back.  
356 2. to elevate elbow. 3. to keep arm to side which can be easily effected by appropriate bandages. In children, diagnosis is less easy as parts keep better apposed. Still it is common that it should always be looked for in examining a child who has been injured; and if not detected, whose blame is it but the surgeon's? It is a curious fact that although the clavicle is the most difficult to keep at rest when fractured, there is no bone so little liable to disunion. J.S. knows of only one case. (There is a man now in Handyside's ward with disunited clavicular fracture.)

CF

Man. Fell on the 18<sup>th</sup> January last by which he sustained a compound fracture of the left leg. When examined by the surgeon, his tibia was fractured and one of its extremities protruding out through his boot. This part was removed and the case treated as usual. Admitted today—not the slightest attempt  
357 at union. As to the reproduction of bone, Sir A. Cooper made some very conclusive experiments upon the radius and ulna of rabbits and dogs. He removed a small piece in the middle of one of these bones (radius) and killed the dog at the end of 6 weeks. On examination, not the slightest union had taken place or reproduction. And J.S. related the case of a man who sustained compound fracture of tibia and fibula. Had fractured part of tibia removed. Fibula healed but tibia never reproduced. After a time had leg amputated, as he could not use it. J.S. obtained the specimen, see Fig. [not found] If however the periosteum remains uninjured, though a piece of bone had been removed, the bone will be reproduced, showing the effect of the periosteum.

S.

A man admitted today, with swollen, red and painful wrist. Upon  
358 examination, there was detected distinct *crepitation*, which would lead the inexperienced to pronounce it fracture. This however is owing to a morbid alteration of synovial surfaces, and is common in bruises of other joints as shoulder. *Velpeau* has lately paid attention to this circumstance and has published that *he* was the first who noticed it; but it is well known that in these countries it has been long under observation. This patient is a seaman and says he got his wrist hurt by violent exertion at pulling a rope. *Treatment* is soothing as warm fomentations. *Hirudinea* if much inflamed. *Cold* applications are generally not so complete and permanent remedies as the warm. Joints thus  
359 affected from long rest are apt to become stiff, which is owing

to the attachments which the synovial surfaces have assumed with neighbouring parts. In this state, bone setters often see patients and calling it a dislocation, proceed to violent traction of the stiff parts, and often with considerable relief, as by such means the new adhesions are snapped and the joint acquires its former mobility. Therefore moderate traction is necessary in such cases and exercise of the part.

9<sup>th</sup> March

J. P. Syme

360 Extraction of lens performed today upon an elderly woman. The lens was of the natural size, but completely opaque and of the colour of amber. The vitreous humour partly escaped and came off as a clear watery fluid. Iris uninjured. Performed by the cornea extracting knife.

(C)

A case of carcinoma of lower lip. Had been treated by a quack in the country who tried escharoties which induced a great deal of pain and no relief. The lip was diseased at left side and extending even beyond angle and even a portion of upper lip. For operation see Fig. [fig. 63, page 150] Interrupted suture used and wet dressing over all. 3 arteries tied.

G

Case of gangrene from frost bite last phalanx of great toe. Caries and necrosis had partly set in. Just sufficient flaps left to cover head of bone. See Fig. [fig. 64, page 150]

J. A. Robertson

361 The propriety of removing carcinomatous tumors of breast is very doubtful. Some surgeons operate indiscriminately, which is certainly bad practice. Among the obstacles to operating may be mentioned: 1<sup>st</sup> Enlarged glands in axilla. 2. Hard tubercles in

cellular tissue around tumor. 3. Adherence of tumor to muscle beneath. 4. The cancer being in the ulcerated state. 5. Greenish-coloured completion and emaciation.

If you have decided upon excision, remove *all* the mamma and just leave skin enough to be drawn by suture or adhesive plaister. An old surgeon of the Edinburgh College used to say that relapses in his early days were less common than now, which he seemed to ascribe to the method of operating. It was really amputation. The tissue was drawn out from the breast and a knife separated it at one stroke from the body. This left a  
362 large surface to granulate and cicatrize. But J.S. considered that the reason lay rather in the well-known fact that tumors were not then discriminated as they are now, that many were removed which were not at all malignant. The best general position for the patient is sitting upon a chair. It is also convenient for the operator. In the case of removal of enlarged glands besides, the table must be employed.

W

Case of a woman who had a *wart* on her lower lip. [Durable?], but hard and unhealthy. Old way of removal was by a V. incision (V). But if surface of lip is only implicated, mere removal by scissors or knife is sufficient, taking care to appose skin and mucous  
363 membrane by suture. This latter is generally omitted by the French.

Warts are generally removed (when situated upon the fingers, etc.) by caustic, ligature, knife, scissors, and various stimulants. These, however, occurring as they do generally in youth, will go away on the advance of maturity. They are mere enlargements of the cutaneous texture.

But warts on the face require a different treatment. They are generally always rendered worse by stimulants, assuming a dangerous aspect. They are malignant degradations of skin, or

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morbid disposition of its texture and must either be left alone or cut out.

364 CF 9th March

End of upper extremity was protruding into wound which J.S. cut off (using saw and forceps). End of lower was splintered and partly exfoliating which was also removed. And still J.S. required extension to bring bones in apposition. Fibula is fractured immediately below superior tibio-fibular articulation. He must now be carefully watched, and when swelling, etc. subside, leather splints will be applied. Rest is the important thing.

R

Old man. Had penis amputated for cancer 3 months ago. Disease returned to stump, contraction of urethra ensued, catheter could not be passed. Has not passed urine these last 36  
365 hours—bladder very tense.

At a  $\frac{1}{4}$  to 5 p.m. J.S. attempted to pass a very small-sized catheter, but failed. Examined per anum. Cowper's glands enlarged and indurated, urethra and also prostate diseased, thickened. Puncture over pubis was resorted to by incision through integument first and trocar passed through into bladder. About 2 quarts were drawn off. Tube fixed in bladder. Urine tinged but transparent and clean. There is the danger of extravasation, but cases have occurred where this artificial means has been kept up for years without harm. See fig. [fig. 73, page 170]

366 12<sup>th</sup> March

J. P. Syme

(D) 7<sup>th</sup> January

Discharge continues though healthy and thicker. Matter of a dirty brick-coloured purulent kind was evacuated today by puncture at a point of 4 inches below anterior superior spine

and between edges of rectus and tensor vaginae muscles. Considerable irritability of constitution. See Fig. [not found]

(L) 8<sup>th</sup> February

Died 3 days ago. Sinking gradually, no union.

(E) 8<sup>th</sup> February

Died at same hour from constitutional irritation. Not examined.

Handyside

(S) 2<sup>nd</sup> March

The acupuncture had only a temporary effect. Yesterday galvanism was applied pretty smartly by means of the needles—very painful. Today says no relief resulted. Syme

367 (C)

Woman. Married, aet 56. — months affected. Commenced as a small tumor, hard and painful in left mamma. Originated she says from some blow or injury. Gradually increased in size, occasional pain. 3 weeks ago began to be more severe and tender than usual, pain extending to arm, shoulder, and neck. Some glandular enlargement in axilla. Examined. Circumscribed hard tumor occupying almost whole of circumference of gland and a great deal thicker. No discolouration or inflammation about it. Evidently malignant.

14<sup>th</sup> March

Robertson

368 C.F. 9<sup>th</sup> March

After operation had one rigor, after which he was doing very well for several days. Suddenly his pulse became very frequent, without delirium. Followed and for some days before death he was evidently sinking. Died last night. The result of post-mortem examination—not known as yet.



H.

Labourer at Glasgow and Edinburgh Railway. Aet 32. Very muscular. Admitted 24<sup>th</sup> March. Got his head squeezed between 2 wagons. Was sensible at time of admission. Pupils dilated but reacted to impression of light. Examined. Fracture at side of brow with frontal disease. In such cases it is always the first thing to ascertain exactly what is the precise nature of the accident. When J.S. held the patient's nose and caused him to expire forcibly, the air from frontal sinus passed rapidly underneath surrounding integument. J.S. remembered a case of tumor of forehead, flat and colorless. It completely disappeared on pressure. On inquiry, there had been injury of the external wall of frontal sinus, by which air had been effused under integument from nose.

There are 3 injuries of cranium, solutions of continuity. 1. *Fissures*. With this there is no need of interference though the old practice was to ascertain immediately the extent of injury by scalping, and taking out all the part engaged. Now, however, it is considered more judicious to let it alone and use antiphlogistic treatment only. 2. Fracture with depression. Old treatment was to elevate or cut all out immediately. Now we do so only when persistent compression exists, i.e. compression persisting even after severe antiphlogistic treatment. If the fracture be compound, we do not wait so long as if simple before using the trephine. 3. Punctured fracture. In this there is a very small external wound and the external table is damaged principally at *one point*: but invariably, the internal table is broken largely and generally comminuted. This being always a compound fracture, never delay operating immediately, even though the patient may not be suffering any at the time. A man walked to hospital from the Pentland hills with a bullet sticking in his skull.

The Student Record Books of Andrew George Malcolm



Fig. 60—agm350  
(case uncertain tumour  
agm351?)



Fig. 61—agm350  
(case agm352)  
New sinus of stump.



Fig. 62—agm350  
(case agm353)  
Fracture of shaft of femur.



Fig. 63—agm350  
(case agm360)  
Proposed operation  
for cancer of lip.



Fig. 64—agm350  
(image agm360)  
Amputation for  
frostbite.



Fig. 65—agm373a  
Upper image: Removal of  
cancer of lip.  
(Lower images uncertain.)

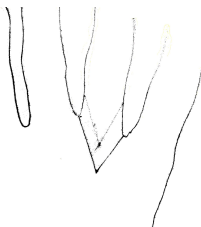


Fig. 66—agm373b  
(Possibly case on  
agm413 & agm418.)

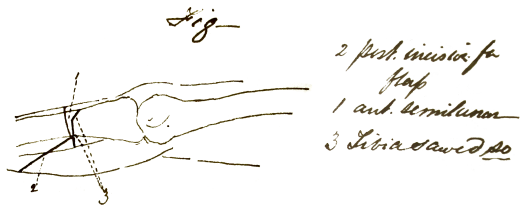


Fig. 67—agm403  
(Probably case on agm378)  
2 Posterior incision for flap. 1 Anterior semilunar  
3 Tibia sawed so.

*Fig*  
2 post. incision for  
flap  
1 ant. semilunar  
3 Tibia sawed so

In case before us, was the injury confined to external table?  
371 To ascertain exactly the nature of the accident, he was brought into the operating theatre, the original wound freely enlarged, pieces of external table which were loose were recovered. As far as could be seen, no injury of internal table existed. (The greater the force in producing a solution of continuity, the more unfavorable is the prognosis.) After this, violent delirium set in and recurred at intervals. Only a slight, if any, return of consciousness occurred before death. What was the immediate cause of death? J.S. thinks laceration of substance of brain and effusion.

C.L.

In this case, the cancer was not confined to surface of lip but  
372 extended pretty deeply and consequently could not be removed as in the former case by scissors, but by a V incision. This was the old but *only operation* of such. It is remarked that though apparently sometimes a very large portion of the lip may be removed, still very little deformity if any remains. This is to be accounted for by the nature of the tumor, which is deposited in the tissues of the lip, and in its growth, it pushes this aside. After its removal, these regain their former position. The operation is simple, but nevertheless mistakes occasionally occur when removing too much, or too little or not making incisions  
373 *equal*, so as readily to appose. To remedy this, we must first examine tumor carefully, ascertain or fix upon in one [sound?] the spot to be the apex of the incisions. Assistant holds tumor while you transfix at apex above mentioned, and *cut out* at one side of tumor, then enter the knife at the other side and cut *down* to apex. See Fig. [fig. 65, page 150] One or more needles and figure of 8 tie around extremities—remove in 3 or 4 days—adhesive plasters.

1. Ulcers of Throat

2. Sinuses in groin

The dreadful cases read of, similar to these, are not referable to the venereal virus. J.S. does not doubt the primary and secondary effects of this poison; but argues that without some other aids, does not produce the dreadful effects met with if treated by ordinary surgical means. These aids are *Mercury* and a particular state of constitution such as scrofulous. When the most alarming results appeared after venereal inoculation, the old practitioners considered that mercury had not been pushed far enough and under a course, they really would heal up, but only to be the more liable to bring on, upon any excitive cause operating, still more dreadful effects. After the system has been injured by these 3 causes above mentioned, it is liable by the agency of cold, wet, etc., to be injured any time *again*. Once affected, the greatest caution must be used to prevent the action of the exciting causes.

1. Aet 34. 1 year ago had chancres, took 6 dozen mercurial pills, success of mouth and salivation resulted, Got well. 6 months ago, while watering a horse, fell and got himself well drenched. Remained in his wet clothes from 11 at night till 2 next morning. Severe pains along tibiae, ulceration of uvula and part of soft palate which he soon lost, and latterly extensive ulceration of pharynx resulted. It is lamentable sometimes to see what effects result from the abuse of mercury. J.S. related a case of a young man of noble family, who having contracted primary syphilis, and cured by this drug, soon after married. During that year, while winter-shooting, was attacked with a sore throat. Ulceration followed, bones of nose became affected, nose fell in, his health was completely broken up and in consequence he had to give up his estate and retire from public life.

Treatment. General antiphlogistic means at first and preparation of iodine. In Germany 16 years ago, the "hunger" cure was

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very prevalent and successful. Sulphas Cuprii very good local appreciation, and grs.ij. 3 times a day of Iodidum potassi. J.S. considers sarsaparilla inert and therefore doesn't use it. Mentions account of sarsaparilla for 1 year in a London hospital came to £1,200 and even in this infirmary one year's  
377 expense came to near £300. J.S. mentioned a case of a man with secondary syphilis having used 70 quarts of it without improvement. This quantity alone would come to £17. 10/-.  
26th March J. P. Syme

A young man got a severe sprain of right ankle. Bleeding and counter-irritation and rest even resorted to—no benefit. Cartilages became affected, contiguous bones too with external sores. Constitutional disturbance. Hectic, and evidence of tubercular deposit in lungs. At this state, it was deemed advisable by way of giving him a chance of prolonged life, to remove the limb. Accordingly Dr. Robertson did so today below knee by making  
378 flap of muscles of calf and sawing bones as in figure. [*probably fig. 67, page 150*] Tourniquet used, 4 vessels tied, 3 points of interrupted suture, wet dressing. Instruments = amputation transfixion knife, saw, Liston's artery forceps, needle, scissors, thread.  
29<sup>th</sup> March J. A. Robertson

H 24th March

Head examined. Cribriform plate of ethmoid broken and part forced upwards into anterior lobes, which were a good deal lacerated. Membranes extensively inflamed about part and considerably all around. Extensive purulent effusion with partial deposit of lymph. It was this effusion of pus that caused death, the formation of which produced the violent delirium.

379 G

A young muscular man, while sitting last night with the barrel of a gun in his coat pocket, loaded, by some accident touched the trigger. It immediately exploded and the shot entered outer and inferior part of right foot and made its exit on inner side. The orifice was similar to a gunshot wound, small and depressed; and its exit presented a large, lacerated wound, edges everted. Ankle joint laid open, and tarsal bones (os calcis and astragalus) partly shattered. Admitted today at 12 o'clock. Immediate amputation was decided upon. Now the question presented itself—at what part of leg? Books tell us to do so near knee joint if a poor man and at middle if rich, as the latter can only afford to have a complicated apparatus to represent a foot. But by a  
380 carpenter's suggestion, a substitute was invented which is readily made, and as durable as any wooden leg. It is shaped like an inverted bottle, the stump being fixed in the body of it and the neck projecting downwards. It is a great matter to preserve the use of the knee joint. Lately a French plan has come out of amputating at ankle joint and making a flap of soft parts on dorsum of foot, but J.S. suspects from the size of the surface and its irregularity exposed that success cannot thus be always expected. J.S. therefore amputated at junction of middle and lower third by making a posterior flap of flexors. 4 vessels tied, sutures, wet dressing, tourniquet used.

381 FT

Woman. Married. Aet 38. Admitted for a fibrous tumor at right side of neck. 15 years ago, felt a small swelling where tumor is now, about size of a pea, hard and movable. It gradually enlarged and now has attained the size of an orange. Fibrous tumors are distinguished by their firmness, superficialities, etc., and are very common about neck and angle of jaw. May remain a long time inert as in this case, but as age increases, are apt to assume a

malignant character, and it's only when the skin becomes red, tumor inflamed and painful, that patients generally think of applying. This tumor is a more fibrous, non-malignant one but if  
382 allowed to remain longer, may put on morbid action and thus put removal out of the surgeon's power. The first step in excising such is to make a *free* incision over tumor and beyond its edges (see Fig. [not found]). This incision should be directed so as to afford a free exit of matter and prevent deformity. If on face, it is always necessary to make incision in *line of wrinkles* or fibres of muscles. The *simple* incision is to be preferred, as the crucial or V kinds are not so ready to heal by first intention. Next detach any flap completely off the side of tumor and do the same at other side (see Fig. [not found]). If incision be horizontal, dissect the *lower first*, as blood etc. from the upper is apt to disguise parts, if done last. If simple, keep close to tumor, but if malignant, remove as much as possible. This tumor is connected  
383 to subjacent parts by cellular tissue. Therefore keep traction on one side of tumor and cut cellular tissue on it successively by long and free strokes of the knife. The tumor on removal ought to present the appearance of (Fig. [not found]).

Behind this tumor, is situated another smaller, but of a different kind, which is a curious coincidence. It is *encysted* and may or may not be removed immediately. Sometimes these encysted tumours are confounded with enlarged glands. One years ago, an Irish man, having cancer of lip, applied to all the doctors of North of Ireland to have it removed. They all declined, alleging that as an enlarged gland existed in its neighbourhood, it would be highly dangerous.

384 This tumor was seated under lower jaw where facial artery ascends upon face. He came to Edinburgh. J.S. saw it and pronounced this tumor to be encysted. He performed operation for the cancer and removed the tumor. He is now and has been ever since, perfectly well.

TJ

Man aet 62. Tumor of forepart of hard palate, engaging alveolar process for about 1 inch backwards. 10 weeks ago had swelling of gum at first molar. It extended rapidly backwards and forwards, engaging hard palate. It is reddish-white, firm, lobed, not painful. Its origin is favorable, being evidently from the gum. It is innocent. It is not a tumour of bone, properly speaking. Antrum at right side appears large, and is painful.

385 Removal is the cure. A free perpendicular incision will be made from internal angle of eye down to mouth, inner flap dissected away, cutting through ala and septum of nose. Outer flap dissected back. Knife will then be entered into mouth and circumscribe tumor there. Long bone forceps will then be used and all the part of maxillary bone engaged will be removed. Operation not difficult, but bloody (see Fig. [not found]). The patient's age and rapid growth of tumour are rather unfavorable.

VS

A female aet 26. Admitted 21<sup>st</sup> March with pain, redness and swelling of arm and forearm which resulted from venesection. She stated that she had been frequently bled before and without any bad effect. She was bled for some sense of drowsiness and  
386 oppression and certainly it has had the desired effect for she has got very little sleep since. The old opinion about these occasional effects was that they were owing to some wound of tendon, fascia or nerve, but J.S. is inclined to 2 causes or one of them: 1. Operation not being properly performed. 2. Kind of constitution. It is wrong to use adhesive plaisters immediately over cut as this confines matter, etc. Also *wet* lint is injurious as when it dries it creates irritation. It is preferable to use a little soft dry lint. It was the practice of B. Bell and his time, to cut right down to bone in the original wound when these untoward consequences occurred, on the supposition of these being



- 387 caused by the partial division of tendons or nerves. In the case before us, on 27<sup>th</sup> March, decided fluctuation was felt in upper and inner part of forearm. Bistoury introduced and a communication made with the original wound (see Fig. [not found])  
30th March J. P. Syme

F.T. 30th March

This tumor was removed today in the way above mentioned. The sheaths of carotid artery and jugular vein were partially exposed during the dissection, but the edge of the knife being directed always *towards* tumor, they were not in danger. 2 vessels secured, suture applied and cold \_\_\_ (see Fig. [not found])

F.J. 30th March

- This tumor was also removed today and in the way mentioned.  
388 About anterior third of upper jaw was removed. For incisions, see Fig. [not found] One tooth removed, 1 bicuspid of right side before forceps used. For osseous parts removed see Fig. [not found]. 2 vessels secured, 2 sutures, 1 needle at lip. Very little haemorrhage.  
31<sup>st</sup> March J. P. Syme

G 30th March

This case is doing remarkably well. The slight acceleration of pulse which continued for a day or two has subsided, and stump which was dressed today for the first time, looks very well.

- In disease of metatarsus, it was the old practice to amputate below the knee. Now however, a very great alteration indeed has taken place in the treatment of such. The metatarsus has been removed completely or partially for such disease (Fig. [not found]), and moreover, if even tarsus itself be but partially diseased (as the cuneiform or cuboid bones), the part has been easily removed. The old objection was that the tendo achillis
- 389

would draw heel upwards so to present the face of stump to the ground on account of the insertion of the *anterior* tendons being cut off. But this objection is invalid, for in all the cases operated on by J.S. and others, such never occurred; and by a little ingenuity, a shoe has been made by which very little perceptible deformity exists. Besides it is well-known that the cut ends of the tendons acquire new attachments in the stump, which itself generally becomes one mass, resembling condensed cellular or fibrous tissue. In this way new insertions are made,  
390 by which the muscles can perform flexion, adduction and abduction of foot as formerly. In the tarsus, the first range is usually affected. J.S. spoke of a case where amputation was performed *below knee* for disease of *great toe*!

TJ 30th March

The teeth were extracted in order to gain room for the action of the forceps. Old practitioners used to extract the teeth the day before which was making a double operation and giving a great deal of uneasiness to patient, whereas by extracting during the great operation, it becomes a matter of trifling consideration. J.S. took pains to secure the vessels of the palate as from the nature of the texture there, and the action of suturing they  
391 sometimes occasion an inconvenience. J.S. made the incision partly semilunar so as to have a kind of upper flap. The carotid artery and jugular vein were exposed considerably but by cutting always *upon the tumor* no danger need be apprehended.

Day after the operation and next day, patient complained of difficulty of swallowing and opening mouth. This, however, though apparently alarming from its similarity to approaching tetanus, is owing to the relative situation of the cut surface to pharynx and tempero-maxillary articulation, and besides her countenance, pulse and skin are all in a favorable way. She must now be nourished principally by fluid diet. During the operation

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392 several vessels were secured, but still in the course of the evening, one or two more had to be tied as haemorrhage evinced itself.

TS

Aet 6, boy. Admitted with a swelling on his right side. 3 weeks old, a tumor appeared in this situation about size of 2/6,<sup>1</sup> since which it has gradually enlarged and now is as large as a half apple. It is flattened, not discoloured, soft but elastic. What kind is it? Is it cerebriform? No, such grow *rapidly*. Fibrous? No, it is soft. Adipose? No, not so elastic. J.S. pinched a portion up and found it somewhat *translucent*. It is therefore a *cystic tumor*. A section of such presents a collection of cells, containing fluid. Generally situated about neck and trunk but *rare*. J.S. mentioned  
393 a case of it occurring in the scalp of a child. The consequence of leaving it alone would be its gradual enlargement, liability to become adherent, and sooner or later to degenerate into malignant disease. Therefore always remove such *early*. In operating, difficulties may occur from adhesions to skin immediately over it. If it can't be removed, cut right into it and stuff with lint to induce suppuration. Heal up by granulation, etc.

F 9th February (see First Report Book)

Since last report, the utter hopelessness of this case has been apparent. The patient persisted in his former determination, though he was plumply told there was no remedy but amputation.  
394 tion. Hectic has latterly supervened. His voice has failed and he is now *in articulo mortis*. (He died at 9 a.m. next day.)

N

A young boy was admitted from a great distance 3 months ago with *necrosis of left femur*. The left thigh was swelled to twice

<sup>1</sup> [A half-crown, a pre-decimal coin 32 mm in diameter.]

the thickness of right. Constitution scrofulous, much debilitated. Though reproduction of a femur in a healthy constitution might be anticipated, yet considering everything, it was impossible in the present case. Therefore J.S. proposed immediate amputation at hip joint. But parents were determined not to allow of *any* operative interference on any account and told J.S. that they would *rather* see him die before their eyes than sanction such a step, and they have got their preferred desire—he is rapidly sinking! See Fig. [not found]

Necrosis used to be considered a dark and mysterious subject, and even now disputes are rife about some points connected with it. The difference between caries and this is, however, well established; caries = *disease* of bone, and necrosis = *death* of do. 2 great questions remained until lately undecided. 1. How is the new bone produced? 2. How *far* can it be so? If a piece of bone be removed from a shaft, it will be reproduced to a certain extent. If a piece of bone be trephined out of skull, its place is filled by a ligamentous substance formed from the pericranium and dura mater, but also osseous matter will be formed to a small extent around circumference projecting inwards towards centre and of a triangular shape whose base is the original circumference—see Fig. [not found]

Sir A Cooper made experiments on this point. He cut out  $\frac{1}{2}$  inch of a radius of rabbit and in the usual time it was completely reproduced. Of *more* than  $\frac{1}{2}$  inch, not but only partially, remainder filled by a ligament. Again, it is a fact, and J.S. showed a specimen, that a complete shaft may be reproduced in necrosis but this is not *uniformly* so, as in some cases it is only partially so, and *why*? Some say that its reproduction depends upon the soft parts around, but these are the same in all cases. Others say that bone produces bone, but this is as invalid. Periosteum? But it might be said, we don't find one texture producing another—nevertheless this appears the true opinion.

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The periosteum always becomes invariably thickened after fracture, etc. and where no periosteum, no new bone exists. J.S. made experiments to prove this. 1. He cut out a piece of bone leaving periosteum and bone was reproduced. 2. he cut both away and none was formed. Now the practical use of this fact is to be able to ascertain *what likelihood* there is of reproduction in such cases and if amputation will be required.

2<sup>nd</sup> April 1841

J. P. Syme

- 398 Of bone being reproduced there are 4 different opinions as to the source. 1. The remaining bone. 2. The bone previous to its death. 3. Changes in periosteum. 4. Changes in soft parts around. In last meeting, it was, however, clearly established that the 3<sup>d</sup> alone is correct. As an example of the practical utility of this fact, we may suppose a case of a boy who has sustained a blow and afterwards exposed to cold, by which a joint (say hip joint) becomes affected. His thigh swells, inflames, fluctuation is soon felt. The surgeon punctures and evacuates matter, puts his finger in and feels perhaps a great portion of femur *bare*. Now if he subscribes to opinion 1, he will recommend amputation as the only remedy, supposing that new bone could not be formed under the circumstances. But if he agrees in opinion 3, he will at once see that if the constitution holds out, there is nothing to hinder the reproduction of even a whole new femur.
- 399

ML

- Man, aet 36. Admitted 5<sup>th</sup> April with tumors (varying from size of a hazelnut to that of an orange) scattered over trunk and extremities. Skin only in one instance discoloured. Generally movable, but some fixed. 12 months ago was thrown down from a ladder and very soon after, these made their appearance. At a first view, they stimulate *molluscae* which constitute a class of
- 400 movable tumor, little sensible. But these last are tumors of the

skin whereas the former are beneath. *Molluscae* are not common, but harmless, soft, much of the consistence of a fatty tumor. J.S. is doubtful about the nature of this case. If it were one tumor, he would have hesitation to referring to a *kind* of tumor, intermediate between adipose and fibrous. This kind when cut out, are very apt to return. J.S. related a case of the kind in a gentleman, situated a little above wrist on outer side of forearm. J.S. recommended excision. However he had occasion to go to London and consulted Sir B. Brodie, who also recommended excision, which was accordingly performed, it first  
401 having been ascertained by puncture, that it was solid. The wound was scarcely healed till it returned and this time J.S. operated; but it was not till operation was performed a third time that it failed to return.

J.S. showed a specimen of a fibrous tumor which he had excised during the day. A small portion of integument was left on the tumor as it was indurated and thus affected. The incisions are represented in Fig. [*not found*] In the case on hands, the constitution of the patient is most probably affected. Therefore it would be useless applying any *local* remedies. J.S. has, consequently, ordered :C·Na and Rhubarb followed up by IK: and if  
402 these fail, Cl<sup>2</sup>Hg and :As<sup>2</sup>.

### *Strabismus*

*Cause.* Some used to consider that squinting was a congenital affection. But it is now well-known that it is rarely if ever so. It is usually acquired at an early period of life. Imitation has been considered a cause but this mistake has arisen from several of a family being affected. It is more probably owing to a similarity of constitution. Its true cause is a contracted state of the internal rectus and sometimes the external rectus. Wry-neck and pointed-toe are similar deformities, but differ from squinting in

being *permanent*, whereas the latter is inconsistent and  
403 [fig. 67, page 150. Probably the same case as on agm378]  
404 irregular (as when the sound eye is closed, etc.) This fact would  
naturally lead one to distrust the operation for its relief. But  
cases of *spasmodic* wry-neck occasionally occur, which can be  
voluntarily overcome but with great pain and difficulty. J.S.  
related a case of a gentleman with wry-neck. The *sternomastoid*  
was almost constantly in convulsive action and rendered the  
patient's life miserable. It appeared twice as thick as the other  
and its action could only be overcome by great exertion and for  
only a few seconds. At dinner, he had to hold his head straight  
with one hand. J.S. cut it across, and the muscle immediately  
became quiet and of the natural size. But unfortunately as soon  
as the wound healed, it returned as bad as ever.

405 The operation for squinting has been mentioned in 1<sup>st</sup> Report  
Book.

All along, instances have occurred of failures, and for this,  
some have recommended the section of other *muscles* as superior  
and inferior rectus. But this produces another deformity =  
prominence of the eyeball. It is better to perform operation over  
again and divide the *expanded* insertion of the *muscles* viz.  
*tunica albuginea*, to a considerable extent. *Liston* recommends,  
if operation fails, to pull eyeball (by means of double-clawed  
hook) outwards forcibly so as to break up any adhesion that may  
have formed, but J.S. thinks this unnecessarily severe.

406 J.S. brought before the notice of the class a *new operation*  
proposed by *Dieffenbach* for the cure of stammering. It is a  
transverse incision at the root of tongue. It is necessarily  
attended with alarming haemorrhage, and considerable difficulty  
owing to its situation to important parts. Even *Dieffenbach*  
himself says "you might rationally fear great danger in its  
performance." Stammering is almost solely confined to child-

hood and with puberty's approach, it generally goes off. It depends in a great measure upon an unsteady action of muscles concerned in articulation, which as nervous influence becomes more regulated and powerful by age, soon subsides. Excision of  
407 tonsils and uvula have been attempted to cure it. But this plan must depend greatly for its success on the effect upon the patient's mind. For it is a fact that a sudden stimulus such as glass of wine or slap in the face will remove it for the time, which evidently depends upon its effect on the nervous system. It is well-known too that regulating the sound of syllables (i.e. using a slow regulated voluntary power) as in singing banishes stammering.

TH 5th March

Since last report, erysipelas ensued after application of 2nd blister. Treated by Tart. ant. and purgatives. It is now gone. Tumor is still there, but greatly diminished. Another blister has  
408 been ordered. Continue. J.R.

UE

A case of a middle-aged man. Admitted 5<sup>th</sup> April complaining of sore throat. Had primary syphilis some years ago, for which he was salivated.

On *examination* epiglottis is completely gone except its base, which is felt by the fingers as a rough edge. Pharynx red, swollen, etc. Ordered IK.

6<sup>th</sup> April

J. P. Syme

(L)

An elderly man. Large, countenance sallow. Had been labouring under urinary calculus for some time and latterly his sufferings were very severe and urethra and bladder exceedingly irritable.  
409 However examination was made and calculus felt but it was not



completely “satisfactory” to the surgeon in attendance. A consultation was held and it was agreed to perform lithotomy for his relief.

Today at 12 noon, patient was brought into the theatre. Secured in the usual way on a low table. Sound passed and calculus felt and heard. Staff grooved introduced which with the scrotum and penis was held firmly up by Dr. Duncan. After shaving off the hair in the line of incision, Dr. Robertson made the first incision in the usual way for the lateral operation (see  
410 Figs. [*not found*]), dilated the wound with his finger and felt for the staff. The 2<sup>nd</sup> and 3<sup>rd</sup> incisions must have cut the superficial perineal muscles, as it was not till the 4<sup>th</sup> that the bladder was entered by entering the groove in staff at membranous portion of urethra, slicing off obliquely the left lobe of the prostate and withdrawing the knife, cutting bladder a little more and left portion of sphincter ani. Inserted finger and felt for calculus (staff having now been removed). Introduced forceps and took away some small pieces about size of peas. Used scoop and brought away more. Not thinking all away *Read’s syringe* was  
411 used and bladder washed out per urethra. Forceps and scoop used again and after some fruitless trials, no more could be extracted. Tube passed into bladder by wound and secured by ribands. Lint applied and patient removed.

Dr. R. showed a number of fragments of *uric acid* calculi and explained that it was *not known* previously(!) what was the nature and size of calculi in this case as *examination* could not easily be made, owing to the obstinacy of patient. Also that perinaeum was very deep and bladder very large. See Fig. [*not found*]

7<sup>th</sup> April

J. A. Robertson

412 A case of carcinoma of lower lip. Some 2 years’ standing. Commenced first by an abrasion of cuticle, which he continued

to irritate by smoking with the pipe at that side of his mouth. Carcinomatous deposit followed, which continued till now it has *depressed the lip* or taken its place for a small extent. Removed today by bistoury, tumor being held not by the finger and thumb. 2 vessels secured. Mucous membrane and integument apposed by 2 sutures. See Fig. [not found]

7th April

P. D. Handyside

Exfoliation differs from necrosis in this:—former is death *without* reproduction, latter is death of bone *with* reproduction.

413 P.

A case of paronychia of the middle finger. Proximal phalanx now affected. Amputated today by making 2 side flaps at metacarpophalangeal articulation. 2 vessels secured, 2 sutures, bandage. See Fig. [possibly fig. 66, page 150]

J. P. Syme

Case of adipose tumor over infraspinal region of right side, about size of (5 inches long and 3 broad and 1½ deep). It adhered pretty firmly to integument, which prolonged the dissection more than anticipated. Deep fascia exposed and some large veins coursing upon it. 2 vessels secured (dorsalis scapulae and infraspinal branch of suprascapular). 3 or 4 sutures.

9th April 1841

J. A. Robertson

414 A case of ununited fracture of right femur at its middle. Nearly a year has elapsed since the time of accident. Has been several months in Infirmary treated by perfect rest and starch bandaging which rendered limb almost immovable. Still no benefit has accrued. The broken extremities are as movable as ever. Therefore today, a *seton* was placed between the fractured

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extremities. An incision was made over or rather to inner edge of rectus muscle down to the fractured part capable of admitting 2 fingers. The long seton needle armed with a skein of cotton was then passed, bringing it out at outer edge of thigh close  
415 to semi-membranosus muscle [fig. 68, page 170].  
12<sup>th</sup> April J. A. Robertson

(SA)

A case of scrofulous disease of ankle joint involving synovial and cartilaginous tissues with the adjoining soft parts in a young girl. Latterly her health was suffering greatly and hectic symptoms had supervened. Right leg was therefore amputated below the knee by the flap operation, the flap being made by entering  
416 the knife from without inwards, in place transfixing, which is the usual plan. 3 large vessels were tied, quite close to each other, viz. anterior, posterior tibial and perineal. Sutures and wet dressing. The cutting and securing occupied only about 10 seconds but securing vessels about 10 minutes. The patient cried very much.  
13<sup>th</sup> April P. D. Handyside

MT 6th April

J.S. has made up his mind upon this case. He thinks, as first occurred to him, that it is connected with that disease well known among horses as “Glanders”. This when transferred to man, is generally an acute disease though occasionally chronic  
417 and presenting the appearances of the present. The patient himself is idiotic and of course can’t give any account of it. But from all accounts, he was very much engaged about horses. J.S. mentioned the case of a man who was admitted into the medical wards under Dr. Alison with erysipelas of the face (as it was said). J.S. was requested to see him, and he certainly thought it different from any case of erysipelas he had ever seen. He died,

and in dissection, under the skin and between muscles, were formed *numerous tubercles*. A veterinary surgeon from his neighbourhood came soon after, and stated that this man had  
418 died from glanders, as for many years that place had never been free from it; and since another man had died from same cause. So J.S. intends making inquiries to ascertain the history of this case.

P 9th April

This finger would never have been of any use, as tendons were destroyed even if it had recovered. In removing this, care must be taken not to leave too much as it is apt to leave an unseemly excrescence between the sound fingers. In these cases, we should proceed according to rule and operate as in the fig, [*possibly fig. 66, page 150*] commencing at the prominence (or knuckle) and ending at the division of the fingers.

419 *2 cases of severe fall*

One aet 32, other 19. Fell from the scaffolding of a house about 4 stories high into a mass of mud 2 feet deep.

In cases of this kind, it is the surgeon's duty to examine particularly the whole body. A case occurred to J.S. in the Infirmary. A man had fallen a considerable height and was brought immediately to hospital. He complained of severe pain in his back. Cupped and in 2 weeks. J.S. asked him to rise up. When doing so a dislocation at hip joint was immediately detected and reduced with ease. But if this had been allowed to pass over, it might never have been reduced.

420 It is of considerable importance to know what part of the body touches the ground first, as well as the height and the manner of his fall. A little boy at Heriot's Hospital fell a height of 45 or 50 feet from the cornice of the building. He fortunately lit on his toes, and owing to the shock being successively diffused

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through metatarsus, tarsus, leg, femur etc, he sustained no injury. A fall upon the extremities is more favorable than on trunk or head. A fall upon the *heel* is dangerous as the shock is more directly propagated to the important viscera. A man fell from the very summit of the North Bridge (a height of fully 70 feet), and sustained little or no injury. His fall was, however, “broken” by a small wooden building, through which he fell.

Generally speaking, when no fracture or dislocation has been sustained, the prognosis is unfavorable, as it shows that the shock has not been interrupted, as by fracture, etc., the force is partly expended. A soldier of 42<sup>nd</sup> Regiment stationed some three years ago at Edinburgh Castle, asked leave and was denied. In a moment of frenzy, he threw himself over the battlements. A lady, who was walking on the terrace below, saw (as she believed) a bundle of clothes coming tumbling down the rocks, and soon stopping at her feet. It was the soldier. He was carried to the Infirmary and though his legs and arms and skull were fractured and otherwise severely wounded, he was seen, 6 weeks after, a sentinel on duty at the Castle!

Aet 19. It is stated that his fall was broken. However he is coming on very well. Neither of them have any fracture or dislocation.

Aet 32. Complained a good deal from bruising but his intellect was perfectly clear. Notwithstanding he died this morning. Now what is the cause here? Most probably rupture of intestine, which generally is very suddenly fatal. His urine required to be drawn off, and he had tympanitis. His body, however, will be examined.

It is of the greatest importance to be *guarded* in *prognosing* on such cases, as frequently mistakes are made, through want of this caution.

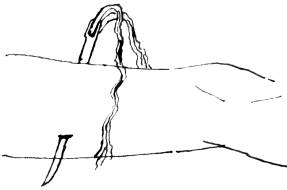


Fig. 68—agm415  
Placing seton in gap of  
unhealed fracture.

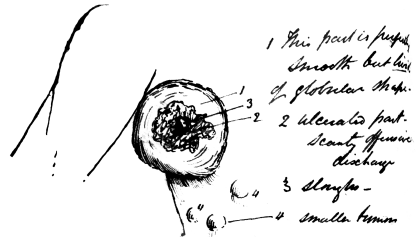


Fig. 69—agm426  
Breast cancer.

1. This part is perfectly smooth but livid,  
of globular shape. 2. Ulcerated part,  
scanty offensive discharge. 3. Sloughs. 4.  
Smaller tumors.



Fig. 70—agm427  
Fatty tumour.



Fig. 71—agm428  
Incision for removal of  
osteosarcoma.

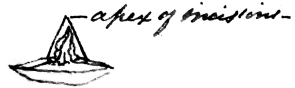


Fig. 74—agm438  
Repair hare-lip.

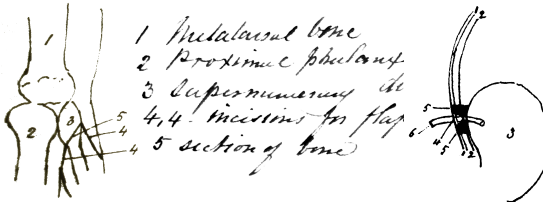


Fig. 72—agm430  
Removal of supernumerary phalanx.  
1. Metatarsal bone. 2. Proximal phalanx.  
3. Supernumerary ditto. 4. Incisions for  
flaps. 5. Section of bone



Fig. 73—agm435  
Supra-pubic cannula.  
1. Integument. 2. Fascia and rectus  
abdominis. 3. Bladder. 4. Extent of punc-  
ture. 5,5. Adhesions formed. 6. Cannula.

FT

Boy aet 7. Admitted 12<sup>th</sup> April. It appears he had fallen off a cart and that the wheel had passed over his thigh. On admission, the thigh *appeared* as if bent like a bow but this is a thing which is never *real*. When from *direct* violence, the *anterior* fragment is generally the lower, but in other cases and by far the most numerous, the upper one is anterior.

424 The chief sign of the fracture is preternatural mobility. In this case, it was remarkable that this did not exist, and thus cases may be maltreated if this fact be not known. A case occurred to J.S. of this kind, when by not using sufficient force, a deformity resulted. So it is well to be aware that fracture may exist and no preternatural mobility. Long splints applied.

TN

A case presented itself of a tumor at latero-posterior part of neck in a young —. Nearly as large as the head. Head is bent down towards opposite shoulder. It is solid, but not hard. Has existed a long time. About 3 months ago after an attack of scarlet fever, it spontaneously reduced to the size of a walnut. From this circumstance, J.S. is inclined to think it may be ultimately removed. It will be punctured and galvanism directed through it.

T 23<sup>d</sup> February 1841

425 This tumor has been steadily decreasing under the effects of puncture and is now so small, that J.S. will have no hesitation in shortly removing it *per scalpellum*.

Concerning the influence of galvanism in promoting absorption, J.S. 2 years ago tried it on 2 cases of enlarged testis; and in a short time effected the desired end. It is a subject worth looking after.

S 2<sup>nd</sup> March

Today acupuncture again applied.

G 30<sup>th</sup> March

Erysipelas had attacked the stump and leg but is now subsiding. Some constitutional excitement.

13<sup>th</sup> April

J. P. Syme

MT 6<sup>th</sup> April

426 In this case, the largest tumor is situated a little below axilla and edge of pectoralis major. Its surface is partially ulcerated and sloughs are separating in the centre [fig. 69, page 170]. These tumors are quite firm and can be rolled but *very slightly*. Painful on pressure.

14<sup>th</sup> April

J. P. Syme

A case of adipose tumor situated between posterior margin of left scapula and spine. It was about 18 inches long and 8 broad and 5 or 6 deep, and presented the external character of steatoma well. Patient about middle age and male.

427 2 semilunar incisions, inclosing an elliptical portion of integument, were made in longitudinal direction. Integument dissected off on one side and then on the other. 8 or 10 arteries secured—very little haemorrhage. 5 or 6 sutures, wet dressing [fig. 70, page 170].

J. A. Robertson

428 A case of osteosarcoma of part of lower jaw was also operated on today. Young man apparently about 25. 3 months swelling. Caused by a blow. On admission it was examined by a training surgeon and was found fibrous. It was situated in left side of lower jaw between symphysis and first molar. An incision was made in median line from lower lip to point of chin and a second



drawn from that along margin of jaw for 3 inches. Flap turned up. By saw and bone forceps, tumor was removed. At symphysis bone was remarkably dense so that trial to divide it by forceps failed. 3 or 4 vessels, sutures and one needle. Very little haemorrhage [*fig.71, page 170*].

15<sup>th</sup> April

J. A. Robertson

429 P. 9<sup>th</sup> April

In this case, a congenital deformity exists upon the other hand viz. a supernumerary thumb which is seated on side of head of first metacarpal beside true one. When this is ascertained by the accoucheur, its removal should never be delayed, and if the connection to metacarpal or metatarsal bone (as the case may be) is not integumentary, the scissors should not be used. 2 small flaps should be made with the knife and the bone snipped off. If this care be not taken, serious consequences are liable to ensue. J.S. related a case of a gentleman of this place, who was one of 3 children afflicted with supernumerary toe. The family  
430 physician removed it one evening by scissors and ever since (some 20 years) owing to the projection of the badly formed stump, he has been lame, and can only walk with ease by wearing a particular shoe. Indeed, in general, when not carefully removed, such projections become the source of vast suffering arising from acquired morbid sensibility of part.

[*fig. 72, page 170*]

H.C.

Case of hydrocele of spermatic cord—rather a rare affection. In this case, it is easy to distinguish it from hydrocoele of  
431 tunica vaginalis testis. You can feel the testis round and round, whereas in the latter it is only at posterior and superior part it can be detected. It is distinguished from inguinal hernia by its shape and situation, and other manifest circumstances. In

hydrocele of infants, you should never inject, more particularly as it generally yields to discutient lotions, and if not, to puncture and these applied afterwards. In tapping infantile hydroceles, it is better not to use a trocar, but simply puncture by a lancet and by passing a probe till the fluid has all escaped. It has often been thought that by injecting hydrocele of the cord, there is danger of injecting into abdomen. But J.S. has again and again done so without the slightest danger. He uses (as before mentioned, see First Record Book) tincture of iodine diluted with 3 oz water and has seldom seen any bad consequences arise. However, one case he related which was remarkable on this account. A man had double hydrocele. One testis was suspected unsound; accordingly J.S. tapped the hydrocele on the sound side and injected. He then tapped the former and was gratified to see that the testes there too was perfectly sound, the suspicion arising from the extreme tensivity of the tunica vaginalis by the fluid enclosed. He therefore injected it also with the same fluid, now perhaps diluted a little. He allowed the man to walk about as usual, and all went on very well till the evening of the next day, when violent inflammation attacked the first-operated and continued for a week with some constitutional irritation, till suppuration ensued and the part gradually got well. The suspected side healed up most perfectly and without any unusual inflammation. J.S. ascribes the peculiarity of this case to irritability of constitution.

R.

Aet 12. Admitted with swelling of right knee. 3 weeks ago was struck by a stone, which accident was followed by considerable swelling and pain. Antiphlogistic treatment followed by 7 blisters with no relief. The swelling is very manifest and extends to  $\frac{1}{3}$  of thigh. It is 4 lobed (as it were), 2 above and 2 below patella. It arises from increased synovia. App. vesicat. alterans.

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Aet 17. 2 years ago, fell off a cart and hurt his knee severely. Thickening of synovial membrane and swelling resulted, accompanied by frequent nocturnal pain. As this case is so chronic, J.S. will apply the cautery, which when properly used, J.S. has never found to fail.

R 12<sup>th</sup> March

435 Though this case has got permanent relief, as far as passing urine is concerned, yet there is no doubt he is sinking under the effects of his original disease.

J.S. would recommend puncture above pubis under such circumstances, and in doing so remarks that the external puncture should be *free* and the bladder punctured simply by means of a trocar, which (or rather the cannula) is tightly enclosed by muscular fibres of bladder for at least 24 hours, by which time adhesions have formed all around external wound so as to prevent all extravasation.

[fig. 73, page 170]

16<sup>th</sup> April 1841

J. P. Syme

His last lecture for the season.

436 (L) 7<sup>th</sup> April

This case is coming on beyond expectation. Cannula is giving uneasiness and is to be removed today—water to be drawn off *per catheter*.

16<sup>th</sup> April

J. A. Robertson

1 Lithotomy (J.R.)

Deaths

1 Excision of forepart of upper jaw J.S.

1 \_\_\_\_\_ part of lower \_\_\_\_ J.R.

4 Amputations at middle of thigh J.S. J.R. P.H.

1 J.S.

1 \_\_\_\_\_ at shoulder joint J.S.

1 J.S.

The Student Record Books of Andrew George Malcolm

2 _____ below knee	J.R. P.H.	Deaths
1 _____ at middle of leg	J.S.	
3 excisions of diseased bone in leg	J.S.	1 J.S.
1 _____ of _____ breast	J.R.	
2 _____ fibrous tumors	J.S. J.R.	
3 _____ adipose _____	J.R.	
1 extraction of lens	J.R.	
2 Breaking up of D <sup>o</sup>	J.R.	
3 Amputations of toes	J.S. J.R.	
2 _____ of fingers	J.S. J.R.	
1 _____ below elbow joint	J.S.	
437 10 Tenotomy	J.S. P.H.	
2 Dislocation of humerus into axilla	J.S. J.R.	
3 Tapping and injecting for hydrocele	J.S. J.R.	
4 Cancer of lip	J.S. J.R. P.H.	
1 Loose cartilage in knee joint (new operation)	J.S.	
1 Fistula lachrymalis	J.S.	
2 Hare lip	J.S.	
3 Circumcisions	P.H. J.R.	
3 Varicose veins	J.R. P.H.	
1 Puncture bladder above pubis	J.S.	
1 trephining	J.S.	1 J.S.
1 Amputation of penis	P.H.	
1 excision of eye blastoma in orbit	J.R.	1 J.R.
—		—
62 = 24 J.S., 19 J.R., 19 P.H.		4 J.S. 1 J.R.
1 hernia inguinal strangled	J.R.	

Case of hydrocele of the spermatic cord. Very tall man (cf. 7i) had this affection some years ago, which was treated by puncture and evacuating fluid and stuffing cavity with dry lint. This caused considerable suppuration, and cured it *pro temp*. Some months ago, it collected again and today J.S. punctured, evacu-

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ated and injected as in any other hydrocele. About 1 pint of amber-coloured fluid was drawn off. Time, 5 minutes.

Case of child of 2 or 3 years old, with hare lip. Edges sliced off, arteries twisted. 1 pin and 1 suture [fig. 74, page 170].

Case of polypus attached by a band to edge of Eustachian cartilage. Tube with thread around with plug for posterior nares in case of haemorrhage, passed through nostril. Polypus was seen from mouth, hanging behind soft palate. Secured by forceps and  
439 with scissors snipped off. Firm and size of a large marble. J.S. could not have taken any more off by *ligature* and therefore used scissors. [fig. 75, page 200]  
20<sup>th</sup> April 1841

J. P. Syme

T 23<sup>rd</sup> February

As stated, this tumor was taken out today. A free incision was made in the long axis of tumor i.e. from behind left ear to beginning of trachea, the patient's head resting upon a pillow, himself sitting upon a chair [fig. 76, page 200]. The dissection was conducted in the usual way, drawing out tumor and cutting its  
440 connections upon the tumor. The internal jugular was exposed, but, by this way of proceeding, was avoided. 1 vessel tied, sutures. Tumor was about size of an apple, and quite firm, fibrous.

21<sup>st</sup> April

J. P. Syme

T 23<sup>rd</sup> February

Some feverishness and pain of wound have supervened, but today he is rather better. He is ordered an acid, cooling drink.

A man was operated on today for a small malignant tumor in lower lip not involving the mucous membrane or integument

except at their juncture. It was taken out by making an incision  
441 on each side but not cutting the mucous membrane. 1 pin and 2  
stitches [fig. 77, page 200].

M.T. 6<sup>th</sup> April

In this case, though idiocy exists now, yet it has only been so far  
a few years back. In his early life, he was as sane as any person.  
He is much inclined to doze and lies principally on his left side.

23<sup>rd</sup> April

J. P. Syme

An old man, apparently about 60, had been afflicted with  
inguinal hernia for 6 years, during most of which it had been  
*reducible* by ordinary means. Latterly, however, it had been  
442 disposed to remain down, and within these few days became  
strangulated. Last night the usual symptoms of strangulated  
hernia presented themselves. Fomentation and warm bath and  
*taxis* were immediately applied, but without avail. Then cold was  
applied to tumor followed by enema, but symptoms *persisted*  
despite of these measures. It was decreed prudent to resort to  
the knife. Accordingly today at noon, the operation was  
performed. The external excision was not so large as usual, and  
extended but a short way into scrotum. This was done that the  
443 great coil of intestines might be more easily reduced. 3 feet of  
intestines was down. After division of the stricture, considerable  
difficulty was nevertheless found in reducing such a quantity;  
and from the restlessness of the patient, it was very tedious and  
annoying. For example after reducing nearly all, a sudden cough  
or strain of the patient would send down as large a coil again.  
Sutures, compress, flannel bandage.

24<sup>th</sup> April 1841

J. A. Robertson

444 Case

Aet 22. Carter. 1 year ago fell off his feet violently upon his left

hip. Did not feel it much at time, and continued at his employment for 1 month, during latter of which he was lame. Ordered Vesicat. Coxae, afterwards a strong liniment and then lay with a seton in his hip 9 weeks. Still no use. Empl. picis was then applied which he wore walking about for 2 months—then a new one. During this time, he felt the joint a little firmer.

445 Admitted 10<sup>th</sup> April. Examined. Considerable prominence above and about exit of sciatic nerve and pain on pressure and nocturnal pains all along back of thigh, pain in lifting the leg, and turning on that side in bed. No pain in knee. J.S. ordered acupunctination and hot baths occasionally. No change 24<sup>th</sup> April.

J. P. Syme

*Case of amaurosis*

Man aet 35. Shopkeeper. 7 months ago, after unusual exertion, *double* and indistinct vision suddenly occurred. At this time and previously, he had been affected with indigestion, frequent vomiting after meals and occasionally bringing up bile. He took 12 dozen of Blue Pill, salivated 4 times. Along with the Hg. he was ordered 3 powders every day (from description probably 446 strychnine). Of these, he took 4 dozen. Besides, he was ordered and took 1 bottle ( $\frac{3}{4}$ ) every 2 days containing probably magnesia etc., till he had taken 15. All this treatment being made, he came into hospital 8<sup>th</sup> April.

Examined. He can see objects more clearly than before but still *double*. If one eye be closed, he sees *single*. The object is seen in its right place as at (A), but its *facsimile* is seen also about 1 or 2 feet higher up as at (B) at the same time [fig 78, page 200].

He has been ordered a mixture of salts and Tart. emet. for feverish excitement, Pil. Hydrarg. (1 every 4 hours) for amaurosis and Pil. Joct. occasionally for stomach.

24<sup>th</sup> April 1841

J. A. Robertson

447 A case of Typhus Fever

AGM<sup>1</sup>

Aet 22, medical student. Subject for 3 months previously to pyrosis and slight dyspepsia attacks.

15<sup>th</sup> August 1841

Complained of languor and lassitude. 2 nights previously attended midwifery cases, by which he lost his sleep.

16<sup>th</sup> (1)

Got up, but was soon obliged to return to bed again.

3 p.m.

Pulse 100, tongue slightly furred, moist, and skin soft and perspiring, Countenance natural, bowels confined.

Pil. Cath. No. j hora somni  
et cras. mane Infus. Sennae ad effy.

17<sup>th</sup> (2)

448 Bowels freely acted on. Felt somewhat relieved. Perspiration kept up by small doses of P. [Tov.?] which was changed next day for Ag. acetat., Ammoniac C. Nitrat. Potassae. Nevertheless the frequency of the pulse was not diminished. Thirst and loss of appetite continued.

18<sup>th</sup> (3)

Altogether better today.

19<sup>th</sup> (4)

Pulse 116, tongue furred all over, moist, indented at sides. Bowels not open for past 2 days. Perspired freely during night and rested pretty well. Complains much of pain in the gastrocnemii, sternomastoid, and some of forearm muscles. No erup-

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<sup>1</sup> [The initials seem originally to have been 'AM' but then a 'G' was inserted in the middle, largely obscuring the initial stroke of the 'M'. Almost certainly, the patient in this case was Andrew George Malcolm himself. The Malcolm Family book states on page 335 that he "while a student had severe typhus fever" and his obituarist states that this was in the summer of 1841 whilst a student in Belfast. He would have been 22 years old at that time. The notebook entry is unusually long and at the end it states that it was a copy of Dr. Reid's records. (This would have been Dr. James Seaton Reid.)]



tion. Countenance natural with the exception of the eyes which are suffused. No intolerance of light, no headache. Thinks he would be quite well were it not for the muscular pains.

Hab. calomel gr.ijj

et Mist. aper. 4tbs horis

449

20<sup>th</sup> (5)

Pulse 120, tongue rather cleaner, moist. Bowels fully acted on by the aperient medicine. Course of ascending colon tender on pressure. A few spots of eruption on anterior part of chest, none on any other part of body. Pains in the muscles severe. States that when he looks at an object for any length of time, it gradually changes its form; but his vision is correct when he first sees it. No headache, confusion or ringing in ears. Slept pretty well.

R calomel gr.x

Pulv. Dov. ℥i M.

in pil. viij ceq. div.

Cap. i secundis horis

App. sinap. catap. p.d.

450

21<sup>st</sup> (6)

Pulse 118. Tongue more deeply coated in centre and cleaner at side. Bowels open. Pain over ascending colon removed by sinapisms. Scarcely slept so well. No headache, some ringing in ears and giddiness in leaving bed. Eruption is now distinct in patches on chest, abdomen and thighs. Skin rather hot, had slight perspiration during the night. Thirst, no appetite. Suffusion of eyes rather increased.

Cont. cal. etc., tertiis horis

Blackcurrant water for drink.

22<sup>nd</sup> 1 p.m. (7)

451

P120, very good strength. Respirations 26, natural. Bowels opened several times this morning without pain. Evacuations dark-coloured. Tongue less furred in centre, red, clean and moist at sides. No tenderness on pressure of abdomen. Urine

high-coloured, thirst moderate. Sleep not refreshing, some delirium during night. No pain of head, some ringing in ears Left eye injected, both suffused. Scarcely so quick in answering questions as yesterday. Eruption more distinct, more of a petechial character. Strength pretty good.

Abrad. capill.

et Lot. aceti. ad mov.

Cont. cal. etc., 2<sup>is</sup> horis

and to have 5℥ Tr. Opii with every pill if bowels opened more than once in 4 hours.

9 p.m.

452 Pulse 124. Skin pungently hot. Bowels open once, fluid. Tongue rather cleaning. Countenance more oppressed. Has taken only a little arrowroot, feels cold lotion pleasant to scalp. Continue.

23<sup>rd</sup> (8)

453 Pulse 126, less firm than yesterday. Skin moderately warm. Eruption still very distinct and rather increased in quantity. Tongue quite moist, red at edges and less furred in centre. Upper gums, a little red. Bowels not opened since 5 p.m. yesterday. No fullness or tenderness on pressing abdomen. Some sleep during the night. A little confused on awaking but soon recovers himself. Injection and suffusion of eyes not increased. Countenance not at all flushed, leaves bed without assistance. Has just passed ʒvij of pretty natural urine. *Some subsultus* for the first time, but it is slight. Takes very little food, relishes Schweppe's Lemonade as a drink.

R G. Camphorae ʒj

sp. Eth. Nitri, ʒiij

Tr. Zingib. ʒj

Mucilage. ʒij

Syr. opi ʒiss

Aquae font. ʒij M.

C. unam mag. secundis horis capriat.

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Cont. cal. etc. 4<sup>ter</sup> horis  
A Lot. frigidaceae

7½ p.m.

454 Pulse 130 weaker. More subsultus with some starting or shrugging of shoulders when asleep. Inclined much to doze and answers questions less distinctly than in the morning. Bowels opened once. Passes urine. Has taken 7½ grs. of camphor, very little nourishment. Tongue cleaning. Leaves bed with slight assistance, and can turn himself in bed.

Emp. Lyttae 9x C nuchae  
Lot. frigid. capiti.  
Coch. nuam mag Vini Rub.  
secundis horis  
Omit Pil. Cal. etc.

R G. Camphora ʒj  
Spt. E Nitr. ʒss  
Pulv. Moschi. ʒj  
Mucilage ʒij  
Syrupi ʒiss  
Aqua font. ʒij M.  
Cochl. ij mag. 2<sup>is</sup> horis

455

24<sup>th</sup> (9)

Pulse 128 firmer. Tongue still cleaning with very red papilla. Bowels acted on 5 or 6 times since 4 a.m. Evacuations greenish and “cut”. No tenderness or fullness of abdomen on pressure. Slept pretty well, is much more easily roused this morning. Subsultus in arms still continues, perhaps a little increased, but the starting or shrugging of the shoulders *has ceased* for the last 6 or 8 hours. Eye less injected. Strength rather improved. Respiration 26 regular. Has taken 12 tablespoons of vini rubri in arrowroot or gruel (ʒvi) since last report. Blister rose well. He appears in every respect rather better. Eruption not as abundant as yesterday. Colour pretty good.

456 Cont mist camphora  
Cochl. un meg? 2<sup>dis</sup> horis Vini Rubri ex Amyl. Marant.  
Cont. Lot. frigid. Cap.

4 p.m.

Pulse 128. Bowels partially acted on 5 or 6 times since morning, with some tenesmus. Passed urine once inordinately. Subsultus rather increased. Mr. L. saw him about 2 p.m. and ordered an enema with 30 drops Tr. Opii about half of which only was administered. Has taken about 2 tea-cups full arrowroot, one of beef tea, and medicine as needed. Face rather flushed over cheek bones.

Hab. enem. c Tr. Opii ʒss

1 Mist. regioni Hypoclr. dext.

457 Cont. Med. alia.

8 p.m.

Pulse 126 of good strength. Subsultus diminished. Bowels partially acted on twice. Did not get the enema. Mr. L. gave ol. ricini ʒij c Tr. Opii g<sup>tts</sup> XX about 6 p.m. Eye less injected and suffused. Answers more distinctly. Tongue moister. Nurse reports his strength better. Face still a little flushed. Dozes a little, is more collected on awakening. Sinapism was kept on for ½ hour.

At 10 p.m. sol. mur. morph. ʒss

25<sup>th</sup> 9½ a.m. (10)

Pulse 128 of good strength. Bowels acted on 2 or 3 times and has passed urine. Restless till 2 a.m. and has slept since.

458 Strength not diminished, has just turned on side, is *much more difficult* to rouse and dozes again almost immediately. Pupils rather contracted. No flush of cheek. Subsultus increased. Refuses his camphor mixture but has taken some of his wine and arrowroot and beef tea. Impulse of heart quite strong. Some moisture on arms. Respiration 20.

Sinap. suris.

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12 noon

Sinapisms have not reddened skin but the parts are painful on pressure. Left bed on account of the pain. Pulse 123, very good strength, impulse of heart strong. Less moisture on skin.  
459 Subsultus a little diminished. Has taken a little arrowroot and some wine but no Mist. Camph. Is not more easily roused. Bowels acted on once and has passed urine. Has turned on his side but will not answer 2 questions consecutively.

Emp. Lyttæ ampl. capiti

R calomel gr. iv

Ext. Coloc. co. gr. iv M. ss.

Sinap. suris.

4 p.m.

Pulse 122, fuller and stronger. Much more easily roused and more sensible. Bowels slightly opened. Has taken some arrowroot and vini rubri. Has just taken 2 tablespoonfuls of Mist.  
460 Camph. Leaves bed without help. Respiration 22. Subsultus as at last report.

Hab. ol. ricini ʒijj

post. horan unam.

9 p.m.

Pulse 124, good strength. Bowels have just been opened, evacuations dark green. Passed urine which is very healthy. Strength not diminished. More easily roused and more sensible. Has taken some gruel, arrowroot and 2 tablespoonfuls of wine, 1 tablespoon of Mist. Camph. and one this moment. Eye less injected. Restless from the blisters. Tongue protruded steadily, and is moist. Subsultus diminished.

An egg beaten up with a little nutmeg and 1 tablespoon of wine every 4 hours.

Catap. emoll. cap.

Cont. alia.

461

26<sup>th</sup> 9 a.m. (11)

Pulse 114 firm. Subsultus greatly diminished, in fact nearly gone. Passed a very restless night (leaving bed), got Liq. Mur. Morph. G<sup>tts</sup> XV at 6 a.m. and since these, has been much quieter. Disposed to doze, but a great deal more sensible and quite easily aroused. Strength not diminished. Has taken an egg, a good deal of arrowroot, some beef tea and a tablespoon of wine every 2 hours missing night, either in water or arrowroot. Has taken his mixture regularly since 3 a.m. Tongue drier than at any time yet. Bears pressure on epigastrium better. Knows us all.

462

Bowels 5 or 6 times acted on. Evacuations dark-green but more of a yellow shade than yesterday.

Cochl. i mag. Mist. 4<sup>tis</sup> horis

Cochl. i mag. Aquii R. sec<sup>s</sup> horis

Semper ex amyl. Marantae

3 p.m.

Pulse 114 firm, subsultus increased since past report. Is fully as sensible as in the morning. Strength good, leaving bed and turning in it without assistance. Bowels only once opened. Has passed ʒviiij urine, healthy. Some pain on pressing left hypochondrium. Tongue very dry and turns so within 5 minutes after taking a glass of water.

Emp. Lyttae Epigast.

Cochl. ½ mag. ʒ<sup>tis</sup> horis.

Vini rubri ex Amyl. Maranta

Cap. ol. ricini ʒiij stat.

463

R G. Camphora ʒj

Spt. E. Nit. ʒiij

Mucilag. ʒij

Syrupi. ʒss

Aquae. font. ʒiij M.

Cochl. j mag. 4<sup>tis</sup> horis.

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8½ p.m.

Pulse 110 good strength. Skin a little moist. Subsultus diminished. Bowels twice opened by oil. Evacuations without much foetor. Passed urine. Has been rather quieter this evening, dozing, but quite sensible on being roused. Has removed the blister several times from the epigastrium. Has taken a good deal arrowroot and takes his medicine and Vinum Rub. as ordered. Tongue softer but still dry.

Cochl. i mag, Mist. 4<sup>tis</sup> horis

464 Cochl. ½ mag. V. R. 4<sup>tis</sup> horis

in Amyl. M\_.

Blister to be removed at 10 p.m. and catap. to all the blistered surfaces.

27<sup>th</sup> 9½ a.m. (12)

Pulse 100, good strength. Skin soft and slightly moist. Subsultus increased and some starting. Had a very restless night and was a good deal delirious; but is quite conscious and collected at present. Strength good, has taken his medication as directed and some tea this morning. Got some sleep occasionally. Bowels have been fully opened and has passed urine. Tongue dark red, moist.

Blistered surfaces to be dressed with Ung. Cet.

Cont. alia.

465

2 p.m.

Pulse 106 fuller and stronger than in the morning. Subsultus rather increased. States he has no headache, but complains very much of being sore and tired. Bowels have not been acted on. Skin hotter and face rather flushed. Very anxious to get some broth. Has passed some urine. Tongue moist at the side, rather dry in the centre. Has taken arrowroot freely.

Omit Mist

\_\_\_ Vinum Rub.

Cap. Pil. Hydrarg. Gr.v

et post horas duas Ol. Ric. ʒij

Face to be frequently bathed with cold water.

7 p.m.

Pulse 102 scarcely so full. Skin disposed to be moist. Bowels  
466 have not been acted on by oil, but he has passed urine. Has been  
delirious, leaving bed and walking about. Speaks to us quite  
sensibly. Tongue is appearing to clean at the sides. Has taken  
arrowroot. Subsultus not so great as at last visit. Strength good.

Cap. ol. ric. ʒij si opus

Tr. Hyoscy. ʒi post alvi. dej.

11½ p.m.

Pulse 112 when awake, 108 when asleep. Skin rather hot.  
Subsultus continues. Has been much quieter since last report  
and slept a little but is still not perfectly sensible, as he has  
467 taken off the dressing from his epigastrium and placed it on his  
thigh. Expresses himself sorry for the trouble he has given us.  
Bowels twice opened, evacuations very dark. Had to get the ol.  
ric. Is not so anxious for arrowroot. Strength reported not  
diminished, but he sighs much and I think scarcely turns with so  
much facility as he did in the morning. Tongue moist all over.

R Tr. Hyoscy. ʒiiss

Aq. amecc. acetat. ʒss

Syrupi. ʒij M.

ss. it res. post. h. quat. si op.

Amyl. Marant.

468 28<sup>th</sup> (13)

Pulse 98 or 100 firm. Subsultus diminished. Skin moist. Had to  
get the 2<sup>nd</sup> draught after which he slept. Bowels fully acted on,  
evacuations dark yellow. More sensible. Tongue cleaning at  
sides, moist all over, strength very good. In every respect, he  
appears better. Takes his arrowroot, kept very quiet.

A cup of beef tea in middle of day.

Arrowroot.



8½ p.m.

Pulse 104. Skin a little moist. Bowels opened once. Subsultus continues. Tongue moist all over.

Cap. ol. ricini ꝓij prim mane

R Aq. ammoni. acet ꝓij

Tr. Hyoscyanii ꝓi

Syrupi. ꝓss M.

Cochl. j mag. semihoris.

469

29<sup>th</sup> (14)

Pulse 92. Very restless during the night, profuse perspiration this morning. Has been quieter and slept some. Bowels freely acted on by oil. Subsultus continues. Quite sensible. No pain but muscular. Tongue dry in centre, cleaning at sides.

Continue.

Flummery.

8½ p.m.

Pulse 92. Has been restless all day and skin at present is rather hot. Tongue moist all over.

30<sup>th</sup> 11½ a.m. (15)

470 Pulse 88, good strength. Perspired fully during night, but was restless and had some delirium. Mr. L. called at 3 a.m. and gave ꝓj Tr. Hyoscy. which was repeated at 6 a.m. as he had not slept. Has been quieter since. Bowels not opened since evening. Tongue has lost its redness and is now moist and pale all over. The *subsultus* is quite gone. Is anxious to have some extension of his diet which, on account of the heat of skin, must at present be confined to arrowroot, rice and flummery. Is inclined to doze at present.

R Tr. Hyoscy. ꝓij

Syrupi ꝓij

Aqua ꝓj M. ss

Cap. ol. ricini ꝓss post horis quat

8½ p.m.

471 ol. has acted once or twice. Did not sleep any till 6. Was quiet and much less restless than yesterday evening. Has slept since 6 p.m.

Liq. Mur. Morphia ʒss

at 1 a.m. if he does not sleep.

31<sup>st</sup> 9½ a.m. (16)

Pulse 98, skin bathed in perspiration. Did not sleep till after getting the draught, then slept to 6 a.m. when on awakening he vomited a considerable quantity of bilious matter. Fell asleep again and has just awoke and vomited the same kind of fluid again. Complains of pain in head on motion. His pulse has a considerable jerk. Bowels once opened, evacuation natural.  
472 Has no pain in abdomen. Tongue furred in centre, clean and sides moist all over.

To be kept quiet.

12 noon

Asleep since last report. Took a drink of tea and has not vomited any since.

Cup of beef tea in middle of day.

Cont. alia.

8½ p.m. no

Slept nearly all day. No vomiting. Bowels open once. Asleep at present.

1st September (17)

473 Pulse 78, tongue clean and moist. Slept well, feels himself in every respect better. Very anxious to have his diet increased and to get a little porter. Ringing in ears still remains.

Convalescent.

2 tea cups of beef tea today.

Flummery

Copy of Dr. Reid's report.

Observations

He had *no rigor*.

Countenance *not at all oppressed*.

The *muscular pains* complained of were not the “aching pains” a fever patient most usually describes.

No *head symptoms* but “ringing in the ears” to which he was subject previously.

474 5. Observed a few patches of eruption on the chest. “Cal. and opium” was administered to affect the constitution, as Doctors Reid and Hunter considered the brain as most likely to suffer.

7. Delirium for the first, injection of one of the eyes, hesitation in answering; all denoted mischief in the brain.

8. Subsultus this morning for the first. Wine first administered, shrugging of shoulders, coma.

11. Crisis.

15. Subsultus ceased.

17. Convalescent.

475

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Purulent matter may be absorbed though not so quickly as serous.

*Case of Fever*

Pringle. Had fits of violent delirium which commenced on the 10<sup>th</sup> day. Previous symptoms were mild. At this period he had only got 8 oz of wine. Had an antimonial mixture with Sol. Mur. Morphia. Pulse at this time had become firmer. Bowels kept freely open. For this delirium was ordered Hirud. viij temporibus by which it was considerably abated. Pulse 84 small, tongue dry.

476 Lies in a stupor state, answers questions incoherently. Ordinary

wine and ale. Pulse rose to 100 and became extremely feeble. Grew gradually weaker. Exterior became cold, and the delirium continued till the 18<sup>th</sup> day when he died.

*Sectio cadaveris*

2 oz—a larger quantity of serum in ventricles than Henderson or Alison ever observed in cases of fever of his age. Ventricles greatly enlarged, brain firm. The pathological appearances have simulated hydrocephalus, but not one symptom peculiar to that disease appeared during the illness. Surface of brain moist. Arachnoid stretched across convolutions.

477 2. *Malcolm*

Feeble constitution. Worker in a glass house. Admitted into hospital with symptoms more resembling pleurodynia than pleuritis. Pulse 96. Respiration not very difficult. Pain at lower part of left side. Says he had had a very severe attack in that side 13 years ago, and that it never was strong since.

Antimony, leeches and blisters were employed. Tongue became moist. Pulse 78, pain much abated. Some cough and mucous expectorated. Dulness at present, not extended. After this dulness began to extend and a gradual increase of all the symptoms. Leeches were applied; still the dulness increased and cough also. Expectoration very slightly tinged. Respiration became more hurried, 36. Pulse 96. Venesected ad  $\frac{3}{4}$ x. Vesicat. V.S. again a day after leeches. Pulse became excessively weak after this and wine had to be administered. Respiration got more laboured and he gradually sunk.

*Sectio cadaverous*. Pleuritic effusion considerable. Some pus surrounded by lymph.

22<sup>nd</sup> Nov /41

Alison

Case. McFee is an excellent example of spurious pectoral affection. She was getting Calomel and opium, and Casimal

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479 purgatives and purg. enemas. Expectoration became tenacious and tinged. Ves. and Tr. Val. Amm. were employed to relieve the dyspnoea. Retention of urine also supervened. Sometimes this state may occur and yet the practitioner not be aware of it, for the patient, may pass a little when the bladder becomes over-distended. She was ordered a tobacco enema (gr.xij infused in boiling water for 10 minutes and strained.) This quantity, small as it may appear, produced several attacks of syncope, and yet the common dose is ʒss. This case is at present better but is likely to relapse.

480 (H)

A girl aet 21, maidservant. 12 months ago contracted a severe cold from lying on damp floors and otherwise exposed. 3 months ago menses ceased. 4 weeks ago cough became much worse, and expectoration began for first time. It was a watery mucous. There coexisted violent palpitation of heart. Impulse diffused over a large surface of chest. Bruit de soufflé with first sound. Pulse 140, small. Cannot lie down. Liver enlarged. Legs swelled. Tongue clean and natural. Had had an attack of acute rheumatism. These indicated some organic affection of heart.

23<sup>rd</sup> Nov /40

Graham

481 (H) In this case, as mentioned, there was very distinct bruit de soufflé with first sound. The cause of this may be organic or inorganic. It may arise from any cause which forces the blood through a narrow opening. Thus it is heard in aneurismal tumors. It may also arise from disease of the valves of the heart, as thus the passages are narrowed. A double *bruit* may exist when the opening is narrow and the valves at the same time inefficient. A bruit also may be heard in peculiar constitutions after free depletion, as in irritable females, but this is  
482 unimportant. In inflammation of the heart, there is always

tenderness of epigastrium and it is of consequence to distinguish this symptom from that arising from a morbid irritability of stomach. In this case this did not exist. We had constant vomiting which arose from the irritation kept up by the difficult transmission of the blood through the heart. The heart's impulse was observed at the 6<sup>th</sup> rib or perhaps a little below it. The pulse was exceedingly small. There was also haemoptysis, which arose from the same cause as the vomiting. The second sound was  
483 heard distinctly. The case when admitted was beyond recovery. Absolute rest, very low diet, occasional doses of hydrocyanic acid to alleviate a cough, and laxatives such as bitart. potassae. were all that could be done. She died on the 4<sup>th</sup> day. Now the question arose, what should the post-mortem unfold? Dr. Graham said no disease of the aortal valves because the 2<sup>nd</sup> sound was distinct, enlargement of the auriculo-ventricular opening at left side, thus allowing regurgitation and accounting for the small pulse. Very well but what accounted for the  
484 remarkably loud bruit with the 1<sup>st</sup> sound? Dr. G. did not account satisfactorily for it, and he admits, if he had thought a little more, he would have come to a very different diagnosis.

Post mortem examination 30 hours after death. Heart greatly enlarged. Weight 1lb 5 oz. Right auricle greatly distended. Mitral opening very small, scarcely admitting the point of the little finger, surrounded by firm cartilaginous ring. Aortal valve efficient but some excrescences upon lower side. Trace of cheesy deposit, simulating inefficient ossification, underneath the lining membrane of ascending aorta. Apoplectic effusions in  
485 right lung and probably left. This examination accounts clearly for every symptom except one viz. the normal position of the apex of the heart as manifest by the direction of the impulse.

26<sup>th</sup> Nov

Graham

When opium contracts the pupil when given in fever, it indicates a tendency to cerebral oppression. A case 4 months ago, attacked with paralysis. When examined, a cyst containing serum was found in centre of brain, which no doubt at time of attack contained an effusion of blood.

486 *Mackintosh*

Admitted 27<sup>th</sup> November. Aet about 50. Ill 3 weeks. Had been subject previously to pains of right side, and attacks of haematemesis after exposure to wet and cold. 3 weeks ago, dyspnoea, cough, hoarseness and scanty crepitations ensued. Respiration 22 on admission, pulse 110 soft and compressible. Pain of breast and head. Heart's action is not strong. A distinct, though not loud, attends first sound. This may depend upon disease of aortic valves, or upon a roughened state of the inner coat of the aorta or upon the irregular contraction of its fibres. Does not  
487 complain now of palpitations. He was cupped on the sternum by which the cough and hoarseness was greatly relieved.

Case (C)

Aet 72. Complained last winter of cough and shortness of breathing. 1 month ago, after wet and cold, was attacked with difficulty of breathing and cough. 8 days ago, applied for medicinal relief. On admission, much cough and difficult respiration. Expectoration thick and yellow, indicating inflammation of some standing. Tenacious. Pain of right side at first but at present  
488 complaining more of his left.

On full inspection, right side moves more than left. Left rather duller. He cannot lie on right side. This is generally the case where effusion or pneumonia affects one side. Subcrepitus in both sides with sonorous rales indicating bronchitis. In right lung, respiratory murmur is not heard. This patient was remarkably weak. Pulse soft and feeble, 80. Ordered 8 oz wine and 2 oz

spirits, Mist. Exp. c Spt. E. Nit. et Spt. Amm. Arom., and last  
night had a draught of Sulphuric Ether and Laudanum. This has  
489 the effect of allaying the cough and stopping the expectoration  
which, from accumulating in the bronchial tubes, is apt to  
create considerable obstruction if not suffocation. Besides the  
cells of lungs generally secrete a serous fluid in the latter stages  
of bronchitis.

Thompson

Of feeble constitution. Soft skin, face pale. A cook and conse-  
quently exposed to altericate low and high temperatures, and  
apt to take cold drinks when heated. Urine pale, slightly coagu-  
490 lable, sp. gr. 1005, and at another time 1008. These facts clearly  
point to granular disease of the kidneys.

The proportion of red particles in healthy blood is as  
120-130 to 1,000 of blood, but Dr. Christison has found that in  
this disease, the proportion is as 45 to 1,000. This granular  
deposit is somewhat similar to that found occasionally between  
the coats of the ascending aorta or in the liver.

29<sup>th</sup> Nov /41

Alison

In cases of tympanitis in fever, an injection of powdered bark  
491 and [Trasuy?] is of great benefit. It was recommended by Aber-  
nethy.

A case. 4 years ago had first attack of rheumatism which  
frequently recurred since. 5 weeks ago from cold, got an attack  
in his right shoulder and thigh and particularly hip joint. He was  
treated in the surgical wards for morbid coxarius—cupped and  
blistered—but pain still continuing, he was admitted into the  
medical wards under Dr. Alison, who is treating him now by  
colchicine in powder.

After free and repeated bleeding in rheumatism, it is liable to



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492 attack by metastasis the heart and by effusion into pericardium thus terminate life.

(C) 29<sup>th</sup> November. McDougall

Lies constantly on left side. Great expectoration. Respiration quick. Skin livid. Pulse feeble, expectoration copious and pretty free. Though there is considerable disease of left lung, still from the debility and age of this man, the stimulant treatment must alone be relied on. (Wine and spirits, Spt. Amm. Arom. and Sulph. Ether.)

Mackintosh 29<sup>th</sup> Nov

There is evidently disease of heart here. Distinct *bruit* with first sound, though he says he had no palpitation previous to his  
493 present attack which occurred 3 weeks ago. He was cupped and blistered and ordered Mist. Ant. c Sol. Mur. Morphia.

30<sup>th</sup> November. Pulse 84 moderate. Full inspiration produces no pain. Urine copious, clean. Some thirst. Ordered Mist. Scill. c Tr. op. Camph.

1<sup>st</sup> December. Pulse 120 soft, tongue dry, lips encrusted. Had rigors and thirst. Cough and dyspnoea not much increased. Ordered wine and spirits. In the evening, pulse got firmer and spirits were removed.

2<sup>nd</sup> Pulse less frequent, respiration 30, tongue dry in centre. Some cough but no expectoration. Left side: respiratory murmur gone in part posteriorly, and sound of heart heard  
494 more intensely. Dulness in same part. Is this pneumonia or is it an attack of typhus?

2<sup>nd</sup> December

Alison

Dodds

After the existence of wandering pain over the body, she states that inflammation settled in various parts and was so violent as

to lead to the destruction of bone. Suppuration and ulceration set up over sternum and cicatrix now presents a hollow here which may have resulted from exfoliation of the bone, or from the adhesion of the new skin to the bone. At present this inflammation has attacked the forehead and has terminated in exfoliation of external table in one part.

495 Now the question is—is this affection syphilitic or is it mercurial or is it not? She denies all existence of chancres, buboes or cutaneous eruption ever having taken place and states that she never took mercury. It must therefore be constitutional debility and therefore it is necessary to keep up her strength by fresh animal food. He has ordered her Sarsaparilla though he does not see any great benefit in this medicine except its dilution or menstruum. She gets also  $\frac{1}{16}$  of gr.j 3 times  
496 a day which, small as the dose is, has been found of great service in such cases.

J Mackay

Aet 25, married. Some years ago, had ulcers of vagina, for which she got Black wash, succeeded by buboes in both groins. The ulcers remained 2 years before a [?]. Secondary symptoms ensued in throat and 6 months ago her tongue became engaged. Three weeks ago right nostril inflamed. At present there are several irregular foul ulcers at pharynx, and part of uvula gone and edge ulcerated. Right nostril swollen and painful and a red  
497 spot is observed externally next the eye. Some headache. Spine of tibia parting. Right tender. Some cough and copious watery frothy expectoration. Pulse 90, weak. States that 6 doctors (!) have successively attended her and all salivated her, so that she has not been free from the influence of mercury for the space of 2 years and 9 months.

Ordered Baln. Calid nocte alt., Dec. cinch. P. opiat. onuse nocte, Inf. Zuassice and Bicarb. potassae. for slight dyspepsia.

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Dr. G. relates that when he was attending the wards when a  
498 student, he remembers perfectly well that the regular report  
daily of mercurial patients contained the quantity of saliva  
expectorated during the 24 hours viz. 2 or 3 or more spit-boxes!  
3<sup>rd</sup> December Graham

Gourney

Aet 22. Previously healthy, though intemperate. 8 days ago after  
sweating from his work, he felt chill. Rigor and pain of head  
succeeded. Cough and expectoration which latter was tinged.  
On admission skin hot and dry, countenance depressed and  
anxious, tongue much furred. Respiration 30, pulse 108 full and  
499 firm. Cough, expectoration mucous. Severe pain and dulness at  
left side. Respiratory murmur bronchial at that place. Resonance  
of voice. Slight subcrepitus râle.

V.S. ad  $\zeta$ xxx Blood sizy.

2

Had slight delirium during night which is not uncommon after  
free bleeding. Pulse 84, skin cool, respiration short though not  
laboured. Pain still on full inspiration.

C.C. ad  $\zeta$ x

Mist. Antim.

(gr.  $\frac{1}{4}$  tert. qq. hora)

3

Pulse 78, skin cool, respiration easy, 28, a little hurried.  
500 Pain relieved. Dulness *extended*, bronchial respiration continues.  
(This increase of physical signs is common in such cases.)

4 (6th Dec)

Pulse 90, of moderate strength. More effusion, dulness as high  
as 5<sup>th</sup> rib. Respiratory murmur gone. Heart's position is altered,  
being more directly under sternum. Respiration more hurried,  
not laboured.

Hirud. xij lati dol.



Fig. 75—agm439  
Pharyngeal polyp.



Fig. 76—agm439  
Incision for removal of tumour.



Fig. 77—agm441  
Removal of cancer  
of lower lip.

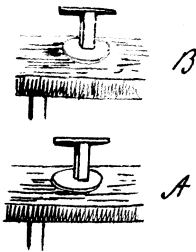


Fig. 78—agm446  
Double vision  
A = original  
B = facsimile.



Fig. 79—agm518  
No information.



Fig. 80—agm519  
Incision removal  
of elbow joint.

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Mackintosh (2<sup>nd</sup> Dec)

This case is evidently one of typhus fever. The sounds of left side are more improved and dulness has not extended, showing no extension of the thoracic symptoms, but he has been considerably delirious. Pulse more feeble, tongue dry, subsultus tendency, pupils contracted, respiration not worse, cough slighter.

O'Brien

Chief symptom here was laryngeal sound of cough, which indicated aneurism of aorta. There was bronchitis etc. for which he was bled and blistered with relief. He was thinking of going out on the 3<sup>rd</sup> day after recovery, when suddenly a profuse discharge of blood proceeded from his mouth and nose and instantly terminated his life. No post mortem examination allowed.

6 December 1841

Alison

502 Duncan

Aet 23, married. Was frequently exposed to wet and particularly so 3 months ago. Had an attack of dyspepsia during last 6 or 7 months, which was augmented at 3 months ago. She gradually grew worse and 3 weeks ago complained of headache during mornings which ceased during day. Also of pain in loins. Catamenia almost ceased 8 months ago, having had only a slight discharge last month. Cough and pain at left hypochondrium. Expectoration scanty. Ejected from mouth last week 2 or 3 mouthfuls of blood. Complains of pain on full inspiration and also on pressure. Dyspnoea. Headache ceased. No motion for 3 days and previously costive. General tenderness on pressure or motion of abdomen. Hard, lobulated, uneven feel. Constant pain in left side. Pulse 93, natural. Tongue furred.

Evening of 2<sup>nd</sup> day

Intense abdominal tenderness, she could scarcely endure the weight of the bed-clothes. Moaning and restless.

Fomentat. plumbi acetat.

C. Opii

(3)

Slept pretty well, abdomen still tender.

Hirud. xij abd.

(4)

Respiration thoracic. Still tenderness and tumefaction and pain of loins.

V.S. ad ̄xiv

504

Ves. abd.

Calomel gr.x

P. Opii gr.jss M. ter ind.

(5)

Has taken 3 doses, a great deal relieved.

R Ext. col. c gr.ijj

— Hyos. gr.j M.

sextis horis

(6)

A large quantity of loose faeces came away. Pectoral symptoms entirely removed.

Cont. purg.

This was a case of morbid irritability of intestines from long continued constipation.

*Janet Reid*

505 Aet 36. Admitted 29<sup>th</sup> Nov 1841. 3 years ago had an attack of epilepsy produced, she says, by fright from an explosion of gun-powder. Catamenia has been irregular ever since. Was bled by Dr. Christison and ordered to abstain from soups and malt liquors. One night after beef and beer, she had several convul-

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sive fits, for which she was bled and purged. At this time she bit tongue, etc.

Yesterday 6<sup>th</sup> December

Had a fit every hour. It was always preceded by headache and giddiness.

7<sup>th</sup>

Much better.

7<sup>th</sup> December 1841

Graham

- 506 Case of articular rheumatism. Young man. 8 days ago from wet feet, etc. was attacked with pains in left wrist and shoulder which extended to ankles and toes. Was bled before admission with leeches over left wrist. Ordered

Sol. Tart. Emet.

(gr.  $\frac{1}{4}$  secundis horis)

Pulse 80. Pain is much relieved. The ant. produced nausea and diaphoresis.

The Italians give this drug very largely from gr.xv to ℥j in the course of a day. Laennec recommended it for articular rheumatism and colchicum for muscular rheumatism.

- 507 Case of diffuse cellular inflammation of thigh. Man aet 30. After having walked upward of 200 miles, he arrived in this town, and on the 2<sup>nd</sup> day after his arrival, complained of a sharp and shooting pain at middle of thigh. This part gradually swelled and on admission was hard, tense and diffused. Groin glands were enlarged. Femoral vein not painful.

Hirud. xx parti dolenti

9<sup>th</sup>

Today, evident signs of suppuration going on.

App. cataplasma

Gourney 6<sup>th</sup> December

This case of pleurisy is now ill 1 fortnight. He had little or no  
508 expectoration since the large bleeding. The inflammation is now  
entirely subdued. Pulse 80, skin cool, respiration 30. Moderate  
dulness however still continues. Heart is still displaced. Respira-  
tory murmur is now beginning to be heard. He will require no  
further treatment.

*Case of pleuropneumony*

Aet 49. Admitted 28<sup>th</sup> Nov 1841. Ill 7 weeks. Illness began with  
pains over body, knee and thighs which continued for 3 weeks  
when cough set in accompanied by a feeling of weakness and  
pain at hypochondrium and epigastrium. Over the right hypo-  
chondrium there was considerable dulness. Right side had little  
509 motion in respiration. Respiratory murmur entirely suppressed  
over dull parts. Subcrepitating rales at top of both lungs, and  
resonance which might arise from effusion pushing up the lung.  
Pulse nearly natural. Latterly a good deal of moaning and un-  
easy. Some delirium. He gradually sunk as it were from weak-  
ness and died 6<sup>th</sup> December.

*Sectio cadaveris*

Small quantity of thick dirty fluid in right thoracic cavity, a  
large thick mass of coagulated lymph observed between lower  
part of right lung and diaphragm. Lung generally dense at upper  
lobes of both lungs and distinct cavity was found. Bronchial  
510 tubes seemed dilated. The lining of these cavities seemed  
produced by regular ulceration from previous inflammation as  
scarcely any tubercular matter was found.

9<sup>th</sup> December

Alison

*Innis*

A case of laryngitis. She had pain on pressure over trachea.  
Cough and expectoration purulent. Hoarseness. No organic



affection of lungs. Ordered purgatives and calomel to affect the [gums?] which is exceedingly dangerous in tubercular disease.  
511 Ves. trachea and bal. calid. From these measures, she is a great deal improved. Pain is gone, and voice considerably better. Still prognosis must be cautious.

*Blackall*

A case of renal dropsy. Aet 30. 2 years, had amenorrhœa for which she was treated in hospital for 5 weeks with no relief. 9 months subsequently the catamenia appeared without any medical treatment and continued regular till 2 months ago when it stopped and when her face, legs, abdomen became swollen. On admission, the swelling had left face but in legs and abdomen was considerable.

512 She experienced a sense of coldness and numbness over her and had nausea and once vomiting during the morning. Appetite is now pretty good. Pulse 120 weak, tongue clean and moist, bowels naturally loose. Says she used to take some white powder (probably calomel). Dulness and pain over both hypochondria, particularly right. Not, however, particularly examined. Urine scanty and pale, sp.gr.1011, very highly coagulable.

This is a case of Bright's disease. Some years ago, it would have been thought an act of insanity to bleed in dropsical cases,  
513 such being at that time, deemed essentially depending upon debility. And now the tables are completely turned and all dropsy *must* be inflammatory. But we are all aware that cases of dropsy arising out of debilitating causes are not rare. Put a ligature round a limb, and infiltration of serum is occasioned. Debilitate the powers of the heart, and venous turgescence must arise and consequently dropsy. Besides an inflammatory dropsy comes on suddenly and from some obvious cause; frequently Bright's insidiously.

Dropsy is not a constant attendant of Bright's disease, as  
514 even in this very case at her death, there was very little oedema.  
Again, the coagulation, even great, is not a fatal symptom. Here  
the liver was greatly enlarged but chiefly *upwards*, so that if  
examined in the usual way, it would have escaped observation.  
14<sup>th</sup> December 1841 Graham

*Smith*

Formerly a soldier, now a shoemaker. 4 years ago, while serving  
abroad, he was attacked with severe dyspeptic symptoms. He  
had been in the habit of drinking wine largely. He had nausea  
515 and uneasiness after meals, succeeded by jaundice, pain in left  
hypochondrium. This region gradually assumed the appearance  
of a tumor which, he was told, was an abscess. He states that it  
burst internally and that he passed large quantities of purulent  
matter. He then recovered, but not long after, epigastric pains  
set in, food became annoying after taking it so that he  
frequently induced vomiting to be relieved of it. He also passed  
516 dark-coloured fluid stools viz. melena. There is considerable  
fullness over right and left hypochondria and evidently affection  
of the liver. He had taken mercury previous to the bursting of  
the abscess. Ordered:

Calomel gr.ij

Pulv. op gr.j M. bis in dies

App. Hirud. vj epig.

Dr. A. supposes that there may be a chronic tubercular disease  
of the liver in this case.

*Carroll* aet 50. Pneumonia. After exposure to cold, had rigor  
upon 7<sup>th</sup> December followed by anorexia and feverish symp-  
toms. Admitted 13<sup>th</sup>. Skin hot, face pale, tongue furred, dry in  
517 centre. Pulse 120 full, respirations 32. Expectoration scanty. Left  
side of chest expands less than right. On percussion it is dull on

its lower lateral and posterior regions, and at this position crepitus is heard. Bronchial respiration over rest of chest. Expectoration rusty.

V.S. ad 3xx

Lot. Tart. emet.

15<sup>th</sup>

Pulse 66. Pain of chest gone. Expansion of left side still impeded. Crepitus heard over a large space upwards and forwards. From this circumstance, *Louis* has stated that bleeding, etc. will not  
518 *cut* short an attack of pneumonia. But, what we want, it does—it prevents the further destruction of the pulmonary tissue; in short, stops or modifies the morbid process.

16<sup>th</sup> December 1841

Alison

[*fig. 79, page 200*]

- 519 1. On 16<sup>th</sup> Dec, J. Syme injected a hematocoele with a solution of Tr. Iodinii after M. Velpeau. Same day he
2. excised diseased elbow joint, making his incision thus [*fig. 80, page 200*].
  3. 17<sup>th</sup> December J.S. excised the diseased metatarsal bone of great toe in a child.
  4. And same day, amputated (by flaps) the leg of a young woman above knee.
  5. 15<sup>th</sup> Dec, he excised a schirrous breast.

The case of the young woman is as follows: On the 2<sup>d</sup> day after being very greatly fatigued by walking a great distance, she felt a  
520 gnawing pain at upper and outer part of leg. 8 months subsequently, she only then observed a difference of size between the 2 legs. The tumor since gradually enlarged and more particularly a fortnight ago. The catamenia which had occurred previous to the walking, have not since appeared. On examina-

tion tumor is painful on handling, feels as if movable. Though solid, it yields in some places. Blue veins appear on its surface. Health generally good. It was diagnosed to be a tumor of the fibula, growing from it.

17<sup>th</sup> December 1841

J. Syme

- 521 A case of fever. 9 days ill. Had been delirious before admission, particularly the previous night. Admitted into Royal Infirmary. Delirium continues. Subsultus. Pulse frequent and small. Want of sleep.

Enem. Tereb

Mist. Tart. Emet. c. sol.

Mur. Morphice (gr.  $\frac{1}{4}$  and gutts.x)

hora somni cl rep. secund. horis

donec somnies invenil.

Had taken three doses, slept a little, but awoke soon with comatose tendency. Hurried, irregular breathing, cold sweats. Pulse sunk

Vini

Enem. Tereb.

Ol. rici.

Sunk at 4 p.m. of 2<sup>nd</sup> day after admission.

- 522 The opium did not agree in this case. Sydenham & Gregory thought that opium was not safe before the 12<sup>th</sup> day in head complication. By using early evacuations, however, it may be beneficially employed much earlier. Dr. Graves employs it freely and with great success.

Case of Fever

Aet 37, of intemperate habits. After 3 weeks' heavy drinking, took ill. Fever in family. 8 days ill, admitted. Skin hot, indistinct eruption, eye red, with delirium. Pulse 120, respiration natural, cold extremities, bowels opened.

Royal Infirmary, Edinburgh  
February 1841–February 1842

Abrad. capill.

2 doses of Tart. ant. Mixture

(gr.¼ and g<sup>utts</sup>15)

523 After these 2 doses, fell into a state of stupor, pupils contracted.

Ves. cap.

Haust. Sennae C.

Stupor went off. Pulse 120, still full and soft. Some sleep, no delirium, sickness.

Pulv. efferves.

Pulse feeble, tongue dry, no delirium.

Vini

Opt.

20<sup>th</sup> December

Alison

Blackall 14<sup>th</sup> December

524 Small as the quantity of wine has been in this case, no head symptoms have yet appeared which we would expect from the circulation of wine in the blood. She has anasarca from disease of \_\_. Heart is evidently diseased. Enlargement of right auriculo-ventricular opening from the small amount of blood in the arterial system and a very distinct *bruit* is found at upper and outer part of left mamma, indicating aneurism of arch of aorta. Second sound quite perfect. Some symptoms difficulty of breathing. *Prognosis* most unfavorable. *Treatment*. Rest, a nourishing but not stimulating diet, regular action of bowels, bitart. pot. for increasing quantity of urine. Also Spt. E. Nit., digitalis and calomel in small doses.

525 A patient of Dr. Gregory, male, afflicted with phthisis, got 60 gutt. of the Tr. digitalis in two days which caused vomiting and ultimately death, and Dr. G.<sup>m</sup> has known gr.½ produce alarming symptoms.

Hutcheson

Aet 39. Married. 15 years ago had pains of ankles, which gradually during the course of some years extended to knees and all over the body. 8 years ago was so bad as to be unable to move. Treated in Royal Infirmary and completely relieved. Some time after, had another attack and was again cured. She had now 2 years of perfect freedom from the complaint when it attacked her again. Admitted. Wrists exceedingly painful. Dyspnoea. 526 Action of heart much increased on taking any little exercise. Occasionally giddiness and pain in head. Nausea, pain of stomach after meals. Has taken a large quantity of arsenic.

G. says that chronic rheumatism may be idiopathic. Once produced it is very liable to return.

21<sup>st</sup> December

Graham

A man about 45. Admitted into fever wards of Dr. Craigie. Fever characterized by much low delirium, headache, flushing of face. Pulse not very quick. Ordered V.S. ad ℥xij. Cathartics. 2 days after, symptoms of sinking ensued and he died.

527 Pulse at this time not above 50, indicating either effusion in brain or diseased heart.

Sectio

Subarachnoid and ventricular effusion amounting to ℥j which therefore had been going on for some time before death. Arteries at base of brain more rigid than natural. Pons var. much injected.

Viscid mucous in quantity in bronchi. Slight roughening of pleura, and effusion of coagulable lymph in one spot.

Mitral valve thickened. Heart otherwise natural.

528 Lower part of ileum injected.

D. Craigie

Royal Infirmary, Edinburgh  
February 1841–February 1842

A man had dropped down dead in the street and was carried to the Hospital by one of the Police. Had been ill with cough, pain of chest and expectoration for several months. Had clear wasting and profuse perspiration. Chest dull on percussion below clavicle. Subcrepitus. Voice very feeble. All the symptoms were phthisical. Expectoration thin and puriform.

*Sectio*

529 General condensation of right lung and one portion (anterior) sinks in water. A considerable purulent cavity in left lung. Something like a tubercle in one isolated part. A cavity in lower part of left lung, dark walls, ragged.

R. Christison

A child, aet about 7. Symptoms were startings and screams. Subsultus, pupils contracted. Presenting symptoms of hydrocephalus. Comatose before death.

*Sectio*

About 1 dr. of fluid in ventricle. General injection. Brain firm.

15<sup>th</sup> February 1842

T.S. Traill

530

Days

25–35

Body of *clavicle*

Inferior edge and dental canal of *Inferior Maxilla*

Alveolar edge of *Superior Maxilla*

Body of *Humerus*

\_\_\_\_\_ *Femur*

\_\_\_\_\_ of *Ungual phalanx*

35–50

Body and laminae of *Vertebrae*

Great wings and posterior body of *Sphenoid*

*Parietal*

Angle of *palate plates* and centre of *malar*

Bodies of *Ribs*

Body of *Ulna*

\_\_\_\_\_ *Radius*

*Ilium*

Body of *Tibia*

\_\_\_\_\_ *Fibula*

\_\_\_\_\_ *metacarpus*

\_\_\_\_\_ *phalanges*

531

50-60

Anterior body and lesser wings of *Sphenoid*

Body of *great toe*

2 months

Bodies of first 3 *Sacral Vertebrae*

*Occipital*

*Frontal*

Body of *posterior sphenoid*

*Squamous* and *petrous (Temporal)*

*Vomer*

*Nasal*

Body of *Scapula*

3 months

Anterior body and internal *pterygoid* of *sphenoid*

Union of *posterior sphenoid*.

\_\_\_\_\_ *lesser wings* to *anterior*

*Tympanic ring*.

*Unguis*

*Spine of Scapula* apparent

532

*Ischium*

Body of *Metatarsals*

4 months

Body of *Phalanges* of *feet*



5–6 months

Body of Axis  
Bodies of 4<sup>th</sup> and 5<sup>th</sup> Sacral Vertebrae  
Union of great wings and posterior  
\_\_\_\_\_ internal pterygoid plates  
Lateral masses of Ethmoid  
Mastoid }  
Styloid } of Temporal  
Inferior turbinates  
Maml. and 2 upper bodies and 3<sup>rd</sup> part  
Os calcis and astragalus

7–9 months

Odontoid }  
Junction of 2 laminae } of axis  
Laminae of sacrum  
Union of anterior and posterior sphenoid  
Cribriform and crista galli and body  
533 4<sup>th</sup> part of body of sternum  
Coracoid processes  
Lower extent of femur.

1<sup>st</sup> year

Anterior arch of *atlas*  
First coccygeal vertebra  
Middle part of ethmoid  
Junction of cribriform to lateral masses  
\_\_\_\_\_ mastoid, squamous and petrous  
\_\_\_\_\_ 2 halves of inferior maxilla  
Os magnum and unciform  
Head of femur  
Upper extent of tibia  
1<sup>st</sup> cuneiform

2<sup>nd</sup> year

Styloid attached

Head of humerus

Lower extent of radius

\_\_\_\_\_ of tibia

\_\_\_\_\_ of fibula

Upper end of metatarsus

3<sup>rd</sup> year

Junction of body and odontoid process

534 Great tuberosity and small head of humerus.

Cuneiform of carpus

Great trochanter

Patella

Extent of metacarpus

537

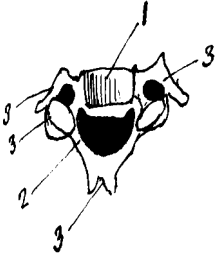


Fig. 81

- 1 40-50 days
- 2 40-50 \_\_\_\_
- 3 15-18 years
- 1, 2 + 3 20-25 \_\_\_\_

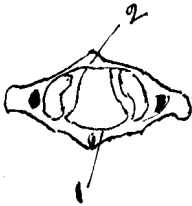


Fig. 82

- 1 40-50 days
- 2 1<sup>st</sup> year

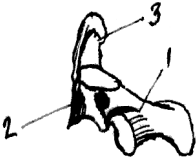


Fig. 83

- 1 40-50 days
- 2 6 months
- 3 7 \_\_\_\_\_
- 1 + 1 9 \_\_\_\_\_
- 2 + 3 3 years
- 1, 1 + 2 4·5 \_\_\_\_

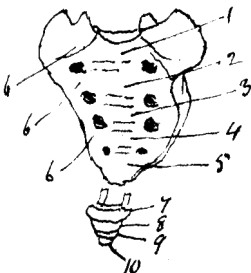


Fig. 84

- 1, 2, 3 2·3 months
- 4, 5 5·6 \_\_\_\_\_
- 6, 6 6·9 \_\_\_\_\_
- 1 + 2 + 3 + 4 + 5 15-18 years
- + 6, 6 25 \_\_\_\_
- 7 1 year
- 8 5·10 \_\_\_\_
- 9 10·15 \_\_\_\_
- 10 15·20 \_\_\_\_

538

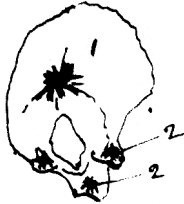


Fig. 85

1 2 months  
2, 2 2 ½ \_\_\_\_\_



Fig. 86

1, 1 2 months

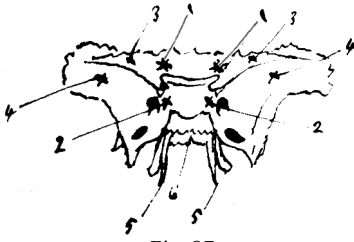


Fig. 87

4, 4 40-50 days  
3, 3 50-60 \_\_\_  
2, 2 2 months  
1, 1 3 \_\_\_\_\_  
5, 5 3 \_\_\_\_\_  
2 + 2 3·4 \_\_\_\_\_  
1 + 3 3·4 \_\_\_\_\_  
2 + 4 5·6 \_\_\_\_\_  
5 + 2 6 \_\_\_\_\_  
1 + 1 8·9 \_\_\_\_\_  
1 + 2 8·9 \_\_\_\_\_  
Occip + 6 18-25 years

Royal Infirmary, Edinburgh  
 November 1840–February 1842

539



Fig. 88

1, 1	5 months
2, 2	6·12 _____
Spongy	6 ½ _____
4	1 year
1 + 2	1 _____
3	4·5 years
5	7-24 years



Fig. 89

1	45 days	1pt.
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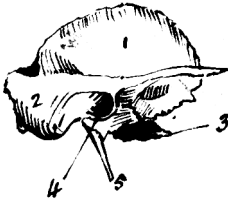


Fig. 90

1	2 months	
3	2 ½ _____	
4	3 _____	5pts.
2	5 _____	
5	5 _____	
1 + 2 + 3	1 year	
+ 5	2·3 years	



Fig. 91

1	30-35 days
---	------------

540



Fig. 92

1 40-50 days  
1 pt



Fig. 93

1 50 days  
1 pt



Fig. 94

1 2 months  
1 pt



Fig. 95

1 3 months  
1 pt



Fig. 96

1 5 months

541



Fig. 97

1 2 months

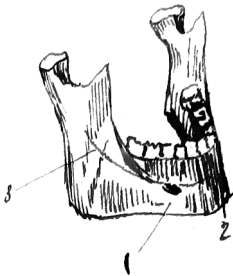


Fig. 98

1 30-50 days  
 2 joined 1 year  
 3 30-35 days



Fig. 99

1 5-6 months  
 2-3 5-6 \_\_\_\_\_  
 4 6 \_\_\_\_\_  
 5 9 \_\_\_\_\_  
 6 3-18 years  
 2 + 3 20-25 \_\_\_\_\_  
 6 + 40-50 \_\_\_\_\_

542

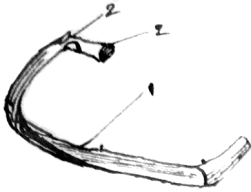


Fig. 100

- 1 40-50 days
- 2, 2 16-20 years
- 1 + 2 25 years



Fig. 101

- 1 26-35 days
- 2 15-28 years

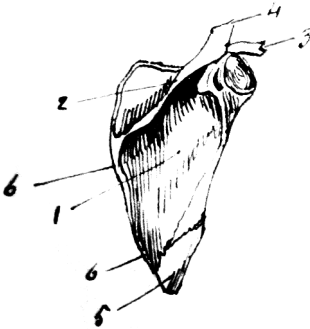


Fig. 102

- 1 2 months
- 2 apparent 3 months
- 3 9 months
- 4 15 years
- 3 + 15 \_\_\_\_
- 5 15 \_\_\_\_
- 6 17-18 \_\_\_\_



Fig. 103

- 1 30-40 days
- 2 2 years
- 3 2-2 1/2 \_\_\_\_
- 4 2 1/2 \_\_\_\_
- 5 7 \_\_\_\_
- 8 12 \_\_\_\_
- 6 16 \_\_\_\_

[Continued next page.]



[Continued]

1 + 2	8-9 years
5 + 8	12 ____
4 + 6 + 8	16 ____
ext + 1	18·20—lower first



Fig. 104

1	32·36 days
2	2 years
3	9 ____
1 + 3	12 ____
1 + 2	18·20 ____

[Data above and below exchanged per book.]



Fig. 105

1	35·40 days
2	6 years
3	7·8 ____
1 + 3	15·16 ____
1 + 2	18·20 ____

544

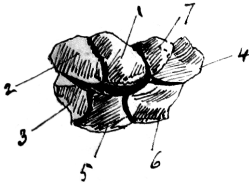


Fig. 106

1·2	1 year
3	3·4 ____
4·5	4·5 ____
6·7	8·9 ____
Pisiform	12·15 ____

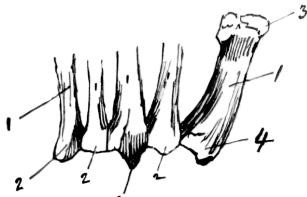


Fig. 107

1	40·50 days
3 + 2	3·4 years
1 + 2	18·20 ____



Fig. 108

1, 1, 1	40·50 days in succession
2, 2	3·7 years
3	before 2,2
1 + 2	18·20 years

545



Fig. 109

- 1 50 days
- 2 3 months
- 3 5 \_\_\_\_\_
- 1 + 2 + 3 13-15 years
- 4, 5, 6, 7, 8 13-15 \_\_\_\_\_
- 4 + 22-25

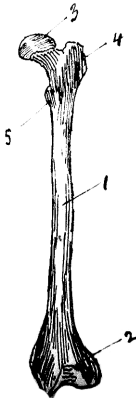


Fig. 110

- 1 30-40 days
- 2 9 months charact.
- 3 1 year
- 4 3-4 \_\_\_\_\_
- 5 13-14 \_\_\_\_\_
- 4·5 + 1 18 \_\_\_\_\_
- 2 + 1 20 \_\_\_\_\_



Fig. 111

- 1 2 ½ years

546



Fig. 112

- 1 35·40 days
- 2 1 year
- 3 2 years
- 2, 3 + 1 18-25 years
- 3 first



Fig. 113

- 1 40·50 days
- 3 2 years
- 2 5 years
- 2, 3 + 1 20·25 years
- 3 first

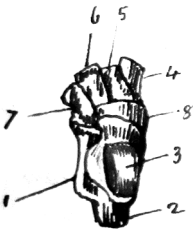


Fig. 114

- 1 6 months
- 2 8·10 years
- 3 5·6 months
- 7 1 year
- 8 1 year
- 4 1 \_\_\_\_\_
- 5·6 4 \_\_\_\_\_
- 1 + 2 15 \_\_\_\_\_

547

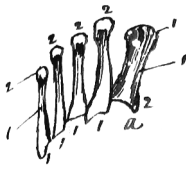


Fig. 115

1 3 months  
 2 2<sup>d</sup> year  
 1 + 2 18·19 \_\_\_\_  
 a is first



Fig. 116

pt Ph. of great toe  
 50-60 days  
 1<sup>st</sup> Ph. { genl. body 1 2·4 months  
 { 2 4 years  
 2<sup>d</sup> 2 6·7 \_\_\_\_  
 3<sup>r</sup> 1 45 days  
 2 6 years  
 Great toe 5 \_\_\_\_



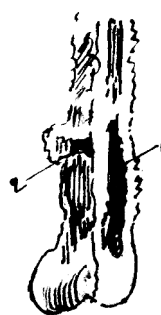
Fig. 117

1 6 months  
 2 10 \_\_\_\_  
 3 15 \_\_\_\_



Fig. 118

Inflammation of bone.



1 Suppuratg.  
 cavity in  
 femur  
 2 Cloaca

Fig. 119

1 Suppurating cavity in femur  
 2 Cloaca.

548



*Caries*

Fig. 120  
Caries of elbow.



*Necrosis*

Fig. 121  
Necrosis of bone.



*Sequestrum*

Fig. 122  
Sequestrum of bone.



*Fragilitas  
ossium  
+ Calcarious  
matter*

Fig. 123  
Fragilitas ostium +  
calcarious matter.



*Mollities  
ossium  
+ gelatin*

Fig. 124  
Mollities ossium  
+ gelatin.



*Exostosis  
Cancellata  
(bone & cart.  
cov. by a dense  
capsule)*

Fig. 125  
Exostosis cancellated  
(bone & cartilage covered  
by a dense capsule).



*Exostosis (ivory)*

Fig. 126  
1 Exostosis (ivory).

549



Fig. 127  
Osteosarcoma.

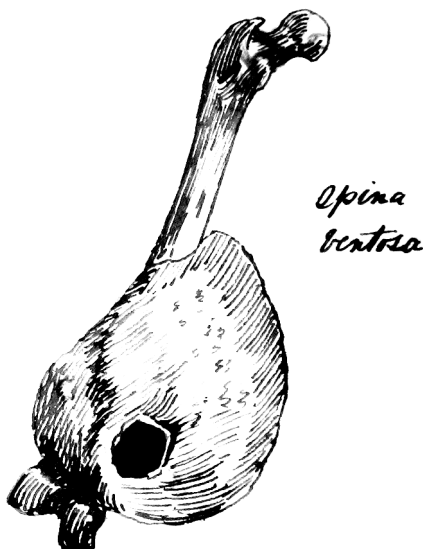
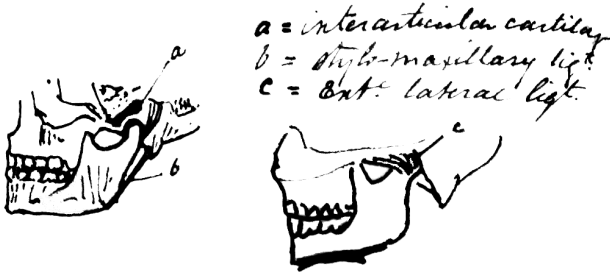


Fig. 128  
Spina ventrosa.

550



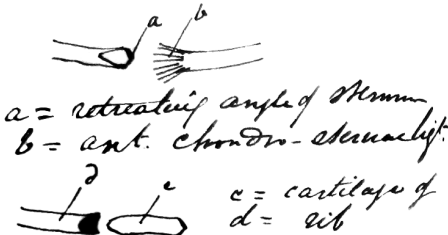
a = interarticular cartilage  
 b = stylomaxillary lig.  
 c = ext. lateral lig.

Fig. 129



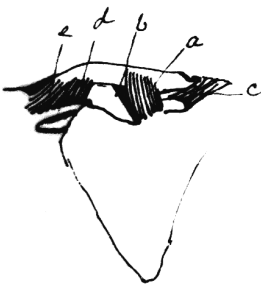
a = costovertebral lig.  
 b = costotransverse

Fig. 130



a = retreating angle of sternum  
 b = ant. chondro-sternal lig.  
 c = cartilage of sternum  
 d = rib

Fig. 131



a = trapezoid lig.  
 b = conoid <sup>cap.</sup>  
 c = trans. <sup>apex of con.</sup>  
 d = costoclavicular lig.  
 e = sternum <sup>ant.</sup>

Fig. 132



551



*a = ext<sup>l</sup> lat. lig.<sup>t</sup>  
 b = mit ———  
 c = ant. lig.  
 d = round lig. of Weltbucht*

Fig. 133

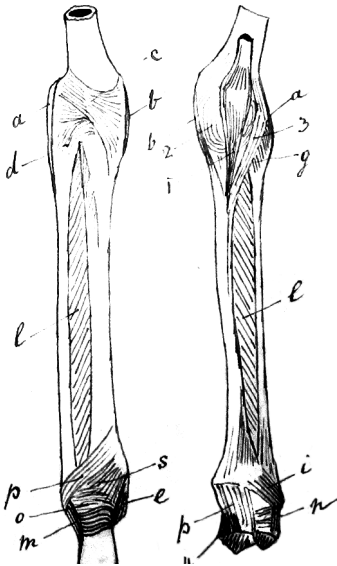
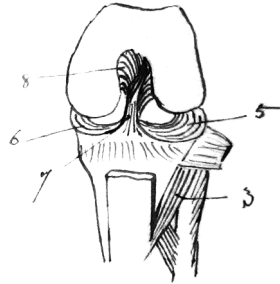


Fig. 134



*5 Ext. semilunar } Cautia  
 6 Int. ——— }  
 a Ext. lat. lig  
 b Int. ———  
 c post lig of humeror  
 1 lig. patellae - ant.  
 7 ant. cruciat  
 8 post. ———  
 3 prolong. of fascia lata*

Fig. 135

554	Aet 22	<i>Cough</i>
	Ill 14 days	Kind—decubitus—time
	Pain at lower sternum	And onset—pains caused by
	Stuffing and cough	Increased by
	Cough constant	With expectoration
	Deep respiration difficult	Relieved by
	Cough causes swelling of belly	Inducing—air
	and tendency to suffocate	Commenced with
	Stuffing increased after food	Gradually [or?] slowly
	A little hoarse	<i>Effect</i>
	Pulse 84 hard, small	Quantity, quality
	Cough after coming in from	Related to cough,—difficult
	work —paroxysmal	
		Auscultation
		Percussion

- 559
- I Acute Bronchitis  
of Large Tubes
- 1<sup>st</sup> Stage
1. R.M. increased, especially *expiration*
  2. „ dry and hard
  3. B.R. dry, heard especially in expiration
- 2<sup>nd</sup> Stage
1. R.M. slightly increased
  2. „ humid and viscid
  3. B.R. humid—growing larger

II Acute Capillary  
Bronchitis

- 1st Stage
1. R.M. diminished especially inspiration at postero-inferior of both sides, increased, especially expiration anteriorly
  2. R.M. dry

3. Subcrepitations, fine R. in inspiration at postero-inferior  
4. B.R. dry and acute in inspiration at posterior-superior  
560 2<sup>nd</sup> stage  
1. R.M. generally exaggerated posteriorly, anteriorly  
2. R.M. humid  
3. B.R. humid and numerous bubbles, finer and more regular  
at postero-inferior

### III Chronic Bronchitis

#### Var I. Increased mucous secretion

1. I.M. decreased, E.M. increased, especially posteriorly
2. R.M. difficult, posteriorly I
3. R.M. humid
4. B.R. humid, mixed, grave

#### Var II. Decreased mucous secretion

1. R.M. greatly decreased over entire chest posteriorly I
2. R.M. dry, hard, difficult
3. B.R. dry, especially acute

561

### IV Dilatation of Bronchi

1. I.M. 5 or 6, E.M. 12–15
2. All alterations of *quality* from clearness up to cavernous
3. Humid bubbling R.
4. Bronchophony or Pectoriloquy
5. Bronchial or cavernous cough

### V Contraction of Bronchi

#### Var I. Nearly general and uniform

1. R.M. diminished, posteriorly I. All over chest
2. R.M. difficult
3. R.M. dry and hard
4. Slight transmission of vocal vibration
5. B.R. dry, especially acute

562 Var II Partial

1. Diminution or cessation of R.M. in one part
2. R.M. exaggerated in rest
3. R.M. great difficulty
4. „ hard and dry
5. Transmission of vocal vibration
6. Sibilant R. in one part
7. Aegophony or bronchophony, a smothering of voice if tumor presses upon bronchus

563

I Pulmonary Emphysema

1. I . 2-1, E. 10-20 in lung or lungs, anteriorly especially
2. R.M. dry, hard, rough, difficult
3. B.R. dry
4. Transmission of sounds imperfect
5. Tympanitic process—sound
6. Decreased vocal vibration (hand)
7. Spheroidal chest. Protrusion of intercostal spaces
8. Inspiratory movement, abrupt, general, at once I  
Expiratory \_\_\_\_\_, relaxation [9?]
9. Abolition of partial movement of ribs

564

Chronic Odema

1. Diminution of respiratory murmur especially on inspiration
2. Humid \_\_\_\_\_ not viscid
3. \_\_\_\_\_ vesicular, fine, distinct, rounded, equal in successive
4. Slight bronchophony
5. \_\_\_\_\_ diminution of percussive resonance
6. \_\_\_\_\_ \_ diminution of vocal vibrations

Acute Odema

1. Diminution of respiratory murmur posteriorly-inferiorly
2. Humid respiratory murmur
3. One or two viscid bubbles, difficult
4. Marked dulness
5. Bronchophony
6. Diminution of vocal vibration

565

Active Congestion  
(Fournet)

1. Humid viscid râles
2. Diminution of respiratory murmur especially inspiration
3. Feeling of oppression
4. Expectoration white, mucous
5. Sensation of stuffing
6. General sanguineous plethora
7. Absence of febrile excitement

Pulmonary Apoplexy

1. Considerable diminution of respiratory murmur
2. Signs of active congestion around part
3. Dulness
4. Bronchophony and diminution of vocal vibration
5. Expectoration tinged with blood
6. Sensation of stuffing and great difficulty of breathing
7. Occasional crepitus

566

Pneumonia

1<sup>st</sup> Form (Acute)

1. Diminution of respiratory murmur
2. Alteration of quality, first in expiration
3. Primary crepitus

2<sup>nd</sup> Form (Lobular)

1. Exaggeration of respiratory murmur partly expiration
2. Expiration clear and blowing
3. At end of inspiration, some scattered bubbles
4. Rest of lung normal

3<sup>rd</sup> Form (Chronic)

1. Diminution of inspiration 1, augmentation of expiration
2. Alteration of quality in expiration
3. Hard, dry, difficult respiration in
4. Distinct bronchophony
5. Bronchial cough
6. Sounds of heart propagated
7. Dulness
8. Diminution of vocal vibration

567

Phthisis

1<sup>st</sup> Stage

1. Diminution of inspiration 42
2. Augmentation of expiration 20
3. Rough, hard, dry respiratory murmur
4. Alteration of quality—first expiration
5. *Crumpling* murmur—inspiration
6. Dry cracking rales, humid, cavernous
7. Bronchophony
8. Bronchial cough
9. Transmission of heart sounds
10. Dulness
11. Diminution of vocal vibration
12. \_\_\_\_\_ of partial movements of ribs and sinking in of spaces
13. Difficult respiration. Annoyance from speaking, feeling of restraint

Gangrene of Lung

1. Active [sanguineous?] congestion
2. Foetid sputa

568

Pleuritis

1<sup>st</sup> Dry

1. *Grating* sound at one part.
2. Rest of lung normal.

2<sup>nd</sup> Membranous.

1. Inspiration 6 · 8 decreasing.
2. Expiration 5 · 6.
3. Frottement.
4. Slight dulness.
5. \_\_\_\_ diminution of vibration.

3<sup>rd</sup> Effusion.

1<sup>st</sup> Stage (regular sheet)

1. Diminution of respiratory murmur.
2. \_\_\_\_\_ of vocal vibration.

2<sup>nd</sup> (abundant)

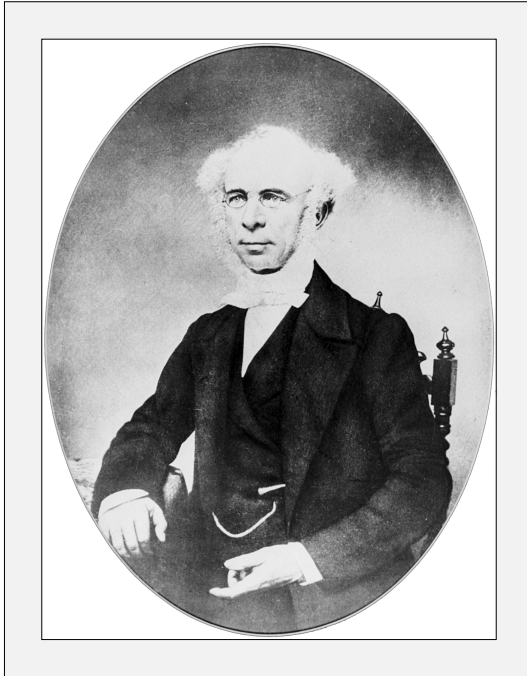
1. Diminution of vocal vibration and partial movements.
2. \_\_\_\_\_ of respiratory murmur.
3. Great dulness.
4. Thorax increased.

End of Malcolm's Notebooks





A Diary Kept By  
John Creery Ferguson  
Whilst A Medical Student  
In Edinburgh



**Ferguson**



Edinburgh  
October 1824–April 1825

01      October 30<sup>th</sup> 1824 was spent, the weather being remarkably fine, on the day Mail by your humble servant, accompanied by his friend Stokes, rather agreeably, save when a casual cloud lowered, emanating from the recollection of those we left behind us! Half past 9 o'clock p.m. found us safely moored at Linn's Hotel, Belfast, without an adventure. There, after oysters and their necessary consequent, to bed we went. Where else would we go?

31<sup>st</sup> *Sunday*. Went to Dr. McDonnell to breakfast. Immediately won by his extreme kindness and soon delightfully entertained by his information and extraordinary talents. Saw his manner of computing the quantity of carbonic acid expelled from the lungs. To give anything like a just idea of subjects which his conversation embraced, or the manner in which he treated, were far beyond my capacity. Mrs. McDonnell, a plain unaffected woman. Saw his "Philosopher", as he calls him, whom he feeds in particular ways and experiments upon. Pressed very much to return to dinner, declined but promised to return at 7½ for tea. Called at Mrs. Hyndman's, saw her and George. Was kindly received and promised to dine. Walked thro' Belfast with George. Visited Miss Parker at Mrs. Smyth's, saw there Mrs. Barber, Mrs. Quin and her daughter, Mrs. Boomer. By the last not known, introduced, [bowed?] and found myself in so bad an humour that I soon took my departure. Visited the McTears, saw Miss F. Georgia and Tom. Saw Mr. McCracken; Dr. McCraig there so ill as not to be seen. Called at Mr. McClain's, did not go in. Why? Visit soon returned by Adam McC. Dined at Mrs. H's and went accompanied by George to drink tea at Dr. McD's. Found Stokes there returned from Mr. Templeton's, where he had spent the day. Midnight arrived in the Doctor's delightful society ere we thought of leaving him. Don't think well of craneology. Gave me a letter of introduction to Dr. Thompson of Edinburgh, what I think worthy of being copied. "I beg leave to

introduce Mr. Ferguson to you. He has studied very diligently at Dublin and intending to graduate at Edinburgh, is desirous of obtaining some information about the classes, which I am sure you can give him. He is a person whom I have the greatest wish to oblige and very creditable to our Country. &c. J<sup>ms</sup> McDonald.” (Yem!!!)

02 November 1<sup>st</sup> Monday. 8½ a.m., sailed from Belfast in the Eclipse steamboat. The weather rainy, so as to prevent us enjoying the beauties of the bay. Wind favorable however, so we made good way. Breakfast at half-past-9. Very good and cheap. Fellow passengers queerish, but no decided *characters*. Most of them very sick. *The lightness of my head* (kind reader, don't misconstrue me, I mean vertigo) obliged me to take to my birth twice, which soon restored me, but no sickness. Whilst in my roost, I heard some odd remarks. A Scotch man and an Irish man, afraid to enter their births, had, leaving Belfast stretched themselves along the seats of the cabin on their backs, and had lain in bodily fear of moving from position for nearly 8 hours. Sawny's sighs and Pat's grunts were most pitiable! "Many a time I heard something that's very like", said Pat, "of the noise of the engine." "Hae ye, sir?" "Aye, by G— it's churning, that's what it is." The Scot did not well hear what Pat said, at least the word churning, so he explained by "the process of making butter", for he was the most polite man in the cabin as the following will show. A poor fellow come down deadly sick, but had no birth. Pat immediately cried out, "He might take his for if he were to go into it, he never would come out with his life." He now began to get tired of being so long in the same position and proposed the following query to Sawny. "Which side of my body do you think there's the most *boil* in, for I'll turn on it and try to keep it down." Sawny "did na ken, but he would hae him lie quiet!" &c., &c. Observed when we neared Greenock, that the steam boat had something in tow, which we found out from a *knowing* deck

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passenger to be glass which they were smuggling. Arrived at Greenock at 10½ p.m. where went on shore to sup; not having dined on board, rather sharp set. Entered a Pie Shop, “Walk in, sirs”, and turned another poor devil out. Sat a few (very few for were very hungry) minutes at the fire when sallied forth to hurry. After some hearty laughs at our expense, but mark me, all from pretty faces, else I should have broken their Scotch heads, we were informed the pies were done. “Was na it Halloween and a the pies in Greenock town eat lang-syne!” Whilst *jawing* the landlady, a young wench came running in. Alas, poor Pat! Where are you not insulted? Crying that “the last customer had paid her a wi Harps! Faschions deil!!!!” I had sixpence of Harps (may I always have as many) in my pocket. Took our departure and *blessed* them. With some difficulty made out a decent tavern. Up a long flight of stairs we went and stone ones too, all stairs in Scotland are stone, room neat, good fire, observed something like a tin candlestick under the table (the Scotch candle under a bushel, thought I) which on enquiring turned out to be in fact—a *spit box*. Quizzed the maid and beat her hollow, no Irish quickness or wit. Eat heartily of beef steak and Scotch collops, tolerably good dish. Porter wretched. Maid whispered, “Would I no taste the Heelan whisky?” Agreed and found it very fine. Started at *midnight* to see the town, by no means a bad one. Fine docks and a great deal of shipping, ’tis the port of Glasgow. Custom House a fine building but rather heavy. Towns folk quite alive, spending their Hallowe’en. One house in particular attracted attention, where certainly “the mirth was fast and furious.” The windows were wide open, and such a scene!! The principal performers seemed to be sailors and Cyprians. Inclination prompted tho’ prudence forbade our joining, and when were the dictates of prudence neglected by such *sages*? Returned to our births and slept.

November 2<sup>nd</sup>. Tuesday. Awoke at 5 a.m., by the incessant blowing of horns. Up, dressed and on deck before six. Raining furiously, yet the scene was busy. Some ten or twelve steamboats all for Glasgow, each of which had it's horn to announce it's approaching departure. They all seemed to have some, but not many, passengers on board. I should have mentioned the Captain's reason for not going up the river the night before was the intricacy of the Clyde and the danger of meeting other boats; left Greenock, distant from Glasgow 22 miles, about seven a.m. Morning dreadfully wet, the pleasures of the beautiful sail up the Clyde quite lost. Numerous steamers passing both up and down the river. Dumbarton Castle magnificent. Lord Blantyre's demesne on the right bank of the river, not very remarkable. Next, Mr. Campbell of Blithswood, his house most magnificent. Something resembling the Vice Regal Lodge, Park, Dublin. Grounds very *Lala*. River becomes very narrow on approaching Glasgow. Came to anchor alongside another steamer. All the surrounding boats and the quay were crowded to excess by porters, each with a brass plate numbered and a *rope about his neck*. Their extreme anxiety to be employed beggars description. Pointing at and looking thro' one, endeavouring to catch the eye, with, "Sir, I'm for you!" "Sir, I've a hurdy!" &c. Soon boarded by them but by no means troubled. Employed a man and his hurdy (small cart) to carry our luggage. By the way bilked the Stewart ale in the way of business. Greatly struck with the immense size of some new manufactories. Indeed the town a much finer one than I had expected, built almost entirely of sand stone. Walked almost across the whole town till we arrived at College Street, where at N<sup>o</sup> 11 we found Mrs. Fife's lodgings disengaged, happy chance! If ever you go to Glasgow, go there. If you get in you'll be kindly treated, daughter a pretty girl too, and is fond of Irish young gentlemen. Had breakfast, performed our ablutions, not before they were loudly

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called for, and sallied forth. Went to the barrack to look for Major Patrickson, had not arrived, disappointed. Saw the awkward squad of his regiment, truly so called. Delivered a letter of introduction to Mr. Newlands, kindly received, promised to dine on Wednesday. Looked for Mr. Laird, could not find him. Caught by a very heavy shower, flew to an umbrella shop and purchased from a very pretty woman. Walked a good deal thro' the town. Went to drink tea in the evening at Dr. Nimmo's. Most kindly received by him in his study. His intelligence and information on every subject extreme, conversation varied and delightful. Introduced to Mrs. Nimmo. Ladylike and hospitable. Eldest boy very intelligent, sang. Sat till late when we had supper, a constant meal in Glasgow. Sorry to take ourselves from the society of such a man but 'tis almost morning. Promised to return.

November 3<sup>rd</sup> *Wednesday*. Traversed the town 'till 3 p.m. when I went to dine with Mr. Newlands. Kindness. Drank share of the first bowl of Scotch punch, no taudy, I had ever seen. Asked to breakfast next day, declined. Saw Mr. Laird this day.

November 4<sup>th</sup> *Thursday*.<sup>1</sup> Fast day, as they call it, before the Sacrament. Kept as religiously as Sunday. No business whatsoever transacted within the town. Breakfasted with Mr. Cowan, a good kind of fellow. Went to see Mr. Black's factory for drying cotton handkerchiefs. Highly pleased with the process. Machinery worked by a steam engine which supplies itself with water from the Clyde. Went to tea at 7 in the evening to Mrs. Black's, genteel, hospitable family. Young men extremely kind. No dancing as it was fast day. Gentlemen insisted on whist, forced to play, won. Supper, always supper in Glasgow, good jokes and tolerable songs. One of the young men had rung the bell several times without the desired effect, and at last

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<sup>1</sup> [Inserted in margin.] On this day, visited the Botanic Garden. Saw Mr Murray, gardener. Met Dr and Mrs Hooker in the glass house. House plants superior. Other [his?] [page torn] to Mr Key's. However it is only of seven years standing, and a great deal has been done in the time.

05 remarked the bell would not ring. The door opened and the bell was heard to ring loudly. "Aye, James", said the fat old mother sitting at the head of her own table. "Puir thing! It's ringing awa still", in the most irresistibly comic manner. Many such. Defended the motives of Dublin people in their charitable acts. The Scotch perfectly thrown in the shade by the comparison. Obligated to promise to spend Monday evening. Left them much pleased.

Friday 5<sup>th</sup>. Started to breakfast with Mr. Austin who keeps a very extensive nursery about half-a-mile from town, south bank of Clyde. Most kindly received here, and indeed everywhere, by the Scotch, but more particularly by the ladies. Glad to find the being an Irish man, a powerful introduction. Why? Three young ladies here, two great flirts. Inspected the drawings of the 200 different varieties of the Scotch rose, all cultivated by Austin and reared from the same parent plant, many of them most beautiful. After breakfast went, accompanied by the ladies, to see Mr. Miller's extensive cotton works. Highly delighted. Inspected the whole process from the undressed cotton 'till it was wove and fit for the market. Upwards of 400 people employed. 120 looms weaving in one room and all wrought by the steam engine, 60 horsepower, and attended mostly by girls, superintended by a few men. Next, went to Girdwood's iron factory, saw the different works in progress, cutting large iron screws, most extraordinarily, a screw cutting value about £70. Saw the casting of iron, particularly struck with the appearance of the Man (or Devil) who drew the molten iron from the furnace. Here introduced to a Miss Campbell, a bouncing lassie, and ardent admirer of Irishmen. Weighed the girls myself—sts. 11–2 lb. Accompanied the maidens into town. Soon cut them. Promised to dine on Thursday and meet Miss Campbell. Saw a good deal of the town, dined early and went to Mrs. Colquhoun's at 6 to drink tea. On our way thither called on



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Cowan, who accompanied us to Mr. Broomfield, a queer English man, odd manners, a taste for natural history. Showed us an English serpent living. Invited both gents to breakfast next morning. Broomfield accompanied us to the Colquhoun's. Spent a very dull evening. Old C. a melancholic old cur. Never spoke to me. Accompanied on his violin a young Miss C.'s piano, &c. Some one or two humdrums. Much pleased with young C., Very well informed, particularly in chemistry. Went home early. Day fine.

*Saturday* 6<sup>th</sup>. Up and out early, read the news in the Tontine<sup>1</sup> where we met Mr. J. Black. Walked as far as the barrack with him on his way to take a one-horse carriage to Hamilton. Found that the Major P. had arrived. Left our card. Home and found Broomfield and Cowan waiting for their breakfast. Eat, and went to see Major P. Happy to see us, saw his regiment drilled. Promised to dine at the mess that day, did so. Found the officers attentive and agreeable. Home at 10 o'clock.

06 *Sunday* 7<sup>th</sup>. Major did not come to breakfast as he promised. Colquhoun did. Went to "the High Kirk", a grand old building, Gothic in the same style as Patrick's, but much more magnificent. Saw the underpart of the kirk or vaults where Andrew Fairservice took young Morton aside to hear the true Scotch Minister. Congregation immense, 'twas Sacrament Sunday. They have only two in the year. Dr. McPharlin preached an hour and  $\frac{1}{4}$ . Not much that I had not heard before. Ran home thro' a steady rain. Did not stir out till after dinner. Stokes went down to ask Cowan and Broomfield to drink tea, both came. Spent the evening agreeably, concluded by capping verses. Day very wet.

*Monday* 8<sup>th</sup>. Met the Major in the morning, convinced ourselves that a pound of lead was heavier than a pound of wood because remove them counterpoised out of the medium of the atmosphere into the exhauster of an air pump and the lead will preponderate, the pressure of the atmosphere which

<sup>1</sup> [The Tontine rooms, erected by the Tontine Society of Glasgow.]

was greater on the wood being removed. Called on Colquhoun. Went to the singing machine.<sup>1</sup> Very curious, the cotton goods are actually passed in close contact over a red-hot bar of iron. The bar is a cylinder, perhaps 5 inches in diameter. Walked with Major P., visited the High Kirk again. Some very ancient monuments. Observed the Escutcheon of the Lennox's, with the motto "Lough Sloy", mentioned, I believe, in Old Mortality. Workmen repairing the building. Pressed by the Major to dine at the mess. Refused as I had to drink tea at Mrs. J<sup>as</sup> Black where we arrived about 8 o'clock. Had tea, danced a quadrille with Mrs. Pollock, and for the first time, an eightsome reel with Miss B. then a rubber of whist. Won. Had supper, a very pleasant evening, day good.

Tuesday 9<sup>th</sup>. Patrickson breakfasted with us. Day wet and disagreeable. Stokes and I called on Colquhoun, saw his private laboratory—very neat, particularly admired his furnace and distilling apparatus. He and I went to see Mr. Monteith's manufactory for dyeing cotton handkerchiefs, in particular Turkey red, for which he is so famous. Works very fine. Was not admitted thro' the secret works. Upwards of 600 people employed. Credibly informed that Mr. M's profits out of the concern last year amounted to £60,400. He had been a common weaver!!!

07 Strayed thro' the most infamous parts of Glasgow, worse than our Liberty. Houses invariably roofed with tiles. Reached the barracks, parted with Colquhoun, found Major P. in the mess room. Went thro' a furious rain to see the Hunterian Museum. Purchased!! at the College lodge, which by the way is a *whisky shop*, our tickets of admission for one shilling!!!! As our time was but limited, took a very cursory view of matters, however sufficient to see that the collections were highly valuable and interesting, particularly the anatomical preparations, the birds (very fine) and shells. A few good pictures. They have a splendid

<sup>1</sup> [A machine by which cloth is singed to remove the nap.]

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collection of medals, for which they were offered by the British Museum £40,000, but these cannot be seen but in the presence of two professors. Retreated thro' furious rain to our lodgings, where the Major sat till we dressed, and set out to dine at Mr. Austin's. Met there Dr. McClain the minister, a very fine old gentleman, an immensity of good Scotch anecdotes. My father could laugh with him for ever. Danced in the evening, disappointed on not meeting Miss C. Was she disappointed? On going upstairs to supper, observed a very large factory on fire. Never saw such a burning in my life. It proved to be a Tobacco and Snuff warehouse and factory, adjoining the barracks. Much sport at and after supper. Good singing by the old gent. Sung for the first time in my life, a few verses of *Teapot*. Returned home quite delighted with their kindness and hospitality.

Wednesday 10<sup>th</sup>. Up very early. Packed our trunks, paid our bill to Mrs. F., breakfasted and took the coach for Edinburgh. Sorry at leaving a town and people where I had experienced such disinterested attention. Wretched cattle (as all the Scotch are) dragging a heavy coach. Rain came on immediately on leaving Glasgow, so as to render the remainder of our journey disagreeable. Country for the first 8 miles very fine, then extremely wild and barren till about 9 miles of Edinburgh. Changed horses 4 times, and each time a coachman was to pay. Their coachmen only drive ten miles. *Rascals*. The terrific rain on approaching prevented every possible prospect, yet what rain could drown a stranger's admiration of the castle cliff on entering Princes Street? 'twas grandly enveloped in clouds. On our arrival knew nothing whatsoever of the town. No luggage taken care of at the coach office. Went to the hotel. No turn out immediately unless you engage bedrooms. So much for our reception in Edinburgh. Ordered two porters to carry our trunks to the nearest tavern to college. Brought us to Barkley's Nelson tavern within a few doors thereof. Found we had an hour

08 before the *ordinary* dinner at 4. So sallied forth in search of lodgings. Took two rooms with bed closets from an old lady, Mrs. Barkley No 5 College Street for which we are to pay £1 per week. Seems a motherly sort of old body, but of that thereafter. Returned to the ordinary, *rather moist*. 16 sat down to a very good dinner. Soups, fishes, mutton, goose, ham, turkey (which I operated upon) and other covers. Eat heartily. Had cheese, sweetmeat, &c., a drink of porter. Paid our half-crown and ere the cloth was removed, returned to our *new home*. Found a good fire on. Warmed ourselves and slept.

Thursday 11<sup>th</sup>. Up early, arranged our clothes &c. in drawers and presses of which we are the masters of, certainly a superabundance. Walked a good deal thro' the town, which is extremely fine. The situation is naturally good, being placed on two opposite hills connected by a bridge of 5 arches, the 3 centre of which are the most superb and lofty I ever beheld. From the parapet of this bridge, you look down on the roofs of houses several stories high. On others, houses are actually built so as to surmount the level of the bridge, some *flats*, and are actually in some cases 11 stories high, and perhaps inhabited by 11 different families. The effect in the eye of a stranger is, at first light, most extraordinary. The new town, or west end, very fine, built of sandstone cut. The New College finished, except one side of the Square. Called on Dr. Thompson to whom Dr. McDonnell had given me a letter, most cordially received. A middle-aged man of very pleasing manner. Has very extensive practice, advised me as a friend. Always happy to see me, invited me to hear him lecture this evening. Recommended the employment of a grinder. Called on Mr. Johnstone, Northumberland Street. Most happy to see me, turning out his servants. Took my address. Then traversed the town. Delivered a letter for Dr. McDonnell at Mr. L. Horner's. Lower orders of females not near so well looking as in Glasgow. Higher superior. Dined on haddy.

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Heard Thompson lecture after dinner from 7 to 8. Saw Smyly today and Bridie. Wrote home this evening. Day rather fine.

Friday 12<sup>th</sup>. Immediately after breakfast, called on Dr. Alison to gain some information from him relative to graduating. Found him extremely civil and communicative. Find I have all the necessaries for a degree and may do what I please. Enjoyed some general conversation with him. Introduced by Stokes to Dr. Cullen, a very gentleman-like young man, who, to use his own words, “Will introduce us to everyone in Edinburgh worth knowing.” Has a sovereign contempt for the teachers of the old school. Accompanied us to the infirmary and very kindly introduced us to Drs. Rushell, Balingall and other *knobs*. What shall I say of the infirmary? It is so very inferior in every respect, but particularly as a school to all our Dublin hospitals, that it needs  
09 no remarks. Suffice it to say that the students, to the number of 295, fight and jostle each other around a patient’s bed to have even a view of *him or her*. Left it quite dissatisfied and set out to visit the Botanic Garden and deliver a letter which Stokes had from Mr. Murray to Mr. McKnat. The garden is situated about a quarter of a mile from town, immediately under or opposite the West End. The grounds are well laid out and in high order. Plants in good health. Superior to Glasgow gardens, but the glass houses are the best and best supplied I had ever seen. The collection of heaths was truly grand, an entire house full. What shall I say of McKnat?, a *frightful fellow*. Six feet three high, over his ordinary cloths, a large spencer and dark blue apron, features sharp and dark, eyes sunk, voice like the undertones of a raven, but scarcely audible from phthisis laryngea, solemn in his manner. In short, he inspired a degree of terror. Never asked us had we *mouhths* upon us. Saw Dr. Graham, Professor of Botany, here, extremely civil always, happy to see us at the Garden. We flatter ourselves we are *somebody*. The view of the town, Arthur’s Seat and Salisbury crags, from the garden, is

most beautiful. Returned homeward, heavy rain. After dinner, attended the Medical Society at 8 on Dr. Cullen's invitation. Subject catalepsy, debate not very interesting, tho' one or two good cases recited. Cullen evidently a leading man. They profess a most numerous, and I believe excellent, library. Advised strongly by Cullen to become a member, seems advantageous. Home, hungry and had supper.

*Saturday* 13<sup>th</sup>. Heard Duncan Jr. on [Nat.?] Med. from 8 to 9 a.m. Not easy to judge of him as a lecturer from the specimen. Breakfast. Hope did not lecture today. Traversed the town particularly the old, our attention particularly arrested by some of the very old buildings, coming up to the idea we had entertained of the oldest English architecture. Most of them of wood and six or seven stories high. Purchased the materials for a muffle coat and hunted out a taylor to make it. Called on Dr. Thompson, took out a ticket for his lecture, £3·5·6, again experienced kind treatment. Visited Mr. A. Hay whom I had seen in Dublin. Received with cordiality, introduced to Mrs. Hay, his mother. Saw the figures of two young ladies at a distant window, but not *their faces*. Hoped I should show myself after. Gave my address and departed. Thompson does not lecture on Saturdays. Nothing more particular. Day very blowing and raining.

10 *Sunday* 14<sup>th</sup>. Never left the house. Why? Day remarkably fine and vast number of people walking in the streets between services, but at other hours one would imagine that plague had infested the town. Smily came in to coffee, chat, and at 10 o'clock to bed.

*Monday* 15<sup>th</sup>. Dr. Duncan's lecture before breakfast. Hope after from 10 to 11. Rather a pleasing lecture, suited to the tastes of *amateurs* and the capacity and information of beginners, but not very scientific. His class enormous, amounting to upwards of 500. Here as elsewhere, the manners and gentleman-like deportment of the class very inferior to what I had

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been accustomed to in Dublin. At one, we heard Monroe on anatomy. Think him by no means a bad lecturer, tho' he does not stick close enough to his subject. He was on the formation of bone. Alas! how poor did his specimens and preparations appear in *my* eyes, tho' he seemed perfectly well pleased with them. Poor skeleton!!! Into what insignificance do they sink when compared with time! At 2, heard Dr. Jameson's introductory lecture on Natural History and was quite delighted with him. He seems a timid and nervous man, but the matter of his lecture and indeed his manner was most excellent. Determine to attend his course and promised a letter of introduction to him by Thompson. Left a card at Dr. Cullen's, called on Dr. Thompson to ask his advice respecting the Medical Society and attendance on hospital. Medical Society he deems too dear for a person about to remain in Edinburgh so short a time, and agreed with me in thinking the infirmary quite over stocked for any information to be gained. Advises me to devote some of my time to a dispensary, gives me a letter to Dr. Maclagan for that purpose. Did not find him at home. As this day was very fine and frost set in, a great number of people in the streets. Saw some very fine women. Home and dined, heard Thompson, &c.

*Tuesday* 16. After breakfast, Dr. Hope. 11 o'clock Mr. Leslie on Natural Philosophy. Saw at a little distance from the College, a dreadful fire raging, which on enquiry we learned had been burning all the preceding night. 4 extensive houses had been burned in High Street. After lecture, followed the crowd down South Bridge, and found that the steeple of the Tron Church, made of wood and *pitched*, had taken fire by means of some sparks which had reached it, tho' perhaps a hundred yards removed from the fire, but the wind was blowing furiously. The steeple containing a large bell was built in an extraordinary old-fashioned style, not unlike the present Chinese mosque. In the course of about a quarter-hour, despite of all exertions made to

tame it, its burning presented one of the most magnificent and at the same time awful sights, I had ever beheld. It baffles all description. Its gradually sinking and crashing down into the street was most tremendous. Heart-rending was the scene all  
11 around. I had hoped never to witness such again, but was sadly deceived. Property of every description lying in a confused mass everywhere about the street. The looks and gestures of the unfortunate owners gave a lively picture of the loss they had sustained. Heard Jameson at 2, Hamilton on midwifery at 3. This is a singularly fine old gentleman and tho' a rough, yet, I think, a capital lecturer. After dinner Thompson and [I] went home with Smily to take tea. Home and 10½ p.m. going to bed, when I heard the watchman's creak, and a far different employment awaited us. Sallied out and found a terrific fire raging in Parliament Square. We first went to the interior of the Square and there beheld a scene such as I should never wish to witness again. The fire first broke out in the upmost flat of the highest house in Edinburgh, being 13 stories high, each of which, as the people live there, was of course inhabited by different families. The flambrans of constables and others (for the fire as yet raged only in the rear of the houses) showed the unfortunate inhabitants *throwing* from every window of 12 or 14 houses, their property and goods of different kinds. Many of them were writers, and such was their hurry to save what they could of their papers, that throwing them from their windows, the wind which raged most furiously, caught and scattered them, whence they never could return. The Law Courts or Parliament House as it is called, was in very great peril, being only removed 4 houses from the conflagration, but it was to leeward. Horrified at what we had seen, we went to a court in the rear of the building, where the fire could be well seen. It was awfully grand and spreading rapidly, for the wind carried it everywhere around. Terror had seized everyone in its vicinity and with good reason.



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Whilst we were in silence, I must say admiring the fire, an unfortunate female attracted our attention, supplicating for assistance to remove her little all to some neighbouring place of safety, but their eyes were too busy to allow of their ears hearing the voice of woman in affliction. I felt my Irish blood boil within me. “Miseris succurrere jurat”. Smily (for he had now joined us), Stokes and a generous young Scot, with myself, with heart and soul, offered to do what we could for her. ’Twas a sweet moment to have hands and arms—followed her to her room which we reached (having lost Stokes whom another poor creature had captured) with no small difficulty, as every inhabitant of numerous apartments was busied in carrying their goods and chattels down a very narrow winding staircase, and we had to ascend three flights. To omit particulars which would be tedious, we removed all or nearly all her furniture for her when  
12 her husband and friends came to her assistance. The first piece of furniture which a mother put into my hands was, dear charge, her infant babe. There’s something romantic in carrying off a child from the perils of fire, and I enjoyed it to the full. The apathy of the Scotch people who were not personally interested disgusted me. I was engaged in removing a nest of drawers, when we really could not prevail upon the gaping brutes to leave our way, but I had the satisfaction of grinding the toe of *no* dancing pump into a fellow’s very shin-bone. Both hands were employed or —. Worked for three hours and fairly tired out about 2 a.m. Determined on going home and on my way, saw *females* busied in carrying off their property. Again to work, carried a large table into a *fruit* shop in Lothian Street, where I was amply *rewarded* for all my trouble. A thousand scenes which ’twere tedious to enumerate. Home and to bed.

Wednesday 17<sup>th</sup>. Much rain, wind something abated. Fire still burning. All the avenues to it closed by military. Engines not very effective. Would not bear comparison with those of Dublin.

Most extraordinary panick pervades the city. Cavalry and police driving in every direction. Law Courts closed. All the warehouses, woollen and others, in the vicinity of the fire, disgorging their contents into numerous carts and other vehicles. What must be the injury done to goods exposed to such inclement weather? Town councils &c. held. Attended Jameson, Hamilton, Thompson. In the evening, an alarm of fire in a distant part of the old town, but happily false. The other almost extinguished.

*Thursday* 18. Fire extinguished, uncertain as to number of lives lost but believe them to be few. Visited the Law Courts. Met McCowan and Hay. Saw the celebrated advocates Jeffrey and Coburn, disappointed in not seeing Sir Walter Scott. Writers' library a good one, room elegant; advocates' extremely dark but considered most excellent. Books in disorder, fear of the fire spreading having caused the more valuable and rare to be made ready for removal. In one of the library rooms, a lamp must burn constantly. A collection for the sufferers by fire among the limbs of the law. Accompanied Mr. Stokes to Mr. Nimmo's lithographic printing, differs in the process little from other printing. Saw some pretty things. Called on Mr. Johnson, lent me three newspapers. Promised to dine on Saturday. Jameson's lecture. Home and read the papers. Returned these before dinner. Smily took share of our dinner. Thompson's lecture. Mr. Potter came in the evening to coffee. Delightful medical conversation till after 11 o'clock. Day fine.

<sup>13</sup> *Friday* 19<sup>th</sup>. After breakfast, called on Dr. Maclagan with Dr. Thompson etc. Found him a very kind and gentleman-like young man. Was unable, being at present unconnected with the dispensary, to give me the information I wished for, but would enquire and let me know tomorrow morn at 9½ a.m. The day being very fine, seized the opportunity of ascending Salisbury crags. View of the town from it very fine. It almost overhangs the old town. It consists of green stone and sandstone. Quarries

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working immediately under the cliff. Next, clambered up to Arthur's Seat. View splendid. To the north, Leith and the bay to the east. Portobello, a considerable town on the sea coast. South, *the borders*. West, the Pentland Hills now clad in snow. Nor-west Edinburgh, which seems almost under one's feet. Enjoyed the scene much. Descended on the north side of the hill, and could not pass by Hollyrood. Entered at the invitation of a pretty damsel. We were first shown thro' the old Chapel, now quite dilapidated, without a roof, the ruin chaste and beautiful, the ground studded with numerous old monuments, which it is difficult to decipher. There's to be seen the door, bolted and doubly locked, of the vault where are buried many of the kings and royal family of Scotland. Oh! if one could break it open. Mary's confession room, where is a very beautiful and ancient white marble monument. Here, as *everywhere*, a shilling to the lady who spent her time and breath upon us. Next, shown into the Gallery of Pictures consisting of nothing but portraits, some of them very ancient and beautiful, yet not calculated to excite much interest. Here again, 'Pone pecuniam!' We were next shown the only thing in fact we wished to see—*Mary's* apartments. What recollections do they press upon one's mind? The old-fashioned apartments, her state bed, the very cloths, &c., &c., luxurious old chairs and other seats covered with most gorgeous silks and golden ornaments, but most antiquated. No-one allowed to touch the furniture lest it should crumble into dust. The attendant assured us she was afraid to open the window on a wintry day, lest they should sustain injury from the very wind. This rule, I however transgressed. Who could resist the temptation of seating themselves in the chair where the beautiful *Mary* had so often decked herself out, or not enjoy an indescribable transport in even imagining they beheld her beautiful face reflected in that looking glass which had so often shown such a woman to herself!! Her work box ornamented by

the needlework of her own hands, her baby linnen basket, her fire screens and her apartment are all hung with beautiful old tapestry. What were our feelings in traversing the little (for it is very small) supper room, where Rizzio was found, the private stairs thro' which his murderers gained admittance, the two rooms thro' which he was dragged, and the spot of his death marked by his blood, which now however is almost effaced!! Numerous old pictures and engravings thro' the apartments, the large portrait of Mary in her 16th year, brought by herself from France, is calculated to excite great interest. I had on Darnley's armour, helmet, glove, only one there, his spear shaft of ebony. His boots, comical old things, very high heels, square toes and thigh pieces. I rummaged out of an old dark closet some curious old guns and two very old broken kettle drums. Perhaps these are the most particular objects that strike the eye, the workings of the imagination in the review of them, I dare not attempt to describe. We could have spent hours here, but we determined to return and hurried off to Jameson's lecture, not however without warm solicitations from other fair ones, and assurances that their part was best worth seeing, the apartments of the living George, but who could admire anything modern after what we had just been engaged in!!! Dined with Smily, met Mr. 14 Molloy. After dinner, Thompson, thence to the Medical Society, where we were introduced by Mr. Potter. An animated debate on the existence of smallpox particles in the alimentary canal. Dr. McIntosh supported the affirmation, Dr. Cullen the negative, A Mr. Bell gave us his ideas on the absorption of the neck of the femur. Then a paper on Colchicum autumnale by Mr. Probart, a discussion not at all interesting. Got home about 11½.

*Saturday.* Waited on Dr. McLagan before breakfast, did not find him at home. Returned after breakfast. Gave me a letter to Dr. Pitcairn, Secretary of the Dispensary, on whom I waited at the dispensary. By him inducted. Shown some of the rules &c.,

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and desired to bring five guineas with me on my next visit. No lectures. Dined at Mr. Johnstone's, most kindly treated. Mrs. J. a plain and seemingly honest woman. Dr. and Mrs. Lyon seen there. Mrs. L. very large, [so?] tall, at least five feet ten, well looking, extremely agreeable and all *that sort of thing*. Got a regular [built?] wetting coming home, being perfectly unprepared for rain.

*Sunday* 21<sup>st</sup>. Walked to Leith. Little worth seeing. A good deal of shipping. The town very inferior, no church. *Bad boys*. Day gloomy.

*Monday* 22. Wrote home. My heart went with the epistle. Got home my new rug coat, but obliged to return it to be altered. No trifle. Attended Jameson and Thompson. In the evening, reading &c.

*Tuesday*.<sup>1</sup> Had Mr. Rigby, Stokes' friend, to breakfast. Went thro' the Law Courts. The ruins caused by the late fire still smoking, both in High Street and Parliament Square, and an engine with firemen still remains in both places. Found out Mrs. Drysdale, my father's old patient in 209 High Street, enraptured to see me. Showed me to her husband if I had fallen from the moon. She looks very well, but like many of her sex, complaining. Paid a visit at Mr. Johnstone's, saw Mrs. J. and Mr. \_\_, Dr. Lyon, and [?], and a Mr. Short, who told us of a Mr. *Somebody*, who had performed miracles among his friends in curing impediments in speech. Seemed veracious. Then went to the Dispensary, paid my fee. Learned some of its internal rules. Accompanied Dr. Carnegy round his patients. Duty promises to be very laborious. Went thro' some wretched places, others comparatively comfortable. Egregiously disappointed at finding that the Dispensary business renders my attending Jameson impossible. Dr. Thompson had given me this morning a letter to

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<sup>1</sup> [Note in margin.] Took out my matriculation ticket, necessary for every student before taking out any professor's ticket. For this, paid 10s, and have a right to use the books of the library.

him, which I had hoped to have been able to have availed myself of. "Telle est la vie". Heard Thompson in the evening. Gave him a copy of Dr. Stokes' on contagion.

*Wednesday.* Took out P. Hope's ticket for his lectures on chemistry. Found him affable and pleasant. A *heap of money* lay before him. Stokes and I went round the hospital, such a crowd of students!!! Called at Dr. Barkley's classroom. Gave him a letter of introduction from Dr. Stokes. Seems a fine old gentleman. Complains much of want of the "material". He lectures on anatomy and physiology. Promised to breakfast with him tomorrow at 9. Went to the dispensary. Made my debut in practice by prescribing for 3 different patients. Hope to learn a great deal here. Purchased a [felt cap?]. Just setting out to Thompson's, an admirable lecture, Brought Smily into coffee, found Potter likewise with him. Talked till after 12 o'clock.

15 *Thursday 25.* Breakfast with Dr. Barkley. Met a Mr. Sinclair, a countryman. Tea and coffee made by Miss B. Rather an interesting little maid, as far as external symptoms go, but could not prevail upon her to use her tongue. Old B. extremely pleasant and full of anecdotes. Had travelled a good deal thro' Ireland, and spoke highly of it. Went to hear old Dr. Duncan on the Institutes of Medicine. He's the worst lecturer I've ever heard open a mouth. Took a caricature likeness of him in Stokes' notebook. Returned home, sewed a button on and mended my coat. Went to my Dispensary. Plenty to do. Home at 4, dinner. *Short commons.* Thompson, Cullen's nosology. Red herrings &c.

*Friday.* Thrice happy morning!!! Brought me the first letter I had received from home since my departure. My feelings on reading it, oh! how enviable! The Warder accompanied it. Many, many thanks. Hope after breakfast. Returned and read the news thro'. Visited all my patients in number 8. Left the Warder at Mr. Johnstone's for his perusal. Met Dr. Carnegy in my rounds. Made me use my lancet in a case of confluent variola in an adult. Hope

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to see a great deal of practice at the Dispensary and learn much. Thompson. Day fine.

*Saturday* 27<sup>th</sup>. Upset the coffee pot before breakfast. Cost us a second edition. Neither Hope nor Thompson lecture on Saturday. Went to hear Dr. Alison, much pleased with him, bloodletting his subject. The best medical lecturer except Thompson I have heard since I came to Edinburgh. Dispensary patients. Paid our bill &c. “Good night. All’s well.”

*Sunday*. Mr. Wood breakfasted with us. Some snow had fallen during the night, but completely dispelled by the morning’s rain which continued without the least intermission during the entire day. Mr. Henry, son of the chemist of Manchester, called on Stokes. Introduced to him, a very intelligent and gentleman-like young man, a chemist. Went to a neighbouring kirk to mass. A very good sermon preached by a talented man. Text “God is a Spirit, and they that would worship Him must worship him in *Spirit* and in *truth*.” Excellent and religion-inspiring psalms, &c. where the whole congregation joined. A child baptized (squalled most unmercifully) which the minister does from the pulpit. Quite pleased with the service because found it adapted to inspire religious feeling. House crowded, though the day was dreadfully wet, and Second Service. Are the Scotch puritanical? “Timeo Danaos”. Had Potter to coffee in the evening. Many circumstances combine to make us feel our present abode not so very comfortable, as we could wish. Determine to ameliorate our condition.

*Monday* 29<sup>th</sup>. Morning wet-ish. Hope on the expansion of steam. Accompanied Potter to hear Dr. Milligan, a lecturer on physiology, with whom I have some thoughts of grinding, but not determined. After his lecture, traversed the town with Stokes in search of other lodgings. Succeeded. More of them anon. Dispensary, all my patients doing well. Short commons at dinner. Thompson. Rigby came for coffee, a very nice fellow.

Went early. What the devil subject shall I choose for my Thesis?

16

Tuesday 30<sup>th</sup>. Hope's lecture. Read some and took some extracts out of the dictionary in the College Library. Dispensary &c. Spent the evening at Mr. Potter's, a pleasant Irish party. Met a Mr. Lanigan, queer fellow. Home a little after 11 o'clock. Day frosty, some snow in the evening.

Wednesday 1st December. Ground covered with snow, not deep frost. Hope. Reading. Disappointed in not getting the lodgings we had hoped for. However well satisfied with those we have taken in lieu of them, much more roomy. Elegant landlady seems extremely kind and obliging. We are to pay 10 shillings per week. Hope to flit on Saturday. Dispensary &c. Visited at Mr. Johnstone's. Saw him and Dr. Lyon. Appointed to accompany him to the country tomorrow and spend a day. On my way home, met Smily, brought him to my taylor's where he ordered a coat similar to my sentry box. Borrowed a pound from him as our cash is nearly expended. Thompson's lecture, &c.

Thursday 2. No lectures, this being the anniversary of the College of Physicians. Called on Mrs. Drysdale in hopes of getting two Irish notes changed for Stokes. Disappointed, *but we are in Scotland*. Went some distance out of my way to have a strap sewn on my gaiter by the brother of a man whom I had attended a long time in smallpox, and who still lay dangerously ill. "Indeed he had nae stuff that would answer that purpose." Well, could he not get a bit. "Na, he would na be ganging out till about one o'clock". Quere, what would Pat have done? Took the opportunity of this, and Saturday being *dies non*, and accompanied Lyon about 16 miles from town thro' the hills. Plenty of snow on the ground, and frost intense. Thermometer generally stood at 25, twice at 15, and one evening (Saturday) at 11. Saw grouse, black cock, partridge and hares in abundance. Got only one hare. Country extremely wild. Spent our time very pleasantly and got to Mr. Johnstone's for dinner at 5 o'clock on



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Sunday. Found Stokes in possession of our new fortress and seemingly very comfortable. Mrs. Clapham, 14 Clerk Street, is a douce honest body or I'm mistaken, quite superior in every respect to ould Barkley. Was Barkley honest, think ye? Talked a couple of hours at the time, and then to rest. Thaw commencing.

Monday 6<sup>th</sup>. A severe southerly wind, with furious rain. More and more pleased with our new lodgings. Breakfasted and to Hope's lecture. After it Stokes brought me a letter from *home*, which he had got at Mrs. Barkley's. Well pleased with its contents. Went as it directed me to Mr. Thompson's, and then became possessor of £26, rich as Croesus. Paid my debts, not very burdensome. Reading, Dispensary. Nothing for me to do. Dinner. Freezing. Thompson. Sleeting. Smily came to coffee. First visit to our new home. Raining. Abed.

Tuesday. A smart frost during the night, moon fine. Lectures and dined at Mr. Hay's, 64 Hanover Street. Extremely kind folk. Mr. H. senior, a remarkably fine old gent. Met a most honest and open-hearted Scotch *clergyman*, admired him, of all things. Name Professor Hunter. Piano after tea, supper. Plenty of tody. Got home at 1 o'clock a.m. Rather muzzy.

Wednesday. Nothing particular. Drank tea at Mr. Higgins. Conversation strictly medical. Home early.

17 Thursday. Frost, lectures &c. Determined on attending Dr. Milligan's lectures on physiology and therapeutics. Proposed grinding with him for 2 months, which would entitle me to attend his lectures, and cost but a few shillings, normally his classes being quite full. This I found impracticable. In the most gentleman-like manner, he wished me to attend his course *gratis*, stating that it was his first course, and he was anxious to have hearers. This, I of course, would not hear of and laid down my two guineas. Well laid out, I take it. He is a most interesting lecturer. Hour 11 to 12 immediately after Hope. Went to Court

to ask Hay to come and take coffee in the evening. Found him engaged to dinner, else would have been most happy. Another time. (Dispensary, dinner, Thompson). Dr. Lyon, Potter, Rigby, Smily and Higgins came to tea and coffee, conversation, supper. Punch plenty, punning, &c., &c. Sat till 1 o'clock. "Goodnight. All's well."

Friday 10<sup>th</sup>. Frost, lectures. Much pleased with Miligan. Dispensary &c. Thompson. Nothing extra—yes, received a weekly register from home. Thanks.

Saturday. Hope. Miligan does not lecture on Saturday. Heard Alison, much pleased, most excellent and practical. Visited Mrs. Hay and Mrs. Johnstone. Found Mr. and Mrs. Patton arrived last night. Brought me a letter from Patton. Saw Lyon, an honest fellow. Dispensary, to home and to dinner. Stokes, Smily and I went to the theatre for the first time since I come to Edinburgh to see Mrs. Siddons play Annette in *The Maid and Magpie*, and Clara Fisher, *The Four Mowbrays* and *Little Pickle*. Delighted with the girl, more particularly with her singing and dancing, admirable indeed. With the exception of her, to be brief in my criticism, everything was very inferior, some such acting &c. as I have seen in Irish country theatres as Newry &c. The house is small and inelegant, but seems comfortable. I admired the backs to the seats and stuffed cushions of the pit. Little of the latter commodity, however, fell to my lot, for I could only afford the shilling gallery and indeed suffered in the flesh—nasty beasts! The lower orders here!!—not the most minute scintillation of wit to give a zest to their vulgarity. The wide difference between them and the lower Irish struck me never so forcibly. Pit and Middle gallery well filled, seemingly with respectable folk: boxes, but particularly dress circle, wretched. The upper tier is appropriated in this theatre to Cyprians, only seven present and but one passable girl among them. Orchestra, inferior. Alas, poor Hawkins St!!!—the tout presented to the eye, both of mind

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and body last night, was as inferior to what one would have witnessed within thy classic walls on Saturday night, and Clara Fisher playing, as is the moon to the noontide sun. Reached home just at 12 o'clock. Well inclined not to spend much of my money there.

*Sunday.* Day gloomy. Nothing extra. Stokes complaining, headache, rather feverish, hope 'tis nothing. Hot tea to induce diaphoresis, pediluvium, two purgative pills and to bed. A night's sleep will shake it off—or in the morning V. S. ad deliquium.

18 *Monday* 13<sup>th</sup>. Morning fine. Stokes not nearly so feverish, headache gone, but still complains of sore throat. On returning from Miligan's lecture, applied 6 leeches to his tonsils externally and *cupped* the bites with *wine glasses*. Relieved. Infusion senna with *suph. soda* with plenty of barley water. Keeps his bed. What can have become of Mr. Thompson who is to bring us dispatches from Dublin? Thompson lecture &c.

*Tuesday.* Stokes quite well but not out today. Hope and Miligan. Called at Mr. Thompson's, expected home today or tomorrow. Met Lyon, appointed 12 tomorrow to go see Bewick's drawings. Dispensary and Thompson, after which Rigby came with me for tea. Went early. Had a visit this day from Anne Hughes (a quondam servant), her husband and two children (one in petto).

*Wednesday* 15. Hope and Miligan. Dressed and called on Dr. Lyon, not at home. Saw Johnstone and Mr. Patton. Met there a Lieutenant Sinclair, *only* 6 feet 7 inches high. Asked Johnstone and Mr. P. to breakfast tomorrow. Dispensary &c., Thompson, after which attended the Medico-Chirurgical Society at Dr. Cullen's invitation. Dr. Abercrombie presided, some interesting papers &c.

*Thursday.* Johnstone and Lyon came to breakfast. Mr. Patton gone to school. Miligan. Dispensary &c. Received a parcel from home containing an *old* shirt and letters from Anna, Samuel and James, per Mr. Johnstone. Also a letter for Stokes from his sister.

Thompson in the evening and commenced an epistle for home. Heard Alison lecture today.

*Friday.* Finished my letter including address to both Father and Mother, Samuel, James and Anna. Miligan, Dispensary and called on Mr. Thompson. On my third visit, waited in his office till his arrival. Most kindly received by him, sat for some time and walked home with him. He lives very near our lodgings. Promised to dine with him on Sunday, would rather dine out any other day in the week, more especially at a Scotchman's table. They are so holy &c., &c. Thompson commenced his lecture on cutaneous diseases. Went afterwards to the Medical Society. Interesting argument on the inflammatory state of the mucus lining of alimentary canal. Cullen rather worsted by McIntosh. A paper on chlorine supporting Murray's opinion respecting it's not being a simple body by a Mr. Robinson, totally refuted by rising son of Dr. Henry of Manchester, followed by others, and Mr. Turner, lecturer on Chemistry. The author did not attempt a defence. Home and had coffee at 11½. Saw Bewick's drawings with Lyon this day.

*Saturday* 18. Hope and Alison. Met Lyon according to appointment with his dogs in College Street. Stokes and I took a long walk thro' the country. Saw 8 birds and a hare. No good setting. The day was most disagreeable, blowing furiously and at intervals raining. Got invited, both of us, to dine at Mr. Johnstone's on Xmas Day. I accepted, Stokes intends going to Glasgow. Why? I got home about 3 and commenced translating Stokes' thesis, did not quit it till near 12 o'clock. Made good progress.

*Sunday.* Went to kirk, heard as bad a preacher as I could wish to hear. Visited my patients. Found Don Juan in my neighbour's parlour, inclined to steal it. Shall certainly steal the reading of it. Going to dress for Mr. Thompson's dinner, and if I can get off early, will join a party of Irish medici at Mr. Bennett's rooms.

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Found Mr., Mrs., and Miss Thompson (an old maid) very kind, homely folk, a large family of little ones. Two gentlemen at dinner, did not trouble my head much about either. Went early with warm invitations to call often, always happy to see me &c. Went to Bennett's. Found him, Potter, Stokes, Higgins and Worrall at tea, conversed on medical subjects till after 12 o'clock very agreeably.

*Monday.* Nothing strange. Employed most busily translating Stokes' thesis.

*Tuesday.* D<sup>o</sup>, D<sup>o</sup>, D<sup>o</sup>.

*Wednesday.* D<sup>o</sup>, D<sup>o</sup>, D<sup>o</sup>. Rigby to tea.

*Thursday.* D<sup>o</sup>, D<sup>o</sup>, D<sup>o</sup> and got finished in the evening. Rigby to tea again, sat till after 12 o'clock. Got a Warder from *home* today, thanks.

*Friday 24.* A new black coat from Mr. Nicholson, trousers and vest tomorrow. Stokes gave in his thesis and set off for Glasgow, would I were with him. Miligan, got a ticket for attending his Saturday examinations on surgery. Left my card at Mr. Thompson's. Dispensary. Called on Smily. Invited by Higgins to eat my Xmas dinner, engaged, Thompson &c. Higgins and Smily drank tea with me.

*Saturday 25.* Christmas Day. Observed no more by the Scotch than the Turks. During the recess, which lasts with all the lecturers of the college till Monday week, both Miligan and Thompson lecture and these show their sense. Went to see Thompson's drawings of diseased appearances, which for the more accurate inspection of the pupils are shown on Saturday. Met Dr. Cullen, who asked Stokes and me to dine on Thursday. Of course assented. As continuing a day's rain this as ever fell from Heaven. Out and wet even thro'—not thro', but about the legs, where *the Bailie* could not notice me. The state of the weather here is rather remarkable, it rains, snows, freezes and thaws, often within the space of 24 hours. Dispensary. Left the

Warder and Star at Mr. Johnstone's, the latter arrived from home this morning. Dined at Mr. J's, several young men, not very attractive, very few young Scots that I have met with are. None of the suavities in mode, too often perhaps professed by Pat. In short, I'm proud of being an Irishman. Played brag, lost a shilling. Supped, had some singing, and got home on the morning of

*Sunday.* Snowing furiously by times. Commence a letter to Alice S. Visited some patients and went to second service to the house in College Street. Heard a Mr. Lamried, well pleased. Baptized only six children, two boys, quiet and well-behaved, four girls screamed during the whole ceremony, giving a blessed foretaste of the sweetness of their temper. The observance of Sunday here is worthy of remark and indeed of imitation. Few persons are seen in the streets till church hour, then crowds, crowds again on their return home, when all is still deserted till the bell calls them again to second service, and they are again dismissed. It freezes briskly this evening, but it may rain before morning.

*Monday.*<sup>1</sup> It pours, never witnessed so uncertain weather. Miligan, Dispensary and Thompson, a most admirable lecture on the different species of variola, drawings excellent. Went to Smily for tea, at 10½ home, pediluvium and to bed.

*Tuesday.* Morning fine. Miligan. Dressed in the new duds and called at Mrs. Thompson's, not at home. Mrs. Hay not at home. Saw Mr. Alex H., Mrs. Johnstone, saw them all and the little *child* for the first time. Little Lyon, a monster of only 4<sup>m</sup> old. Dispensary, dined with Smily. Can't bear to be alone. Thompson, &c., &c. How could I forget received a letter from home today, all's well, I'm happy.

*Wednesday.* Day fine. Miligan, Dispensary &c. Dined on devilish good stuff but I don't know what to call it. Thompson

<sup>1</sup> [Note in margin.] Saw Weshard perform three operations and Allan one, at the infirmary-They.

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admirable lecture following the identity of smallpox, chicken, cow, and conversed for some time after lecture. Most affable pleasant man, lectured one hour and a half this evening. Rains and blows a perfect gale.

21 *Thursday.* Johnstone and Mr. Patton came to breakfast with me. Sat till near 12 o'clock, after which we walked round the castle. Remarkably strong and curious old place, built on a precipitous rock almost in the centre, and commanding the whole of Edinburgh! A great number of large guns, long 18 and 23s, as Johnstone called them. Some set on wheels, others off the stocks. Here are the barracks and a garrison. It is shut out from the town by a rampart trench and drawbridge, and if well defended, would seem to be quite impregnable. Did not see the crown &c. On our way home, took shelter from a shower of sleet. Solicited by a worthy to purchase real *Heelan* stuff. Well inclined but afraid. Home, got on the *Balie*, and to the Dispensary. Luckless day! I burned his worthy honor's tail on the cursed stove of the prescribing room. Dined at Dr. Cullen's. Met Drs. Turner and Christison, Messrs Daniel, Probart, Jacob and (I forget his name). Entertained in most genteel and elegant style indeed. Delightful conversation, sat at our port and Madeira till near 10 o'clock, when we retired to the drawing room to coffee and a rubber or two of short whist. Played several rubbers and rose plus one sixpence, may I always do so. Left Cullen at 12 o'clock, quite delighted both with his hospitality and elegance of manner. Certainly the most delightful evening I spent since I came to Auld Reekie. Walked home with Jacob.

*Friday 31.* Weather still continues very boisterous. Miligan. Dispensary. Dined solus, to that queer but not bad stuff. Heard Thompson in the evening, invited to breakfast with him tomorrow. And now a very few short hours will close upon the world another year. May serious thoughts on whether it has been rightly used or abused by us, lead to a more provident, energetic

and virtuous employment of that which tomorrow's sun shall introduce to man.

January 1st, 1825

*Saturday.* Awoke several times last night by the revelling of the good folk in the street and indeed the house too, introducing the New Year; 'tis here quite a festival. On my way to breakfast at Dr. Thompson's everyone almost I met was drunk. Introduced to Mrs. T., her daughter, a queer little lass, and two sons. Mrs. T. a very pleasant intelligent woman. The Dr. extremely affable and jocular. Quite pleased indeed with the whole family. Met Rigby there. Home and read till Dispensary hour. Never witnessed so much drunkenness in my life as this day. Home and dined solus on a beef steak. After dinner, called on Higgins to see if he would go see Der Freischutz. Engaged. Drank a tumbler of punch with him. Went to Smily and there sat till 10 o'clock when on my return home, I found Stokes had arrived from Glasgow.

22 *Sunday* 2<sup>nd</sup>. Morning fine. Went to the Episcopal chapel, York Place. Heard nothing there I had not often heard before. Met Smily there. Delivered a letter with Stokes in George Street. Visited my patients, home and read.

*Monday.* Miligan, Dispensary &c. Thompson. Rigby came to coffee.

*Tuesday.* Hope on hydrogen. By some carelessness, a quantity of atmospheric air got into the gasometer containing the hydrogen and on showing the formation of water by burning hydrogen in atmospheric air, an explosion took place. Drove the entire top off the gasometer with great force against the ceiling, broke the skylight, and came down on the heads of some unfortunates who happened to be sitting under it. Two broken heads, but their escaping with their heads seems providential. Miligan did not attend the dispensary today, being not very well. Thompson &c.



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*Wednesday* 5. Hope, Miligan and Thompson. Wrote to H. Chambers, Higgins.

*Thursday*. Hope, Miligan, Dispensary. [?] Smily came up and had coffee. Did not get home to dinner till after 5. Thompson.

*Friday*. D<sup>o</sup>, D<sup>o</sup>, D<sup>o</sup>. Had a *Star* from home, many, many thanks. Hope, Miligan, Dispensary &c. Thompson.

*Saturday* 8. Hope, Alison. Left the *Star* and a card at Mr. Johnstone's. Purchased a pair of goat-skin gloves, wondrous genteel. Dispensary &c.

*Sunday*. Remained at home, reading till near three o'clock, when Stokes and I went round my patients. After dinner, took a letter to the Post Office for Stokes. Attracted down Princes Street by the evening bugles playing at the Castle. Played several beautiful airs to which the extreme beauty of the scenery (bright moonlight) added excessive interest.

*Monday* 10<sup>th</sup>. Hope, Miligan. Hurt myself against one of the seats on going home, thought proper to apply 6 leeches. Poor devil! I should hope it won't signify. Prevented from leaving the rooms this day, unfortunate wight!, and lost Thompson's first lecture on syphilis. Had the marrow of it from Stokes.

*Tuesday* 11. Stout and hearty. Hope, Miligan, Dispensary. Called to a case of fracture of the thigh bone, treated as secundum artem. Got home to dinner at 5 o'clock. Delighted beyond measure at Thompson's lecture on chancre.

23 *Wednesday* 12. Hope, Miligan, Dispensary &c. Thompson. Had a newspaper and letters from Father, Sam and James. These make me always happy for some days. Drank tea with Smily.

*Thursday* 13. Hope, Miligan. Called at Mr. Thompson's, saw Mrs. and Miss T. Sorry to learn Mr. T. had been very unwell for some time. Feel happy should I call in of an evening. Dispensary &c., Alison, Thompson.

*Friday*. Hope, Miligan. Called on Mr. Thompson at his office; on Mr. Johnstone; saw Lyon, Mr. J. and Mrs. Invited Lyon, Mr. J.

and Patton, to breakfast on Sunday. Dispensary &c. On arriving home, found an invitation from Mr. Hay, to be his guest at the dinner of the Royal Company of Archers on the next Saturday, not tomorrow. Walked with Dr. Carnegy, not having much Dispensary business to do. Thompson finished the consideration of syphilis. Conversed for some time after lecture with him, a most affable and clever man. Conceives mercury in every shape *poisonous*.

*Saturday* 15. Dismissed a letter to Patton. Alison. Called on Mr. Hay and accepted his kind invitation. Saw Mrs. H. and a young lady, had shortbread. Dispensary &c. Potter, Smily, Bennett, Higgins, Worrall came to tea and coffee, and we spent a most delightful medical evening, our discussion both interesting and instructive. Did not separate till 12 o'clock, whence sleep held me till the morning of

*Sunday*. Lyon, Johnstone and Patton came to breakfast about 9½. *Finin* haddies &c. Sat till twelve. Visited with Stokes some of my patients, and went to second service at the Kirk in College Street. Home and both dined heartily on a ground of beef steak. Had a tumbler of punch to all *our absent friends*, a luxury we seldom indulge in. Consulted by Mrs. Clapham for her child. Poor thing!!! how it greets!! Colica et febris remittens. Her husband likewise is my patient. Dyspepsia. Stokes is sound asleep on the sofa. "Vivite, oh vox vivite fortis". Hurrah!

<sup>24</sup> *Friday* 28<sup>th</sup>. Seized by a feverish attack on the night I last wrote in this journal in such high good humour. Nothing certain save uncertainty. Bled by leeches with Potter in consultation. Thompson visited me twice kindly. Kept my bed till the evening of Saturday. Woke for coffee, wrote a few lines home on Sunday. Walked out a little on Tuesday, Wednesday, Thursday. Very severe weather. Had a note from Mrs. Johnstone, informing me

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of the death of poor Anne Rutton—excellent girl!<sup>1</sup> Alas, ill-fated Orange Hill!!! On Friday, weather fine, Hope and Miligan. Visited the Dispensary and saw some patients with Dr. Carnegie. Called on Mr. Thompson, invited me and Stokes to dine on Sunday. Went to Dr. J.'s in the evening. Met Higgins and Potter in Carfray's auction and went home to tea with Potter. Sat till near 12.

*Saturday.* Hope did not lecture. Alison, Dispensary &c. On arriving at home, found a stuffed *cock pheasant* on my chimney piece which Stokes had purchased at an auction for me. Much pleased with it.

*Sunday.* Spent the entire day writing to my Father. About 3 p.m., dressed and visited Potter. Not at home. Saw the black cock he had purchased at the auction. Higgins, unwell, poor fellow!! Sat a while. Bennett not at home. Saw the *pheasant cock* he had purchased. Superior to mine, but cost more than double. Returned and went to dinner at Mr. Thompson's, friendly entertainment, admire him and Mrs. T. as much as any Scotch folk I have seen. Retired early and took our letters to the Post Office. Much delighted by the evening bugles from the Castle Hill. Home and lectured for whistling on *Sabbath*. *Hypocrites!!!*

*Monday 31.* Hope, Miligan. Met Lyon and walked to Mr. Johnstone's with him. Sat a while. Lads promised to spend Thursday evening. W<sup>m</sup>. came with me to Hay's, not at home. Dispensary &c. Carnegie gone to London. Walked a while with W<sup>m</sup>.—what shall I call him? Left a card at Hay's. Dinner. Wrote Hay an invite for Thursday. Thompson.

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<sup>1</sup> [Anne Loftie Rutton, who died on 17 January 1825 in Tandragee, was the daughter of the Rev Mathias Rutton of Baddlesmere, Kent, and of Margaret Loftie. Her sister, Judith Loftie Rutton married John Creery of Orange Hill, near Tandragee, and the names of nephews in ALR's Will included Creery and Ferguson so presumably John Creery Ferguson was a relation of hers. Her grandfather, Dr Isaac Rutton, was the "architect of a smuggling enterprise that proved successful for over one hundred years from 1740 to 1854." A William Loftie was the land agent on the Sparrow estates in Tandragee.]

Tuesday Feb 1<sup>st</sup>. Hope, Miligan. Left a card at Mrs. Thompson's. Dispensary. Walked some way with Dr. Alison and Molloy, treated to a dose of sweet meats. Visited my patients solus. Called on my taylor, left him a white vest to alter and sent him my trews for the same purpose. Visited Wood today, who has part-recovered from a severe attack of cynanche. Every Irishman with whom I am acquainted has suffered in this *inhospitable* climate. Thompson offered a fellow (drunk) in the street 2s for a brace of grouse, Sawny was too knowing and we parted. Stokes a severe cold.

Wednesday. Hope. Found a letter in the Post Office for Stokes. Borrowed money from Higgins and paid for it, brought it home. Happy fellow! Had two letters and a newspaper from Dublin today. Well, every dog has his day! Dispensary &c. After dinner brought back to Potter some prints and a newspaper which he had lent me. Got two other papers, in one of which I observed the decease of my affectionate friend, Ann Rutton, recorded. Thompson. Went afterwards with Mr. Moffatt to the Medico-Chirurgical Society. Heard Cullen read two cases of pneumothorax, interesting. Home soon after 10. Had coffee and got abed about 12. The variability of the weather here is most remarkable and of course very severe on strangers. This day has been a most severe one, both heavy rain and furious wind.

Thursday 3<sup>rd</sup>. During the night, it has snowed and frozen severely. "Varium et mutabile semper". Throat sore. Miligan, Dispensary &c., Alison, Thompson. Entertained in the evening Hay, Johnstone, Cowan, Potter, Higgins, Bennett, Smily. Lyon did not come, and Hay, his mother being very ill, was obliged to leave us about 10. I was in bed as sober as a judge before 2 a.m. of the morning of

Friday. Hope, Miligan. Arranged with Dr. M. that I should grind with Stokes. It can do me no harm. Dispensary &c. Visited

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Mrs. Thompson to enquire after her children in pertussis. Thompson.

*Saturday.* Hope, Alison, Dispensary &c. Invited to dinner with Smily but a prior engagement bound us to Mr. Johnstone, where Stokes and I dined. Spent the evening and got home about 12 o'clock. Frost severe, skeating today.

26 *Sunday, 6 February.* Visited my patients, and took a walk to a small lake about two miles from town, called Duddiston, to see the skeaters. Very few on it, and little good skeating. The Sawneys don't like (or pretend they don't) such Sunday sports. Hypocrites! Surprised to observe both yesterday and Saturday the youth of some of the performers, every little schoolboy sported some a pair, and others only *one* skeate. After dinner, walked down to Princes Street to hear the bugles from the castle—delightful.

*Monday.* Hope, Miligan. Borrowed Hooper's *vade mecum* and the Dissector from Wood, to brush up my anatomy. Dispensary &c. On arriving at home found Dr. Barkley sitting with Stokes, a remarkably fine old gentleman, conversed for some time. Invited to breakfast tomorrow. Went for the first time to the "Mill". Preparation of antimony the subject. Think it useful. Thompson on hepatitis, most eloquent.

*Tuesday.* Breakfast with Dr. Barkley, Stokes and self the only guests. Much pleased by the kindness and extreme propensity to story-telling of the Professor of Anatomy. His niece, a pleasing little lassie too, always happy to see us when we choose to come to breakfast. Quere, is Miss B. so in a greater or less degree? Could not get in to Hope's lecture room, such a crowd!! Returned home and right happy to find a long looked-for letter from home, but alas! no reply to my last. Curse these posts: is it not quite absurd that a letter should be 8, nay 16, days travelling from Dublin to Edinburgh, and then pay the enormous tax of 2/0? Shame! I was right glad to see the letter, however. Miligan.

Went home with Potter, and read his newspapers. Dispensary &c. Went to Dr. Duncan's clinical lecture. Much pleased with him. Shall I sponge from him? Thompson. I am now hard at Wilson Phillips on the vital functions.

Wednesday 9<sup>th</sup>. Breakfasted alone. Stokes at Dr. Thompson's. Hope, Miligan, Dispensary &c. Visited Smily and Molloy. The Mill, home at 5 for dinner. Afterwards read the King's speech &c., &c. in Todd's newsroom, for which one pays the sum of one penny. Thompson. Brought Bennett home to coffee from Carfray's. *Got my shoes heeled and gave boots to be soled.*

27 Thursday 10<sup>th</sup>. Hope, Miligan, Dispensary &c., and Alison. Brought Smily home to eat our first share of salted meat and greens. Excellent it was, and we did it every justice. Had a brace of tumblers and went to Thompson's. Brought Molloy with us to coffee. Pleasant conversation, and got to bed about 11½.

Friday. Have got a severe cold in my head. Hope, Miligan, Dispensary &c., Duncan's clinic. Dined alone on the cold beef. "Oh! Solitude! Where are thy charms?" Stokes dined with his friend, Cowan. Thompson. Went home with Smily and Molloy and had tea. Home early.

Saturday 12. Am I never to hear from home? Hope, Alison. Enquired after Mrs. Thompson's family. Dispensary &c. The Mill. Home, and did not stir out after dinner. A Star from home, but no letter. "Eheu! Me miserum." Began a letter to Stratton. Saturday night's bill and that of my shoe maker has found me without a single penny. Oh! Poverty, poverty, poverty!!

Sunday. Directed to a Unitarian chapel in Clyde Street, but during the course of the service, found that I had erred far from my mark, and had got among Baptists, a charity common in and of Missionaries. Not much the richer of me (vide Saturday 12<sup>th</sup>). Visited my only patient in danger, met Dr. Watson, went thro' the Infirmary with him. Brought him to see that one differs from him in my view of the [cal?]. Met Smily. Home and found Stokes,

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Higgins and Bennett starting for a walk, accompanied them. Walked around Craigmillar Castle, the former palace of *Mary*, now quite a ruin. When sitting down to dinner, Potter came in and took share. Chatted the evening and went to hear the castle bugles.

Monday 14. Hope, Miligan, Dispensary &c. Left a card with Stokes, as Johnstone's and Hay's. The Mill. Thompson. Dispatched a letter to Stratton. Am I never to hear from *home*?

Tuesday. Hope, Miligan, patients, Dispensary. Saw some patients with Dr. Alison. Obligated to defer visiting others, my head ached so intolerably. Not home till near 5. Too much to do. Thompson. Drew on Mr. Thompson today for £10.00. Hope that will bring me *home*.

28 Wednesday 16<sup>th</sup>. Hope, Miligan, patients, Dispensary &c. Visited some patients with Dr. Watson. The Mill. Thompson. Drank tea with Smily and accompanied him to the Caledonian Theatre for half play. Play over, a tolerably acted fare. This is the *minor* theatre of Edinburgh! Home early and abed.

Thursday. Read from early morning till 'twas too late for Hope's. Miligan, Dispensary &c., Alison. Consulted him on a case of confluent variola with purpura. Home and found a *parcel* of letters, one from Mr. Chambers, Jenny and Mr. Newlands of Glasgow, enclosing an order on the bank for £20.00, thanks to my worthy old Father. I must pay Mr. Thompson tomorrow. Poor old Hart! Thompson. I am the happiest man in Christendom.

Friday 18. Hope, Miligan, Dispensary &c. Too late to see Mr. Thompson. Thompson &c.

Saturday. Hope, Alison, Dispensary &c. Some idea of attending the *Skin* Dispensary for 6 weeks. Eat cakes with Molloy and drank tea and eat oysters with him and Smily, after which went to half-price play at the Caledonian. Saw the last act of "The Heart of Midlothian" and "The Floating Beacon". Home

before 12. Called on Mr. T. today and paid him his £10.00. Again too late to draw my money from the bank.

*Sunday* 20. Saw my patients, went round the Infirmary. Alas! Alas!!! Higgins came home and sat awhile. Am I never to hear from my Father? Went in the evening to hear the castle bugles. Met Molloy.

*Monday*.<sup>1</sup> Hope, Miligan, Dispensary &c. Drew my £20 from the Royal Bank. Shown thro' the establishment by a Mr. Lang to whom Mr. Thompson gave me a note. Visited Mrs. Hay, she is quite recovered. Thompson. Gregory, son of the late Dr. G., a very intelligent and clever young man, with Higgins and Bennett came to coffee. We had delightful conversations till a late hour. *A letter from my Father and Alice. Happy day!*

29

*Tuesday* 22. Hope. Went to meet Mr. Watson to have a sectio cadaveris, disappointed. Visited some of my patients. Met Mr. A. Hay and walked with him. Dispensary &c. Thompson. On coming home to coffee, a message from Potter saying he had *passed* and started for Ireland tomorrow morn. Found him and Bennett at Higgins's. Sat, alarm of fire, a terrific fire raging in Black Friars wynd. Sallied forth to Wood's rooms, whence it could be seen more perfectly, Never saw anything so awfully grand. Think it burned even with more fury than the late fire, the burst of flames that followed the falling of the first roof surpassed anything in grandeur I had ever witnessed. It came up perfectly to the idea I had formed of a volcano. The crowd was so great as to prevent the possibility of approaching the place of action. Returned to Higgins and drank a farewell glass to Potter. Gave him a note of introduction to my Father. Home about 1 o'clock. Feigned inebriety to Mrs. Clapham and proved her kindness.

*Wednesday*. Hope. The fire nearly extinguished. Six houses destroyed. Have not heard of any lives. Great bustle in the High

<sup>1</sup> [Note in margin.] A weekly freeman.



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Street. Went to a Sectio with Molloy and Dr. Alison, a fine instance of tuberculated lungs. Dispensary &c., then Mill. Higgins dined with us. Thompson. Neither Stokes nor Higgins returned after lecture.

*Thursday.* Hope. Went with Molloy and Smily and engaged for block attendance at Dr. Duffin's Skin Dispensary. Attendance from 11 to 12, three days in the week. For this, paid a guinea. Patients, Dispensary &c. Called at Mr. Johnstone's. Mr. Lyon going to France next week. Heard half of Alison's lecture. Thompson. Went home with Molloy and had tea and oysters. Sat till near one o'clock, our attention attracted by music and dancing. Applied for admittance, but in vain.


30 *Friday, 25 February.* Hope, Miligan. Patients, Dispensary &c. Dr. Carnegy home from London. Not disposed to work, glad on't. Thompson. On our return from lecture, attracted again by music and the dance proceeding in the flat below us. Vexed at our disappointment on the former evening, and inspired certainly by consummate impudence, we sent down our Landlady with our compliments, and two *handsome* Irish lads would most willingly join their revel. No sooner were the *glad* tidings received, than we had a regular invitation. Of course accepted it, and dressed in high stiff sallied down with all the *brass* in our phezs we could muster. We were most kindly received at the door by Miss McKnight, Mrs. Smyth's sister. Introduced to the company, admired by all the girls and regularly *walked over* all the Scotch men. We spent a very pleasant evening, our hostess expressing an anxious wish to be better acquainted with us, her husband, who is in the West Indies, being a *Pat*. We are in there for some *fun*, I thanks Lord send. This is the first *spre*e I have had since I am in this *hole*.

*Saturday.* Hope, Alison. Completely forgot that this was the hour for the Skin Dispensary. Dispensary &c. No *Mill*. Smily came up and sat an hour into the evening, lent him £5·0·0.

*Sunday* 27. Wrote home. Spent four hours among my patients. Quere, was I as well employed listening to what I knew equally well before? Nil extra.

*Monday*. Hope, Miligan. Visited at Mrs. Smyth's. Dispensary &c. Thompson. Drank tea with Molloy at Smyly's. Repaid my £5-0-0.

*Tuesday*, March 1st. Hope, Skin Dispensary, Dispensary. Had Alison to see one of my patients, bled her. Histeritis. Thompson again visited the above patient and opened the vein again. An interesting case, but I'm [\_ss?].

*Wednesday*. Hope, Miligan. Done with the *Mill* as the hour is changed to one of which would not suit me. Matters not. Dispensary &c. Had a most instructive *Sectio* with Watson and Cullen, abscess in pulmonary pneumothorax. Did not get home today till after 5. Indeed latterly I have had so much to do, that I am completely fagged. Up early and to bed late. Meantime work like a horse. The last three days have rained and snowed incessantly. I was regularly *taken* on Monday, but have since not let the Bailie off my back. Went this evening after Thompson's lecture, with Smily to the Medico-Chirurgical Society. Nothing of interest. Took tea with Smily on my way home and am now going abed as tired a man as ever *prayed* to dream of *Irish* friends or *Irish maid*. "For he, who wakes to sorrow, at least may dream of bliss." 

*Thursday* 3<sup>rd</sup>. Hope. Skin Dispensary, patients, Dispensary &c. Thompson in the morning, nothing marvellous.

*Friday*. Hope, Miligan. Will those letters never come from home? Dispensary &c. Eat cakes and visited with *little* Watson. Home a little before 5 and read the Belfast paper. "Rabbits without any legs" for dinner. Visited a patient in dysentery and to Thompson. Home quietly and read till near 12 o'clock. Now Morpheus and Iris! to Heaven with *me!*

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*Saturday 5.* Did not go to Hope for a reason which shall be here “untold”. Skin Dispensary, patients, Dispensary &c. After dinner visited one of my patients. Met Molloy and went to the Dispensary shop with him. Returned and spent the evening at Higgins’s. Smily, Stokes and I started about 12 o’clock midnight, the moon shining most brilliant, and walked round Arthur’s Seat to Duddiston, then ascended the hill and about 1 o’clock reached its summit. Quite enchanted with the wildness and beauty of the scenery. The wild birds screamed and sported on the lake beneath us. Everything around was peace and tranquillity. Edinburgh lay spread beneath us. Indescribable thoughts, such a scene is calculated to inspire. We revelled in them for about an half-hour, and then commenced our descent, which was by no means easy. We followed not the beaten path of man, but preferred that of the wild winter’s torrent, sometimes the loose stones and earth giving way would carry us along yards, as if mimicking their mother torrent. Many fine wild scenes among the cliffs. Reached the crags, very majestic, yet these high-minded and spirited Scotch gentry are actually blasting off the face of the earth this splendid edifice of nature to build mere houses for man (even Scotch man). Walked along the face of the crag to Hollyrood. Re-echoed the Watch Man’s call of “2 o’clock”. The moon shone bright on *Hollyrood, Mary, Darnley, Rizzio!!! My brain!!!!*

32 *Sunday.* Not up till 11 a.m. as might be expected. Walked to Leith with Messrs Buchanan and Moffatt to see Watson operate for staphyloma. Professor Turner took *him* down in his carriage, witnessed the operation, nothing remarkable. Walked the pier of Leith and a circuitous way home. Day very disagreeable, blowing &c.

*Monday 7th.* Hope. From a preconceived idea that there was a letter for me, returned home without going to Milikin. Not

disappointed. Franked by Sir E Lees.<sup>1</sup> Letters of introduction to Mrs. Brabazon, Miss Mercer and Dr. McKnight from Mr. Armstrong in favor of Stokes and myself, to Dr. Anderson from Dr. Drummond. Patients, Dispensary. Stokes met me there at 2 and we set out our *travels*. Miss M. in London. With Dr. Mc. we were most awkwardly situated. He, poor man, is deranged, yet I was unfortunate enough to meet him in his own hall and handed him the letter. We were immediately shown to the drawing room by Mrs. Mc. who explained as plainly as possible the Dr.'s situation. Regretted our intrusion and took our leave. Found Mrs. B. at home, a very fine old lady, her sister confined to her bed for the past 6 months (then she ought to have died 5 ago), yet the "prospect dreary" was soon dispelled by a Mrs. Cunningham, whom we met there by the most happy chance, inviting us to join a few young friends in the evening. This bodes well. She must have been a woman of *discernment*. Promised to call and accompany Mrs. Brabazon on the way. Visited some patients with Stokes. After dinner had our heads frized and trimmed. Caps a pèe set out to Mrs. B. Had tea, and to Mrs. C.'s. Kindly received, a very genteel party. Fell head and ears in love with two maids, a Miss Wight (sweet cherub), granddaughter of our hostess, and Miss Rankin, a guest. Danced only four sets of quadrilles with the latter, and took her down to supper. Some good singing from the ladies, but from the gents after supper, disgusting. *They* sing Irish songs!!! Walked regularly over every Scot in the room. Presented with cards of invitation for the following evening at Mr. Bell's Royal Circus, and on Friday evening at Mr. Wight. *Why this?* By Jove, old Brabazon, you're a gay old lass. Home about 2 a.m. quite delighted. Fell on the way and burst the knee of my trousers, tho' I swear I was *beastly* sober.

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<sup>1</sup> [Sir Edward Lees was Secretary of the Irish Post Office but in 1831 was transferred to the equivalent position in Scotland because of abuses of franking in the Irish system.]

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Tuesday. Hope. Skin Dispensary. Brought Molloy to my tailor's, not at home. Dispensary &c. After dinner called on Higgins. Has had an attack of diarrhoea, better. Thompson. Evening were dressed for our part and sported a coach. Mrs. B. in person beautiful, in manner a lady. Mr. B a perfect specimen  
33 of a gentleman, rooms very magnificent, a large and very correct party. Met Miss Wright there, danced with her and of course did a bit of flirtation. A *devil of a buck*, sat between two *no trifles* at supper. The Lord pardon me the quantity of nonsense I talked, as it was a pure act of self-defence, merely a counter-torrent, and to stem that which beset me on either side was no trifling job. Introduced after supper to Miss Jameson, sister of Professor J. No dancing whilst *arranging* her in her chair. Some clinking between the servant and the Chair Man, quite an agreeable interlude. Took our leave about one o'clock, extremely pleased by the marked attention paid us. A man played the piano here for hire, the impudent rascal *could* not play a country dance. Purchased silk socks, dress gloves, &c., &c. this day.

Wednesday 9<sup>th</sup>. Not up too early. On my way to my taylor's with Molloy's coat. Met Cullen, turned and walked a long way with him. Certainly a very nice fellow, though he *talks thro' his nose*. Ordered a frock coat. Hang expense. "One may as well be hanged for a sheep as a lamb." My case of dysentery well. Delivered Dr. Drummond's letter to Dr. A. Found him a very affable and talkative old gentleman. Would be happy to see me and Stokes when we should do him the favor to call. Received a note from Mrs. Macknight, explanatory of Dr. M. situation, inviting us to meet her in her seat in church and she would introduce us to Dr. M.'s colleagues. Her note was most kind and we kindly replied to it, declining to add to the trouble we must have given Mrs. M. From my soul I pity her. Dispensary. Went round with Watson, bought a stethoscope, had my lancet ground. Home at 5, excessively wearied. Slept from dinner till Thompson. Now

home, had coffee, read one or two articles, and am now almost ready for my bed. Good night.

Thursday. Hope. Skin Dispensary. Patients, Dispensary &c. Thompson. Stokes gone to a party at Professor Jameson's. Went *two pain down* to a dancing school, and there met my friend Lanigan. Danced the Lancer's set with a plebeian. Some girls, but none to make a song about.

34 Friday 11<sup>th</sup>. Hope, Miligan. Dispensary &c. A good case of dysentery in a poor Irish girl. Applied leeches myself for the "stranger in a strange land". Yet she had eyes, which could speak gratitude. After dinner, Thompson. Had our wigs frized and set about 10 o'clock for Mrs. Wight's. No *small*, a very elegant and pleasant party. The Misses Rankin there, and many other belles. Did a trifling quantity of flirtation. Flatter ourselves we're *some persons*. Introduced to a Mr. Cunningham of Herriot Row. Had a card for Wednesday evening next. Really the folk are most kind, I hope they won't *tire* of it, *we* shall not. On our way home a fellow running at full speed drove most furiously against me. As I was prepared for him he rebounded from me like a tennis from a wall and came with some force against the railing. Not hurt however, and soon took to his scrapers again as if the Devil was after him. Home at 2½. A Warder from *home*.

Saturday. Skin Dispensary. Brought Smily to see my girl in dysentery. Much better. Dispensary &c. Found one of my patients labouring under what seemed to me to be tetanus. Hurried home and had dinner. Immediately set out to Dr. Alison's, most kindly appointed to meet me at my patient's at 8 o'clock p.m., though at the farthest end of town. Such a man! Returned and meantime had him bathed, a child of 10 years. Alison was true to his appointment (*Vide Case books*). Visited a child in croup with Alison. Went to Bennett's for tea. Met Smily, Higgins and Hennis. Spent a very pleasant evening, desperate argumentation.

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*Sunday* 13<sup>th</sup>. Awoken in the morning by Billy Patton pulling my nose. Breakfasted with us. Visited my tetanic and other patients, the former 4 times today. Shall not mention him again, but look my case. Sent Molloy to bleed a woman for Alison.

*Monday*. Hope. A Sectio of a case (above-mentioned) of croup, with Alison. Molloy and Stannton. Snowing slightly. Home and dressed for visiting. Started and met Bennett. Took him off and left our cards at Mrs. Wight's and Mrs. Brabazon. Patients. Home very tired. Thompson. Commenced a letter to McCreery and my tetanus case. Abed at 12 o'clock, *done*.

35 *Tuesday* 15<sup>th</sup>. Very cold. Hope, Skin Dispensary, patients, Dispensary &c. Got my boots newly footed, for which paid 12s. Home at 5 o'clock and found a letter and paper from *home*. Happy day!!! Quite delighted that McCreery is about being married, and more so that Mary Moreland is to be his wife. I ever liked that maid. Thompson &c. Of a truth Alison, thou art one of those few specimens of thy species which are redeeming to human nature! Must *now* finish my letter to McCreery.

*Wednesday*. Dispatched my letter. Tetanus patient dead. Hope, Dispensary &c., Thompson. Spent evening at Mr. Cunningham's, Herriot Row. A pleasant party but not so much as former ones. A fancy ball at the assembly rooms. Saw some fighting or *shouting* on our way home. Abed about 2 a.m. of the morning of

*Thursday*. *Patrick's Day*. Mounted my trifolium repens and a new frock coat. Very few wore the emblem, of course, those who did attracted attention. Quere, was that cause necessary for the effect? Disappointed on our sectio of the tetanus. Skin Dispensary. Walked the town, went into the infirmary. Saw Ballingall operate for hernia. Dispensary. Dined with Smily. Thompson. Molloy came to Smily's to tea. Sat till 11. Then home in peace, not so other countrymen.

Friday 18. Weather exceedingly cold. Hope. Sectio tetanus. Patients. Dispensary &c. Home and commenced Phillips on indigestion. After dinner called on Higgins. Thompson, home and read.

Saturday. Hope, Skin Dispensary. Went with Dr. Duffin to Mason's, his artist. Visited a case of variola with him. Dispensary &c. Left our cards at Mr. Cunningham's. Purchased a watch ribbon. Patients. Home to dinner at 5 o'clock. Bennett called in after dinner and sat till 10. Delightful pathological evening. Settled all our accounts and can sleep in peace.

36 Sunday. Visited my patients and started, Stokes, Smily and self to view the field of Preston Pans, about 9 miles from Edinburgh. Passed thro' Portobello and Mussleburgh, and after some enquiry, made out the field of fight. Engraved our names on the thorn bush where poor Colonel Gardiner was killed. Sat under it for a quiet hour and then took the road for town. Had bad bread, with worse cheese and no butter, in a miserable hole in Preston, as miserably vile a spot of earth as ere I beheld. Yet all these defects were in a degree compensated for by the excellence of their ale, two bottles of which we did honor to. Elated. As fine an evening as ever shone from Heaven, brought us to town about 5¾, without an adventure. Smily took share of our beef steak and went out early abed, tired.

Monday 21<sup>st</sup>. Hope. Patients &c. Home and read till dinner. The spirit moved me and I treated Stokes to the play. Young played his favourite Hamlet. Exquisite beyond description. I think as a whole much superior to Kean's; with everything else, quite disgusted. What can mean the inscription on the drop scene "Thomson Home", which fame has just written on a monument erected in front of what *seems* to be the *College*? "Tis passing strange." A wretched house, not 50 people in the boxes. Oh! Athens! Pough! Fagh! Athenians!!!



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*Tuesday.* Hope. Skin Dispensary. Took Duffin to see a case of variola, intends taking a drawing of it. Dispensary &c. Paid Nicholson my tailoring bill. Hope I have done with that for some time. After dinner, Bennett came in and went to Thompson's with. Had a chat with the Dr. after lecture. Bennett left us about 10, and Wm and I *ground* till 12 o'clock. Abed, tired.

*Wednesday.* Hope. Patients. After dinner to Thompson. Found his drawings on of the pathology of the lungs *up*. Stokes ran off for Bennett. Returned just in time. Home and Higgins came in, sat and chatted till 10½. Read for a time and Morpheus has me.

*Thursday 24.* Hope. Skin Dispensary. Visited a patient with Duffin. Saw Dr. Barkley's museum with Stokes, Higgins and Bennett. Bennett and I stethoscoped a patient. Dispensary &c. Home at 5½. Thompson. Mrs. Carfray's for an hour. Home, lazy. *Nostalgia.*

37 *Friday.* Hope. Patients. Smoked a pipe of tobacco after dinner and was so sick as to prevent my going to Thompson. Catch me smoking again. *Ground* with W<sup>m</sup> for an hour and abed about 11 o'clock. Heavenly weather.

*Saturday.* Hope. Skin Dispensary. Visited several patients with Dr. Duffin and walked Princes Street with him. Met the Cunninghams, Wights, &c. Thompson's lecture on the stethoscope at 1 o'clock, hoped I worked with it. Showed it him in my pocket. To the Dispensary for my patients, only one case of croup of *two days'* standing. Hopeless. Lent our room to our neighbours to entertain their dulcineas. Smily and I went to the theatre. Young played Posthumus for his benefit. Nothing in it. Disgusted with both Van der Hoff and Mrs. Siddons, whom the *Athenians* adore. Young played Megrim admirably. Home about 12 and obliged to walk the deserted streets, till the revellers *broke up*.

*Sunday 27.* Visited my patients and started with Smily to see and walk over the Pentlands about 5 miles from town. Ascended

the hills from the side facing Edinburgh. View of the town, Firth, &c. Most beautiful. Walked across two of the mountains westward, thought on Erin, and again turned our faces East. View to the South sublime. Attempted to sketch it. Descended on the eastern road, and had ale and biscuit in a hut at foot of the hill. Extremely clean spot but old wife dishonest. The Scotch generally are. Arrived at home about 5. Called for Stokes and went to dine with Smily. Visited a croupy child in the evening. Sat two hours with it &c. Returned to Smily's for tea, and home early, tired.

*Monday.* Hope, patients &c. Thompson in the evening.

*Tuesday.* Skin Dispensary, Dispensary &c. Thompson &c.

*Wednesday.* Patients &c. Visited Hay, Mrs. Johnstone. Returned to Hay's, walked about with him. There's the Register  
38 office. Shown many extraordinary old manuscripts, some of Mary, some of Anne &c. Nothing remarkable in the building. Dined with Hay alone. After dinner, staggered into half-price play at the Caledonian, Kenilworth. Better performance than in the Theatre Royal.

*Thursday.* Skin Dispensary, patients, Dispensary. Mr. Thompson set out for Dublin. Had dispatched my letter the day before. Gave him two for Stokes. After Thompson called on Higgins, not at home but met him and Bennett so returned and had cocoa. Home early. Received a letter from McCreery today, which has made me very happy, tho' a cloud has been thrown over it by my hearing of the death of poor Mr. McCullough. Heaven be his resting place, is the prayer of his *friend*.

*Friday 1st April.* No lectures, Higgins breakfasted with us. Visited my patients, went into the infirmary. Walked alone with Molloy and Smily. Called for Higgins, walked over the Calton. Scenery all around truly beautiful. Such heavenly weather as we have had of late! Worrall *passed* today, Higgins tomorrow. Now for a night's reading.

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*Saturday.* Hope. Skin Dispensary. Went round the Infirmary. Thompson lectured at one o'clock. Dispensary, no patients. Visited my old ones with Molloy, eat his cakes and plums and drank a glass of cherry brandy. Went to meet Higgins coming out from his examinations at Alison's. Brought him and Bennett to take share of our dinner. A large party at Higgins in the evening, conviviality, toasting, singing and speeching. Home between 3 and 4 of the morning of

*Sunday* 3. Nothing remarkable, reading &c.

*Monday.* Hope. Patients &c. after dinner. Thompson and thence to Worrall's rooms to celebrate his passing, a most delightful and jovial evening, good speeching and singing. Perfect harmony (*except Tartar emetic*). Got home about 5 the following morning, as sober as a judge. Eat ice from Molloy today.

39 [Tuesday. Page slightly torn] Went round the infirmary. Dispensary, patients &c. Thompson did not lecture tonight being at the Brougham dinner. Higgins and Bennett came up after dinner and arranged me to see Liston Billy Lack-a-day and Tristram Sappy. Don't please me, no mental employment in him. Home at eleven and abed after a drink for I had well-nigh choked.

*Wednesday* 6. Hope. Went with Stokes, Higgins and Worrall to choose a hat for Wm. Succeeded. Patients, Dispensary &c. Quite worn out by the extreme heat of the weather. Visited Mrs. Johnstone. Billy Patton dines with me today. Thompson. Went home with Molloy to tea. Home early and brought a greyhound with us who attached himself to us in the street.

*Thursday.* Hope. Bennett and I brought out the *Grew* and lost him accidentally *on purpose*. Called at Nicholson, not at home. Brought Dr. Duffin to see a patient. Dispensary &c. Accompanied Stokes, McSweeny, Worrall and Smily down to Newhaven. Took a boat for about a half-hour. The three former bathed. Had

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a drink of bad beer in the inn and returned. Visited some patients and home, very tired. After dinner, went with Bennett to Nicholson. He ordered a suit. Thompson. Very tired, abed early.

*Friday 8.* Hope. Patients. An invitation to dine with Hay on Tuesday. Walked out and took two views of Arthur's Seat, the Craggs etc. Got out books from the library. Sick of physic and one must read some of those novels before going to the highlands which, God willing, I purpose doing on Friday or Saturday next.

End of Ferguson's Diary