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BEMROSE'S MEDICAL CASE NOTES FROM THE SECOND SEMINOLE WAR

edited by E. A. HAMMOND

JOHN BEMROSE, a young pharmacist's apprentice from Lincolnshire, England, began his long sea journey to the United States in August 1831.¹ He disembarked in New York harbor in late September, and shortly afterwards, on November 1, he appeared at an army recruiting post in Philadelphia and accepted a five-year enlistment in the United States army. He was eighteen years old at the time. His slight acquaintance with the field of medicine was sufficient to obtain for him an assignment as hospital steward and surgeon's aide and an early transfer to garrison duty in St. Augustine.² As hostilities between the United States and the Seminole Indians intensified, Bemrose found himself late in 1835 in the field of military operations in central Florida. He was one of the very few medical assistants present at the Battle of Withlacoochee, the opening engagement of the war, on December 31, 1835.³

Professor John K. Mahon of the University of Florida in 1966 edited Bemrose's *Reminiscences of the Second Seminole War*. In the preparation of the manuscript Professor Mahon by chance came to the attention of Mrs. Dorothy Donovan, great-granddaughter of Bemrose, and presently a resident of Knowle, Warwickshire.⁴ In the ensuing exchange of letters Mrs. Donovan

1. John Bemrose, *Reminiscences of the Second Seminole War*, ed. by John K. Mahon (Gainesville, 1966). See also John K. Mahon, "Postscript to John Bemrose's 'Reminiscences'," *Florida Historical Quarterly*, XLVII (July 1968), 59-62.
2. Bemrose, *Reminiscences*, 13.
3. For descriptions of the Battle of Withlacoochee see Frank Laumer, "Encounter by the River," *Florida Historical Quarterly*, XLVI (April 1968), 322-39; John T. Sprague, *The Origin, Progress, and Conclusion of the Florida War* (New York, 1847) and facsimile edition with introduction by John K. Mahon (Gainesville, 1964), 92-94; and John K. Mahon (Gainesville, 1964), 92-94; and John K. Mahon, *History of the Second Seminole War, 1835-1842* (Gainesville, 1967), 108-12.
4. Dorothy Donovan to "Mr. Walker," January 12, 1968. Mrs. Donovan, uncertain as to Professor Mahon's identity, had written to "Mr. Walker" in Tallahassee. Amazingly, the letter was brought to the attention of N. E. Bill Miller, director of the Florida Board of Park and Historic Memorials of Tallahassee. Knowing of Professor Mahon's interest in Bemrose, Miller forwarded the letter to him in Gainesville.

disclosed the existence, still in her possession, of a medical notebook bearing on its front fly-leaf the inscription: "John Bemrose, St. Augustine, Anno Domini, 1834." As Mrs. Donovan describes it, "Nearly the whole book [manuscript] consists of anatomical drawings beautifully copied in ink, and then pages of medical text and at the very end are those cases which were probably made at a slightly later date when the war [Second Seminole] had started."⁵

Subsequently, Mrs. Donovan copied these case notes for Professor Mahon, and they are presented as examples of the medical practice carried on under exceptionally unfavorable circumstances in Florida in 1835-1836. They reveal the stage and degree of knowledge possessed by Bemrose whose medical learning was probably acquired solely from his experience as a country druggist's assistant in Lincolnshire (presumably in the town of Long Bennington) and augmented by the practical demands made upon his services with the army in Florida.⁶

These case notes were brought to the attention of Dr. William Straight, physician and members of the medical faculty of the University of Miami. After reading and offering clarifying notes of his own, Dr. Straight solicited similar comment from three of his colleagues in Miami: Dr. Richard C. Dever, a general surgeon who has an interest in the treatment of mass casualties; Dr. Bruce Alspach, a psychoanalyst teaching at the University of Miami; and Mr. Freeman Oikle, a practicing pharmacist interested in the history of pharmacy. The comments of these four practitioners and students of medical history have been incorporated into the footnotes, *passim infra*.

Dr. Straight observes: "Undoubtedly Bemrose was a very observant individual and I am impressed with the detail and care with which he records his cases. Perhaps it was his careful nursing care that resulted in the relatively good success he had

5. Dorothy Donovan to John K. Mahon, February 29, 1968.

6. It is not possible to provide precise dates on which these soldiers received their wounds. Since two of the cases are referred to in Bemrose's *Reminiscences* (Joshua Woods and Jeremiah Exbridge), 52, 61, and are known to have been casualties of the Battle of Withlacoochee (December 31, 1835), and since it is known that Bemrose was discharged from the army in September 1836 (see frontispiece in *Reminiscences*), it is a reasonable assumption that the casualties occurred in the winter of 1835-1836.

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with these patients.”⁷ Dr. Dever also found Bemrose “to have been an excellent observer.” “I think,” he writes, that “he managed his cases extremely well. As one who is interested in the management of casualties, particularly under austere conditions, I would say that he did very well indeed. And, as a matter of fact, as an example of how the wheel turns, his management of many of these injuries was what is advocated for the management of mass casualties under austere circumstances [at the present time].”⁸

The following notes are presented exactly as they were copied by Mrs. Donovan except that a few commas and periods were inserted to clarify the meaning for the readers, and some paragraphs have been rearranged. The editor has interpolated some information which is enclosed in brackets, but the spelling and grammar are Bemrose's.

The Case of Fleming

This man was shot in the leg above the ankle joint, about 3". The osfibula and oscubitus were shattered to pieces and the dangerous state of the wounds had determined the Medical Officer to amputate, but being an excellent character the General [Clinch]⁹ was much interested in him and overpersuaded the surgeon to defer this operation and give him a trial which was done. The leg was splintered and dressed being occasionally poulticed when the wound denoted great inflammation. The bones of the part were allowed gradually to be removed when Nature denoted the proper period, and the parts formed admirably. The splints were carefully removed every fourteen days so that the leg might be properly cleansed, and were removed permanently after a period of six months when the wounded man could bear his weight upon the wounded leg, and was to all appearances not in the least distressed. This case shows the utter inconsistency of so much amputation as have been performed on poor fellows during the Peninsular Campaigns.¹⁰

7. Wm. M. Straight to E. A. Hammond, July 15, 1968, in possession of the editor.

8. *Ibid.*, Dr. Dever's explanatory notes.

9. General Duncan L. Clinch was given command of the army forces in Florida on November 24, 1834.

10. The interesting part about this case is Bemrose's observation about

The Case of William Davies

This man was shot with a rifle ball. It penetrated the *rectus abdominus* about 2" to the left and 3" below the navel. It is supposed it took a lateral direction and lodged in the *os illium*. Supposing the intestines cut, the case would have appeared hopeless.

Treatment: The patient was put on a low diet, soup, etc., and the wound dressed daily with *ung resinous*¹¹ confined by strapping. The patient complained after a week's dressing of increased pain of the part and troublesome and alarming sweats. Poultices were applied which relieved, but after a few had been applied part of the mesentery¹² projected from the wound 2" in length. The stench after the removal of the poultice was intolerable, followed by about half a pint of thin pus resembling in appearance water coloured with milk. Eight days after the appearance of the mesentery I removed it altogether, in appearance it was altogether gangrenous, no resemblance of those delicate tissues or networks so beautiful in the caul¹³ on dissection. The next morning on removing the dressing I perceived two gangrenous marks the size of a pea, one above the other below the wound. I was directed to apply immediately a poultice every four hours of the leaves of ferns, aloes, oaks (*chenopodium*)¹⁴ until these spots were removed. After two dressings I perceived in their place two openings in the abdomen with healthy margins, no appearance of gangrene being visible. The patient was now

amputation. Usually this type of injury was treated by amputation because of the frequency of gas gangrene or other suppurative disease. The treatment by compressing and probable local debridement along with removal of bone fragments or sequestrectomy resulted in eventual healing of this severe injury.

11. *Unguentum resinae*. This was also known as resin cerate and consisted of rosin 350 grams, yellowwax 150 grams, and lard 500 grams. Formerly used as a stimulating and protective application for blistered surfaces, indolent ulcers, burns, bruises, etc., it is rarely used today [Mr. Oikle].
12. More properly, the mesentery; but Bemrose probably has reference to the *omentum*, an apron of tissue which hangs anteriorly between the intestines and the abdominal wall. It customarily plugs holes in the abdominal wall and thus helps prevent widespread peritonitis. The *mesentery*, a tissue from which the intestines hang, would hardly plug the hole made by the bullet [Drs. Straight and Dever].
13. Bemrose is obviously using *caul* and *mesentery* interchangeably, *caul* being an ancient term for *omentum* [Dr. Straight].
14. The *chenopodium*, or wormseed, is common in eastern United States, where it is commonly known as Jerusalem oak. *Aloes* is not commonly found in Florida.

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allowed a more generous diet. His wound dressed daily as at the commencement with the exception of the *ung simplex*¹⁵ being used until he finally recovered strength and vigour. His wound gradually healed and after a month's attention was quite resuscitated. This young man was 23 years of age.

The Case of Thos. Caswell

This man was shot with a rifle ball. It penetrated the upper part of the pectineus [pectineus] muscle and was treated in the usual manner.¹⁶ After a period of three weeks the patient was taken with severe paralytic affections of the whole body, preceded with the most agonising spasms.¹⁷ After making enquiry I found he had taken a large quantity of onions with animal food, and had by such conduct brought upon him the greatest agony. I never knew a human being suffer what this poor fellow did.

Treatment: We commenced by an emetic which cleansed the stomach. Then castor oil was taken which in some degree relieved the spasms. At H/S¹⁸ he took one gr. *acet. morphia*. In the night after the affects of his opiate has subsided I was awoke by the cries of the poor fellow or 'hisses' if I may be allowed to express myself, for I found the poor man was also taken with lockjaw to add to his misery. I immediately prepared him an injection¹⁹ composed of soap, oil and salt and found after some plentiful evacuation he was greatly relieved. I then injected a small quantity of (dinsand)²⁰ decoction with *tinct opii* and left him for the night. The *trismus*²¹ still remained. In the morning I found him pretty much the same, great paralysis remained, and the powers of expressing his wants was still the same. The surgeon then directed poultices having found his wound to have become fistulous, and also to take every two hours half gr. of *acet. morphia* with these injections daily. This treatment was followed for a week then it was found paralysis had extended

15. *Unguentum simplex*, or simple ointment, was made of five grams of white wax, fixe grams of lanolin, and ninety grams of white petroleum.

16. The rifle ball has entered the anterior part of the thigh.

17. This was a clear-cut case of tetanus.

18. H/S: probably "hour of sleep".

19. Enema.

20. "Dinsand" possibly used here for "diasene," a senna compound administered as a purgative.

21. Lockjaw.

further, all the limbs, muscles, even muscles of the face were rigidly contracted and from the poor fellow's emaciated frame (not having any powers of taking sustenance but by suction through a quill) all the external muscles were delineated in their contracted state to the eye. He was now ordered to have his wound injected daily with a mixture of spirits and water to dispose to commence the healing process. The dose of *morphia* was increased to one gr. an hour to abate the spasms. We found by the above injection the suppuration was become more thick and slightly tinged with blood; previous to the injection it was altogether a watery matter. The injections are still continued to the wound and the dose was further increased to two grs., so that I had given from 5 a.m. to 10 a.m. the enormous quantity of 10 grs. of *acet. of morphia* which appeared not to answer the purpose but little better than the previous small doses at the commencement of the spasms, showing the habit of anodynes, or otherwise the increased pain had required such stimulus to destroy its effects. He is allowed to take spirits and water or wine and water to assist his emaciated frame, having used the aforesaid means for a period of three weeks the spasms are gradually overcome and in the meanwhile the ball forces a passage to the *gluteus* from which it is extracted. The patient soon improved in appearance after the *trismus* left the jaws, and was gradually restored to his functions but will doubtless always remain a cripple.

The Case of Jeremiah Exbridge

This man was shot with a rifle bullet. It penetrated the right pectoralis half an inch below the nipple, entered the lungs and was extracted from the belly of the *latissimus dorsi*. The patient was affected with great *dyspricea*,²² anxiety, with the greatest possible dejection and dread of death. He was on account of the vomiting of blood, *dyspricea*, removed on a litter from the field of battle carried by six men, (alternately changing through the battalion) a distance of 58 miles, otherwise he would not have survived.

Treatment: This wound was dressed in the usual form.

22. *Dyspricea*: possibly could have been *dyspnea*, or shortness of breath.

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Regimen low, clysters, occasionally, and grs. two of *plumb acet.*²³ to stop internal haemorrhage was given at proper intervals. The haemorrhage stopped after such treatment. Expectoration is now adjusted by mild muscilaginous drinks, such as *decoct. (lini), ga. accaciae*, etc.²⁴ Everything now appears favorable excepting the excessive anxiety constantly present which is still increased by the scruff²⁵ of the wound not suppurating by the ninth day as it commonly does in gun shot wounds. The patient appears morose and sullen and will only look on the dark side, misconstruing all your advice (of keeping quiet and bearing his misfortune manfully) as unfavorable signs and he gives up with the greatest despondence. On the eleventh day the wadding came from the wound which caused me to predict amendment and finally upon the thirteenth day the scruff made its appearance followed by bloody matter. Nothing possible could be described equal to the poor fellow's joy and I began to fear the effects of it. But no advice could restrain him so immoderate was the joy caused by the possibility of recovery and the wish to enjoy all the ideal fancies the mind so vainly forms for our happiness here. But to resume, the patient finally recovered to his usual health and again returned to his duties either to slay or himself be slain.

The Case of T. O'Brian

This man was shot through the lower portion of the *deltoïdes*, shattering the *humerus* one portion of which projected through the opening the ball had made after coming through the *coraco-brachialis* close up to the *axoia*.²⁶

Treatment: This patient suffered much from inclemency of the weather and the little conveniences he had of conveying his shattered limb carefully to his destination. The arm was poulticed four or five times successfully, afterwards dressed and splinted.

23. *Plumb. acet.:* *lotio plumbi acetas*, a lotion of lead acetate which is now obsolete. Dangers of lead poisoning from this medication were acute.

24. A boiled compound of water, linseed, and acacia, presumed at the time to have been readily absorbable from the alimentary tract and exercised an internal demulcent action. *Ga.* is probably an abbreviation for *galingale*, formerly used as a stomachic.

25. *Scruff:* a thin covering, coating, or film.

26. Obviously an erroneous spelling of *axilla* (armpit).

tered, alternately bathed with lotion of *plumb. acet.* and *opium*.²⁷ His diet was low but owing to the great quantities of spirits [to which] he had habituated himself, he was allowed half a pint of weak toddy twice a day. After careful attention this man's humerus was firmly set in four weeks, and after six weeks had elapsed the splints were permanently removed and a dressing of *tinct.*²⁸ and simple *cerate*²⁹ to the axoia wound completed a cure.

The Case of Joshua Woods

This man was shot, the ball striking the petrans³⁰ portion of the *os temporalis*.³¹ Upon examination of the ball when it was cut from under the scalp, it was completely flat with the exception of the uneven surface caused by being wedged so closely to the projections so characteristic of the portions of the temporalis it struck. There was found upon examination simple fracture of the part.³² The wound soon healed, which caused this patient to go to his duties sooner than was advisable, for after having gone through the fatiguing march of 20 days, he was finally laid up, suppuration commenced from the ear, and great time was required to restore him.

The Case of Daniel Baily

This man was shot with a rifle ball through the parotid gland,³³ taking in its course *processus coronalis*,³⁴ and was then supposed to have fallen out of the mouth with the blood or have been swallowed as no further traces of it could be seen. This poor fellow's appearance the morning after the engagement was truly distressing, not a vestige of the human countenance was left, so swollen was the whole head. Also *trismus* was present to a great degree; the jaws could not be separated further than would admit of the introduction of the little finger

27. Lockjaw.

28. *Tinct.* Tincture of what, Bemrose does not indicate.

29. An ointment with a wax base to which other medicants were added.

30. Possibly an error in copying. The writer obviously intended the word, *petrous*.

31. *Os temporalis*: the temporal bone.

32. This is an indication of the low-velocity nature of the weaponry of the times.

33. A salivary gland, slightly below and in front of the ear.

34. Progressing upward toward the center of the cranium.

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between the teeth. This patient by patience soon recovered after proper treatment, only there will always be a slight degree of stiffness of the *inferior maxillaris*.

The Case of McCanly

This man was shot in the *sinea alba*.³⁵ As to the direction the ball took, it is speculative. Great anxiety was apparent stools bloody with a foetid smell; occasionally spasms of the *recti* muscles with costiveness [constipation].

Treatment: The bowels were assisted with injections [enemas] and fomentations to the abdomen to keep up a proper dilatation. On the seventh day the *os chare*³⁶ was removed and suppurations were of a healthy appearance during the whole healing process. This patient was occasionally troubled with spasms of the muscles of the abdomen for some period after his recovery, which probably might be attributed to the quantity of spirits he demolished being known for an encourageble drunkard.³⁷

The Case of Pocenburg

This young man was shot through the left breast entering that part of the *pectoralis nearti* [nearest], the *serator major anticus* [more properly, *serratus magnus anterior*], cutting through the lower portion of the *teres major* adjoining the *latissimus dorsi*.

Treatment: This case was extremely tedious, the lung occasionally suppurating a sanguineous matter after the removal of the *os chare* [that is, the eschar, or scab] by nature, and great expectoration which occasioned great debility. The stomach also was very irritable, and the body much jaundiced. Poultices were found in this case a good application; with purgatives composed of hydsubhurr L.P. antimonalis³⁸ in small quantities. Diet

35. Known today as *linea alba*, a fibrous tissue in the middle of the abdomen running from the pelvis to the xyphoid and lying between the two rectus muscles.

36. There is small doubt that *os chare* was Bemrose's spelling of eschar, meaning scab.

37. Dr. Deyer wonders whether the physician "encouraged" his drinking or was the patient "incorrigible."

38. Mr. Oikle identifies *hydsubhurr* as probably *hydrosburr*, or calomel. *Antimonalis*, was certainly antimony. The symbols, "L" and "P" cannot be identified.

was soups and occasionally a little *panada*³⁹ to assist the weakened system. After pursuing this mode of treatment for three months he was rendered convalescent.

The Case of Urbain Stoll

This man was shot [the bullet] entering the *sartorius* and [going] through the *rectus femoris*.

Treatment: There was great swelling of the whole thigh, and the cicatrix was disposed to close for the *cochar* had suppurated.⁴⁰ Poultices were applied to assist suppuration process and after the period of five days the fluctuation of pus was perceptible and on the ninth day the size of the thigh was frightful. An incision of three inches was made at the apex and about two quarts of pus was taken away. It was repoulticed and when removed the quantity of a pint was again pressed from the cavity. The suppuration now became more natural and upon the fourteenth day the ball had made its appearance in the center of the semi-membranosius from which it was cut and the wounded man quickly recovered.⁴¹

Singular case of a volunteer who was wounded in the scalp

The ball cutting through the scalp immediately over the junction of the two *parietalia*. Although the bones were not touched the complications were so great as to deprive the whole body of motion for a period of three weeks. Limbs were useless.⁴² When he first felt returning powers in the arms, a week afterwards he was enabled to use them and could support his body on crutches allowing his toes to rest lightly upon the ground. By keeping his wound open longer than (if not attended by such symptoms denoting the loss of all nervous power) would

39. *Panada* was a bland food of breadcrumbs and water.

40. The cicatrix is the fibrous tissue which forms around a wound. It later contracts to form a scar. *Cochar* obviously was used for *eschar*, or scab.

41. An example of an abscess healing promptly after drainage and removal of a foreign body.

42. Dr. Dever suggests that the loss of motor response here was due to hysteria rather than to "brain damage." He doubts that extradural or subdural (the *dura*, or *dura mater*, being the tough fibrous membrane enclosing the brain) bleeding of sufficient proportions to have produced such reactions could have occurred without death to the patient.

have been necessary, this man was gradually restored all his faculties.

The Case of a soldier who died of fright

This man joined the army in Florida [and] engaged against the Seminole Indians as a recruit. He was noticed by his comrades from the commencement to be continually uneasy and frequently let drop expressions of dread of the enemy. The night that Fort Drane⁴³ was attacked this poor fellow's mind was completely disordered from the commencement of the attack. Particularly the yells or Indians' warcry (which was yelled every volley) terrified him to such a degree that his services were altogether useless. After the dispersal of the foe he was brought into the hospital completely an idiot. At intervals crying out "Don't you hear them, Indians, Indians, turn out, Indians," the general orders (when surprised) used by the commanders.

Treatment: In the first place he was given an emetic which was forced, after the operation of which he was blistered upon the scalp and injections [were] passed up the anus as he was now quite a maniac. During the night I was obliged to have him bound to the floor, to keep him from damaging himself and others. Notwithstanding, in the morning I found him making a noise more like a wild beast than a human being and thought probably he had bit his tongue whereupon I forced a piece of wood between the teeth, and observed something projecting from the palate. Upon removal [it was apparent] that he had taken the blister off and placed it in his mouth which had so adhered and blistered him that he could never express himself afterwards until his death which happened three days following.⁴⁴ His treatment during the time consisting of hydrosu-

43. The fort, constructed by and named for Augustus S. Drane, was located about ten miles below Micanopy on General Clinch's plantation. The property had been called "Auld Lang Syne." Bemrose, in his *Reminiscences*, describes the fort and the porch of the driver's residence where he administered to his patients. Mahon, *Reminiscences*, 33-34.

44. Dr. Alspach has suggested alternative possibilities in this case. He feels, however, that the "most likely diagnosis . . . was an acute schizophrenic reaction because of the hallucinations and the bizarre behavior (putting things in his mouth that scalded the inside of his mouth)" and that the "man died of electrolyte and fluid deficiencies." "Nowadays," says Dr. Alspach, "such reactions are treated by heavy sedation with drugs such as Thorazine and a few years back such patients were treated by emergency electroshock therapy."

murr cathartics and blisters with cataplasms ⁴⁵ to bring the excitement to the surface, but it was of no avail.

Death from a blow with the fist

This patient was struck when fighting by his antagonist to the left of the pit of the stomach and immediately fell senseless. He was brought into the hospital in the meantime having recovered in some measure so that he could point out the place where he was struck. I was directed by the surgeon to cup him upon the seat of pain and if not relieved to then apply a blister. But during the operation of cupping his pain increased frequently striving to elevate his legs so that I placed them upon a medicine chest which he said eased him. But I soon noticed the whole abdomen distending itself to such a degree that, deciding a vessel was ruptured, I immediately sent for the surgeon. His breathing was now very laboured and by the time I had taken off another glass he drew his last breath. When opened we found the *vena cava ascendens* burst and the abdomen full of blood. ⁴⁶

The Case of James McFeeley who died of an abscess of liver

This patient was a continual drinker of ardent spirits and was constantly in the hospital either with deranged stomach or bilious fever. When his company was ordered to garrison Fort Oakland ⁴⁷ he was obliged to do without his usual stimulus which occasioned him to be very debilitated and finally the Indian type of intermittent [fever] attacked. He was treated for it with the usual remedies and an occasional ounce of weak toddy. But it was too late. His energy would not assist him, he gradually wasted and great pain of the kidneys with micturition came on. He was ordered diuretics, *decot. sim.* ⁴⁸ with *sp. ether*

45. Cataplasms: plasters, probably made of clay and glycerine, containing active ingredients. Similar to the modern antiphlogestine. Mr. Oikle feels that one ingredient used here was capsicum, or possibly, cantharides, either of which could have had a blistering effect.

46. Two possibilities are suggested in this case. It seems quite probable that the man suffered a ruptured spleen, or equally likely he suffered a rupture of the liver with a tear extending to the *vena cava*.

47. Fort Oakland, known also as Ft. McIntosh, was located in northern Marion County.

48. There was no formula for simple decoction. This could simply refer

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nitrosi,⁴⁹ also the *tinct. ferri mur*,⁵⁰ but everything was useless, for he then complained of pain of the liver (striking up to the shoulder, to use his expression). He was then ordered *hydrsub. mixt.*⁵¹ one gramme with one-fifth of a gr. of opium night and morning, but it was useless. An external swelling is seen over the seventh rib or immediately below, which was open[ed] after a day or two, when he seemed somewhat relieved but the stamina of life was gone and he died three days afterwards.⁵²

to hot tea made of bark, such as juniper tea or palmetto berry tea, both of which are diuretics.

49. *Sp. ether nitrosi*: sweet spirits of niter, used as a diuretic.
50. This was tincture of ferric chloride - an iron preparation, used as a styptic.
51. Again, probably calomel (mercurous chloride).
52. As to the cause of death in this case numerous possibilities suggest themselves. "This case appears at the outset to be malaria, probably of the 'blackwater fever' variety but the eventual death due to what must have been liver abscess is hard to relate to malaria. I suppose this man could have had two diseases and had either a pyogenic liver abscess or possibly an amebic liver abscess" [Dr. Dever]. "Another explanation would be that this man developed appendicitis which gave him the type of intermittent (fever) and from this he developed a subdiaphragmatic abscess. The description of 'pain of the liver (striking up to the shoulder . . .)' strongly suggests something was irritating the right diaphragm. Such symptoms are commonly seen in a subdiaphragmatic abscess which often results as an extension from the liver or could result from peritonitis" [Dr. Straight].