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*Practice of Medicine**Prof Howard**W. Osler**McGill College**70-71, 71-72**10/1/71*











Sometimes blowing, metallic quality about it or  
tracheal breathing. On <sup>the</sup> <sup>left</sup> <sup>side</sup> <sup>the</sup> <sup>heart</sup> <sup>is</sup> <sup>the</sup> <sup>most</sup> <sup>valuable</sup> <sup>on</sup> <sup>right</sup> <sup>side</sup> <sup>being</sup> <sup>a</sup> <sup>good</sup> <sup>condn.</sup>  
intensified, bronchopneumonia, heart sound more usual  
the most valuable on right side, being a good condn.  
usually breathing interrupted jerking, wavy or jerky  
most apt in tubercular <sup>and</sup> <sup>pleurisy</sup> & if on  
one spot & persists a sign of local disease, if all over  
by a due <sup>to</sup> <sup>narrowness</sup>, pleurisy &c. Another usually  
at an <sup>ad</sup> <sup>vanced</sup> stage is dry crackling, on expiration  
at end of inspiration. Not peculiar to Ph but in bronchitis  
if persists for days it is valuable sign of local depn.  
Less usual is murmur in pulmonary artery, then in 2nd sp  
a systolic murmur, valuable sign present in 10 per cent  
of a tubercular <sup>mur</sup> <sup>mur</sup> common 5-10 per cent, met in ascending  
heart disease. Another they must be noted as  
roughly. Pulmonary carcinoma the more combined the  
more likely. Vocal resonance most uncertain  
Softening. In this as it pertains to a local sign  
is not marked. They resemble those of <sup>the</sup> <sup>former</sup> <sup>days</sup> but more  
marked, lasted longer. Same as 1st, have deft  
and hollowing, acid dullness, from slight up, have  
a blow up out one new moist crackling, bubbles  
in center of soft tubercles as enters & bubbling is from  
masses of open called moist, usually 2-3 after  
inspired, instead a single liquid click. In the  
stage instead of a large variety, bubbles, heavy metallic  
chances for in contact with hard walls, cavernules be-  
ing. You expect in large cavity 2 stages of profile paroxysms  
into 3 stages of cavity, by reflux of smallness large cavity  
in forms. In this consists of <sup>abundant</sup> <sup>in</sup> <sup>every</sup> <sup>change</sup>















but little. then may last for years until age advances  
but my supplican transp<sup>ms</sup> this favor has not  
shown. sometimes <sup>here</sup> some phisic demage of health. Epits  
of chalky masses & haemopt<sup>is</sup> chest group. Monu  
patent has success<sup>ive</sup> phisic attacks during wh<sup>ich</sup> hee feel  
cutic<sup>is</sup> or long unalt. clear<sup>ly</sup> advanc<sup>ing</sup> slowly. The signs of ch<sup>olera</sup>  
take polyous of lungs. My attack of haemoph<sup>is</sup> slight  
a p<sup>er</sup>ioda p<sup>er</sup>ioda p<sup>er</sup>ioda. The course also is favourable  
Chrom & apt to occur in advanced life. In stage of pro<sup>g</sup>ress  
but may run a ch<sup>ronic</sup> course, lasted 15 months my last 3-5-  
oz is or longer. The attack of phisic occurs for <sup>essentially</sup> in internal  
pulse temp. falls, mitat<sup>ion</sup> unp<sup>er</sup>form<sup>ed</sup>, dig<sup>est</sup>ion good. Cough reduced  
to more or less a purveyor. phisic signs also inter. Some  
ly vesicle become drier & less abund<sup>ant</sup>, but they do up to crackling  
sibil<sup>ant</sup> rales subside. This ch<sup>ronic</sup> course in <sup>2<sup>nd</sup></sup> it is of <sup>med</sup> when  
tub<sup>er</sup> is diff<sup>ic</sup>ult. Even wh<sup>en</sup> cavity is for<sup>med</sup> & esp<sup>ecially</sup> in  
sin<sup>us</sup> & p<sup>er</sup>ioda may run chronic. In these circumstances  
nearly all the other lung remaining healthy, not much depre  
sion, my heart & in mind & has been known to cicatrize  
in 206 cases in a large operation every ch<sup>ild</sup> was 66 mon  
& 6/10, 5-1/2 yrs. <sup>but</sup> some is from bad to none. either due  
prognosis or has involved of improve & relapsed. Pass  
to causes. admitt<sup>ed</sup> that <sup>berle</sup> is a diathetic disease  
most <sup>here is a</sup> tant i.e. result of const<sup>ant</sup> tendency to this structure  
alteration. Causes are di<sup>vided</sup> into <sup>hered</sup> predis<sup>posing</sup> & existing  
predisposing, under this head 1<sup>st</sup> cent<sup>al</sup> deaths chiefly  
tuberculous, next <sup>the</sup> scirrhous these include also rheumatic  
& supp<sup>ur</sup> & gony<sup>th</sup> though. Tubercular diathesis. This  
may be inter<sup>stit</sup> & scirrhous, but may <sup>also</sup> be a general. Most just  
in <sup>the</sup> 6<sup>th</sup> of "Mores quiet action" beginning in parent.







surbase all periods, esp<sup>scally</sup> 20 & 30 the large number  
 affe'd still pres<sup>at</sup> about several agree find the  
 very at middle age. It is about equally prevalent  
 kind<sup>of</sup> diathetic causes & age held the conditions capable  
 of prod<sup>ing</sup> it. These ha<sup>ve</sup> not been depp<sup>ly</sup> infl<sup>u</sup>nc<sup>ed</sup> the depp<sup>ly</sup>  
 passions, exhaust indulgences, excess<sup>ive</sup> & very small  
 mental anxiety, over study. All dise<sup>ases</sup> foll<sup>ow</sup> of great wasting  
 & emaciation <sup>Arasmus</sup> morbus, tuberc<sup>les</sup>, Diabetes. Cancer, simp  
 nous ulcers of stomach by found<sup>ed</sup>, & strumous dys  
 p<sup>er</sup>ia my prod<sup>ing</sup> <sup>aspir</sup> exciting cause. Don't hold that  
 all deten<sup>ing</sup> infl<sup>u</sup>nc<sup>ed</sup> <sup>mentines</sup> my also excite when prod<sup>ing</sup>  
 exists. <sup>ack<sup>n</sup> theory</sup> B<sup>ut</sup> thought par<sup>it is</sup> excellan<sup>ced</sup>, a vitiated aton<sup>ic</sup>  
 me<sup>an</sup> <sup>is</sup> the prod<sup>uct</sup> of breathing air purrily resp<sup>ir</sup>  
 & Insuff<sup>icient</sup> muscula<sup>r</sup> exercise & depp<sup>ly</sup> passions  
 kind<sup>of</sup> infl<sup>u</sup>nc<sup>ed</sup> <sup>the</sup> v<sup>itiated</sup> soils, low water logged plain  
 broad ditch & kind for this out, highly product<sup>ive</sup> of it  
 want elevated regions. Ch<sup>em</sup>ical ch<sup>ange</sup> <sup>anatomical</sup> of great alt<sup>itude</sup> of temp<sup>erature</sup>  
 fam<sup>iliar</sup> <sup>in</sup> <sup>to</sup> consumption, <sup>at</sup> dise<sup>ases</sup> occur in <sup>various</sup> zones in <sup>various</sup> ages and  
 some spots imm<sup>u</sup>nally, <sup>it</sup> is un<sup>der</sup>standable. Some of the  
 a<sup>re</sup> Egypt, Persia, Algiers, Madras & Bengal, Iceland  
 Grenada, Labrador, Helms, up<sup>per</sup> Russia, Siberia  
 and Asia, some <sup>are</sup> coast as can<sup>ce</sup> & west India are  
 obnoxious to consumption, yet not the case as  
 they, in a island <sup>is</sup> except. Some author infl<sup>u</sup>nc<sup>ed</sup> by  
 climate. Habits, usual modes of life, heat<sup>ed</sup> houses,  
 next soil & some new facts in infl<sup>u</sup>nc<sup>ed</sup> soil on wh<sup>ich</sup> what  
 grows. Prody<sup>ing</sup> <sup>and</sup> <sup>things</sup> soil infl<sup>u</sup>nc<sup>ed</sup> the disease not only the  
 amount but quality of grain raised in the soil. <sup>the</sup>  
 disease. <sup>more</sup> resp<sup>ir</sup> infl<sup>u</sup>nc<sup>ed</sup> <sup>namely</sup> <sup>the</sup> Calom. who Dept<sup>ment</sup>  
 P<sup>re</sup> & p<sup>ro</sup> <sup>entirely</sup> <sup>is</sup> <sup>not</sup> <sup>an</sup> <sup>exciting</sup> <sup>cause</sup>







prod simul etc in the org these secondary lesions  
mode of unviol. Walden said that if enter glands pre-  
sule in fine state universal, not not by their expe-  
rience. he was not pr of anitocan these produce but  
succent of prob was thicamine. Walde thinks these  
particles of foreign matter are absorbed & come like  
capilla embola etc he can be removed pls as the local  
inhal & calls sub an absort & thinks it called  
to Pyemia. Said that if corpusculum from local int  
of adenoid tissue & the part absorbed affect remote  
parts. he places but in specific infect. with small  
prod gland etc. a pe. Contend that sub form like the  
of mar... & allen b. app simul pr to them. They say  
at one app hie subject. He new pro enter <sup>culat.</sup> after  
ad in so in hie of prod of local disease as an ab-  
festula pleuriz, pneumonia may be absorbed. stin  
gland may be ab. & affect second remote parts & affect  
them. Said he hold of my to with true mela. but or useful but  
my tubercle, cases. <sup>Pneumonia</sup> Walde say true mela tubercle  
should that true mela but is always second to previous  
local disease... They regard serf with no order cause 12/1/91  
of course Phthis & der carcous <sup>curonia</sup> from true mela tubercle  
These views are of great importance 1<sup>st</sup> we have had that mela  
tubercle <sup>culat.</sup> <sup>culat.</sup> <sup>culat.</sup> do to absorb of carcous debilit grave  
previous lesion as pleuriz, pneumonia serf gland dise-  
bone & 2<sup>nd</sup> that ad pr of the Ph → group organ due to a  
der. True carcous prod of catarrh <sup>Pror.</sup> to local int  
of pleuripul carcous... Objections (may be men objection  
1<sup>st</sup> mela as carcous has own organ & aptitud to dis-  
actur & each must be true that can be cur



I get to show that <sup>acute</sup> involvement of tubercle is cup of pride  
in her body. I think eye does not see that much of  
disease is prod of it, localizing tend to form or any form  
disease thus being exp<sup>t</sup> of immov<sup>l</sup> disease. Alled the present  
coll of her pent up as in cases, and de. also prod comm<sup>l</sup>  
tough! What now that

Facts proposed, as that pleur<sup>l</sup> course. What root for  
79 cases will foll<sup>r</sup>. 10 last night. 9. 16 in boy. of 53  
and one had become P<sup>l</sup> then. Cottons exper. Thirties is oppo<sup>s</sup>  
to our ing. Allan satula sq that auro of empty is more  
pre<sup>s</sup> absent the one in. All ge 5-8 defic<sup>l</sup> out of 108 cases  
empty en sm 29 auro but absent 20 in sp out 9 showed  
not just a. py cause. A host of immov<sup>l</sup> names dey the  
connection. The app<sup>l</sup> to ha<sup>ve</sup> followed. sev<sup>l</sup> ex<sup>pl</sup>. offer of  
but may have exist at time. The usually cause pleurisy  
n<sup>2</sup> a prod<sup>l</sup> may have exist of the thing of pl. excited. int  
activity of not suff<sup>l</sup> given for as the. what of other disease  
P<sup>l</sup>ul ob<sup>l</sup> acc to sq. that tub<sup>l</sup> meningitis, not  
much importance. rule of delicate child has a few  
in her. Frater in an my uncle tub<sup>l</sup> cle. Poll & this  
caus<sup>l</sup> affected the remarks that first of the over in Belan<sup>l</sup>  
number. None of als georpus prod for at. how comes  
it the first in an is not <sup>acute</sup> as soon with acute Phthisis  
- exist in the app<sup>l</sup> to protory in led of small. I rap  
of local in de alle first in auro lead to but why should  
surge foll<sup>r</sup> by more rapid advance of disease. D<sup>l</sup> of bones  
no as tub<sup>l</sup> to produce. Do show no. Cottor. in 130 child  
out 3 had Phthisis. Harvard. sq of 85 cons<sup>l</sup> of the bones  
out. disease  
& in only one was any tub<sup>l</sup> cle. Of 130 dis. of the in out of  
can sign of tub<sup>l</sup> cle. & 17 deep of the sign to



of 790 from point ~~at~~ dis in 5th pts in 80 miles. One  
 aff spec allow with leading a caseous legament, &c. &c.  
 Serofulon case of glands, would expect tuberc. Philip's for  
 a in 7 out of 352 in lat. pube. Small 1000 cases;  
 can be 4 wh seroful was prev 12 percent. 1975 case this  
 common seroful prev in 3 1/2 percent. There do not prove that  
 seroful den is antecedent. That, say he has collected a new  
 year in the form seroful & from from tuberculo - & say this case  
 to find it Phthisical patients. That order from of inf may  
 due to Pneumonia most admit that ind acule tuberculo in  
 any year runs a short course prodn abroad with the pro  
 cease but never stand in abscess organization. So called calla  
 or Bron Pneum. or caseous Pneumonia that the <sup>may produce it</sup> air is proof  
 for that is due to they see the a part grad as the he been  
 tuberculous. Ser objections. 1<sup>st</sup> no means of <sup>may</sup> prodn from  
 prodn of tubercula pneumonia. or from pus. 2<sup>nd</sup> while some deem  
 the sero only prev <sup>with</sup> coexistent with a that they do get together  
 3<sup>rd</sup> unless phleg sign & cough in those of bronch p the 4<sup>th</sup>  
 of caseous mass could not be adduced that disease was  
 inflame. 4<sup>th</sup> Clear feat of calar pro differ from those of ord  
 or phthisis, thus Koch's. calar pro in chest pro of curer  
 line of phthisis. Clear form feat a prev sea with meas, hoop  
 & capill bronchit, not as of the phthisis, again while clear  
 the well dev gran & cough in per day expecto & shg phleg  
 of bronch is true in case of calant purm, as well as a  
 hot cough. maccon by expecto. surphy sign is true of  
 tubercle. In ord for a drs cough pro by tubercle a short one  
 sero & pe.

Invidious  
 what value & tub, in ph feeble & h. a. h. Ph signs of con



is not the of  
In our work with very weak  
you shade of dullness & at one apex. & no signs of disease  
at any other part. In bronchopne is proved, ply of bronch  
disten scurble & pedon cultures, once mor. Regny, who is  
his profle viz, admits instaleca b. deagen. with  
& order consumption. My say when bron or b. pneu, & foll  
b. cur who can say it did not present in lungs  
cular ment an exch cause, Is not bronch. Is not it locally  
operable some shuckly, why should th. b. confined. Watch  
of the this course points to something specific. As an adm  
th. pneu occu ends in softening all th. bron uol occu comp  
with hepalytate. The bronch p. is foll. by the death of the  
yet they are so infrequent. that they cannot be regarded as usual  
con. & hardly grasped at all adm viz. bron or lent of pne  
is crassant from pneum, shows th. it is someth diff  
from simple inflammation. Said adm & bronch. who  
adm th. th. pneum b. <sup>causes</sup> pneum is whether. This leads  
in mind & ple for peculiar ch. <sup>an</sup> cons of this & hypopl. pneum  
v. b. scog. is eqv. to th. so called cause p. is seen diff. for  
croupal pneum. It is thus the mode of vital act.  
death, bron. th. cause a bron. <sup>cut</sup> or pne to take on peculiar  
th. th. own of croup, and demand its own treatment  
but plays an imp. role in & consump. but man th. may be  
an oph. an. in case of pneum. or croupal pneum.

Diagnosis one dise. apt. to be confounded by a group of  
pneumonias. can call anthris. or ulcerb. pneu. cellular  
an. th. rem bronchial. proliferates. new here formed. this  
croup. them & as it contracts it interferes with nutrition of  
the lobes & produces induration. at same time it suff  
ad. it is bee indurated hardened, whil some con. v. c.



smaller ad. ones and distal scarp. Generally all such  
looking most left, begin in upper lobe and have portions which  
occur partial. One part from non-cupul. cut. differe  
is dry, same in small or ground in section in size and but  
at top, blue gray or black. Pul. lues are indurp. prable as  
Cupulment, but for time hyperthrophed. Fung. bond down by pleu  
adhesions as in as 1/4 inch in thickness. Clarke found this  
Ch. ple. is for cure of this condition. But this is lead & cellu  
lus & produces, fluid exudat & hard & occurs spots of haz de  
em. shod th. g. Respectly circum. in. at ances, 1<sup>st</sup> rare  
a primary disease. a equal become aff. of from with emphy  
some to pleury, to pleu-pneumonia, <sup>(Fibroid degeneration)</sup> which is. 1<sup>st</sup> Tub. dis  
affect both lungs though unequally. In some cases use emphy  
to one the left & and the other is hypertrophy in some  
to in some while play every of about & dur. in phreolats or absent  
but is the same or for heat pur to cough, or 4. pe. In some few  
heat emaciation. hemoptoe rare, common in phthisis, 4 when  
just side a marked emphy in few days. some part of the whole  
side of chest, 5<sup>o</sup> displ. of heart due upper lobe of left lobe to right  
of left aff. is marked emphy. not so in tubercle. Then previous  
locality. Of a heart of front of lung. But with emphy. of dyspnea  
or open pleura or pleu-pneumonia this notes in order of  
Fib. deg. cuts progress still cupul. shell. are emphy. rapped  
of the history of ple. Bronch. a small cough. will degener<sup>17/1/71</sup>  
or both of the pleury or pleu pneumonia then. due last-  
long. muscular course soft little cupul. of general  
beattie. When in apices of both lung. signs of gradual dullness  
above will play signs of Bronch. When succeed pleu or pleu  
signs on one side on lower portion. As you can com  
with introduction of Cr. 1860, occurs to grow then Red



Thin Moncorn in men in middle & advanced life  
with the consumption. Real habit of body, pale has  
a long frame full chest, good muscles & lot of hair, sound  
teeth, skin thick, good complexion. In consump. tube habit  
, few health good up to attack, not gradual, as P. 3 not apt  
to be wheezed, may add that the acute state that tube  
may consist or is added to catarrhs & in this & produce  
in one apex & expectoration & dull. much more often the  
apex dull & suppurated we may infer that Phthisis is a  
byrd. if follows Bronch would not always hold true, or  
effort spent drinking would not hold, in ph. & pl. pure  
it holds good. Anott. chies may be confounded. but rare  
Cancer of lung, infl. 1<sup>st</sup> a rare but common & we  
limited to one & the the right, 3 at first marked dullness  
large area thro' Bronchi. If last some time some eyes  
fulcrum. proves fatal before cavity forms, signs of tube  
conceded into vital most striking. Burns, largeish  
lung may alter displacer of heart. Expect like red or black  
currantly cumulous. little dust of putre. no night  
sweats. frequent elevaten as in manum or testicle the  
with eyes of tumor in chest, diff in walling, large  
lungs, radial pulses unequal, super feeble in one side  
pupils unequal cont on affected side. In the case eye  
of pressure on veins of one side of chest - that & tenity  
becomes edematous, then pain is peculiar, is a present  
ant-symptom, should often occur. In ph. you may  
find the typical cell. When in involub. degrees difficult  
one will not hold by no & tissue dullness, a clear note  
will be found. thro' bronchi. Dry below eye disc. of  
lung



Incontinent

1<sup>st</sup> of Preclude stage, same in <sup>an</sup> apply  
 prophylactic treatment in children. Non principle which  
 in 1<sup>st</sup> promote health blood changes, best accomplish by  
 exercise regular, should be active part & length of power  
 secured as far as possible. beyond this it becomes better  
 force unpar depth (aggravate general weakness) sports  
 immediate physical exertion is required to take habit it  
 induces congestion of lungs, as result of <sup>the</sup> are that many  
 of these athletes fall into consumption. The abuse precipitates  
 the disease. Suitable exercise will be walking, climbing, rowing,  
 cricket. For women walking, skipping, archery, game of lawn  
 tennis, use of dumb bells. Long been known that bowl  
 exercise is especially conducive to health. 2<sup>nd</sup> under promote full  
 respiratory action, principle is that exercise of vigorous nature  
 leads to structural & functional health thus an increase  
 in action walking or rowing Co in large quantities. An exercise  
 is rather deep full inspiration, fully lungs purposed  
 by full inspiration. Object is not merely to promote  
 but to prevent the going well from form in bronchitis, it assists  
 nature in expelling this foreign matter. Patient should  
 also have before a looking glass, & study what entrance for a  
 few seconds then exhale, 2 or 3 at first then go on from  
 this till more. Reading aloud very good. Exercise in ball  
 is good. Occupation Persons in professions should see up  
 indoor employment, not bookkeepers, no indoor employ  
 in droopy position. If a person learned a trade, tell them not  
 work, must make some sacrifice. It ought to be made in  
 interests of health, avoid change. 3<sup>rd</sup> Do not <sup>over</sup> <sup>live</sup> <sup>the</sup> <sup>life</sup>  
 of boy & means cups of fruit & food. Every person use milk



Should use it more often. Plain & nutted food, good bread  
 fresh meat daily, fats, butter, cream, Certain parts of food  
 because of phos. & calcareous. Blood, Bases of minerals  
 are nutritious, all sorts of game, venison, oysters, may be  
 used, fish of all kinds. 2 Mineral system by cold spring  
 & bathy medicine improve appetite. A person who  
 himself is dry with cold water, a weak person for more  
 vigorous may take a cold bath, Take a cold shower bath but  
 get well out of hot bath, by being change for either better for it  
Some or means calculi imp. <sup>er</sup> Scirrh & promote appetiti-  
 vation, class may be employ in various cases. In imp. quality of  
 food when vom. prev. Must the X 3 st d. Child Bim-  
 Kim, In as rule will not do <sup>in</sup> fever or imp. in digestive po-  
 use June is another great value - part when appetite at  
 fault the se perspire at night over & exhaustion or if any  
 periodical attacks appear. Mineral acid favour, over cut  
both an alkali but the fast clear urine clear, with hand of  
try coated and at point, urine turbid, alkali, Pol cut  
St Carb, of chilliness & cold, Acid carb added others  
Both alk & acid comb with vegetal batter, & though made  
that it will often be better, Acid Work is valuable  
in pre but, slightly, should not be given while tend to increase, of trough  
coated if there is a great dislike to fats, Some except  
to this Early one general tonic equal or superior, a change  
of climate, a long voyage, for 10-12 mon seems is not  
to remove all tendency to the disease, Another indical  
in an stage is to guard against indis exciting causes, tell  
when what they are, while I have taken ground again that a  
simp cular pneum pleur will produce Phthisis, it is a  
great evil in a person pr dispos, my light up the











Lead to alp. & in this continent Nevada & California  
They are all nearly free from consumption. One remark is that lead  
cold has not been found to increase tendency to bronchitis. & it  
is not found to increase tendency to haemoptysis. In this country, one  
or two, one Mexico. Whole of Penna. andes are most suitable.  
Before sending a patient irritant per should have subside, claret  
& all signs of active progression should have ceased, do not do  
it is inhuman. Another point is natural idiosyncrasy  
in person of patient. One with cold feet should, with those who  
is better than with, with these cold climates will not agree  
elect west India, & stat. That the cure is active with you  
will be matter for such a cold in any climate is good. Can-  
ada is good. Minnesota is fashionable in U.S. State. We have  
only 1 in 10 in most in from consumption with 25 per cent in  
Eastern States. In summer if patient goes to expense of being sent  
to remain for 3-4 years in the place. In summer send  
them out of city along upper lakes. Green Bay, Pinalangue,  
Neackman, Saugans River. Some accident or spe of 1<sup>st</sup> night  
secretion Sallic acid. vgr 4-3 to adv in p. or 5-68 of Zen ox. is  
most valuable.  $H_2O_4$  is in an valuable. Springs all over with very  
in morning & change right shirt. Then cough clear a few  
various son. At night diet bronch. with curd. in. & spec  
& some calm. & some adal. Curd Ind. or 1/2 cup. If in pain  
at night is then local applica small with xk to 0 of ant-ant. Give often  
use glycerine. Chl Pot. or 20 or 25 grains. or keep 3 of men  
& get rid of pectorate. At 1 alone you do harm to stop it. Frequent  
cough due to irritat in stomach or irrit in lungs. We treat  
this as gently as possible. Operele distent appar. unsp, digest  
sawd them, but narcotic is of plan. Bepi with mild. Can Ind  
Honeywood. Balsam. Sp Chlor. or HCl. Chloral ant many



Wm L D

when there put them Morphia in small dose. If found in vomiting  
lose the food. a well brewed svate just before meals will comel  
stop. It. As a rule in kind of food, and scar injur while active  
often strong on. But when chronic occur beneficial. espec in  
propane secretion, use with a spray

22 1/2 / 71

### Acute Phthisis

Learn app l the cure in months in weeks  
3 months, but this can be fixed, but cure may need in  
3 weeks or in 5-7 weeks. 3 Forms 1<sup>st</sup> acute nile a few  
granula phthisis 2 Acute reflex form 3 diffuse or nod  
ph this runs a rapid course, called gallop consumption  
Acute nile is a rarer disease. tho by some it diffe  
n to the form Ch Ph. by blood with grey tuberc form base  
apex. In 2 form occ by crude yellow tubercle or by lobular  
stage of tubercles infiltration. but as in other case, they start  
ing from apex to base, but tubercles grow by & the congest  
or partly hepatized in va stages. usually in one lobe  
collapse. The bronchi are sometimes congested. when so an  
other organ sub creta. for on part, in spleen, in meninge  
of brain, in py. pat. Blood fluid, bronchial congest.  
What symp? 1<sup>st</sup> ph may app a good heart but usually  
good health has been failing, been worn out, or had attack  
Phenolphis The alt or set in with signs perhaps curly  
ap l cold, foll by high fever, it is cutting back several days or  
week, heat present, pulse rapid, signs nervous, Cough  
follows tongue furred, red, nausea, complete loss of app  
thirst & diarrhoea, urine febrile. Bod fls in with pseud  
amina, but the doubt for. Cough may precede or follo. tho  
allied or fall is latent, soon usually die or allied with  
clear or serous py mucus, run of lungs may be seen in







after we discuss the grand traits don't know how to do  
them ad lib by dry cupping, comle ntra. Digital. status. a comle  
near necrosis in large doses while you continue. How do  
Hemiphsis in its essence fatal, one word on the on accult sympt  
Hemiphsis, adn on all the that the most frequent  
person have at last in lungs, 2 see a person from  
a sub dorsal of back but the man 3 included it whe  
I do like pla it is an order of tendency to corrupt, then  
a new or is wh. keep tang the how can we corrupt  
this is now mixed. An objection to this or. hemiphs. adn  
the man and wh pr t lousus ped up t puting  
hemorrhage & A or now I ask how possible that when he spit  
up blood that he had not tubercles in lungs at time & exhaled or  
developed wt activity. What signs of hem wh by is a state  
local trouble in lungs? 1<sup>st</sup> use of plempent. pulse normal  
luscide. suffer pain in one side of chest & often hear a fine  
subcuspulating rale, under a pneumonia present up. may be  
bold & dull stro rursu. should there. & might want  
so. vein would up that coffee was being set up in  
the lungs, a prob. ing now after these symptoms & a slight  
depr found the that - protein of lung

19/1/71

Hematemesis is always accompanied with pain and a sense of  
uneasiness in the stomach, in Hemiphsis the pain is in the lung  
Hemiphsis is preceded by a tickling sensation in the throat & hunch  
Hematemesis slips suddenly & patient does not spit it up  
In Hemiphsis the blood is spat up with a cough, the appearance of  
the blood is different. In hematemesis the coagulated and in hem-  
iphsis it is frothy in hemiphsis, fluid & not coagulated. In hem-  
atemesis you can apt to find blood in the stool. A cranful exam-  
ination into the history of the two cases will clear up the difference







When the inf. commences in the Dura mater not always  
possible to distinguish from it. Occurs as an extension  
of disease from bone of ear, petrous bone - may at any period of  
life even 50 years after the primary affection of the ear. In these  
cases are recurring rigors and other symptoms of pyaemia ab-  
scesses in the lungs - the inflam. may lead to the entrance of the  
air & pus get into the blood, fever remittent at first then intermit.  
Secondary deposits found. Thrombosis of jugular vein, called  
Pachy-meningitis







and dry or moist, pulse 120 & regular, breathing often irregular, <sup>signs of meningitis</sup>  
There are extrinsic symptoms. Intrinsic are imitation of typhoid  
restlessness, wakefulness in most cases delirium, <sup>early and active</sup> pupils contracted  
often violent excitement of the special senses, intolerance of light & sound  
twitching of muscles of face <sup>perhaps strabismus</sup>. This after lactia <sup>pain in head</sup>  
2-3 days passes gradually into transition stage. Fever abates, <sup>scalp hot</sup> nor  
pulse falls but becomes irregular, respiration irregular & <sup>irregular</sup> slow frequent  
sometimes, headache & constipation may continue or abate. <sup>retraction of abd. muscles of spine</sup> Intrinsic  
symptoms also are less marked. There is less delirium, he is calmer  
duller & more inclined to sleep. Less intolerance of light. Pupils are  
not so contracted, <sup>oculople</sup> more twitching, <sup>Headache again or already</sup> convulsions often occur, <sup>are generally confined</sup>  
for the first time. This second stage passes gradually into the 3<sup>rd</sup>  
or that of Coma. Skin is cooler, pale, pulse rapid & perhaps regular  
features much shaggard, Pupils small <sup>slightly dilatable</sup> & immovable before  
the light. Ridges on teeth. Respiration slow & stertorous. Sphincters  
relaxed, <sup>relaxation of sphincter</sup> extrinsic symptoms indicate signs of coma, no  
longer delirium. Functions of the brain gone, both blind & deaf. Spasms  
of muscles occur. May be paralysis of one side while the other  
in a state of spasm, <sup>hardly in deglutition</sup> gradually the vital powers succumb  
Occasionally the disease sets in at once, with marked delirium & coma  
hence old name Phrenitis, or it may set in with delirium at once  
aces rapidly, <sup>may run a latent course none of these symptoms & only lactia and stupid</sup> or in a few instances the first symptom is the loss of  
speech. When secondary to some other disease as Scarlet fever, small-  
pox &c the symptoms come on more quickly, <sup>irrichously</sup> may however come  
on or headache, pulse more rapid than hot & some delirium  
Prognosis, unfavourable, runs a rapid course, may be fatal in  
24-56 hours <sup>generally in 8-2 days</sup> but average duration is 3-4 weeks. Causes The age at  
which it is most frequent is that at which the brain is most actively <sup>16-45 yrs</sup> temp  
cooled. Mental excitement, <sup>44 percent run</sup> internal & external violence may cause it.  
Men are more liable to it than women. Professions necessitating  
pain and delirium, <sup>before death</sup> Concomitant symptoms, <sup>in some cases</sup> Concomitant symptoms, <sup>in some cases</sup>  
Concomitant symptoms, <sup>in some cases</sup> Concomitant symptoms, <sup>in some cases</sup>



Occasionally epidemic in small Central Spinal mening

of meningitis, & stroke

much exposure to sun, hence common among soldiers, Sunday  
often to small-pox & measles. The sudden healing up of the dis-  
eases has been known to cure it, especially those on scalp & the  
sudden stoppage of discharges as the menstrual. Common cause  
is tension of ear disease & in cases of petrous part of temporal bone  
may follow Syphilis, but Rheumatism <sup>Rarely heavily, generally secondary, & may</sup> & gout rarely.

Morbid appearances Idiopathic, pia mater usually affected  
vessels distended <sup>some vessels</sup> & <sup>all over the surface</sup> meninges red. Later inflammatory product a  
thickness <sup>of pus or lymph</sup> may be produced a sulci. May be over  
whole surface or in patches. Along with the lymph we get a thin serum.  
It affects both hemispheres alike & the pia mater be torn off & generally  
torn away some of the brain substance. Cortex of brain is reddish grey  
vessels increased in size. Convulsions flattened & effused. The central  
parts of brain preserve their natural condition. <sup>A watery lymph may be under the pia mater, & may be of a gelatinous</sup> The ventricles may  
be empty or contain a limpid serum or even pus.

Traumatic then dura mater is affected. It is congested, pink in colour & in later  
stage we would find effusion. Might have some lymph on inner  
surface of dura-mater. Still later dura mater appears swollen &  
shaggy may be of a greenish hue & even look gangrenous. In these cases  
the dura mater is usually detached from the bone. When inflammation  
attacks the brain as result of injury <sup>or leucopurulent</sup> it <sup>2) usually</sup> attacks one side, &  
pus is formed in the arachnoid cavity. Moreover Idiopathic inflammation  
usually affects the convexity; Traumatic when the injury is received

and as the result of violence you will find extravasation of blood  
into arachnoid. Diagnosis between inflammation of membranes and  
of substance. In Centric, extrinsic symptoms, pain in head, fever  
& rapid pulse origor slight. In meningitis extrinsic symptoms are  
well marked, severe pain in head, high fever & heat of skin.  
Centric extrinsic very marked, functions of the brain early impaired  
especially memory, ideas confounded, sensation benumbed



In meningitis functions not much impaired rather exalted  
 special characters 3 Centrits. Pain in head dull, deep seated, out  
 of proportion to the fever & does not abate with the fever. Meningitis  
 pain acute & superficial, in proportion to the fever & lasts several days  
 & Cerulites <sup>Fungulin of</sup> <sup>or early unpaired</sup> paralysis, loss of feeling, optine perception, tonic spasm  
 muscles rigid in delirium. Meningitis <sup>called meningitis</sup> delirium active & tendency to convulsions  
 in children. 5 Centrits Paralysis, loss of motion & perception  
Meningitis, general spasm. In former tonic spasm occurs & in the  
 later clonic 25/1/71

Several diseases may be confounded with it. Dysphoid fever In  
 this headache <sup>pain</sup> is less prominent, vomiting less common & not persi-  
 ent. There is diarrhoea with abdominal tenderness & <sup>slight diarrhoea</sup> <sup>peculiar</sup>  
 countenance dull seldom vivacious and bright, delirium is great  
 chiefly at night, <sup>in the 2<sup>nd</sup> week not</sup> seldom ferocious vis in proportion to the severity of  
 the fever and does not occur till the second week. As a rule there  
 is no great intolerance of light. strabismus <sup>tendency to peculiar in 14 days from onset, then</sup> <sup>spasm or paralysis &</sup>  
 we have the rose spots. Delirium Tremens <sup>delirium peculiar, it, but when ordered</sup>. The fever is less intense  
 tongue is loaded, skin moist & perspire much, no pain in the head  
 great trembling of muscles, restless sleepers <sup>near</sup> delirium is peculiar  
 fearful hallucinations, anxiety about business, sees enemies  
<sup>acute, and loudly char. the delirium of D.T.</sup>

Rheumatic delirium is more puzzling, <sup>the progress peculiar, when some complicated</sup> occurs only in severe  
 cases especially with heart complications, lungs & pleura. Patient  
 is pale & weak, exhausted by pain & perspiration. It does not occur  
 till from 8-14 day. The attack is ushered in, with delirium and anx-  
 iety, sleepless & fitfully & then a furious mania or guilt lacertum  
 delirium. As a rule headache & vomiting are absent, but great  
 prostration, & rapid small pulse, tend to sink <sup>death</sup> in a few hours or  
 passes into coma or convulsions. <sup>in 2-5 day char. Rheum. Deliri</sup> Temperature 105-109. Finally  
 such persons have a predisposition to nervous disorders as  
 Epilepsy, Hysteria, an of a nervous habit or an intemperate



Acute Mania, absence of fever, heat of scalp & vomiting & pain in the head. Mania will continue for several days with out any change in pulse or pupils

Treatment In the beginning, in 1<sup>st</sup> stage abstract blood by cupping

ing from muscular processes or much as in adults - amount of  $\frac{3}{4}$  VI-X Leeches in children to  $\frac{1}{2}$  VI-X <sup>as in Germany</sup> muscular processes <sup>and scalp</sup> of a plethoric man

simple inflammation bleed from the arm. Put in elevated post. an. shave the head, apply cold <sup>the sponge previous to being continued, else you have an</sup> face in bladders over occiput

for head or by irrigation <sup>at 20-30 minutes at a time</sup> Watch carefully if complains of chill sighs or becomes pale, <sup>repeat</sup> the cold <sup>at a time</sup>. Some use astrucan

of cold water but you must use it <sup>as you would</sup> as it is very powerful. Wrap the feet in hot flannels and apply hot bottles or bricks. In a child ex-

amine the gums & lance if teeth are pressing. Give purgatives of the bleed. It produces flow of serum from intestines. Calomel. v-x grs

<sup>gamboge & senna</sup> followed by Haust. Reg. Repeat the purgatives ev 2-3 days. Some advise calomel till specific effect is brought out 8-11 ev 4 hours

don't give it. Those who dread Hg give Pot. Sodii instead 5-8 grs ev 4 hours <sup>if not in 3 of days Hg cause state of things 2-3 hrs only</sup> then is no objection to continuing Calomel with it

or alternating them. Arsenal. edatives are beneficial. Fleu. tin. faciente mI ev hour or v-viii <sup>at 3 hrs</sup> of D. m. l. uratur. bind commencing

with v & increasing i gut ev day 3 hrs. until heat lowered. Diets. is also used <sup>the most effective</sup> if we don't see till 2<sup>nd</sup> stage. Do not bleed

from the arm, but if heat of scalp & pulse & small pulse abstract <sup>and proceeding</sup> blood & give <sup>4 purgatives</sup> Pot. Sodii. might continue the calomel. 5 grs

of Bromide & 8-10 of Podid. <sup>some use of allopathy</sup> or 4 hrs alternating with acornite. Use now

most blisters, put to inside of thighs & then in a day or two on the neck. The object is to create a morbid effect. Apply cold but less vigorously 3<sup>rd</sup> stage, support. Helbert's milk & barley water now give beef

tea, run eggs, butts when exhausted give alcohol. In this stage <sup>between the shoulders before the coma is back 44</sup> a good practice is to apply a large white <sup>between the shoulders before the coma is back 44</sup> vesical <sup>between the shoulders before the coma is back 44</sup> leav on for 12-18 hrs

good practice is to apply a large white vesical leav on for 12-18 hrs. <sup>the 2<sup>nd</sup> & 3<sup>rd</sup> of Hg being 2-4 hrs rubbed on to scalp in good</sup>



Bladder to be unclashed, comp of the bladder.

Mirneyer prefers the cold douche to rouse the brain but it must be applied 3-4 times a day. Keep the room dark. allow no noise. <sup>Keep the head and shoulders elevated.</sup> Keep it cool well ventilated. Cold rest & purgatives the mainstay. <sup>Keep on 16 R. XL G. C. Camp & Chloroform but occa-sodium is needed</sup>

Tuberculous Meningitis or Granular Basilar Meningitis

Acute Hydrocephalus is more common. May

be primary which is the most usual, the disease beginning in the brain or secondary to tubercles elsewhere <sup>local or general</sup> & some believe it to be always so. It may be secondary to tubercles <sup>in tubercle of brain</sup> in lungs, mesenteric glands, <sup>intestinal canal</sup> brain substance or general tubercle. Primary usually prominent symptoms, these are important as they assist materially in the diagnosis. The child loses flesh, out of heat <sup>less bright, dazed</sup> paler than usual <sup>less gloomy</sup> slight febrile attacks at night without apparent cause <sup>& temperature</sup> becomes peculiarly irritable or taciturn & stupid, does not play as much, does not complain of headache but puts the hand to head - puts the head into the nurse's lap. Then is headache after exercise or reading, seldom even or affected by light, but usually vomiting. The headache may go on or must find relief. Staring in sleep, eyes open when asleep & short dry cough <sup>and a dragging of the legs</sup> are among the prominent <sup>major</sup> symptoms & set in suddenly but generally but the children are usually of a tuberculous habit. The prominent symptoms are often so slight that they are apt to be overlooked by the parents. When developed it has the same stage as simple & so unnecessary to describe them.

But there are some peculiarities. Has 3 stag, 4 cal, 7 trans. & 4 haematin

Tuberculous Meningitis

Simple Meningitis

Antecedent symptoms of impaired health <sup>last for weeks or months & become more pronounced</sup> febrile attacks & symptoms indicating deposition of tubercle

Absence of the history. Child attacked while <sup>health good, as usual & before</sup> some other name appears in full health

Symptoms less marked, slow & insidious

at onset symptoms violent pain in head subsides by light



Tuberculous Meningitis

Less often tranquil, latter  
& needs a more morbid

Not the rule often absent

Rare in tuberculous  
form unless in brain proper

Recessions occur & return

Never kills in 48 hrs or less  
Last 1-3 weeks or over 4

Common between 2 & 10 years

Simple Meningitis

acule plum, upset of face  
delirium earlier & more

violent, smart fever, light  
or milder sleep & vomit  
very acute pain in the head

May be ushered in by convulsions  
with high fever

Continues to progress rapidly

Duration 7-9 days average  
May kill in 48 hours or  
two days

Often before 2<sup>nd</sup> year

Signs of tubercle in other organs

mening. pleurisy, or lungs

Temperature may be a little above or moderate high 102-103 seldom

Secondary to <sup>meningitis</sup> <sup>or tubercle</sup> in its invasion and symptoms

In some temp. with low or sudden  
even 104 & maintains duration & before  
death still higher

The central symptoms may be masked <sup>or</sup> may even have produced  
suppuration in the form <sup>of abscess</sup> when secondary to tubercle in the brain  
substance it often sets in with convulsions when the disease flung  
is rarely discoverable when the tubercle in peritoneum apt to be over-  
looked, Howard thinks that Tub. Meningitis is always secondary  
to disease of lungs. In adults common present peculiarities often  
preceded by some fixed pain in the head <sup>recog in early & advanced stage</sup> early vomiting, face dull <sup>or pale</sup>  
lacertum, delirium quiet, special senses obscured, pupils dilated  
eyes blind, he is deaf <sup>hears</sup>, quivering spasms, clonic tonic rigidity  
of some muscles, relaxation of others, moderate fever <sup>usually</sup> continuous  
elevation of temperature, frequent pulse, ophthalmoscope find the vessels  
of the eye injected, veins ramifying over fundus & dull discolored large











quills. Pain & cold stimulation <sup>of ear & nose</sup> <sup>14</sup> lead that he has  
had similar attacks before & that general health has not  
suffered & lastly in intervals recovers spirit & amuse himself  
w/ out. At outb. of some Exanthema. <sup>Scal fever</sup> <sup>small pox</sup>  
or he all the of pain in head & neck & smother, but  
diagnosis will clear itself up as the disease manifest  
into itself. Inguen has it been exposed to infection & while  
truly head symptoms susp. <sup>judges</sup> Some of the recent  
as Arach. <sup>mening.</sup> <sup>Chrom. of spine.</sup> <sup>Central abscess</sup> <sup>Idropacule Drops</sup>  
hemorrhage. uter. cranial tumors but they are rare

<sup>of head</sup> focus infl. of spine extend to spinal cord. "Cervico-spinal meningitis, sporadic, not epidemic, Recurs  
& in adult group. retraction of head, so that head  
is bowed out pettore. rigidity of joints a tetanoid condition  
spasms. hyperaesthesia of skin, more or less chronic course  
What prognosis in Dub mening. <sup>is</sup> <sup>it is</sup> <sup>unfavorable</sup>  
almost incurable disease a few instances <sup>may be mistaken in the diagnosis</sup> of recovery  
in taking up treatment divide into 3 degrees <sup>of severity</sup>.

The 1st cases active inflammation <sup>atly class</sup> of spinal cord  
health up to attack, & get your suspect meningitis  
in this active form. Antiphlogist, use. leeches. <sup>2 leeches by 1 day</sup> behind  
<sup>2 or 3 additional</sup> stars, calp. enclits, 2 for club side. 1 yea & one for way  
additional year. a good place over parietal men-  
inges & at work. I have heard and apply cold & purgative  
Calomel purgative only <sup>atly</sup> <sup>stay on climate or avoid party</sup> <sup>of them</sup> <sup>calp in bottle & in glass</sup> <sup>Calomel</sup>  
& give acetate us as often as 2 & Pot. iodide in anculphly  
& get the Bromide. A pruric sleep & may act on wood  
only 1 of blood vessels. 2 class intermediate <sup>infl. moderate</sup> de uel  
tubercles. <sup>made organs</sup> <sup>not iting</sup> <sup>with pale</sup>, no doubt for some  
time fairly, <sup>at few leeches</sup> <sup>severe</sup> <sup>in iting</sup> <sup>pres.</sup> Cal. or saline  
en clay & combine 3rd Brown Pot. Give early support  
keep ba. &c. 3 Then as & acid weak mented, tuberc



symptoms nearly ininflamed; poor wealth and much fever & heat of cut  
health failing for long, tuberculous glands or disease of  
joints or ears, of vertebrae. Mucous to purge, <sup>ice</sup> stimulate from  
beginning, beef tea some <sup>ice</sup> & Lys. Fin. Sod, a drink  
from absolute rest &c. In advanced stage when coma  
comes on, comule irritat. blisters in neck or no cod of  
<sup>Lys. of Lys. has been given</sup> 6+5; or lobes. Why but at all? First time may be milder  
2 tubercles may not exist in brain. There is a period when  
narcosis is induced. After 1st stage of active fever, when  
it is allayed, he may be still restless, he can usually  
a narcotic but give Brom Pot in large dose, effect then  
Put Dove or morphia. Pass over prophylactic, given that you  
often ask what shall be do to save our next child? find in too  
Recent adu again pulmonary consumption, will apply  
A Dose once stimulate it so close that it is called  
Spurious Hydrocephalus or Hydrocephalus, shall die if occur  
after a child has been exhausted, diarrh over purging  
or uraemia, or pneumonia. It presents 2 stages, 1st of great  
sweat & then depression, Infant in 1st stage usually  
well until fever <sup>slight</sup> face flushed, skin hot, crying &  
agony or sleep. Bowels loose, <sup>irregular</sup> evacuation disordered  
This passes into one of depression, now pale cheeks cool  
his eyes half open & fixed, pupils are not affected, light, <sup>dim</sup>  
battering irregular respiration, voice hoarse, <sup>may prove fatal</sup>  
fontanelle empty, <sup>Diagnose</sup> 1st previous history, has been  
noticed <sup>some acute illness</sup> 2nd pulse feeble soft, chilly  
skin cool in 2 stage. Battering sweat in whole & lower  
irregular, on end tracheal rattle, fontanelle empty  
at autopsy, an enormous brain, size & volume congested, is so  
open white, a little fluid, no tubercle. Treatment  
arrest the cause, if diarrh, stop if pneumonia &c.



In allay unlab. warm bath is good

a good tract - Give stimulants, brandy, small good  
or Ammon. Broth for older child & much intal put  
w/ warm bath while child is head. & give an anodyne. B.P. & A  
send it out in fresh air. If coma marked, blite. <sup>belius yell</sup> or flying  
in a person, & a gentle clude, want to rufae, in limbs, expect an  
bit of it. Keep it in horizontal position

Splenicy.

1<sup>st</sup> of that non com non <sup>non</sup> <sup>infla</sup> <sup>Deve</sup> <sup>causes</sup>, may be  
away in 3 heads. 1<sup>st</sup> obst<sup>ed</sup> <sup>circulation</sup> in brain

2<sup>nd</sup> those cases due to suspended function, 3<sup>rd</sup> those con-  
tingent on constitutive dyscrasia or debilitation. Have

Causes <sup>these</sup> kind of obst <sup>circulat</sup>, sudden stopp<sup>ing</sup>, by emboli. A part of  
of brain is detached <sup>from the head or aneurysm</sup> & carried up into some vessel of brain

signature of curbed artery may cause it. <sup>coagulation</sup>  
of blood, tech, <sup>in center</sup> <sup>smallly</sup> called Thrombosis. It occurs mainly

in course <sup>of disease</sup> of diseased state of parts with <sup>alter</sup> <sup>of</sup> <sup>organization</sup>  
or at the <sup>of</sup> <sup>deformity</sup> <sup>has</sup> <sup>roughened</sup> <sup>the</sup> <sup>coats</sup>. In consequence

(3) The <sup>intech</sup> <sup>bet</sup> <sup>the</sup> <sup>artery</sup> & <sup>the</sup> <sup>blood</sup> <sup>cannot</sup> <sup>go</sup> <sup>on</sup> <sup>if</sup> <sup>diseased</sup> <sup>is</sup> <sup>a</sup>  
of this state of parts the blood is <sup>impeded</sup> & <sup>circulate</sup>.

<sup>Causes of disease of brain</sup> (4) This may affect veins especially the <sup>veins</sup>  
<sup>supply</sup> <sup>of</sup> <sup>the</sup> <sup>brain</sup> (5) <sup>disease</sup> <sup>of</sup> <sup>heart</sup> <sup>as</sup> <sup>it</sup> <sup>may</sup> <sup>be</sup> <sup>depressed</sup> <sup>the</sup> <sup>part</sup> <sup>of</sup> <sup>the</sup> <sup>arteries</sup>.

uses, <sup>like</sup> <sup>the</sup> <sup>de</sup> <sup>state</sup> <sup>with</sup> <sup>out</sup> <sup>emboli</sup>, or <sup>thromb</sup>  
by <sup>some</sup> <sup>of</sup> <sup>the</sup> <sup>arteries</sup> <sup>in</sup> <sup>old</sup> <sup>persons</sup> <sup>in</sup> <sup>whom</sup> <sup>the</sup> <sup>arteries</sup> <sup>are</sup> <sup>thick</sup>  
or <sup>are</sup> <sup>inflamed</sup> <sup>or</sup> <sup>are</sup> <sup>softened</sup>, or when <sup>par</sup> <sup>as</sup> <sup>is</sup> <sup>in</sup> <sup>an</sup> <sup>age</sup> <sup>the</sup> <sup>brain</sup>

them (6) Pressure of tumors on vessels, Mass of blood as in  
a people by <sup>in</sup> <sup>the</sup> <sup>same</sup> <sup>way</sup>, <sup>2</sup> <sup>degrees</sup>. <sup>Suspension</sup> <sup>of</sup> <sup>function</sup>

of the <sup>of</sup> <sup>the</sup> <sup>arteries</sup> <sup>is</sup> <sup>one</sup> <sup>of</sup> <sup>the</sup> <sup>causes</sup> <sup>of</sup> <sup>the</sup> <sup>atrophy</sup> <sup>of</sup> <sup>the</sup> <sup>arteries</sup>  
simple <sup>of</sup> <sup>the</sup> <sup>arteries</sup> <sup>will</sup> <sup>suffer</sup> <sup>atrophy</sup>. <sup>These</sup> <sup>cases</sup> <sup>where</sup> <sup>the</sup> <sup>arteries</sup>

lost <sup>atrophy</sup>. A man has lost <sup>the</sup> <sup>eye</sup>. the <sup>opt</sup> <sup>center</sup> <sup>is</sup> <sup>in</sup> <sup>the</sup> <sup>eye</sup>  
near <sup>impression</sup> <sup>of</sup> <sup>light</sup> <sup>from</sup> <sup>the</sup> <sup>center</sup> <sup>of</sup> <sup>the</sup> <sup>eye</sup> is <sup>it</sup> <sup>is</sup> <sup>in</sup> <sup>the</sup> <sup>eye</sup>

this <sup>communal</sup> <sup>periph</sup> <sup>ere</sup> <sup>is</sup> <sup>in</sup> <sup>the</sup> <sup>eye</sup>. Or <sup>may</sup> <sup>be</sup> <sup>caused</sup> <sup>by</sup> <sup>the</sup> <sup>atrophy</sup>  
in <sup>the</sup> <sup>arteries</sup> <sup>of</sup> <sup>the</sup> <sup>eye</sup> & <sup>all</sup> <sup>the</sup> <sup>fib</sup> <sup>which</sup> <sup>terminate</sup>



cannot carry their impression unimpaired. An infarct  
a part of brain is suspended all those portions physiologically  
function undergo softening & wasting. Last a 3 <sup>groups</sup> in which due  
to some general condition diseases Cancer, protracted anaemia  
both doubtful. Alcohol, lead, <sup>poisonous</sup> occur said to have caused  
fall out two dozen of mind variation of, Embolic in Thrombotic  
Thrombotic embolism of blood in cerebral arteries & capillaries. 257/71  
are <sup>and</sup> embolism of atheroma or calcification or fatty degeneration may occur in any  
portion of cerebral arteries. may in any of them. Common cause  
in old people. If blood coagulates in one or two vessels owing to  
diseased state of adjacent ones they cannot undergo excessive  
dilatation <sup>to feed the other portions</sup> a secondary action is impossible & so softening occurs.  
Then Embolic is cause does not hold true. Common <sup>on</sup> Embolic in  
middle cerebral artery. If <sup>blocked up</sup> Embolic carotid brain does not suffer from  
softening cerebral is restored thro' circle of Willis. But if middle  
cerebral beyond circle of Willis <sup>the circulation</sup> cannot be established  
& softening takes place. The coagulum extend along the vessels  
whole portion <sup>supplied by occluded vessel</sup> does not permit for collateral vessels supply blood enough  
to periphery, but center is softened. This applies to any other  
vessel from anatomical <sup>central</sup> reason that at least middle cerebral  
that is particularly affected. A clot of plasma is more readily carried  
up the left carotid by the natural course of the aorta. Seat  
of softening Embolic will depend on vessel obstructed but primarily  
the middle cerebral. What an appeal on post. <sup>in</sup> brain depends  
of blood? at point where or <sup>the</sup> artery of brain is constricted. Under the  
natural <sup>supply supplied collaterally is a venous reflux</sup> artery in rare instances the larger vessel that  
has while at end of 24 hrs. artery may be suffered. slight soft  
next is fatty degeneration. Why it become red? one <sup>does</sup> point in that it  
is from venous reflux most likely correct. artery is that collateral  
vessel from in return blood into part. Change is fatty



























sleep & mad. a he <sup>del</sup> p<sup>er</sup>son, violent rigors, of sun prostrated  
for 6-7 weeks probably of tubercles. increased force of 2-3  
weeks in my independent of soft. A cold group of symptoms is  
in attack of acute paralytic perit but varies in degree even  
by Ludwig's & succotla cerebral power. This is seen of following  
an apoplexy fit or in connection with injury of head &c In some cases  
in the group of special cerebral disease. In others we have  
convuls. paralysis or coma. In cases of pyaemia should  
be come paralytic or com. 8/1/71

may remain latent for a month or so then acute symptoms sup-  
ervene suddenly & death in a few days often produces inflammation  
of the brain around it or opens into producing coma or  
may open externally through the ears or nose

Treatment If from injury refer to our surgeon's works. If  
from disease of the ear or nose, make early & free incision  
over the mastoid process of temporal when this part of  
general pyaemia we can do but little attend to the general  
affection early & free vent to prevent abscess. Disinfect by  
carbolic acid or Condy & support by Lu & Fe. Nourishing food  
stimulants, wine & brandy. Keep in a dark room, quiet  
bed & cup, apply ice caps, use Dr. Dob & acornite & digitalis

Tumors of brain

produce symptoms like local cerebritis  
Dysplastic variety is most common, then cancer &  
malignant disease & other forms as fibrous, fibro-plas-  
tic, cysts of various forms & most rare the Hydatids.  
Diagnostic symptoms Circumscribed pain on one side imp  
and vision signs of optic neuritis by ophthalmoscope. Loss  
of motor power not at first but of 3<sup>rd</sup> 5<sup>th</sup> & 6<sup>th</sup>  
nerves hemiplegia. mind intact. Of to this be added



Epileptiform convulsions with the paralysis are lost intelligence  
since the diagnosis is nearly always correct. There is rarely any  
sudden loss of consciousness & paralysis. It lasts <sup>(or longer)</sup> a long time  
may be some diathetic cause as Syphilitic Cancer & Tubercle  
In treatment much same as in local cerebral. Most hopeful remedy  
is the Syphilitic. but large doses of Pot Iod L.D. failing then  
a H.S. course of creosolous then a little hope & some remain  
applies to malignant disease. During attacks apply ice &  
use narcotics to procure sleep as Pot Brom. Camma Indica &  
or at bed time. In doubtful cases try a H.S. course of Pot Iod fast

## Apoplexy

Coma coming on suddenly. No longer needed to distinguish  
a single form of disease. It rather applies to a group of symp-  
toms which occur in Embolism, Cerebritis, congestion of  
brain, clot from disease of blood-vessels, poisoning by uraemia  
&c. It does not always occur when hemorrhage has taken  
place into the brain. Indeed it does not as a rule unless  
clot occupies pons, ventricles or a large mass on hemi-  
sphere or arachnoid sac. Pathologists now prefer to describe  
extravasation into & congestion of brain separately.

Nervous apoplexy. Formerly people found dead, having died  
suddenly of coma were said to have died of N. apoplexy.  
This is rare now as we find most of the cases due to emboli-  
smic poisoning, disease of heart or they may even die of suffocation.

Serous Apoplexy in which excess of serum was found in  
pia mater & ventricles. Now doubted by best pathologists. Fail-  
ure justify the doubt. No necessary relation between the  
effusion & the symptoms. 2. Exists in pia mater & ventricles of  
old people & after many forms of death. as intemperance



apoplexy, exhausting disease. 3 It is often found out during the death agony. 4 often found out rapidly. held that the serum did not cause the symptoms but the general concept did. It is that serious apoplexy is now not recognized. Irouse and do not do the fact of injection apoplexy also

Hæmorrhage into Brain. Maybe minute capillary extravasations size of pins head; between the large & trivascular arteries, or may have every grade in degree. When is the blood extravasated? most often into substance of brain then the membranes then substance of corpus striatum & thalamia optici  $3/5$  times as often into them & substance around as all other parts put together. Rare in cerebellum, pons & medulla seldom in fornix or corpus quadrigem. The blood coagulates colouring matter is absorbed gradually until the clot becomes colourless. Clot gradually becomes firmer & is absorbed. At end of 3 weeks with microscope you will discover crystal formation & oil globules. The brain substance around the clot is

The walls are rough jagged & if you wash them you may discover rough shaggy vessels like those of choroid. These become stained with colouring matter of the blood. In from 4-5 day reaction sets up around the clot; the connective tissue begins to proliferate & a cyst forms around it by proliferation of connective tissue of brain. Hence you fear too strong reaction & consequent cerebritis. In from 10-11 days a distinct membrane may be formed this membrane encloses a serous fluid tinged with colouring matter of the blood, then it becomes straw coloured & finally colourless. It may remain as a distinct cyst or if small the walls will collapse & you have a cicatrix. Secondary changes also may occur, when he never not only does







































Is there such a disease as Congestive apoplexy? Inaurean  
 & many others deny it altogether. How then are cases of sudden  
 coma with congestion of vessels found in p. non & plain  
 In most place they are rare 2<sup>nd</sup> as disease  
 of kidney, uremia, narcotic poisons. Cardiac or pulmonary  
 disease or atrophy 3 The congestion is due to impaired  
 nutrition 4<sup>th</sup> Coma may be induced  
 by want of blood, by an anemic condition of the blood & these  
 symptoms would be referred to as congestive while in reality  
 they are due to impairment of nutrition or it may be due to  
 an impure state of the blood. Inaurean calls these cases  
 of congestive apoplexy, due to syncope, epileptiform or due to  
 some internal convulsion. 7/2/71

Difference betw. congestive & cerebral hemorrhage. 1<sup>st</sup> congestive  
pre<sup>ca</sup> is much <sup>via</sup> prominent symptoms. haemorrh. not of the  
 generally. The person is <sup>lenses</sup> insensible in congest. obtuse  
 of functions of brain, impaired intellect, confusion, deficient  
 memory, blindness of eyes, ear no apper<sup>ception</sup> of light & sound  
 numbness, with in limb. Motor function not much  
 disturbed but sluggish in mov<sup>ment</sup>, & down jerk. In haemorrh.  
 Pain in head then paralysis sometimes pro<sup>longed</sup> loss of  
 consciousness, generally signs point to disease of arteries  
 & kidneys, as rigid radial <sup>arteries</sup>, unimpacted of left ventricle  
 Epilepsy, haemorrhage into retina, occurs local head  
 symp. pain on one side, &c. Pseudo <sup>men</sup> of attack differ  
2<sup>nd</sup> congest. not sudden, occurs creeps on gradually  
 In haemorrhage, attack rapid & abrupt, not allego. In  
congest. perceptio<sup>n</sup> not entirely lost, can be rescued. If  
 a man dies but for few moments, allego otherwise  
 In haemorrh. loss of power is complete cannot rescued



In some cases no loss of force... Sensation diff. In cereb. sensorial disorder is slight but general. Aff. triceps. not par. not complete, pinching & will produce sense. In hemorrh. loss of sensate even or complete at first but after partial not general. In recovery of common aff. partial & the loss of sensate though complete for part of. Aff. of hands for diff. In Cereb. no part or one side paralytic as a rule always more or less so. No rigid spasm. In hemorrh. hemiplegic. rule in 84 per cent. may be general paralysis in 16. This is even & may be complete. Even when general predominates on one side. comes up to superior side of brain. Differs in course. In congest. of p. med. meninges compl. recovery will follow. It will pass off or become slacking. In recovery no palsy or loss of sensate. In hemorrh. inlets fatal symptoms diminish slowly do not recover complete recovery consciousness but paralysis continues.

In treatment. Summed up under same as that adapted to thromb. hemorrh. bleed. from aneur. croupy. or bleed. head. Elevation of head. cold. ice cap. cold cloths. Luce's foot is useful. emetic of cupping glass. purgative to deplete system of cups congest. cluto alcohol. in purg. food an emetic is proper remedy. or stomach pump. A few details. That course which ushered in & continued into subsidence on appearance of rump but my head & appetite of malar to cause. Luce's with nervous may be given by excess mental excitement or abuse of alcohol and atal. blood. cold effusion. purgative. & noulisessing. (fly) 1/2 dr. to nape of neck. Mercury is found of in as foot bath rump for a short. In dental contai



seems your supply hoping to prevent bleeding  
but that <sup>from</sup> attend burns. Op in small dose & Pot Brom  
an good. Externally, best is Hbris in warm water  
of tepid water continually. Stimulants useful, collyria  
eleperum calls for them & such in old weak person  
thin cold & pale. Armon given in small quantity  
at short intervals. Passive Congestion. due to  
mechanic cause prevents venous blood in  
calcular den of heat. Cough, as whooping cough. Eruptive  
sema. When apnea is cause of death we have conges-  
tion of brain as well as lungs. Local obst of veins & veins  
all modes of death by apnea. Now there cases for  
to also remove cause, if heat not obstruct unit  
of eruptive. We may temporary use of cupping over heat  
will often not much. But if you want to relieve brain directly  
apply leeches to head, or the membrane

## Spinal Cord

Inflammation of membranes In men produce same  
as meninges of brain. Causes are chief cause  
quarrels. Blow & falls on back or nate, violent exertion  
& after suppression of accustomed discharges. Rude use  
of the spine habit prudens. Lying on back on cold  
& sphulphic puz. Raw tubercle in meninges. Delan. Chorea  
hydrophob occur. Symptoms it is a violent  
with inf of calster. or of meninges of brain. occur alone  
Pain with symptoms some precede. pain in back  
only, or generally several meninges. Intrinsic an valvular  
one of most is severe pain in part of it. first. comfort  
in rest or whole length of sp. meninges have exacerbe



produced movements. Pain may extend to legs. ~~and~~ soon  
menaced by apphc of hot sponges. but pressure does not  
evolve tenderness. Besides pain in legs in rare mts con-  
tracts around body & prevented evacuation some, formi-  
ate, pus, mnt. More comm. in hyps rather  
Pat appn hot & cold. Molo fric disturbed. touch sp-  
in ear. aff muscle of spn & back. & produces spicillo  
occur muscle of peripat affected by up of mouth  
difficul swallow. This sign menaced by moving body  
altho limbs rigid no paralysis unless spine affected. Reflex  
exalts of food not increased or lost. Of the retention of ur-  
of face. Of the part is mpt. & spasm of perimeters. bowels  
usually not much affected. Fever or Extreme eruption  
little pyrexia, pulse small frequent often acts freely  
resp in pain, sleeplessness is present. of pyrex  
somewhat about. Lower claudication. deli. & then convuls  
Duration vari in acute 10-14 day. In severe 6-7 days  
in slight when moves 6-7 weeks. some chronic. Des  
Infl of subat Myelitis produ same all means  
as in subat of brain. There are two or more infl brain  
along central column right of left or direct out a single  
column as in Locomotor ataxia & whole <sup>penitula</sup> right & left  
due to small. Causis same as menaced. Excite  
sever & cold more frequent cause in this. Had charact  
but stimulus depends to it. General symptoms like  
the pneumoniae, some differences. In myel one of  
sensa of much & cold commec in prog & extend up  
the 2 pain in back. affl other refered to myel of sp 3  
impairment of motor function. eaz sign common part the  
pass int complete paraly. Pyrexial eruption not much































in some pt of head as pain numbing tingling or creeping  
a sense of numbness tingling or pruritus is found  
in part appears to creep up towards brain & then fall  
down in pt, sometimes as a local spasm as of toe or tho  
any peripheral disturbance, which precedes attack & appears  
& extends upward toward brain is called 2. aura. Some-  
times <sup>may</sup> at same time. After attack in may <sup>stage</sup> with  
frenzied scream, the Ep. cry & then falls insensible & dead  
pale. Pulse <sup>is</sup> as follows in 1<sup>st</sup> stage deep <sup>muscl</sup> depression  
volition & consciousness <sup>is</sup> gone. <sup>Face, tongue, and mouth gray</sup> rest of tonic spasm  
limbs & face in rigid spasm at mouth open. Along with the  
respiration is arrested, face speedily bluish surface some  
irregular distended, pupils dilated, features distorted. Con-  
sciousness radial feeble, there follows phase of 2<sup>nd</sup> stage. Clonic  
spasm, no longer rigid, but spasm & relaxation alternate  
jaw acts convulsively. Respiration laboured, face improve  
less hard, pupils contract & expand, oscillate. At this time  
tongue apt to be injured, bitten, contents of bladder often & pulled  
involved in defect. Fourny at mouth. 3<sup>rd</sup> stage. Clonic spasm  
aura or patient is exhausted, slight return of <sup>consciousness</sup> <sup>is</sup> <sup>part</sup> of 3<sup>rd</sup> stage. <sup>limbs</sup> <sup>along</sup> <sup>clonically</sup> <sup>immediately</sup> become electric in a  
profound coma in this condition in which 3<sup>rd</sup> stage. Move-  
ment continues <sup>automatic</sup> attempt to change posture. Respiration  
slow & laboured. Pulse in face. color in of surface, no long  
unimpeded breathing. Pupils not contract, after sleep lasts  
for 1/2 to 1 1/2 hr. crumblers gradually simple of headache  
general comeness as if he had been beaten. Apt to be moody  
& irritable but no paralysis. In eyes purpura around eye  
nerves in face especially on eyelid. Time in which he is not  
be irritable may vary from 1/2 to 1 1/2 hr but 2-3 min  
little eclampsia in 1<sup>st</sup> & 2<sup>nd</sup> stage in fourth & fi pathognomonic of the disease



My last hours or days. Mitior In these forms, only some of function disturbed, as loss of speech <sup>may be or temporary</sup> or of power to walk, or tremor. Or less or still more transient or temporary empare or loss of consciousness, not lasting 2-3 seconds. Mental obscur or <sup>stupor</sup> comatose may follow - delirium or delusion. <sup>or unaccountable</sup> But these disappear in few hours & has been called Epilepsy, vertigo, or Syncope at epilep. Abortive <sup>is more</sup> in this respect than chronic, affects all or some muscles but no loss of consciousness. This is not admitted by all writers. <sup>But</sup> has not seen a case: how these two would go on about the all.

Often made severe seizures, often alternates, sometimes by in slight spasms <sup>and they</sup> been at any period of day sometimes only at night. <sup>many for years & do not sleep</sup> Means why at night how held that brain is deep in a state of anæmia. Another reason is the reflex nature - as more active in sleep, not as much under will & action. All between paroxysm a variable, can week, years month or days may intervene <sup>Large light more frequent they be some or even</sup> several or days. frequent in females at menstrual period. Course, one of steady deterioration, fits recur at shorter intervals & often impair mental faculties in some cases dementia or faculty suspended. Recent investg of <sup>Wolfe</sup> Me that these results are not the rule. <sup>by itself not becoming spasms unless dormant periods</sup> It does not usually produce the serious effects on mental functions. May last ten years. In 1/3 of cases of the mental faculties was <sup>lost</sup> perf. in 2/3 not in high degree. memory for recent spent. When exists a regular in life when in form of little transient attacks. Milder, when in females, occurs rapidly. Even evening fits. The heady-  
tant by dint of <sup>years</sup> have little effect in producing the mental decay & impairment general health appears to predict rules than other. Paralysis not a p & follow



a series of fatal convulsions in the cases

when permanent due to some organic change in the Pathology, the morbid appearances; which may be induced, now admitted that in simple pure Ep. no morbid appearance at outset of disease, partly functional & structural change. See Vol 2 20 cases & in 15 no change. Von der Kolk 14. no change at first & called for some time certain lesions usually found when app. pt medulla oblongata & counts in calculation of blood vessels, congestion of them. The occurrence of yellow <sup>mucous</sup> fluid at <sup>in the cord</sup> which lead to degeneration of nerve cells & fibres of brain, & <sup>(fatty)</sup> degeneration of connective tissue. It is owing to these changes & leads to induration of part & fully degeneration & atrophy from albumen exudat. After course in Medulla & spread up & down in corp. striat. back into Cerebellum, & down into cord. Von der Kolk says also that some medull. sent of epileptic & epilepsy. All these things emerge on repeated attacks of disturbed nutrition. Phys. & ex. corroborate. Medulla esp. is as endowed with reflex action, & when galvan. or int. app. to cord we produce tetanic spasm of medulla & clonic spasm. Von der Kolk has addn many arguments, & I myself has also demolished the truth of the over. By cutting acc. of cord of frogs at 100 you can produce epilepsy & by irritate int. you produce a attack of spasm. they can transmit to pons & 2. See has proved that no part of brain is necessary to medulla spasm. I thought that sympathetic nerve supplies vessels with nervous influ. & that loss of medull. cause blood vessels to contract & cuts off supply. See has exptl. occur in the way. If you irritate either subit. & caused by pers. <sup>hand</sup> nerves to medulla & this is reflex on sympathetic nerve to vessel of brain of artery contract. A convulsion <sup>is</sup> he falls from want of blood. But men in examp. by spinal cord <sup>athetic</sup>



app. & neck all of the muscle motion will caused as well  
and muscles become seat of spasm. Singular that central  
from other causes of the part & plane, at fulcrum for. var. mit. in seat of spasm. Other. amount of  
& then working at same time around at same conclusion as Rolfe  
small & young. This was second stage. In 2nd stage the matter coloring. Clin. exper  
& Squard independent & by different sources. How concluded by the  
seen a body. beam impulse & is get always clinic spasm. Pupils. out of pupilary as  
that a preliminary excitement of medulla is present. Proof  
is unaltered. In Clin. exper. is variable  
in fact. as a slight cause will produce it. indicate that it is  
preliminarily irritable. & it takes 3-4 etc. men to hold  
Even a boy in the fit. This is probably the int<sup>er</sup>nal. How long  
abs. Causes first <sup>& formid.</sup> inheated, this excitability seem to be when  
Modes of act. etc. In 1/3 we find thus <sup>ep. in one - as a result in brief, name in notes</sup> & relate of them are  
subject & other nervous disease as alter <sup>unusual. style. Excess. at any</sup> & this may be a sign  
as well as inheated. the result of intense violent stimulation  
under thus, all neural excitement. fight first among these  
& blows on head. exposure to sun. & excessive irritate. indig  
nation. every & muscular bulim. Then 3 mode. In medulla may  
be involved in some general metabolic change, though not  
but as normally augmented in time change in puberty. pregnancy  
any abnormal but intercurrent and above ones incident  
& Splenitis. When first. Pneum. fevers. may involve medulla  
& similar nature they <sup>concomit. by fact.</sup> & Age most like at 10-14 & next  
14-24 about 2 delirium. Nervous system preliminary impres-  
sionable at this stage. other attention may be placed in the fit  
in pregnancy & Epilepsy women have fit at calumnia  
of alleral incident to menstruation. Intemperance. at 4  
is that medulla ob. may be affe. by lesions of those parts  
or may be injured itself. following seen to be starting point  
of ep. cap of cord. indur. tumors. granular <sup>epilepsy of spine</sup> these lesions  
include. as tumor of brain. Perhaps most for <sup>abscess. humor. granular. mening. depr. fracture</sup> & eyeballs dis-  
depressed fracture. & permanent lesions. & direct lateral  
or poste. collar. Injuries of afferent nerves <sup>neurysms</sup> act in this way  
With the arguement that local irritat. of central hemisph. is not  
constant & uniform change in epilepsy. An ad. hemisph.  
is a due of convuls. the hem. & from there and lead to other centres



member for space of inch or two. This surface irritates <sup>1 of 2/71</sup>  
the cause according to him

Necess & dieting from convulsions which occur independent of  
Eclampsia <sup>and prodromata, which are sudden</sup> occur during pregnancy, dentition in infancy, Epilepsy <sup>Epil</sup> in 2 de  
spasmodic. Eclampsia is frequent connected with bad health, any  
dysentery or bowels. Pneumonia, whooping cough, or a cough with  
ing in it <sup>small part especially</sup> with violent circulation, Epilepsy does not us  
use these rules. Then Eclampsia not preceded by aura. <sup>in 1 de</sup> in 1 de  
fit occurs on removal of exciting cause. These do not nerve pa  
radically, nor frequently. A Ricket child may have two or three  
but cause the rickets remain. And sleep after convulsions  
as profound as in true Epilepsy. Difficult sometimes to diagn  
ose. Apoplexy & Epilepsy, is not a differe. both with loss  
of power. Not preceded by epilepsy or aura. as rule. Loss of con  
sciousness without convulsions in apoplexy rather paralytic, fully  
sole of foot & etc. not in epilepsy. <sup>in 1 de</sup> but same tendency to biting of  
tongue or rumbling noises in forehead. If we find  
sweat & pallor, at onset of fit dead pale, convulsions to be  
complete arrest of breathing, this stage followed always by sleep  
in which there is <sup>in ap. temp. complete & finally complete cessation in apoplexy</sup> complete spasm, sequence will enable you to  
recognize. Treatment. In paroxysm. 1st duty relax neck  
tie & collar place a cork or piece of wood in teeth, trappings get  
air. If fit prolonged use any cautious admixture Chloroform  
not allowed safe remedy. As patient comes to head should be  
raised. Keep quiet & let him sleep. How best in intervals?  
Remedy of attacks, remove & destroy cause see all restrictions  
to system & allow excitability of nervous centres. Do ward off all  
important for neurotic actions apt to repeat by habit, as to  
others best to put belief to hand there. One species way is  
to guard out an early cure, if there is an cure. Learn to think

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must avoid a tight dress at bed time, esp. adaps in the winter  
 open flotta or muscle powder of yphule lamb. or congeal of  
 case of brain. Bess of humor is esp. on part part of word. Lead  
 cake should be suff to provide loss of nature in phary, 40-80 <sup>α day</sup> <sup>gr</sup>  
<sup>3</sup> <sup>reasons</sup> <sup>2</sup> <sup>3</sup> <sup>4</sup> <sup>5</sup> <sup>6</sup> <sup>7</sup> <sup>8</sup> <sup>9</sup> <sup>10</sup> <sup>11</sup> <sup>12</sup> <sup>13</sup> <sup>14</sup> <sup>15</sup> <sup>16</sup> <sup>17</sup> <sup>18</sup> <sup>19</sup> <sup>20</sup> <sup>21</sup> <sup>22</sup> <sup>23</sup> <sup>24</sup> <sup>25</sup> <sup>26</sup> <sup>27</sup> <sup>28</sup> <sup>29</sup> <sup>30</sup> <sup>31</sup> <sup>32</sup> <sup>33</sup> <sup>34</sup> <sup>35</sup> <sup>36</sup> <sup>37</sup> <sup>38</sup> <sup>39</sup> <sup>40</sup> <sup>41</sup> <sup>42</sup> <sup>43</sup> <sup>44</sup> <sup>45</sup> <sup>46</sup> <sup>47</sup> <sup>48</sup> <sup>49</sup> <sup>50</sup> <sup>51</sup> <sup>52</sup> <sup>53</sup> <sup>54</sup> <sup>55</sup> <sup>56</sup> <sup>57</sup> <sup>58</sup> <sup>59</sup> <sup>60</sup> <sup>61</sup> <sup>62</sup> <sup>63</sup> <sup>64</sup> <sup>65</sup> <sup>66</sup> <sup>67</sup> <sup>68</sup> <sup>69</sup> <sup>70</sup> <sup>71</sup> <sup>72</sup> <sup>73</sup> <sup>74</sup> <sup>75</sup> <sup>76</sup> <sup>77</sup> <sup>78</sup> <sup>79</sup> <sup>80</sup> <sup>81</sup> <sup>82</sup> <sup>83</sup> <sup>84</sup> <sup>85</sup> <sup>86</sup> <sup>87</sup> <sup>88</sup> <sup>89</sup> <sup>90</sup> <sup>91</sup> <sup>92</sup> <sup>93</sup> <sup>94</sup> <sup>95</sup> <sup>96</sup> <sup>97</sup> <sup>98</sup> <sup>99</sup> <sup>100</sup>























apile <sup>etc</sup> <sup>one</sup> <sup>as he is</sup> <sup>able</sup> <sup>at</sup> <sup>hence</sup>  
tubercle <sup>pl</sup> <sup>apt</sup> to <sup>press</sup> <sup>heat</sup> <sup>joints</sup>, <sup>at</sup> <sup>1</sup> <sup>plyer</sup>  
apert <sup>at</sup> <sup>out</sup> <sup>when</sup> <sup>in</sup> <sup>dog</sup> <sup>stage</sup> <sup>&</sup> <sup>secret</sup> <sup>arrested</sup> <sup>movement</sup> <sup>very</sup>  
a slight <sup>friction</sup> <sup>between</sup> <sup>two</sup> <sup>surfaces</sup> <sup>&</sup> <sup>visible</sup> <sup>impulsion</sup> <sup>is</sup> <sup>not</sup>  
seen, <sup>but</sup> <sup>area</sup> <sup>is</sup> <sup>such</sup> <sup>as</sup> <sup>is</sup> <sup>between</sup> <sup>two</sup> <sup>surfaces</sup> <sup>&</sup> <sup>denies</sup> <sup>that</sup> <sup>at</sup>  
chest may be seen in <sup>irregular</sup> <sup>cartilage</sup>, & <sup>in</sup> <sup>apert</sup> <sup>hand</sup>  
lupula is strong <sup>when</sup> <sup>thick</sup> <sup>with</sup> <sup>it</sup>, <sup>is</sup> <sup>pressed</sup> <sup>out</sup> <sup>it</sup>  
or <sup>loud</sup> <sup>double</sup> <sup>trifur</sup>, <sup>accomps</sup> <sup>ystole</sup> <sup>&</sup> <sup>diastole</sup>, <sup>now</sup>  
character of <sup>these</sup> <sup>sound</sup>. <sup>How</sup> <sup>can</sup> <sup>you</sup> <sup>find</sup> <sup>end</sup> <sup>of</sup> <sup>them</sup>  
at <sup>these</sup> <sup>part</sup> <sup>of</sup> <sup>coelium</sup> <sup>to</sup> <sup>prevent</sup> <sup>region</sup> <sup>not</sup> <sup>propagated</sup>  
along <sup>vessels</sup> <sup>&</sup> <sup>2</sup> <sup>more</sup> <sup>in</sup> <sup>superficial</sup> <sup>sub</sup> <sup>by</sup> <sup>insulation</sup> <sup>&</sup> <sup>3</sup>  
most <sup>vuln</sup> <sup>changes</sup> <sup>its</sup> <sup>site</sup> <sup>in</sup> <sup>short</sup> <sup>time</sup>. <sup>This</sup> <sup>change</sup>  
or <sup>suggests</sup> <sup>some</sup> <sup>thing</sup>, <sup>4</sup> <sup>often</sup> <sup>feel</sup> <sup>the</sup> <sup>tactile</sup> <sup>print</sup>  
as <sup>a</sup> <sup>ball</sup> <sup>press</sup> <sup>of</sup> <sup>those</sup> <sup>will</sup> <sup>intensity</sup> <sup>the</sup> <sup>murmur</sup>  
or <sup>caus</sup> <sup>than</sup> <sup>an</sup> <sup>undoubted</sup> <sup>murmur</sup>. <sup>Now</sup> <sup>in</sup> <sup>case</sup> <sup>of</sup>  
apert <sup>an</sup> <sup>add</sup> <sup>set</sup> <sup>of</sup> <sup>signs</sup>, <sup>now</sup> <sup>duller</sup> <sup>on</sup> <sup>percussion</sup>  
from <sup>4</sup> <sup>of</sup> <sup>the</sup> <sup>can</sup> <sup>be</sup> <sup>seen</sup> <sup>duller</sup>, <sup>it</sup> <sup>extends</sup> <sup>upward</sup> <sup>&</sup>  
traverses <sup>across</sup> <sup>sternum</sup> <sup>forming</sup> <sup>triangular</sup> <sup>duller</sup> <sup>in</sup>  
much <sup>prob</sup>. <sup>This</sup> <sup>does</sup> <sup>more</sup> <sup>with</sup> <sup>change</sup> <sup>of</sup> <sup>posture</sup>  
& <sup>2</sup> <sup>you</sup> <sup>find</sup> <sup>friction</sup> <sup>sound</sup> <sup>has</sup> <sup>disappeared</sup> <sup>at</sup> <sup>base</sup>  
narrow <sup>that</sup> <sup>is</sup> <sup>not</sup> <sup>at</sup> <sup>the</sup> <sup>base</sup> <sup>in</sup> <sup>it</sup> <sup>now</sup> <sup>&</sup> <sup>the</sup> <sup>super</sup>  
there <sup>are</sup> <sup>in</sup> <sup>apert</sup> <sup>position</sup>. <sup>Even</sup> <sup>when</sup> <sup>you</sup> <sup>put</sup> <sup>apert</sup> <sup>comet</sup> <sup>get</sup>  
a <sup>fr</sup> <sup>murmur</sup> <sup>esp</sup> <sup>being</sup> <sup>flat</sup> <sup>on</sup> <sup>back</sup>, <sup>but</sup> <sup>when</sup> <sup>the</sup> <sup>body</sup>  
a <sup>fr</sup> <sup>has</sup> <sup>been</sup> <sup>heard</sup>. <sup>3</sup> <sup>examine</sup> <sup>chest</sup> <sup>with</sup> <sup>apert</sup>  
find <sup>bulging</sup> <sup>of</sup> <sup>precordial</sup> <sup>region</sup> <sup>&</sup> <sup>an</sup> <sup>undulatory</sup> <sup>movement</sup>  
at <sup>on</sup> <sup>region</sup>, <sup>&</sup> <sup>if</sup> <sup>put</sup> <sup>hand</sup> <sup>over</sup> <sup>impulse</sup> <sup>can</sup> <sup>perceptibly</sup>  
propagated <sup>prints</sup> <sup>the</sup> <sup>sudden</sup> <sup>contact</sup>. <sup>4</sup> <sup>Appl</sup> <sup>lungs</sup> <sup>both</sup>  
and <sup>1st</sup> <sup>sound</sup>. <sup>Sound</sup> <sup>undulating</sup> <sup>at</sup> <sup>lower</sup> <sup>part</sup> <sup>of</sup> <sup>chest</sup>  
don't <sup>hear</sup> <sup>sound</sup> <sup>well</sup> <sup>at</sup> <sup>apex</sup>, <sup>but</sup> <sup>can</sup> <sup>at</sup> <sup>the</sup> <sup>base</sup>















and next see the sign of acute ob. a short <sup>injection</sup> capillary  
constriction, cold & pale, anxious, faint, palpitate, excited  
signs of acute ob. in lungs, dyspnea, livid, & round close  
convulsion & coma. This is rare. Anott is contain<sup>ing</sup>  
blood by produ<sup>ct</sup> of inflam<sup>ation</sup> of brain but it is rare Mon<sup>on</sup>com<sup>ma</sup>  
is embolism, can't to spleen, kidney, brain & produ<sup>cing</sup> symptoms  
of pro<sup>found</sup> stupor. Physical signs by these alone to be recognized  
Eye exam<sup>ination</sup> did the <sup>injection</sup> in superior evident & over layer area. Press<sup>ure</sup>  
finds no change. Auscultat<sup>ion</sup> of aortic valves, a soft blowing  
mur<sup>mur</sup> near aortic aorta is the char<sup>acteristic</sup> sign of disease. Is it  
nec<sup>essary</sup> to hold it in with yourself. The current in the  
presence of origin, a better mur<sup>mur</sup> soft & low pitched & systolic  
in diastolic unless slight with it 3 signs in blood  
site changed at apex 6 days & base & narrow. History of  
case he is suff<sup>icient</sup> from some disease he will give to it. He  
has not suff<sup>icient</sup> from heart symptoms improved, but careful  
exam<sup>ination</sup> find no change in the character. The mur<sup>mur</sup> of old  
mur<sup>mur</sup> 1 or 2 louder & harsher. pitch high 2 if diastolic  
A mur<sup>mur</sup> to old 2 if patent has had former attack of rheu<sup>matism</sup>  
& he has suff<sup>icient</sup> from palpitation & dyspnea on 4 an find con  
hypert<sup>rophy</sup> of heart or some disease. Does pres<sup>ent</sup> prece<sup>dent</sup> mur<sup>mur</sup>  
per endoc<sup>ardium</sup>? no 2 to do it in word & then of heart attack  
a thin state of blood. 2 to function<sup>al</sup> or if aneur. you will  
2 of 6. Only heard at base & aortic systolic & 2/3 loud in  
in pulmonary, quite than aorta 4 apt to occur in advanced  
stage of rheu<sup>matism</sup> or some disease thin blood. Accompany<sup>ed</sup>  
Anemias however in other signs of anemia. 2 you can  
make a mur<sup>mur</sup> in a thin pul<sup>monary</sup> ch. If you be on left side  
of the valve 2-3 wh. in thin ch<sup>est</sup> after the heart a mur<sup>mur</sup>  
in inspiration, 2 to avoid, walk hold breath. The cur



Lacumt

disp<sup>and</sup> of heart apr<sup>and</sup>, fibrin dep in heart on tendons and  
 & dense fibrinous walls uncinum of the great vessels  
Cause & Seminate, recent infl part east or very deep  
 vegetat dissolve & absorbed or may be dislodged, become  
 emboli & if not cured int cerebral vessels this will not  
 pr<sup>in</sup> damage. Or another interst<sup>in</sup> fibrin from true  
 of mod<sup>in</sup> soul or nerve junction, & b<sup>in</sup> example by  
 perhaps most apt in youth & good count. Mon<sup>in</sup> p<sup>in</sup> when  
 it damage a valve for form bad tissue, the thick, valve  
 becomes shrivelled, not pliable, as rule once it has dam-  
 ed it is permanent. May fatal in acute stage, but  
 it all in consequence that it become seen. a obstr  
 do or regult. Cause, <sup>and</sup> same as pericarditis. then  
 to cause. Bright<sup>in</sup> due, occas<sup>in</sup> p<sup>in</sup> occur, sea let attempt  
 purged for measles a new element Good cause  
 a ten in p<sup>in</sup> our prod, viol<sup>in</sup> are p<sup>in</sup> for by of p<sup>in</sup> disease  
 HD cause valve due is p<sup>in</sup> cause of p<sup>in</sup> induced.  
 Inf extend to ad<sup>in</sup> org<sup>in</sup> as by spleen but rare. Dropsical ends  
 - a pathol<sup>in</sup> my<sup>in</sup>th. doubtful. Prognosis in favor expect  
 a p<sup>in</sup> them<sup>in</sup> form. In treatment, non admitted that if ends  
 do not need by distinct sub<sup>in</sup> signs it call<sup>in</sup> for no special  
 treatment. Some of better no treat. In them ends cont<sup>in</sup>  
 about them<sup>in</sup> & allow ends to take course. No anti-  
 cid pulsat<sup>in</sup> heart from inflammation. Not then needs to  
 bleed or th<sup>in</sup>, & susp<sup>in</sup> fibrin on p<sup>in</sup> p<sup>in</sup> p<sup>in</sup>. then on them  
 cal ground. & alth<sup>in</sup> by P.A. a Carb Pot to prevent p<sup>in</sup> p<sup>in</sup>  
 date of fibrin. Of tone of heart be failing & p<sup>in</sup> p<sup>in</sup>. Digitalis  
 is about twice a day as the ends. In treatment, act<sup>in</sup> deht-  
 erate. In this case when signs of marked sup<sup>in</sup> p<sup>in</sup> abt of blood  
 would be marked relief. 4-6oz of bl & cup<sup>in</sup> p<sup>in</sup> be



Other marked signs of aortic blood.

Chronic alterations of Heart

Divided into those with union <sup>of</sup> valves & those with  
 union <sup>of</sup> walls of heart. Defn <sup>of</sup> terms. Aortic  
 regurg. may result either from dilatation or spasm. Spasm may be  
 and blood obstructed. Stenosis; or regurg. or aortic valve  
 closed & after some fit in a contrary direction. regurg. due  
 by an unusual combined. What cause of chronic valvular disease?  
 Inflammation of valve in fetal state, injuries of valve. not <sup>usually</sup>  
 rupture of valve but over straining may produce alteration in  
 it & alteration in capacity of <sup>the</sup> cavity of heart. Or  
 may be too large for valve, or of chamber & enlarge & valve  
 may be incapable of closing them. a 3<sup>rd</sup> in inflammation  
 endocarditis. (acute) then chronic ends, under this alter-  
 ation. ossification. Fibroid thickening of valve some-  
 times inflam. 5<sup>th</sup> degeneration, calcareous, simple fatty,  
 & fibroid degeneration. not clear when the inflam. or not <sup>probably an inflam.</sup>  
 6 depends of fibrin on valves. All these cases depend  
 with regurg. or obstruction. One exception is all  
 cases in one chamber only regurg. in this.  
 Aortic murmur most frequent. <sup>tricuspid</sup> on second,  
 pulmonary seldom affected. Aortic <sup>obstruction</sup>; What are the signs  
 signs of this? 1<sup>st</sup> a systolic murmur heard loud at middle  
<sup>upper</sup> level with 3 cartilage, heard louder at 2<sup>nd</sup> right  
 than 2<sup>nd</sup> left cartilage or pulmonary. & is proper upward  
 may imp. be traced up neck. sometimes much. 1<sup>st</sup> sound  
 often with a thrill. is felt when hand placed on base  
 of the heart. At left apex <sup>(on left)</sup> ) both sound  
 audible for <sup>under</sup> murmur. Pulse almost regular size  
 depends on degree of emaciation. usually not rising  
<sup>may be heard</sup> <sup>arrang</sup> in vertebral zone



at first. but when hyperlo takes pla, full relief, aft more  
changes take pla in heart. left ventricle dilated & hypertrophied  
a secondary or sequential hypert. & it is also dilated, that  
leads to dullness & tendency toward left strong impulse at left  
apex. Do not produce stertor in lungs, in long standing  
cases this dil hypert. that - rubor & rubeo-vascular & close infir  
It does not lead to congestion of lungs. On the hand regu-  
lation called permanent patency of Coarctation. What  
fact enable you to diagnose this? much same as  
the but more <sup>in</sup> accomp 2<sup>o</sup> <sup>diastolic</sup> <sup>loud</sup> <sup>at</sup> <sup>base</sup> <sup>on</sup>  
left <sup>1<sup>st</sup></sup> <sup>3<sup>rd</sup></sup> <sup>costal</sup> <sup>space</sup>, occurs in aortic infir. If any loud  
murmur second sound. This has peculiarities, instead of  
to also loud at base of the loud & uniform costal space  
This caused by blood rushed down into ventricle through  
narrow is the natural result of heart, right ventricle  
is close under sternum in front. Aortic regurgitation <sup>or</sup> <sup>obliquely</sup>  
compensated to chest <sup>prominent</sup> <sup>at</sup> <sup>the</sup> <sup>apex</sup> <sup>of</sup> <sup>the</sup> <sup>heart</sup> <sup>and</sup> <sup>also</sup> <sup>scattered</sup> <sup>in</sup> <sup>the</sup> <sup>axilla</sup> <sup>and</sup> <sup>in</sup> <sup>the</sup> <sup>groin</sup>.  
This is often accomp. diastolic thrill. Indist-  
inct <sup>regurgitant</sup> <sup>may</sup> <sup>be</sup> <sup>heard</sup>, a heart <sup>loud</sup> <sup>at</sup> <sup>the</sup> <sup>left</sup> <sup>apex</sup>. Thrill not often  
seen. There has a peculiar quality, strikes finger sudden  
sudden & leaves a sudden, called <sup>under</sup> hammer pulse  
Under this it is often visible in all large arteries & often has  
a vermicular movement, it is regular. In long standing aor-  
tic infir produce great enlargement of left ventricle, it gets two causes  
meaty in it an edge is produced & it is kept more or less  
erect & in this form we get inordinate enlargement  
When this takes place pulse more visible than before. In  
time, usually it tends to get lost in mitral infir & we get  
mitral regurgitation, usually a long time. This disease  
per se does not produce pulmonary engorgement  
or systemic obstruction. . . . . . <sup>Aortic</sup> <sup>stenosis</sup>  
an either bend up or down sternum, strike up















a strong heavy impulse. On feel for apex, can find just  
a out & down down the normal. outside nipple as  
low as betw 6-7 ribs. Right heart-impulse strong above  
from cartilage. In some you can feel double impul. a  
yptol & double. & the prod whole chest shake. Percuss  
is extended, & the & tend. trunco vertically more  
upward, may reach for 2-8 ribs. Auscultate, sound  
affected. Pure hypert muffled sound, so that sounds  
are muffled. But if dil & hyper the uncondensed sound  
heard all over chest back part. Mer hypert occur  
in mummies, a yellowish flaring sound at base. due  
to <sup>2 sized lung & causing at the base</sup> muffled elastic force. or excessive propulsion of  
blood may hear at apex. due to extreme tension of  
mitral valves. What symptoms? First, diff. to say  
when pure hypert does produ<sup>ce</sup>, also with valvul<sup>ary</sup> <sup>dilatation</sup>  
But as put a case as poss. signs an of un-  
com cardiac power, such face florid, suffer from  
rushing of blood to head, have moles before eye, ex. <sup>of</sup> <sup>the</sup> <sup>face</sup>  
pulse strong, carotids, visible, & small one too in  
old people, seldom pain at heart, tho do sometimes  
perhaps from congest. of lungs. dyspnea comm only  
when right ventr. is hyp. no edema, no excess urine  
hemorrhage into brain. Dilatation opposite char-  
ters not increased in size but wall as thin  
& weakened. Causes, are same as of hypert. provide  
tho cause an action on body nourishes heart  
if full. as from the vessel of hypert, it is dilated  
one additional, em. In chronic cuphyreemia, small  
apex. in power in spur effort. a tender to vacuum, but  
as cells expand & full up eff. & heart does the same



right heart is dilated. What signs? but percussion and  
is measured but in transverse direction 2 on placard  
over a feeble impulse, frequent cannot distinguish beat.  
The quality is striking, it is a feeble clapping pat. Inspection  
no prominence, impulse indistinct; may be diffused over the  
surface. When do notice an impulse it is near the sternum  
auscultation, general murmur acrothoracic & subclavicular  
of some tone, sounds broad esp 1<sup>st</sup> & sharp, & dull, undul-  
tated. Of fibr soft & weak. the sounds are feeble, may  
be quite inaudible at apex. Murmur acrothoracic, dull  
not infrequently a regurgitant at mitral orifice, due to mit-  
ral adhesion of valves, also aortic murmur not uncommon  
of the aortic orifice & is usually due to the  
aortic regurg. Hear again cannot see the pericardium, always  
engorged in aorta etc. But per a cur. That dull  
& resonant to stethoscope, if chest enlarged, in cap <sup>aged</sup> cold  
walls are thin, & produces all <sup>act</sup> of it. feeble in a  
lung expansion, urgent of lungs, liver, and spleen,  
of kidney, in nervous system, children of 4 tenent, finally  
edema, congestion of brain, headache & drowsy, sleep &  
semi-coma or even apoplexy. Then what other effects?  
pulse, is feeble, regular or irregular, or fluttering, superadded  
do not pulsant group, heart palpitate or excitation. Then  
such ones feel defect in circulation, not walk fast, lack  
energy from slight causes, sleep disturbed by frequent  
dreams. Treatment. When called to treat neces-  
sary what state of vessels, & the a tendency to dilate or not?  
what you want is to support & dread dilate. hence of  
flapping & suffer from frequent debility of mental power  
fully, if blood is increased. In a case of storm. Bull & E



esp for the nerv. & veget. litt. Lin. of morb. & Stigden  
sow. apt to suffer from dysp. which by cupping, comb. with  
in some cases abate blood vessels. These remedies, to not only  
puff & dysp but protect from consequence. In some cases  
but - some as elements in character, a lead tynap  
& Senega & cum & sp att. nit. . . when vital organs are affected  
Digitalis much better. . . when it is chiefly the left ventricle  
is affected. cupping useful for lead to drop, & cupping when  
lead to dilat or weaken heart fibres. Digitalis is the  
source of heat. it slackens the pulsations, instead  
of short abrupt contra it substitutes a slow deliberate  
contract & enable heart to empty itself. In the hands  
rule of marked hyp it is contra indicated. An additional  
use of the digitalis is, acting as a diuretic on Kidney & diminish  
the water of blood thro Kidneys, & send excess of the  
to chest veget. keep bowels regul by aloes. punch  
podal obt. podal socus. Hy. pill. For the lungs  
& Kidney. hot punch. hot bath. & cupping. Uguine avoid  
one violent muscular effort. take support. <sup>Dec.</sup> Uguine  
avoid going up stairs, pulled against cold. I should be  
washed dry, scatter in small quantities, 4-5 much  
better than those. When lead to engorge of lungs sent  
unlab. in capis. shape or blisters & prevent expect  
Senega quill. specu. cum cur. not opium. By cupping  
& contra unlab. best slackens. For dropsy Actinuar  
of unlab. when curable thro 2 channels, bowels, & Kidneys  
by diuretic. part. as debilit. by comb. remedy. also  
uncent. best is digit. 2-4 3 stup. in aqua. 3p of sp nit  
gr xx of P. Macet. P. D. Jewell. add. & gr of cum carb. or  
gr. Give as direct. or cupping Pump. Brom. Dec 311-111



is good if  $\frac{1}{2}$  gal. Among herbs, Pulsatilla con. Fer-  
rous, etc. etc. on bond sheet, the Nitro Pot  $\frac{3}{4}$  2-3 times  
a day. Last sound powerful is Clatonia, when pump. 6  
 $\frac{1}{8}$  -  $\frac{1}{4}$  8 and in full  $\frac{1}{8}$  of cups. & 4 grs of iodine, 2, 4 lbs  
are a right pair. If this fail, you may punct. ductum  
at once. When given powerfully, small portion is apt to  
follow. acupuncture & Clatonia after die in 48 hrs. <sup>2 1/2</sup>  
pms in clatonia <sup>2 1/2</sup>

Hypertroph. ventr. - go about a dozen. It is nature's most  
fearful disease. I do not cure for the  
noncomp. seem not to organ. avoid mental & physical  
exertion. moderate exercise. also dry heat  
when named after sedate. Potyan. spu acid. Bell  
saccharate. Local bleeding is useful to allay an aneurysm.  
all of pulp. & see in bladder. should avoid  
alcohol. Digitalis - continued in it. Homeo. of  
indie hypertrophy. In use any measure to allay ex-  
citement. bearing tendency aneurysm. do not under-  
the blood poor dilute drops might adder. One of  
is Fatty degeneration I may occur about the heart or  
sedum give rise to aneurysm, unless degeneration. Use  
of aff left ventricle. muscle accretion & fatty degeneration  
feels softest most rapid. If all correct portion  
not dirty it but given frequent in patches. you could  
curial surface. Then presents a striated or mottled  
appearance. This will be found on papillae  
our any you find in fact by the striae are not  
distinct. in 2 pts is tended as if fine black beads  
they together in most advanced stage all trace of ducts  
is lost. fat shrub & brittle & fearful and irregularly



This is a repl of muscle by fat. Causes, arthrose, per  
ap due to bound state of heart, fibr. found with dise  
forming arter. with peculiar adhe. in dilat  
Anchilid cause. occurs in advanced life & from corrupt  
state of bright disease. Arteriosclerosis, in some  
dise of liver it has been found, the presence of bile, acid and  
blood produce it. It is found in some of other as Phthis  
with haemorrhage, in some sudden persons, What  
signs? a very weak pulse. There is weakness of general  
force. gen debility, dislike to exert, short breath, pulse  
slow, slightly irregular, though only slight irregular  
to. as adm. he is in little temper. emaciated and  
weak. colour is sallow & waxy, & anemic, slight oedema  
of legs very not. Pulse normal, regular but frequent  
slow. It is irregular in other do not 32-34  
pulse weak as well, and often is large slow double pulse  
It suffers from local perspiration cold spots, attacks  
of angina pectoris fully seen, What signs of angina?  
very with agor puer in period, throat to should  
soon elton. cannot breathe & feels dying, pale and  
get to vertigo, moment, bore, prostration, or coma  
This passes off & the no paralysis, very pale and pale  
action of heart indistinct. pulse irregular. they are irregular  
They are transient. In some pale has convulsions in  
few cases, a pale kind of breathing, pale or becoming  
more & more slow till resp. ceases, for few seconds & the  
heart is very & sup. still only still but not beat in all. usually  
a short faint resp & it is deep & d. with out & this  
is not itself. Such are main symp of "anemic  
the phy signs of this disease, though with heat, resp  
irregular to head & eye, increased dulness under hypr



1<sup>st</sup> kind short of ab. also th 2<sup>nd</sup> kind. In 4<sup>th</sup> kind  
 it is not my intention. Value decrease may be present  
 for the acute and chronic. The change is entirely <sup>1<sup>st</sup></sup> kind  
 found of the heart is dilated and valve direct account for  
 how terminate? Of the end of rupture. The cause of rupture of  
 without orifice is fully heart. When by rest it is the right which  
 fall to left. This is present another mode of syncope  
 on 25 Oct 68. This may occur in person who previous to  
 escape from various of disease of heart. A result of coma  
 in one of the pseudo apoplexy attack he dies. Last of some of  
 gradual & uncertain. sudden death is the usual Death  
 must. First object is to give further degree of it improve  
 relative male of flow. Chief as pain fresh air, change  
 & fresh. relative diet. & much circumspiced & ex-  
 of fat sugar & malt. Regl. in moderation. pot, use avoid  
 Steel can give. small dose of styph. It works  
 2<sup>nd</sup> indical is to be an effect. For others of heart. For  
 of. subject. into can sudica. common & some  
 of leeches followed; these. Inexpensive & a bit  
 alkali or stimulants. or coffee, punch common  
 emulsion. 3<sup>rd</sup> regulate habits to protect against. It  
 disease avoid all excess & excitement. Excess. in-  
 vidual. indolent. not uncollected.

## Diseases of Kidney

Bright's disease. 3 forms of it, well recognized  
 1<sup>st</sup> Inflamed form. tubal neph. or designation  
 of acute or chronic. usually acute. Chronic is rare  
 2<sup>nd</sup> granular degeneration or fibroid. center. always  
 chronic. 3<sup>rd</sup> Amyloid or lardaceous. also a degeneration



Inflamed form, acute tubal nephritis.  
Growth on 1<sup>st</sup> stage. Kid enlarged & in weight  
1-8 oz. dark in color. on cuty through capsule red  
& unmov'd sharp. After opened more deep red black  
points consist of group of invol. Pyram. & cortex from  
redder in color. congested points stud it. on surface blood  
vessels it is the congested stage, tubul gorged with epith  
exudat. is prod. of prophase of epithelium. In 2<sup>nd</sup> stage aft.  
nuclei has passed, have diff. upper. still lay & hang  
at not deep red much lighter. mottled, on section  
found pyram. subo. colored. cortex pale, on dorsal ex  
which lines spring from periph. urin<sup>g</sup> tubules gorged  
with epithelium. In 3<sup>rd</sup> stage mottled. the gorge tubule  
compress blood vessels as complete & subin. other  
the mottling. of patent since this stage so on the  
large wh. Kid. and is 8-12 oz. smooth. subte. a  
ie. Section find capsule ruptured off. & cut away an  
exp. cortex. pyram. may be congested but seem pale  
color more bulky. 1-1 1/2 inch on tub. to be  
full of profl. products. so that cortex is more  
It is pale for capsule compressed. tub. gorged. chief  
tub. exudat. usual epithelium, allow in Kid. und  
fully degre. pro in congested. find the Malp. club  
some lined with enlarged. but wasted. What symptoms  
1<sup>st</sup> ple. it is described as acute dropy & anal infl  
dropy. as it near along, prod. general. dry. Occurs aft  
sept. 1<sup>st</sup> or 2<sup>nd</sup> for 3<sup>rd</sup> few 2<sup>nd</sup> of 3<sup>rd</sup> in with  
prod. as wh. foll. 2<sup>nd</sup> fe. The foll. fe. but other fe.  
pale upon the 3<sup>rd</sup>. After 3<sup>rd</sup> is a prof. of anasarca  
all over body. his face swell. can't sleep. due to



color is hard. will is diff of venous sacs, acute, find  
for much for. wire security, high color, & deep red brown  
depos, high den of 1020, 3 25-28. load with album &  
some fine white casts, many epithelial, some blood cells:  
some brown & red. Neutrs, usual epithelia. In this  
form, if not for of apt to have headach. sometimes purging  
has bronchitis, may have venous coma with convuls  
Some of venous sacs in fluen pseudoepilep, some of pain in  
louis not usual. This is as follows color, like a deep  
red sign. pellicle not great. oth venous  
25/2/71

Course Patient grows favor my get well in 3-4 weeks & all  
even except entred. sometimes prots last 3-4 mon with  
lunuals for. may have relapses. As rule start 3-4 w  
ago on to large white wheel - incurable. It last in adult  
5-12 mon in infant course & if do not recover in 5- mon  
die before end of year, or 6-7 m. In child rigor occur  
often in 1<sup>st</sup> month. virus a more rapid course. What are  
signs of large white? 5m find pul has anasarca. also  
effu int venous sacs, skin pallid, urine not clear  
about odor sp. growth a less. good deal of alb. laz paper  
shell deep abundant deep like beets. usual of water  
dark as may clay. and often blood. Of a am of find cast  
epithelial, waxy & granular. in my find out globul  
indical that red has been there a long time. The renal  
cells load with fat & glomeruli of them. In such find  
rate frequent 90-110. form. Tongue could end up  
na. vomit & diarrhea & diarrhoea not common. In  
this form, great tend to second, infirm. & to come  
common than in oth form. but has to take due steps  
of venous. Causes? occur in young as age 23







It is a fibroid degeneration. Beale holds ease of this as of  
the hold in new development, it is in shrunken tubules, as  
the membrane of the tube. What else history & change?  
Commonly, seldom cause of pain & dryness, common symptoms  
some general disease, among early symptoms loss of sight, pallor  
both of face, morning sickness. In the 2. course of nerves  
head ache, neuralgia, pains in limbs, soon after of some  
rules. or unpaired basin, or more in ears. Some symptoms  
soon after, precede, when established, complex of the  
a combination of symptoms as seen in the M. D. of the eye  
& eye in ad. even the most marked, unless acute neptal  
comes on with it. When it drops is in form of high, puff, of the  
eye in morning, with hemorrhage of conjunctiva. Run a. 1848  
eye, may be edema & cloudy up legs (as in Mrs. Hume's)  
When one is eff. in pleura & periton, run in pneumonia. Run  
just in 3-4 pts. low down 1010, 1015, or 1005; at the bottom  
no album. but gradually come on. Dribble cuts about meat  
sh., which is few in number. Round arches cover grand  
cuts, for formed in tube deep of pituita, my first trump  
ant. Epith cuts rare. Round arches lost two, fine  
girdly, & atheroma, is common. This accounts  
not for small drops, hemorrhage, retina, & periton  
& in hemorrhage into brain. Part form of pimples <sup>and</sup> in  
a retinal with fatty degeneration, when a rupture is  
case, found vessels congested, little extravasation, Infinit  
near tubular place. The follow by fully degeneration, proge  
don in advanced eye, about 4th sept. a number number of  
white spots & long white patches in fundus of eye, arteri  
small central, veins large & tortuous, Dribble but of our  
in any other forms of Bright's Red. - Complicated



<sup>chlo</sup>  
Born from white striae & tubul. sup. Puncta more  
common in this. Puncta Plen. Endoc. spent. more white  
in Leucocoma more in this, common in tub. sept. Sup  
haze of sept. seldom associated with any other  
Causes. Puncta. rare in adult life. rare and 30. Date  
age. Dec. is 24. This not from males 2-1. Dec. of leucop  
chinate. Dec. etc. be more <sup>often</sup> common from old dec. of heat  
leucop. that mech. congest of any organ deten. the  
center of its substance & lead to growth of connect. tissue  
in organ. When follic. heat deten. organ not so small. head  
& congest. in a certain & bulky. in a certain. sub. organ  
with smooth. sub. organ. contact. tub. place but  
granular. not long. cyst. found. It is the large hard granular  
Kidney. As the war of Kid. has been on we have the  
Puncta had to be seen. usually congest of Kid. in  
pigeon pures. off. in a mott. Occur in the dec. in  
set up. Anott. is found. Dotted found out that it  
not only alcohol. found but. lead to <sup>found</sup> in a certain  
alch. found all at points. lead to attacks Kidney. Gran  
dent. 1/3 of a cent. of painten. 3. A lead. in old age  
to give. found. dec. of Kid. in a mott. In old  
A lead. to sup. atrophy. cyst. found in it. A lead  
genal form. of pit. dec. induced by alcohol is a firm cure  
Amyloid or albuminur. Nect. is deperate. inf. <sup>24/2/71</sup>  
the. 3 stage. in it. a mott. all over. 2 a mott. in  
granular. in terms. of an alb. mott. 3 atrophic change  
in it. when it is pale. but natural. in few find  
bright. mott. like case granular. when the light. the  
an shiny. of light. they become brown on being touched with  
iodine which has a per. with it



also disease has common in leaflets, smokes then dark  
the aff aff & effen vessels In some the straight vessels  
opening on alone affiled In 2 stage. tissue is infilled  
now. larger, by 8-10-12 unadvanced, paler, anemic.  
smooth. capsule easy pebed off, opaque, on section  
find corb + measured in thick. pale & at edge semi trans-  
parent, to be adv on ind. like cotton peel. Pymy eland  
out on pale surface & red in colour, do not suffer as much  
as cortex, Dye long for. cany cut. denser in inner. of  
exam inner. find. of tufts inner slope. ~~Arteries~~ Ducts did  
seem to have an usual transparency & many or imperfect  
curl & abn all. an abundance of new tissue betw tuble  
surround malpys body in excess in periphery. in high po-  
tis nucleated. 3 stage of pathology noticed in eye. a clear  
Redy anemic way. corb + diminishes. seems such re-  
fine as in small amount. Malp bod in cup & close  
packed. small arteries dilated. walls thick. It looks  
a long time for this 6-yr or more. Clin features in p-  
gals is a series of some cachexia, in cons furit  
yph. tube. curis. he is in bad health. an eye group  
is for inclusion. double lense. summary copies  
2 1/2 - 5 pt - per dia. clear low 1005-10. all not present at  
put on laces. gradually increases. Ducts cut. few may  
be observed but they present absent. The reliable using  
found transp by here, <sup>the epithelium</sup> after their coarse granule one  
lastly of bi. This is more of large body in acut.  
an for open. Drop not an easy. some at sub  
but in my late under. At first mode. in feet exten-  
grade up. It is seen due to int. int. aff. all of nephrit  
Pant inple deant. something. Oper. mucous flous



due to any of these. Most frequently spleen  
& lymph glands. Signs cachexia, complex partly  
anemic, pigmentation, apt to congregate blood on  
chest Causes important, usually a cause of general  
cachexia. Splenic tubercle, or cancer, spleen enlarged  
part. May follow any chronic suppurative process, but  
tubercle spleen has been followed by it. In these cases where  
from cachexia can be proved, but the most frequent event  
be some way of direct or indirect. Period 20-30. but  
of period of life, lead to chronic case, which usually  
last 3-4 yrs long - some only a few months. A lead to  
infl of lung pleura, pericardium but not of Bronchi. Urine  
in coma several less than in other, suppurative process  
lymph of spleen, or tubercle disease or atteroma  
Dermatitis, splenic cancer, myeloma, usually the  
same rules, affect pneumonia, death, or organ disease.  
A few cases on more sup. of. Cause of spleen in  
this unprovoked, deft of spleen, with some  
cases sup. through of it. Fibrous cancer, at first, urine  
at color white, color urine in excess, blood is  
in & poisoned, albumen urine is exempt with  
in. one of most reliable signs. Cerebral the same  
it of temporary pruritus, seen in few, pruritus, pleura  
Also one meet with use of high album food, or rapid  
of pleura effusion, but is transient, all cases red at 2  
heads, 1<sup>st</sup> mechanism impeded because of blood from  
in head, simple bronch. vomit, an one tumor  
2<sup>nd</sup> same can an abnormal state of blood, the other  
in all symptomatic diseases, but that all of spleen  
of spleen that this process after by enlarged spleen



<sup>and</sup>  
ben, thrombosis, and occurs in primaries mostly  
but is the diff with alon panets. ar sketched & great  
presen on renal veins, another prim group tube-casts  
not alon present, esp in emb & ancyloid, not in centric  
3 varieties, 1st epithelial, find these emb epith cell  
in des, named, occur in part from tubal rep. in early stag  
arterial emb stage. 2 form granular casts, of spgy ducts  
can greatly ar of density renal epith under dechng  
inf blood to become chon. seen due to fact that ph apt  
to when breaks down, de - 1700 1500 of im. large for a  
tuber shaped epithelium 3 form is hyaline, striated  
These are of two sizes or be small or large, as the in form in  
in the ben the epith or not. Presen of a few dots in tubule chon  
but the ~~one~~ chief numb des chronic exp<sup>ed</sup> of much fat  
Last some have been called fatty, loaded with fat, all of  
them can become In albin amount foetal in in exp use  
an <sup>examine mullery</sup> terreus, dealy qual gura is 3 to 400-500 of  
is 100, a rough clear nod of cysts, of much but to fig  
of spgy 4 for 2.35, spgy of 1020, cell 20 & mul 42-38  
& had you the numb of sm in 1000 of urine, one the exp  
is New symptom, uraemic symptom, Coma & convul  
sems, much uraemic posen, much fluid in exp  
partly, muled of ends of diuretic exp in (slight) In  
in active form lay & non sticky group, Coma & convul  
of the pred of primord exp, small, nes, huda, vomit  
purging, harrer, confusion slight delir, in sleep, diu  
urine pink amaran musca, huda, amr, or a deq  
in, clome spm, slight tetter, part of several numb  
nes, soft to press & coma, all acts, to is the use of  
epth emb, muddle ulox & convulsion, be the with



would be. can be raised when he opens the eyes, nyst  
convulsions, stupor, he coma, a high pitched stertor  
resp - like now in str. fly, due to paralytic. Resp  
irregular. Coma is profound. in some. muscles del  
involuntary great extent may be lost, amian or lack of move  
movements, state of pulse at various times, some of normal  
in man, but when coma is profound, resp. convulsions or  
or paralytic or rigid, these are in total. Frequent high  
fever heat of skin, vomit spury, pupil hard, pulse  
at by slow & low. Pupils some dilated at other times  
then other dilated, when this appears brain disease <sup>28/71</sup>

not considered hence vice cause has been poisoning of blood  
& retained principles or an acute cause of sept  
Actual Cause, not agreed. This may be related when  
some of these are suspected contained in urine  
may occur but the urine or amine cast or extract matter  
it is slightly held or blood pigment being unsettled  
and the view is that while state of blood is raised, lead  
to slow circulation of fluids, oedema thus affect  
brain under a disease by pressure on vessels as  
cause a coma. May be acute. In my case diagnosis of  
low and cold in <sup>1</sup> when they take on form  
with <sup>2</sup> when at time see of urine is normal  
al or increased <sup>3</sup> when marked aden of face <sup>4</sup> when  
convulsions, patient strongly. If true it is important  
Howd the not. just in these case in which comas common  
with aden, we have acute urine. Key admits we  
in this a toxic agent in blood. For the cause  
on which I will do as attention given. fully  
heart & of stria or of vessel of st



Treatment, 1<sup>st</sup> acute tubular nephritis and  
method is what call antiphlogistic. By cupping  
in the back local, cupping to the umbilical arteries. Suius  
and overtones to relax capillaries of skin. Diaphoretic  
like as skin is relaxed accide. to Kidneys. Amoy  
diaph, buttes not air or water in blanket very out  
again walk, or we cold wet sheet. Duboid. far is  
by an act 48, by an act 31-11. of the best  
spuls story ginseng. In the of dropsy contain  
by dragone cathartics. far is Pul Salap co. or  
inheld May Saph 3 grms of Carbon. In a dub the  
Pul Salap co. In trial of qual for not confined to bed  
but should wear flannel and exposure. In per case  
when symptomatic bleed from ann beneficial if per  
is strong seldom necess as good deal of the is lost  
of Kid. In the objct to this meth & on the. Act on  
Kidney & promote flow of ur. he sq if you can wash  
out uric casts, & if you direct water to skin you lean  
the tube casts hooked up. The corn up of Digital of urine  
seem 1-4 gr in 3-4 hrs of prot security commu cold  
water wa diuretic 2-4 pul a day to flush the  
urinary drain. Not custom to give it in small form.  
Robert. thinks height of t & simply Pot act. &  
the urine is alkali he could patent for <sup>safe</sup> from  
uræmia. In sub-acute stage the acute one per  
of. Blood is anæm. pale is want. In Diet Fin  
with diuretic. Fin comb with Digital. a vinn for  
Pot act. & act of Fin & Pot act. An occasion bath  
Del. seem, slow in ramp clay. Small of milk  
& then beef tea & gradual cold food then state



milk diet, Præparatus 1<sup>st</sup> primum  
pouch of the stomach, in urgent cases  
bath 2 weeks, most useful when urine copious  
Chronic, more to be equable of climate, a high  
summer food, Diaphragm good, more exp. uterine  
of the uterus, 2 inches, Improugual,  
of blood in case of blood gl. The 2<sup>nd</sup> primum  
Rachium formula, 2<sup>nd</sup> primum 1 - 10 mm. x - xxx  
of act aether Dr. 2<sup>nd</sup> primum 31 - 51<sup>st</sup>. in water 3  
times a day. of which 1<sup>st</sup> primum is very bloody  
omit the iron for a day. The 3<sup>rd</sup> primum is good  
open & narcotic, but tolerated. Diet. vegetal. with a  
little animal food. A moderate amount of exercise  
in water, in garden, Stimulants, Claret, Hackberry  
Do not drop, currents, Digest 2<sup>nd</sup> primum 3<sup>rd</sup> primum  
Red P. 3<sup>rd</sup> primum is chinch & Brown top good. Give  
beef, later than horse rad. of the fat. Cathart. Pul  
Lul Co 3<sup>rd</sup> primum - 3 or Cream of Tart 3<sup>rd</sup> primum  
as a 2<sup>nd</sup> primum. Platium, of just gold. a very good  
above Ruce. in 3-4 places. Ameyford Form. in  
cure, <sup>usually</sup> after chiron suppur. if cure, bone is de-  
posit. remove. Supp a duc Ruce or other, shall  
run or amput. of urine at the catheter. amputa-  
is degeneration in by. when Phthisis cure, cure  
is hopeless, a single part in these cases where  
the Kid. but in amput. the act. deposit of tubercle  
in lung is arrested. When syphill. a very good  
food & prolongs course of nitric acid. Diektion  
has adm. in per. the of drum of per. thus it de-  
L was falkul as well as album & the duc away



In case of the cures it des. In general  
Ex Pol before breakfast & after food. Do not use  
simple like those of general use. Iron, Dura, vap-  
orated well borne & particularly is need as extend-  
ing to unripe. Some complex is diarrhea due to  
depression of villi, such as castor, Calab. logwood, & Opium  
will more for. Gripe subs & op-peller Doves, powder  
Dyspeptic eruption, all by pulse softness, a comb.  
In general and very little & stylic uses, Goodfellow, pill  
for grip 8r 1-11. Ex mucron 7/2 5. 2-3gr of Galban pill  
Uranic coma most alarm & day. Glycerin is a  
form. of fat, & weak bleed, from an valuable  
applied bleed at skin of air but, Give under hoops  
light a cap under one end, or wrap patient in wet  
blank. Ice to head & ducts per ol signi 28th. ice  
bead. The comat alternat with coma chlorin  
about valvul tumet comat part apl. bleed. The  
coma slow & continuat with comat, now it is  
when made sty seldom again. When comat com-  
in granula form not custom to bleed, but Decussor  
advises it in this form vapour but, 1/2 1/3 gr of elat  
will come near, may be necessary, alcohol Dura to  
organ due of kidney, will speed be. Tubercles dia-  
ny to primary or secondary. Perma aff a large port a  
more com. disea bit less comat. Or due is see  
only of the meningis. Two forms of it. Tubercu-  
al mening, which form in cortex or infilt tubera  
infilt a seropul influm, involving a whole lobe. The  
form may softn & form cavities as in lining In this  
orgn may be hollowed out into chambers.







patient in full abdomen 12 lbs. Diagnosis, sup  
 when haematuria present of blood in urine mixed  
 2 when haemat. suppressed (usual disorder, when signs  
 neph. initial abs & not of gout habit. Diagnosis all at  
 when present must be on entire of <sup>and</sup> haem, must  
 not slip & urine is normal. This bleed. in normal  
 water for week or more the case. At end constant. Cancer  
 cancer superior. <sup>any</sup> tumor may be best. ~~ph. one time~~  
 A tumor forming a soft white mass a proof of malignant dis-  
 ease. Occurs cancer in bladder pro. the he blot in. avoid  
 must of grass cut. the great pain & bleed at one & some  
 days in dots & may find cancer cells when ind. out in re-  
 In open. certain & all. and alone. In. in. <sup>1/3/71</sup>  
 of mouth.

+

## Diseases of Liver

Hepatitis may be divided into Budd's cirrhosis supp  
 inflammation. Inf of capsul or perichep. 2 Chron. infl  
 or scirrhus. Inf of alteration in the firmness & addit. of yellow  
atrophy (Diffuse inflammation of substance).  
 Cirrhosis supp inflam. 1 as cancer dist. injury  
 2 from blood contamination. 3 pro. cancer 3 pro. cancer  
 often or abscess in hot countries due to high temp.  
 seen also that severe exposure to cold in the small liver  
 Budd though when in large doses caused, dysent.  
 due to blood contain. of abs of product. not held now.  
 Parkes eq. impossible to trace. Open now that dysen-  
 terias are due to common cause. Dr. Bl. who drew  
 out or open due to malin even under support of the



First as of blows, rare as this is well provided. I group  
pain in hep reg. sense of fullness under the pat.  
takes full breath. Tenderness in pressure rare enlargement  
ent. when in liver & tend. about ribs. Fever group. mod fever  
at times full face putre. Tongue yellow & humid frequent  
sorely of und. surface of high to be affected, faint brozing  
in jaund. Urine scant & high color. & will pink color  
green & yellow. Patient lies on back, cannot turn  
when follow blow & find no pressure or plen. upper part  
in malar count. urine somewhat character  
occurs of suppression or absc. urine of follow. 1st at times  
at group abate or pain slender. when fever ended &  
rigors ensue follow being & vomiting & group of febr. In these  
the fever has subsided one exam of the sore cord & disease  
find some pain on pressure in in shoulder. Spont. &  
cough. rigors of malar count. after eating jaundice  
final when absc. compl. early of low downward. When seen  
dayly pyemic contains of blood from can absc. or dysentery  
open in pelvic viscera. Has occ. of local group which no  
Res. as recognize it. Pain comp. of pain slender. jaundice  
(slight) uniform enlargement. unimpaired dullness & pyemic  
symptoms. Urine 2 or 3 when supp. in pyar some of distinct  
group absent no pain & jaundice may be absent  
of ph. that disease is terminated & enlargement may " " "  
Once formed the result of injury or pyar pain various  
can depend on direct absc. absc. by the when group  
of open int. periton. & acut. periton. follow. terminate fully  
under the bill. open over & a little way & the entire  
periton. may take place around & close it. May open  
at abdominal & connect. small. may form into color



occurs chiefly is prepared for the escape. Mor-  
 phology of the is excited local pleurisy & peritonitis  
 & a local pain, he expects it on a brick red matter, pus,  
 pneumatic matter, Occurrence keeps also opens external adhe-  
 & escape & from escape of matter at abdomen. In any case  
 after open tumor subsides, may never when open at ab-  
 dominal matter out often die from exhaust as it heals slowly  
 cannot well cure. In nature I see at outset also blood  
 & supp. <sup>over liver</sup> or back to anus, apply warm foment freely to suppress  
 In 8 or cold & tenally. 3 gr some purg ab will also put  
 10 gr color or blue mass pill in the rectum or sedely. This may  
 be sup of long yell evacuat security pain or death. Shrinkling  
 shape of long full of am security high colour. Avoid the if per-  
 cussive or severe case of pyemia, but by appear in a day dose  
 will be. I am <sup>76 & 6</sup> 5 of 5 with Cobrod 31 p, Nit men who  
 externally. In this keep in bed, diet of milk bread, ale, weak  
 chock hold of fruit, we have no other means, not fashion to get  
 back but of good injurious. Consider if not yell. In pyemia  
 attraction. If unsped matter be form. Suspect this method & con-  
 support give best to give, acid. Int-nun acid, with gent  
 or alk & I am in & suppurating Bark & Mucous. Fr  
 exp of pyemia cure. In this point water open & if not point  
 nady, get local edema, a little primum, puncta with trid  
 or, Ascites

James Bonell  
 James Bonell

means local drop of peritonium occurs part of gen-  
 eral & sup "gradual enlargement in <sup>or</sup> direction. Distin-  
 guishment. 3 notes pecurs give peculiar sup. of outset side  
 of belly & hypog, very dull, middle zone clear as into <sup>lines</sup> are flow  
 on surface of fluids. If roll in on, you atte dull & clear, from  
 left side, left dull & right clear, or if fully up found altered







edges of liver removed. On cutting it feel firm & tough & is com-  
munic & find abundant of fibrous tissue replacing the lobules may  
weigh 1 1/2 lb. Pathology 2 opinion. Rd over of Dr. Keud. age  
of years. Budd called it adhes infl of liver. He supp disease  
affects the fibrous capsule, & thinks this part is summer of  
portal vessels the vent. which lead at first to congestion next to  
further time, new fibres are formed & closely this texture con-  
nects & prods 2 append<sup>es</sup> of blood & prod at top. The pro-  
in lobules is a further cause of atrophy. Beale hold same view  
& holds it a unipl atrophy that portal of blood vessels to unite  
cells & arising cell atrophy follow congest & all but at. of cell  
of vessels & ducts & hold that the new tissue is shrunken de-  
& vessels. It is not white & acin<sup>ous</sup> p. 1. It do not follow  
much. that is measured in weight & size. May be found in both  
ways. Cirrhosis with enlargement the brainy liver. Not ana-  
large. not pinkish as much 3 not congested & dense, but  
like as in this is cause of heart's cause. Mechanic of organ  
& type of connect tissue of that organ

Symptoms of Cirrhosis. usually insidious slow. In few are  
sudden & marked at outset. In mind the form is of a  
dull pain in right hyp<sup>o</sup> & passed on to loss of app. tend  
to vomit & pain after eating & very soon. on exam liver big  
ind. In rare form middle more pain slight fever. ex-  
dion digest. urine scanty & turbid, tenderness on per-  
ur. In both pale loss of flesh, sallow skin dry & harsh  
appet variable. Of the only in this app<sup>l</sup> to us. A new  
order of app<sup>l</sup> under its to portal circulation. as some  
of blood. & passing stool. Malac. haemorrh. venous  
abdo only & more or less venous with increasing mes-  
som after epis int belly takes place. as rule ~~to~~



delay the effusion - also the enlargement of veins. A tendency  
to haemorrhage takes place. Epistaxis common, & they more, bleed  
from nose. In this advanced stage, a dry rough skin scum & urine  
with turbid. & bile pigm. Dyspepsia & griping, tongue ind. thick, lo  
quacious, vomit emetic & cramp or diarrhoea, all ad dry  
the can off. here you see a. delirium comes  
often, in later all of periton. & decomp of lungs & often by  
pleur. exhaution. Of pecuss frontum & tum. water dull in  
noticed. to be 2 inch of vertical dull. In some very pe  
nodules on surface of liver. Spleen enlarged in 1/2 cases  
These cases apt to be fatal in years or two. Causes 1st  
chief is alcohol part when neat, provide of faulty diges  
capable of producing, as cow horse & pig are subject  
to it. When animal food & want of exercise more likely  
that due of heat is exact cause of that variety of disease  
enlarged. <sup>most especially occur in winter patches of blood less veins & arteries</sup>  
enlarged. Follow doubtful. Age, & what in measure of  
in blood. Age. chiefly aft 30 more common aft 45; has  
occurred in infants. Sum up. design used. 1st most  
common from produ<sup>ces</sup> nodules, occurs aft 30-45. Usual  
cause is alcohol in moderate. 4. Dimin<sup>ished</sup> dullness over  
region of liver. Dropsy more marked than in other two  
causes & unyielding & more rapid. Some. very pe, nodu  
lous if we can &clude unyielding favour. Large under  
Rural foll. organ is more & dull with it & not like  
to follow valvul disease of heart. 3. Deten. more usually  
present than in small, acute, slow manner & more  
moderate, preabdom veins more full & large, & found  
that under more common in upper classes, disease not  
affected by age, is in young. In male Seldom see curf.  
ampul pr am. But when inq. in lungs & liver



Let her 2 diet french cher, surface  
much air food & fruit, & cur. of leucines, cup or  
few leeches to cur. of tolerat heating an alternat  
course of Hy, 2 gr of Blue pill 8 or 1 of Sulph. nig. morning, & put  
in red cod of Hy or Cur Hy over liver, other remedies, as  
we purge. Keep portal veins under. At May. Pot 2  
assist with, aloes, podag. Blue pill, when all pain disapp  
a cur of Pot & B of N. & 2 an or but - in acid state  
Bath. 3 1/2 of muc. 1 of gut in two gallons of water, of in  
advanced stage, cannot remove, allow of digest fruit  
manly tone of stomach, mineral acid, & veg with  
or alkali & Sarsaparilla, as rule when long clean, min and  
of & long cold alkalis, Imp. vonica is good in the  
dyspep. regulate bowels of aloes & or gall & herbs of nasal  
present, do not employ too vigorous measures, seldom  
to rule min. Ducts & ducts asumpt. Dig & Bon  
min of gum & salts of Pot. If fail & press off into  
the tap, shall tap in flat? delay a long as possible  
Flint in favor of enflapp, much against.

Angford, organ uterus in size weight & density in sps. 100  
and, in all directions, all lobes rule, & too small & true  
sp. 1. varies shade of color, dig. furon, or yellow brown  
on cut, smooth homog. under the microscope like bacon  
or cholester disease, on making slices see it is transparent  
subtle arealine, & blood in vessels thin, Organ has wgt  
6-10 lbs. If take a portion & wash with Iodine then see  
see to be red. Maguoris not painful but some effluvia stig  
a few pain from infl. of perip. Jaundice is rare, perhaps  
but rule lymph. gland press on duct. Asels is not  
abund. of the absent or ch. of hep artery. not seen







after ten lemon yellow or earthy complex part to cancer  
cachexia occur. Nuis a rapid com. var 2 yrs use in  
medull in few month or weeks. Prata pallidum, man  
shy with det egg. Nuis pain by Hepat chloral. spin. Nuis  
I'm to mend <sup>the</sup> blood. At mortue. In many must tap as  
affus is great

scule yellow atroph. new, as an aut. wpl spirts <sup>trace</sup> ending in  
fatty degment cells. When read at outret it is congate or chye  
red. It surround each lobule is a vascula pore & in center a  
yellow stain. Lobul capi; grey meat in 2 slz cong in le  
but grey with menue. Section speaks ga. 3 all rddi her  
appe & is scule yellow in colour. In adr foll nar  
ndred in bulk sure fit, soft & capsule loose. y ridge w  
d will collapse upon itself. On exa with m. no hepatal  
but linn granule matter & pigment will fat. Other of  
blood fluid. & chlorus in various ment. spleen only soft  
Kidney epith of tubule fatty. Chem History or diagnosis. Sebin  
with symp of gastric cell. fundatory loss of app, vomit, con  
ship & slight fever. aft last 3-5 days in acu 2-3 w in st  
he is slight pain in upper part. When cool, pulse slow  
Pains in right hypochon & epiga slenderness on the stemi  
ore abdom wall, note now hepatal dullness, 1 for left  
the open right <sup>lobe</sup> ~~liver~~ case cannot be deli by percuss  
perf on l side of bulk spent & flabby conculu. Coe of  
spleen enlarged. apt toometing grey acid mucous. at fr enter  
black from blood. Keenation. Opale ab emulip gene  
craptonaly death. Nuis, clods clay color ab end blood  
in blood Free sple: indurate. Innu. headache. ralles  
nowy delu or smit. Dishes, local or sine at arrival. Delu  
all with dures & final pass in to a cornate



Drops used, large & strong, & dies in several on 3<sup>d</sup> day  
full, in the 4-5 week, Urine undisch. Cha, at first  
urine same acids suff. chlo. decuss. Senna, in plus.  
then until, then styronia of vapour drop found in un-  
altered urine concentrated with glucin. Besides, also chlo. chlo.  
crystals of tyron, heage by mass of tyronia. A sume tu  
among all exp. in females of tyron of drop take an oz  
vapour of tyron. & examine, these are found in substa  
of the after death. Duration of fr 2-4 hrs t 2-3 weeks  
Renal, fatal doubt of tyron. Causes, etc. mental  
anxiety, more common in females: occur below middle life  
& old enoug more in pregnant females. Grinde poisoning  
to be cur as it has foll. of plus syst. alkalin. & H<sub>2</sub> Mea  
and not app. a cause. Graves and 2-3 cases in same  
family in same house points to some local cause. Budd  
think faultly digest & accumulation. Probably a const. dise.  
dep on morbid condition of blood. Treatment, Budd, trust  
to ch. salt p. 3 of sulphur <sup>one</sup> xv gr of Carb. 3 gr of am am  
2d, as carcinoma cell in the less scalp. Comy found  
of tyron. Inrichs also trust to purg but exp. & takes if  
pain over liver, when he remarks mineral acid & use external  
to the coma, Ureter, another sympt. of hep a cle of support  
under Scleritis may be made with it is enough about. In  
3 weeks there is 1<sup>st</sup> one cause adu. of all. Obster. to flow of bile  
from liver, 2 in no dist. & one in the most of liver about of bil  
per diminished tension of capiles in liver. Then about  
prob this happens with 3 matter. cond. of H. of an exa  
of bile formed & absorbed, all used on liver. over absorption  
of it. It def. oxid. of bil. in blood, after it escapes from  
of stomach & liver it is not used so. & is the that from the



you also <sup>let</sup> my prevent the oxidator, this is chemical found  
another node from bile pigment in blood itself, held when  
color matter of blood is set free it forms the bile pigment  
which would otherwise be an obstruction in the ducts, the  
infl from or small duct, calculi biliary of hepatic  
ducts, stone is thick & canal narrow or impassable  
blocks up then fall slow, or absence of ducts, a lumina  
in duct. they slow. Pressure in outside, a pressure face in  
slow, atresia in pancreas, & of abdomen viscera, malign, or  
by clots. In this position & congestion should be placed as  
to by much press. Non obstruction, 1<sup>st</sup> group fevers, not  
will die oxid blood or rapid death of stobul in blood, to  
Remittent & sep yellow, which occurs in pyemia, Pya  
mia & Sepsis from toxic cause, lead, cop, Hg, Phosp, Opium  
alk, chl, snake bite, and yellow atrophy, mental smut  
in fight and emaciation of them. Nervous depression & ca  
diopallia & the cause present to account for it, Symptoms  
that due to obstruct will do. The duct is uncut of stobul  
the. The color of blood becomes yell. & the serum is found  
in clots from slight way up to pure black, any  
& adul, as green or blue also large, ind. necro & calc  
do not, skin next yell then cyanotic, Bile is rec<sup>ent</sup> to  
digestion, & fully post not emit she loses flesh. animal  
food in which decompos. fetid excrement, sludgy purf  
indige and fermentit, blood, entire purfah, Bile apt  
to be coarser, but do to clay colored serum of pus in  
cut of bile in blood purple, oil, 1<sup>st</sup> in heat, putr slow. 50-44  
in m. Bile taste in mouth, ichthius & the sympt and  
larva, diarrhoea, headache, in some delir, coma & convulsio  
Not unfreq to meet with, in ash, black, boils & carb







nausea and vomiting, & on escape of stool down an indurated  
nub, it is followed by jaundice for 3 days. On examination hepatic area  
the fundular enlargement in chronic case galls blood as a pyro-  
tumor, has reached central vein & held 7 parts; of total present  
in 18 months abruptly comes on & then chronic form comes  
but in full test is found ~~stagnation~~ in the ducts. Pass ducts through a sieve  
do not always float on water. Diag<sup>osis</sup> of these not due to abs. ~~stagnation~~  
allogramms, what are they? 1<sup>st</sup> case of none of cond. expected to  
see to see even before 2 of some of these diseases are present it  
will produce without the a, eruptive, pyre, bile of pyre. neural  
nub, Phosp 3 consist of handsome bile in ducts 4 of them is  
deep yellow & unimpaired other 5. If on unwar putred heat  
become ungel & untemell. if we find all in time of new organ  
due to supp of bile occurs. After death find here not as deep jaundice  
as in cases of distention. Harley, proposed a test, when you  
cut. Bile, acid of pus & chlorine would be absent in urine  
It is practically invaluable as we stimulate them slightly. 2 test for  
bile. put a drop or ten on white plate & add a drop of H<sub>2</sub>SO<sub>4</sub>, a be-  
autiful play of colors begins in green then blue, violet then deep yellow  
another is 4 add a bend. of HCl to set for acid from urate & the  
crystal. when exam 12 hrs after an deep tanged. Pelletier,  
take a 5p test tube add slow, H<sub>2</sub>SO<sub>4</sub> slow & a small cyst of sugar  
sugar mixed with a drop of H<sub>2</sub>SO<sub>4</sub> you have a play of colors. Chief part  
solub. & blue. Pelletier way into ~~disagregate~~ urine, extract it in alcohol  
make unalcohol ext & add in a white capsule with vol. a bit  
H<sub>2</sub>SO<sub>4</sub> & sugar, Uræmic symptoms. Chlorogenic syrup. duct  
nub in blood of excrement melf at night to be decaying in  
line & covered with bile, uræa is formed in the liver so they  
say now, & probable that these erupt due to those changes  
not going on as ought to, what prou is said the. may be



hundreds or a great many or ten or 5 and substituted  
Rum. Lines thick on the one aspect of bilious & non-  
stone of bile usually liver. Instrument, Calabar form. For  
also. will the pain - fever, back, a mild emetic due if  
tride, m. a safe purgative, or podophyllum alkalicum  
P. Cal. & Cast. m. Mucilag. g. of root susps. Elix. m.  
of chronic last abt 2-3 weeks, then Muc. Ann. added  
alk. cal. usef. del. spare. Trial of Gall stone. Impure  
& mixed, one spec. of mouth or by 1/2 1/2 of muc. 2 a warm  
bath to gambler. or lax. dust. 1 in vial, Chloroform or  
ether. Passes & prom. of drink water copious & alk. muc.  
water. When grip mucin comb. of ether & turpentine useful  
3 1/2 of alk. cal. & 3 1/2 of less of the 3 p even more & grade went tabley  
& pass till tube open abt (Durand mixed.) Chloroform  
Dark Sod. carb. . How alk. act. in chol. but very imp. pro-  
sect of 8 1/2 colu & leuc. acid measured & probable that there is a cap-  
st of emul. chol. in water & of this that the gall stone  
is formed, or alk. by dec. of the chol. & lime & coloring ma-  
ter. of pain back & c. Cases where it is permanent, a y. time  
in head of pain, cause of liver, or gall stone & c. cannot  
know the cause, must be eliminated there. but aid of general  
empirical the m. the other should be a fine & paper  
tubes a weak direct emulsion. The same delicate & a  
with a run test you over work the organ, as rule must be  
satisfactory & clinical as the other. Pass. never another  
also, also mple want file, by m. p. bile caps contain 5 gr  
p. p. but 2 each, 2 hrs after meal. Trial of gum. Abt. due to  
Abt. 1st m. m. nervous symptoms or. that general & other  
suppl. of pre. luminal & v. v. v. but may. ed. v. v. v.  
Ann. Cal. & c. p. m. v. v. v. to m. p. quick & c. v. v. v.







les with some fluid & abd walls relax. Pain com in one spot  
of left inguinal region extends over abdomen even into back. belly  
could & short. abd walls tense. heard a y murmur continued thro  
5 of long permanent & valuable. Digest decline longer not much could  
hist. nausea & vomit. malleal feet clouless apt below. urine  
phal. empyrat. Pulse small, <sup>id</sup> firm. & concluded small. every  
undreal touch of coats. present 100-120 abdomen tympan even in  
2 day when after tube placed <sup>over</sup> & massive stenosis gone. Bo-  
dy rapid of proceed to uniform over all & upon extreme ventral  
1-2 or more days. Day this with erupt scallat. & upon imp-  
m & then & acutal. Symp they near end, conulca punked. fee  
eclapsed pain ceases. some, conulca, & below matter flows  
out of stomach, bowel may be relaxed, however, in cold clammy  
perspirat pulse wavy, & then decline & then end. Duration vari-  
ng in 4 or 5 hours in bad habit of follo per for now a week or 3-4  
New does take place, & is perfect & prompt in the slow  
2-5 months elapsing. In some cases presence of pus in peritoneum  
Super pares in chronic form, in cuncta & pubi. Partial prot-  
ure, 2 or 3. In cases of the foregoing, perh is set up  
in pelvis and a by pain in lower zone of belly extend to back & down  
high tenderness or bladder fullness & follows off from from ten-  
ors wh can be felt through the vagina ut- with induration &  
defec. Common cause of dia of appendix caecum. is of the seal  
of the form purg. bodies ementious form material. or  
lubri or by phrod ulceration attack, it & sloughly, or ulceration  
takes place from caecum from unpaired faes & inflame it  
up. & Symptoms of local form, pain in coccal region, every  
of point of thumb, tendr. deep seated, pulber. then tumor  
this accomp by stat emulap of bowel & soon by much pain  
dumor deep seated, when after extend to perit. this is the super-  
ficial



Pain down thigh sometimes sometimes in point of penis and  
testicle Course varies, in infl of caecum, erysip, subm undenta  
ment annual, in append, seldom subside, for fungus too  
stale ulcers can be removed, sometimes a less perfect  
of adhesion forms between the side & great tub. 3 or  
ends in local suppuration, this may burst into peritonae & fulfil  
to perforate into caecum. bladder vagina uterus, Ovaries pancreas of  
abdomen perforated, Sometimes this & bleed to bed of cellula brown  
it lies, the happens it extends to 1 from caecum. Perityphilitis  
a few remarks symptoms, hard & rigor, pain small undu  
a neighbor of caecum, grade infla edema in loins or side of belly  
descend up abd panete in transverse fascia, a hard brown flag  
nd, tendu putting or pressure, Abn. in open ulcers or in perfora  
tion Prous muscle, it is behind & outside peritonaeum Gut.  
ca of app. cae. when a few abscess a circular course of pus, you  
suspect face may reap when a caecum part, cell crumbly of air or  
open after a while or a gull when may be seen. Peri for perforating  
in course of pus of any hollow or peritoneum, Antrum of growth  
growing, eyes of collapse at once & pain, almost pulsat. a good  
part, some in part of nature, lighter, putre, very common  
necrotic & collapse, Ulcers and Dysphoid ulcers & tubercular  
Morbid anatomy, all changes in pleura may occur in peritonaeum  
ulcers rare gangrenous ulcers come mechanical  
mentis confirmed, on Celic, known folk, in rigor, or fever, pain  
is when to penis suprad. & areol & vomity red pigment, & emphy  
mucous intestis or intestis, Undentisignat, 1st. pain is in  
pulsating but griping, tendu not so great, rigor deep pressure  
belial pain, then natural punched crumb, & very pulsat. legs  
undrawn up, tongue more disturbed red at tip, cold natural  
dash more common. The other, Hypocond. pen. or nearly of



in rigor, fever an alse formeth enveloping pulse, patient  
not particular as to position. Pain greatest in high position not less  
or he will not feel it, feet that she is hyster. or has infra mammary pain  
or high, emotional nature. Stobus, & Pain is complained when  
quiet, most the, as in the night. If in doubt treat for periton-  
itis Intractant, 1<sup>st</sup> try a cold cause when local retention  
a des. here. when apply etc. But when retained form a organ  
of long in health, apply leeches 15-20 over spot, & encourage bleed-  
ing. Forment. warm wet a poppy leaf, Common Opium give in  
dos. cup to relieve pain, give 6 ad. 1 gr of morphine, or 1/2 & if from  
dry on tongue. all usage, or better to apply 1/4 & under skin, repeat this  
dose ev. 2-3 hrs accordt severity, 2 to 3 die if severe, effects  
3 to slacken the respiration. Watch itself don't ride up  
under 12 in number. If dull below sup pupil central transmits  
for suspended thinking, next used is Hy. still employed with  
not apply any cur, 1<sup>st</sup> when mechanical cause, as any twist  
in the Hy cent. also if cause Bright den p<sup>r</sup> exam in very up not low  
see, when has person in health after exposure to cold, in some cases of  
dyspnoea per. or curam with advantage. When give, calomel, what  
amount with op. 1-2 gr ev. 3-6 hrs if taken mercurial factor or  
Hy usage. Purgatives what about them? not indicated. but for  
you distinct unexplained part. Cur. pass a cause not cause  
his instinct of kept at rest, when influr intruded curam will  
relieve. I am for consider much. I worry at outset one inst. joined  
with poppy. but not. or usage. But flannel. in way with & place  
plates in the blanket. I am for blute in 2 sly of pressure, if pain  
then bleed. App<sup>r</sup> of stay in things, to direct you, Quiet, from  
outlet rigid di. a latter part of with the ball at a time. all together you  
in advanced stay over effects of any win. stimuli. & time



Peritonitis full perforat. How can never with hole in stomach  
upt vessels on surf support & avoid on face lymphis former  
tumors which logitt organized & an adhesion is from retroperitoneal  
part & adjacent organ Absolute rest is neces for this, Opium on  
skin, hypod. in large doses, then <sup>Y</sup>ambr, all periclitic action  
Deplete out of question, H<sub>2</sub>S intended do not want to liquify lymph. &  
Ice & cold water to allay thirst, since H<sub>2</sub>S must not irritate du-  
duy, cold ice milk, sheeften & feed, bowl, 23 of beet to 4 2 hrs  
when emig of pyemia suppelus. Treat. with op. Head H<sub>2</sub>S not  
borne, In bright d in fix. Opium is need of danger in Bright disease  
as tender to urea, H<sub>2</sub>S is out of question. Diet to diaph. diuretic & ed.  
with suitable opium as possibl. Chlorid would be good <sup>8/3/71</sup> <sub>71</sub>  
cupped & lay linseed poultices on them

### Acute Gastritis

seldom id op. run a course of gradual power, alch. cold water used  
when on bed, will pass over. Mild acute infl of stom. or anti-  
acidant. is a common char. a bilious attack, acute only  
set in with fulg. pain in umbilical area in frequent of pain en-  
rupt like. Tongue coated, with white or yellow fur. Thirst & thirst  
or app. & vomit of flm. attend with elevation. Of the discharge of  
excr. When food vomited is white, when pure is watery & acid.  
color ed. or violent in children. In severe cases of jaundice golden  
dyspnea, palpitation, or albuma capitis, if leads to them, or in do  
a prophylos attack. Allevied by course of M. ment. may not be de-  
cor after death. In capitis of ing. purish form & hyem. In thick  
layer of mucous on corneum, & subside of cell, or membrane  
Causes. Excess in eat, & drink. Stimulant. raw spirit  
when digest food of gastric juice is diminished or is overrated  
mucous or phlegm or is long fasting, with tension power of stomach



Zarumbale. This state also when mechanical congest. by direct  
spontaneous. Often emerges from common catarrhs or epidemic  
or compl. influenza. All require abstinence for 2-3 days  
low diet, weak broths, arrow root, ice & ice drink, lemonade, & soda  
water or alkali in some degree. Light food or food in almond emul-  
sion or Linseed tea soothes & promotes secretion of food seven, leech,  
opment & counterirritation, a Blue pill & calomel in mor will  
often relieve short. Older we get us an mor habit to it, garlic  
but an ward, Give such a 1gr of calomel & 4grs of nuxvom occasionally  
Chronic <sup>Catarrh</sup> is also called Gastric Cal. mucous flux, gastroenteric  
often follow acute. given for chronic at various ages as a cure  
of peptic cringe, as dire of heart. Pallid, emphysema Bronch  
Bright's dis, gout. The cause are spirits & tea & coffee, person of  
seditious habits plethoric, even in 20-50, rare in children, Habit  
dual rises in eating particularly when eat sur appetite or gas  
some unpaired over brain work. Often second to compl. ulcer  
& cause belch to pylorus. Eruct. of only a little port  
involved no eruct. & when occurs very small. sometimes  
ill. First is some nausea, pain at night, declension full  
felt 4 or 5 hrs after food. Lasts when digest. Some felt when flatus  
and eruct. Often a craving for food, no fever, no water brash, frequent  
when colourless tasteless fluid. eructat. occurs when stomach  
& eruct. at night or 1st in mor. Commonly not frequent in morning  
milk partly & fermenter contain Sarcinae, or torulae. Acid eructat-  
of ments common, flatulence & sense of constraint in empty  
stomach. borb. eruct. stools lumpy urine of color den neutral  
sides phlog. at this acid. Tongue variable - small furrow & papilla  
large and when the gums are also. Salivary gland inactive. Its mucus  
cells whitish of mucous coat. Gatory of mucus. then very pale  
& papilla red & long. sometimes vomit esp if due to mechanical  
eruct.



Bull of throat & follicular are of pharynx & larynx common when larynx  
is general unpaired. emphysema. Sturdy, hard, burnt  
or catarrh <sup>in</sup> case, larynx, especially after cutting & getting up  
palpitation, pain in larynx, highness & hyperaemia, Char  
sing pain same app as usual. cough & rhinorrhoea, as it last long it  
lead to thickening infiltration & softening & increases area  
shale color. by pigment of blood creeping in some few way down  
over small erosions, follicular ulcers, or extravasation of blood, a man  
muller or wart appearance, analog to cutis anserina...

Treatment: 1<sup>st</sup> under is to be expect of diet & medicine. Well  
to begin with soft digested food, milk with lime water, 1 qt. &  
3 quarts a week glassy 3 hrs well pass through & pass on  
to duodenum & direct of succus entericus. If not well as this  
mild vegetable diet as Rhubarb, food plain. Cuplar burnt, unfer bread  
& sup up animal diet, bottles etc. & other solid food raw typh. but  
flesh mull. a few all dr. of 1/4. suppon or Blue pill nigrosum  
to promote action of gut & acid. Nit. or Cit of Pot v-xv grs. Cant or Ind bell  
of acid if they do not maintain, leeches may be necessary. Pursue objection  
also unless to other partial congestion, then use Blue pill & do you all  
Pat Dulup Co. when you know much increase stomach is good. 2 under  
you decrease of food. Sulph Hypt & Car. Xv of Hy suff of mag about 1/4 pt  
before meal or 1/4 dr of Carbolic acid. After eating is best. Find sulph  
Hy <sup>useful</sup> of curium found 3 under is to check excess sent. For pyro  
min & use arte. Bisulphite of small amount & sandy, Xv grs well  
Mag xv grs. For pyro diet. Rhus or Equivod with soda is good  
4 under is after acute stage passed in old person. suppartly  
gastic juice. pepin alone or v-10 m of dil mucate acid. malva  
pro test. Opium depos or al<sup>ale</sup> is is good. Another dose is

Simple ulcer or perforating ulcer. This is more to mouth  
of virus latent in mucus & tissue vessel. of blood, or perforation



Group pain upon small spot, corns on corns after eating  
sharp throats dissection, usual pain a corns part of back, small  
of vom fluid vomiting is also present, vom. cruent with a few  
or not for hrs or days may cause death if prod. little crust distant  
in loss of app. fever of throat, & does not unite, when lacerated long time  
of blood vomiting of blood, due to open focus or perforation, partly  
blood vomed, if small escape notice, like usual perforation, caused  
off perforation. This in 13 percent. Another mode is by exhaust, pain  
usually beneath, may kill out faster death not evil, but near  
of ulcerated, when dural variable in depth, fatal in  
10 days of perforation. In many or best cases, mouth may be  
may cause death is ulcerated liver hepatic abs. or pneumonia

Cancer, ~~disruptive~~ ~~the~~, allow occur in it, but in the mind  
the dull, & the colloid disease, Inguor beto simple ulcer

Can be a common one if simple ulcer Can run 30  
m. up to 60-70. I. ulcer from under 30 common in young women  
also run from advanced life 80-90. Seat of disease, Cause all the  
pylorus next cardia or if ulcerative sometimes whole organ  
In ulcer, all the parts are then here cause but in great pylorus  
as, but can run off whole organ. Symptoms in Can. anorexia  
common, specific group of atterd, cachexia not followed, if the  
suggestion of it, Simple ulcer not nor exploratory strength. This are  
but, Cancer pain late period deep in ulcerate, not aff. of food  
cane nor ulcers on vomiting nor. unable to nurse, Men  
tion of simple ulc. peculiarly aff. of food v. acid vomit & has nu-  
cious. Pain of cana peculiar lancinat or dull part when ulcer  
at or tightness or oppression. In simple ulcer never lance, burning  
& gnawing. In cana vomit on empty stomach is common & blood in many  
small less frequent than in simple ulcer. Coffee ground comes in both  
profus been in simple ulc. more or less mucous in cana



when tumor does not prove cancer. They form in simple ulcers adjacent  
 to being fixed but is not movable. In cancer, complex a peak but  
 a muddied <sup>complex</sup> sun or opaque pale rather hue. This & general cachexia of system  
 suggest. Seldom get away from mucous. Do not of the tumor doubt  
 can in 12 months. For last 2 years rules collard. Simple may last only  
 years. Seldom of pure or form of tumor <sup>is</sup> favor cancer. Treatment  
of Simple Ulcer when not vomits & pain are not feed per rectum. 3 grs  
 of beef beeps weets beets, milk & blue milk. multigut. after milk  
 for well by arrow root constant & of simple allowed. animal with  
 us. Median. few feed once a week to relieve pain in infl. constant  
 red with 1/2 grs. Bismuth  $\times + - \times \times \times$  1/4 hr before meals of acid per rectum  
 for indigestion & Magnesia at night is good. Alkalies Carb. Acid cut  
 geoda in mod do to be a useful in all cases. Mineral water  
 good. I rarely try ammonia. <sup>may</sup> caused by exposure diet & vomiting of  
 blood. In principle a same as hemip. at role not vice. Regimen  
 best & same for that. sc. cut in freely & apply external. int. under  
 Turpentine. 10-20 grs in milk. 2/3 hr while bleed about. then 2-3  
 Lead & Gall acid. Non with humoral blood they will bring up <sup>9/3/71</sup>  
Treatment of Cancer, an incurable. attend diet. eyelid feddy  
 good in small amount. & of desecible character. of stomach at pylorus even  
 beef. yellow eggs with sugar & cold an arrow root. Well of much to  
 & myself beef beeps milk with pepper & HCl. a 3 of 1/2 Pepper to eat  
 break up. Open need for pain begin with Bellu & Kemp. & then  
 uninfant. give opium. These are apt to be favoured with penicillin  
 and emulations or solid ones. To prevent sore. brand & H<sub>2</sub>O Cadut  
 oil 2 m. & simple enazole 1/2 grs. Carb. 1/2 grs do or hypochlorite of  
 soda xv m. Charcoal (veg) valuable for anxiety & ment & about  
 ing gas. now prepared in capsules. often useful. boiled. about  
 uninfant. Simple those which had on intestine  
 also & colour with pill suitable. paper to them or view



Inflam

Muco-Enteritis

& dist<sup>ing</sup> from sero - Ent<sup>eritis</sup> in whole of coat an involved & allaying  
 of periton<sup>itis</sup> Catarrhal inflammation of mucous membrane  
 best name in the mucous enteritis. In form mild & seen  
 in form consist of dull deep griping pain in right iliac fossa as  
 extend to navel or whole abdo. flatul<sup>ence</sup>. cramp at first then  
 looser: stool mucous offensive of dark black loiq. severe & thin  
 when yellow pale green white like jelly or dark & black. Abdo tender  
 in deep pressure. & suppur<sup>ation</sup> after 4 flatus. High fever & heat. In child  
 the flushing of face at night. Morning mucous tongue, red point  
 edges. & centre white. Last few days. Seven after set in with chill  
 fall of fluids, pains in limbs faint, all local sympt<sup>oms</sup> abate  
 measured, marked <sup>some</sup> pain. stools frequent prof. flat. mucous, ce-  
 ro-bil. fatid & admixed with blood. Pulse small & ~~irregular~~  
 of imperfect disposition dry as above or red all over, polished & long  
 papillae. patient feels nervous. temp high. usual favour of  
 some fatally sup<sup>pur</sup> tend<sup>er</sup> & sup<sup>pur</sup> urena. nausea & vomit  
 food with chock hollow, child with eyes half closed, jaundice  
 often. & at last des<sup>perately</sup> in some infl extend to serous coat  
 sero-enteritis call sympt<sup>oms</sup> of peritonitis. Causes Cold & damp  
 exposure to feet. contact of fruit & salads. medi<sup>um</sup> food. acid centre  
 of lime pain. Obstruct<sup>ion</sup> to bowels from excess or unusual. Below  
 fer. exanthem. Expe<sup>rience</sup> muscular. neural dropsy. Enslave<sup>ment</sup> Typhoid  
 like ulcer. Sometime caused by virus. especially in duodenum  
 com<sup>mon</sup> in child in dent<sup>ition</sup> arising. In all sup<sup>pur</sup> aff<sup>ections</sup> of bowels  
 will cause & vomit & anorexia for hemo. at the proct<sup>al</sup> like  
 symptoms. in females femoral. mile unpaired signs. Treat  
 of const<sup>ipation</sup> at first. a gent<sup>le</sup> cath<sup>artic</sup> of gum. Laud<sup>anum</sup> & gtt. or dose of g<sup>um</sup>  
 of Myrror laud<sup>anum</sup> & yellow. stools clay col. Calom. Gum. P<sup>owder</sup> & g<sup>um</sup>  
 will do. Opium with then magnesia Carb. with cal<sup>omel</sup>



great

Of great tenderness of belly, chest of skin, teeth, follow with ferment  
 (Dours)   
 Cumber open & dry pour of comely gold open not in the  
 and so, as rule 1/5 is unice, unless stool indurate descend  
 ... Alkale preferable to 1/5, egg well with usham ...  
 ... by pot. Carb Pot. in some demulce. x-xv of Pot. Carb or sod  
 in almond milk, add, a little 1/5 or or Bellad as not incompatible  
 but act on mucous mem. of Diarrhoea from out set, then don't  
 check hastily as venesection in this way. Give Pulv. Co. & a drop  
 of Chloroform, some find oil of Rose sweet with yolk of egg of stools  
 coming through frequent stung with blood, Slurk sugar & laud  
 good for diant pain of tenesmus present & colon involved  
 as phlegm stage pain off slud to diarrhoea comes, in case diet  
 cake led on food, milk alone not constant Kedge food  
 mullon or not.

Diarrhoea called into a disease but more often a complicated  
 symptom, consist in several very more frequent signs  
 stool often attend, Com. mode of dis. accord to cha of discharge  
 1<sup>st</sup> Du. crapulosa or feculen, 2<sup>nd</sup> Biliosa, 3<sup>rd</sup> Mucosa, 4<sup>th</sup> Sero-  
 sa 5<sup>th</sup> D. lenta, 6<sup>th</sup> faculent & Mus may be natural diet  
 in one a large water it is a waste ab. is thro' off. or conseq. of  
 unripe food, or because is uncap of digest proper amount. of food  
 as in fever. much uncap. over work. defic gastric juice, Dours law  
 that act of digest is an uncap. requirement of blood but res. influen  
 & perfection of act. In diet center by ulcers, in typhoid proglaud  
 fulver. and med. Symptoms. belly larg. gripy pain, some  
 in coin of skin some tenen, long period, bad taste, third  
 yellow egg macularis, Stool contain undig food, reboule man  
 after 4-5 stool lighter & may slip, In some East. Calabar  
 vomel. pain in stimal, must not be cry out. Ten  
 in this I spare thing what unmed. abt eating unmed



common in children also with ~~nausea~~ mere, have more app-  
etites, eat largely, will keep up until great debility, & feel  
anxious from <sup>bilious</sup> ~~bilious~~ here, hepatic vertigo, vomit in  
or after meals, <sup>Causes</sup> abuse of ardent spirits, or some other violent  
act in reflex matter, cold humors, a prolog heat temper  
common cause, some epidemic influence, many a pleuritic heat  
like that sudden check of perspiration cause of the Sympt-  
like, eruptions, but stools bilious streaked, yellow green or dark  
atrabiliar, tarry looking, or dark green, contain mucous, glairy pellets,  
little pain or severe ass on pressure, when so heat follows.  
found ~~very~~ small masses of complex tubercles, which do not  
draw purple & will even sup pur & salting, Stools, the con-  
tents do not pull off green. often blood appears copious, do not  
see green color but blood, bile is absent, may be bloody when  
passed & then turn green, Mucosa color of the mucus, usually inflam-  
matory, in this form sympt of mucous, pain, pyrexia, tarry clear  
reddish, soft pulse. often vomit, bladder sympt of present, anti-  
antion. Stool whitish, mucous like, soft lower part of stool inflam,  
contain blood, often find shreds of fibrin, In children it often runs  
a rapid fatal course, vomit pain, coeca ulcerated, stools are  
in softness & convulsions occur close the case, apt to become  
chronic, Other cause of dysentery, Mucosal auxipar & many  
mch, exhaustion, or from disease, as exhausted, diarr, too long  
running Endemic causes, set effluvia from decay animals, pond  
& dissecting them 2 is use of bad water, & is superior from ~~so~~ ~~at~~ ~~the~~ ~~place~~  
of soil, water may be good but contain too much saline matter, as  
the cause, Partes of 5-1000 of putr. in a gallon it is  
harmful, In treatment, 1st end to produce, of food, change  
of best ventilating nature is a stimulus. Fair impure change  
great disease, vomit, of exhausted diarr & in the







Simple w/ft dysp. flinced in with cold & chill in loins & driv  
with rigor. Chill followed frequent bow stools, soon ceased with tenacious  
2/3 to pain in diaphragm or hypozoa upon each stool preceded by griping  
pain m<sup>g</sup> or m<sup>y</sup>, not by fever. Sin mild none in eve. High. Large  
pund. Patent tho small has mental faculties. Taky ben dy  
marked all in appe. corruce bagged. Res clay. putre  
weak. strength fail. abdomen collops. pruric little vom. parox  
pains severe & colicky. Stools watery & contain mucous & blood with  
is without cutaneous murses. Char of stool. impurities & debris  
is pt of void imp. of sign flatulence much tenes  
stool sandy & mucous & blood & sympath disturbance of bladder  
py & painful micturition. On the lower upper pt of colon. bro  
pne call be look & stenocern. & roacual. evilem entolov  
know is that when w/ft in con dom. spasm of sph pruric.  
passage of feces. when upper part not pruric all exalately  
p<sup>h</sup>meter so that feces m<sup>y</sup> pass naked. Cause of stool is that  
begin retained in cells of colon vapor takes place & they burn  
dy. of continue to men. dry & parch. eyes marked. suspicious  
ext<sup>r</sup> especially. clayey perspiration. Dry m<sup>y</sup> & scratched. evacuat  
thine & innocuous. cutis sun or like before washing. Stool fed  
abd lymphatic pain cease. of one part. the skulls. of abate  
wh do in mid cure in 6-10 dy in ev 6-10 week. the rule the  
null str. stool put below than facial matter & the blood  
& tenesmus ceases. Belovus Dysp. in this with gut or hep  
cut or both. But ~~cess~~ or allent In add to d & m<sup>y</sup> pt  
a yellow fund boy. name ~~corruce~~ ex p<sup>t</sup>a abund offile  
stool at put like thin glay or bloody. general gut abdomen  
pur. & chilen of stool with flatu. This lead to much gut  
deb m<sup>y</sup> sud m<sup>y</sup> & favorabl. the form not unusual  
in malanus. Dysphord. more rare. in stool



Green with lymphoid exudate, counteracted  
at outlet on, some at pallets at the end, feathers under  
some faint, complex mudd, skin with petechia, leucopent  
con. putrescible, usually vomit thrust, stool not peculiar  
apt to be often serous, usual great pain & tenesmus, & at  
the null d. of long, mucous, sordid, &c. In my scientific  
exam. bleed from nose, <sup>causes</sup> of blood in urine & elongated  
Causes Ludd appl. of cold when body over heated may produce  
it then impairs food, it may be defec. in quantity, but shall  
act as seen epide on it as accor. I may qualify call food long  
the bad food decomposed animal & animal fully food, from cause  
in infants. It is upon air, eff. of decom. animal matter, vapor  
gases, process pool, emanate from latrine of all organic effluvia  
the from depend on stool on work & may induce contagion depend  
Depends on specific body or germ & the place among infection  
& the winter forms rest, one simple calculus infl. of colon not  
destructive <sup>stony</sup> the useful disease to specific point & propagable, probably  
but not from body in high temp & moist, in winter body in multiple  
Remove alone dependent on animal, & soon is upon water not  
uncommon, perhaps because it is contaminated with water, so that  
depend on animal, water contain much saline matter may produce  
It is more dark, malodorous, down of per se can produce, as well  
in these marshy dirt may contain much organic debris, (Murch)  
Acute. In some epidemic & acute, it is chiefly tubular gland  
at are affected, in others, the vesicular glands in some all the  
structures. At outlet, mucus is soft & tenacious & depends  
color may be watery or opaque of glands, & in patches, in 2 an exudate  
in form little clotted, may begin in tube or sub gland & spread  
per mes. film to 2-3 lines, concentric plasma cord, it depends  
the follicle. The one from the, may 4 fold & from the sheath and lard



or often my attack & a small ulcer formed at apex of glans, which  
only we found a large ulcer, or very inorganic of tubule gland, & coarser  
for ulc. My extend deep into mucosa coat near prefont, and the  
mucosa is strongly of mucous membrane, & enclosed often find  
portions, thus under a more acute type on & under find dried  
material, mixed, bile, fecal matter or blood, but primary color is  
greenish black, much look yellow, like or even water, softens &  
rough in few days surface totally shed & prod. ch. they will be  
my open & look like small-pox, soft like pla. & ulcers are formed  
Under to note that follicles are affected upper colon, the tubular are in equal  
then stone end, in severe cases not only in colon, but small int  
the mucosa is inf. After a time when long time while mu-  
ment from mouth to anus, washed, & moist & anac. & spleen  
inflamed, dark bel. dark black. In direct, stool cast peculiar  
small blood not present or in small quantity, even in mucous pro-  
mucosa also in feces are found, also pain must be taken in  
one in dark, common in dysentery, India. 1st of milder  
not in bed & analab det. By wat. via ual. mild, will be  
A. call needed is to induce him to keep quiet. 1st of milder  
3p an. In Op xv & xg of p. Chlo. or Carbo oil cum. at night  
suffice in 2 days of aft. oil or Hy. & Op. stool could present just  
small stool a open. Chlor. pan. & Dover. In much blood do not see  
but anal. St. Min. In severe cases, soon more... a warm bath  
at night, equal circula, determine benefit, sufficient by enough  
also heat action, In much pain in rectum adult: a few leeches to  
anus, or chlo. useful. The need of most wanted is of spec. anal  
in by doses. The succ. pl. In practice is good. How I act. don  
My be specific, it all vascular action & poufendous & 3 of  
present can form mucous ment of strum abno. something  
to be. do xxg. He ought not to eat or drink for a few days



on an open bet. Even in acute group in order to keep flat on  
 his back for 1/2 of thick ice, danger to provide variety, after washed  
 special 3-6 hr then beef tea, may be necessary to feed in 10-12 hrs  
 a thin prod. in order to eat. An old plan is by use of saline purg  
 but for stomachic use or for purgative, but digestion & vigorous system  
 of 3 of salt soda or magne sulphate 3/4 after in 3-4 hr. after  
 bowel will be called on; Op alone or with opium, Op best all the  
 mouth or action, 1/2 of mouth. xx-xxxm of dent. of retina. daily  
 the tenesmus, then will give the rule by which the app of an  
 or hold cloth. or use of any nit 1/8, F3 of cabol. 1-1/8 & 3/4 plant  
 will ally. By per case in which the are some in which the tongue  
 will, live tendi. Evacuation of the purg best, also could find  
 prostr. of scorbatic. of exposed malacia or cachectic.  
 we judge at tripe purg bowel maintain. of all kind of study and  
 large stock camp & sub. gr. in order but general as in spec 10 gr  
 will do. of dz or in other dz. Forment. of bell. poppy useful. After  
 acute stage included, number of St. n. & turp. x-xx of St. Lest. 3 of  
 St. N. x x of St. Lest. in each. 6 hrs. In Pelvic, specia bed  
 no diet: the mass of calm after specia In Syph. end to remove  
 cond. in humbled to Dr. chry camp. provide regulation in view of spec. raw  
 meat. corn bread. & the means for meals. slugs. Poudre of Saper. & Linn  
 in by dz. xx grs. all with specia In Emecia. war. Opium washed & in  
 2-4 grs  
 doses of 1/4 gr. Opium was beneficial. Use of carbide and a useful 1/2 of mouth  
 useful especially in stage & all the better, & charcoal. of sweetest group  
 lime juice fresh vegetables, great medicine.

Heus. curl (speck) is much the same as...

a of a dead deer no a river group of groups, 29 in each pair. Opium, or purg  
 with a small in the hand mechanical dist. Dosed in dynamis cur & elutri. the last  
 I will think. Mech. is per recta, 6 beads at 8 or 10. am. faces, loach  
 a in nite sign & dice. vol. 2. conentins. per dom. vol. pub. stonsa. surum. group  
 medius. Ad comp. full. Magnesia. occas. 9 all stones per bod. mag. or pel. & enteric conentins  
 or some fungus had. Resonans in principle out. 3 in each group. 1/3. ul. in 6 or 8 or 10  
 & 1/2 on own axis. 2 or 3 in mercury or thrown round another. & when a small cut pair  
 of wonder. Some of end of paper seems to be all of of disordered. then end of the shell  
 by shell. Old band of adhesion of 1/4 of movement. 1/3 of full cases. 3 is permanent shell







