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Wm. Oyster, M.D.

London

July 1872

"Cash Account"

"Be frugal: pay as you go"

10 01

174  
50



D.

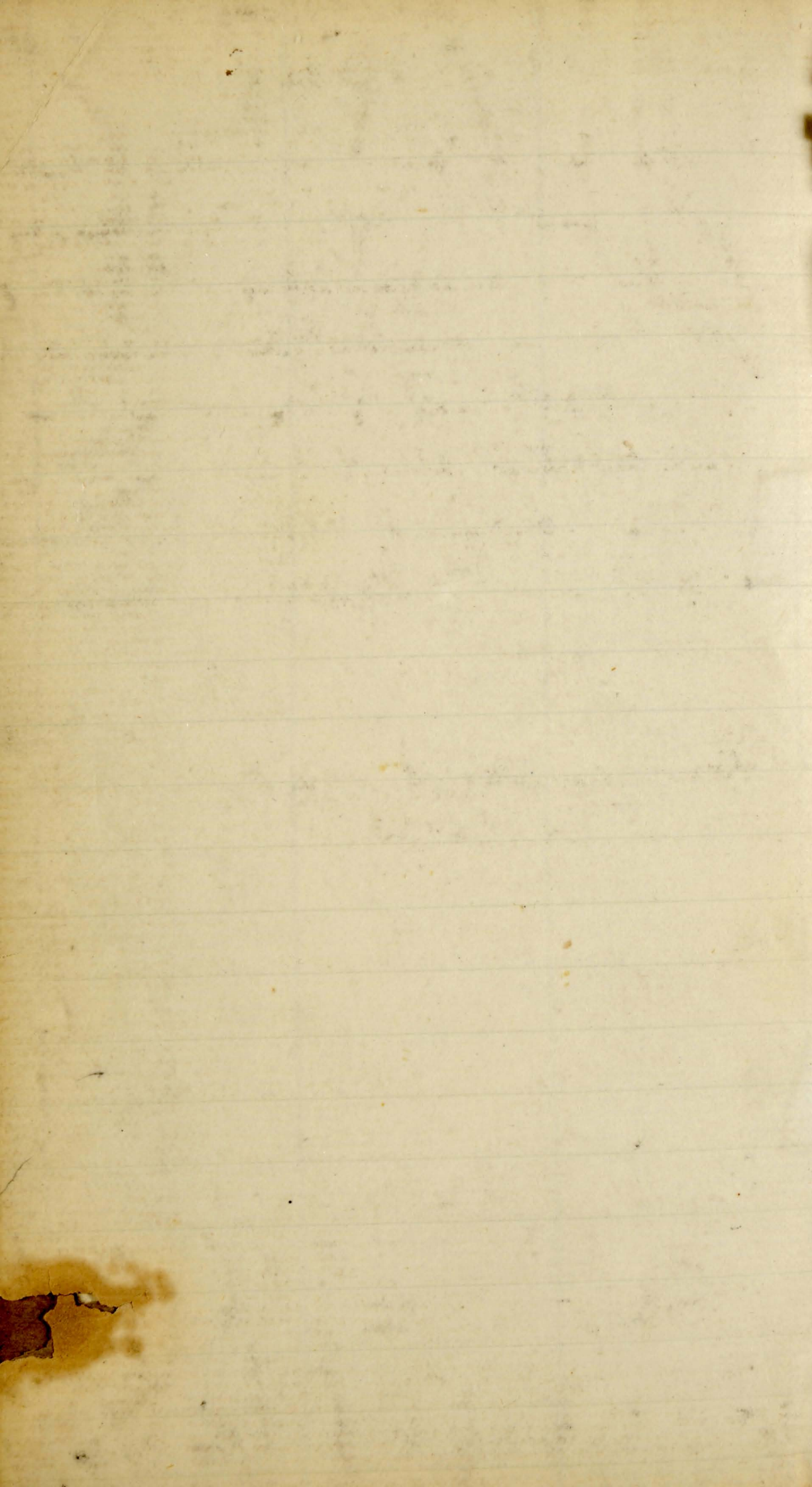
From

76

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1. 3 at Emb. D. #5

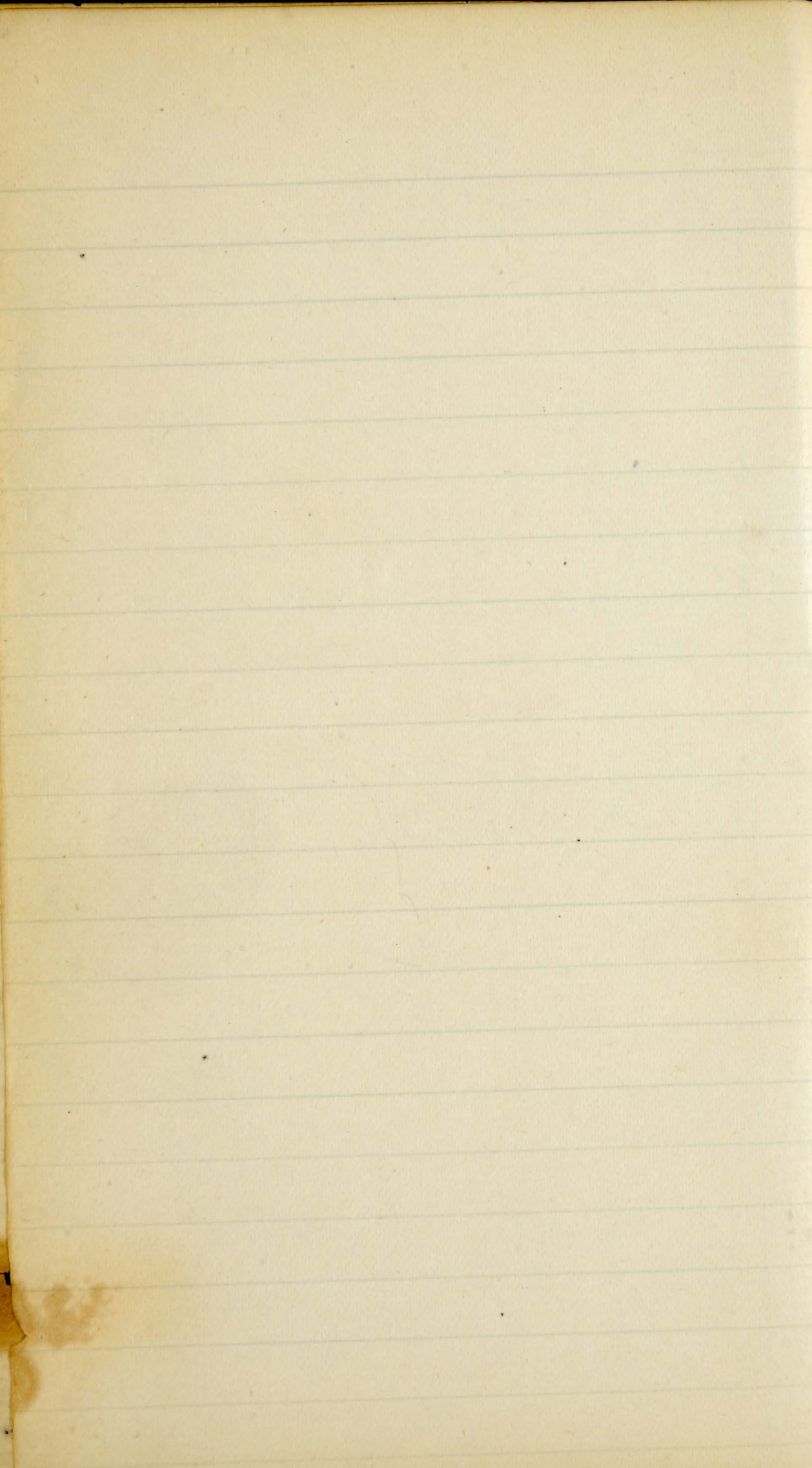
St. Louis, 2. 6. 29<sup>s</sup>, 2nd B. 4<sup>s</sup>



There is nothing in the annals  
of ancient or modern times at all  
worthy to be compared with it as to  
the degree in which it has secured for  
us the great end of government -  
a combination of the greatest liberty, and  
the greatest security for person property  
& reputation. Times Salusque. Jan  
31. 1874

Musica gr vi. 3T in  
pencil. time

Grundriss der Pathologie des  
Hoffmanns, in  
7. u. 8. Heftle (Martius  
Hirschfeld etc. Berlin

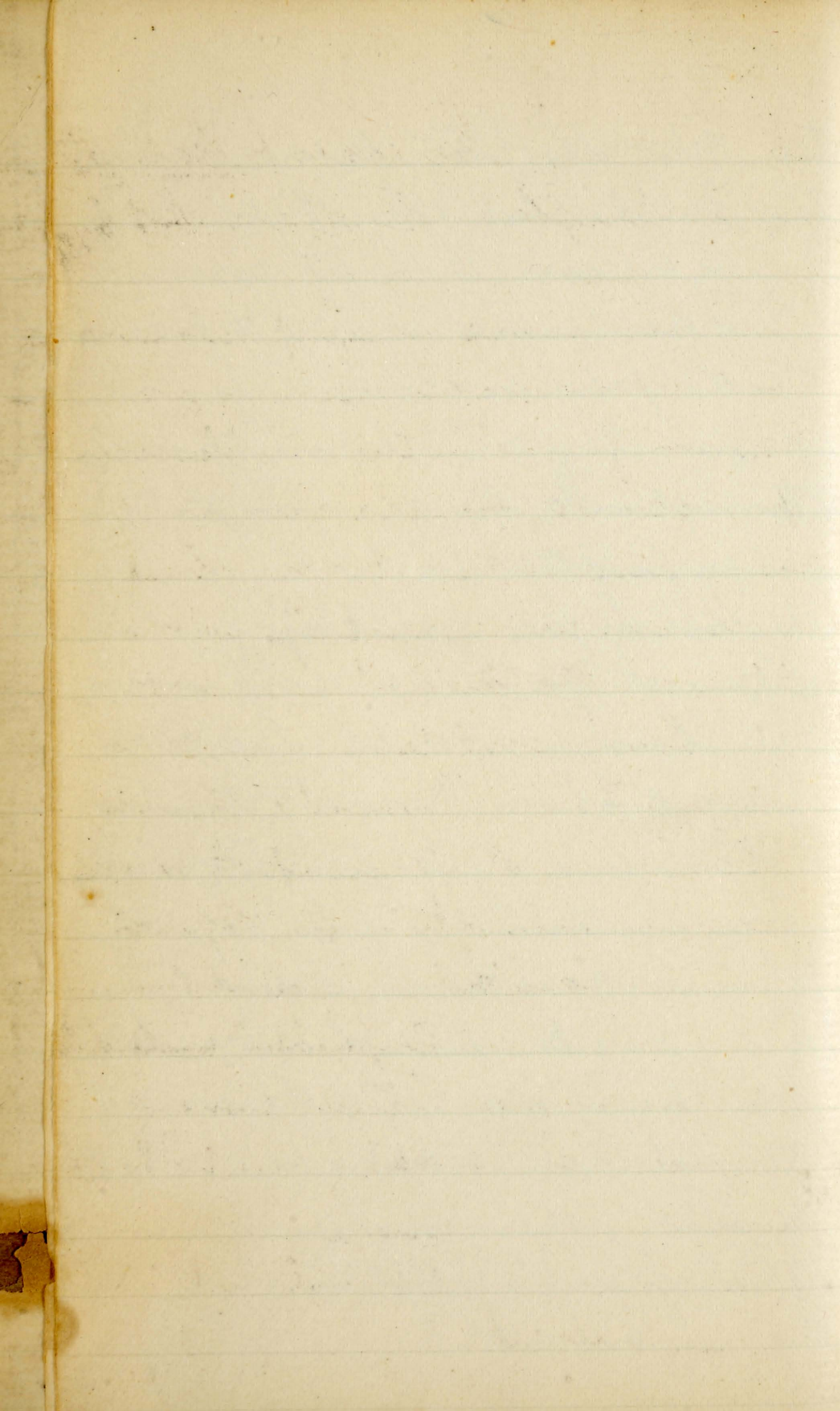




Vertel. Natur Hist Wiss, Archives f.  
Ann. Med. Bd VIII 1871

He believes that the essence  
of the disease is not to be sought  
in the false membrane, but in  
the growth of numerous 'Kerni'  
throughout the various tissues  
& organs of the body

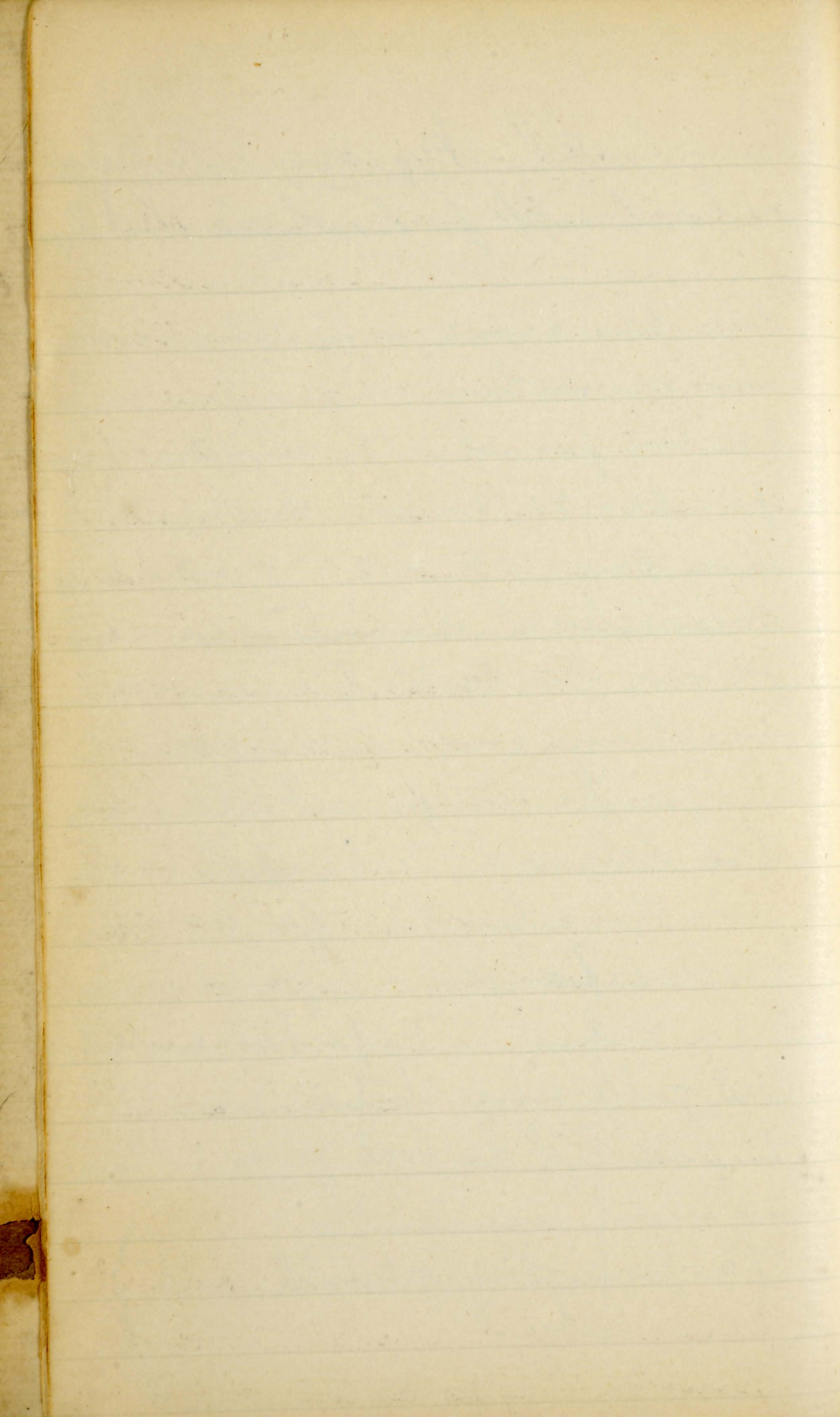
They are in form and size quite  
different from pus corpuscles  
They show an evident double cen-  
tral membrane & a more  
or less marked purely granu-  
lar contents. Their size varies  
between .0074 M. long diameter  
& 0.0242 M. Broad diameter  
- the longer ones. By the round  
ones between 0.0054 u. 0.0032 M  
He speaks of them as being num-  
erable in the tissue



Ludwig Buhl, Mycois tuberculati  
Zeitschrift f. Biologie, Bd 6. 134

describes a case in which some-  
what resembling chlorea in wh.  
P. m. was found in the duodenum  
from 60-70 small elements!!  
very few 1 cm. - 2 mm. whose  
microscopical characters were as  
follows: The epithel cells were  
wanting, & only between some of  
the groups composed cells were  
to be observed. Their spots he says  
were the situation for coprin's  
"Goozozapanfen" compared from  
many molecular "Körperchen" embedded  
in a "gallertartige" tissue. some of  
wh. presented an oval form, but most  
were nearly measurable.

(No connection at all with  
my subject.)

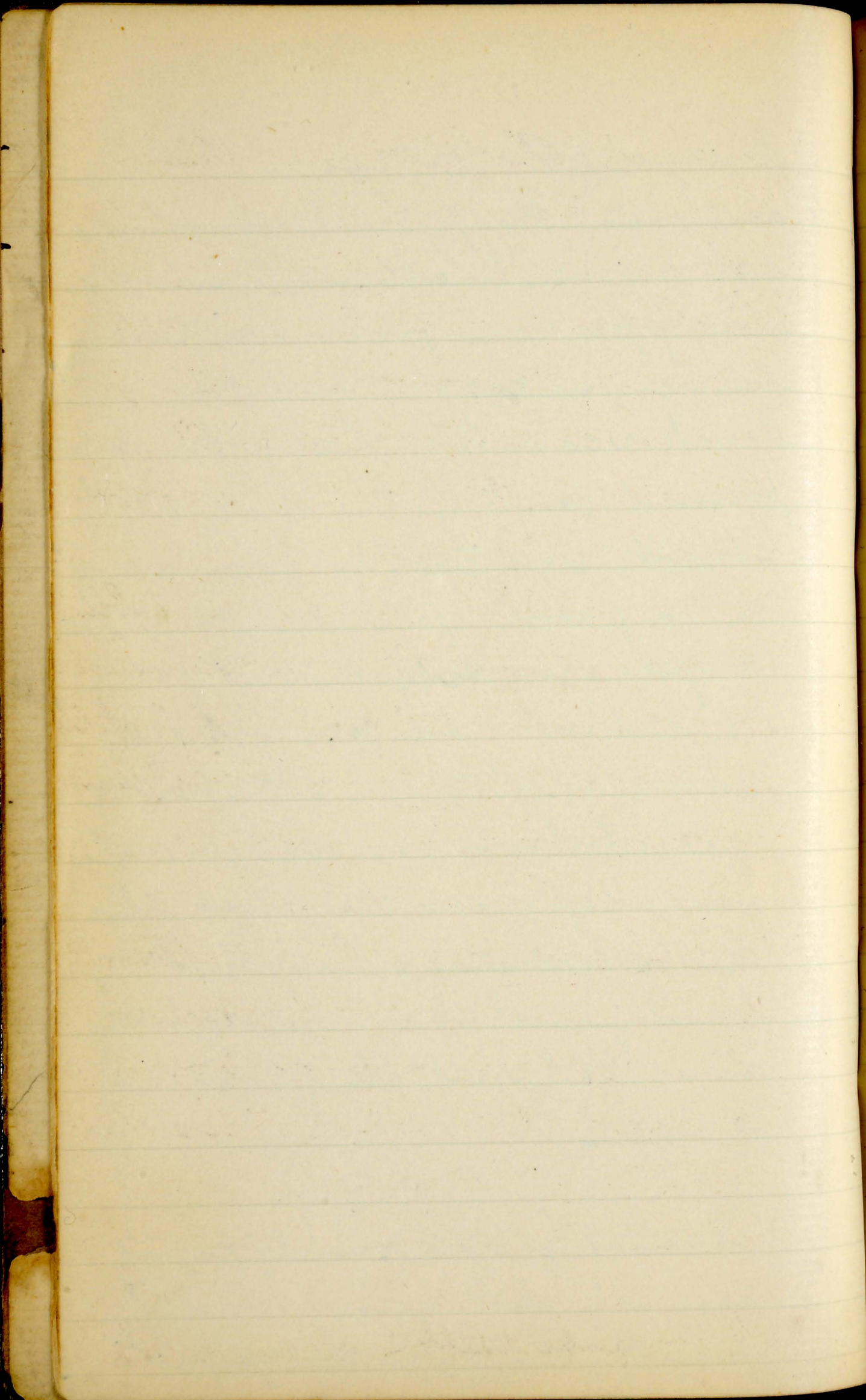


# Disease of the Optic

Glaucoma, the primary cause  
of the disease in all cases, when  
it is primary, from a certain  
change in eye. - example.

Small excavation. Lam. circhoria  
pressed back in the eye. New  
chamber similar to normal  
eye. a groove filled with glass  
lenses. an excipulum is found  
The optic nerve is flattened & press-  
ed back. atrophy. & the marks  
of the trabeculae are narrowed  
& compressed. the fibres of  
the vessels are compressed  
vessel found shown more to the  
inner. Choked atrophy about  
the spot.

veins. go to the vessel of papilla  
then all spot & small as red  
points. They go in the depth.

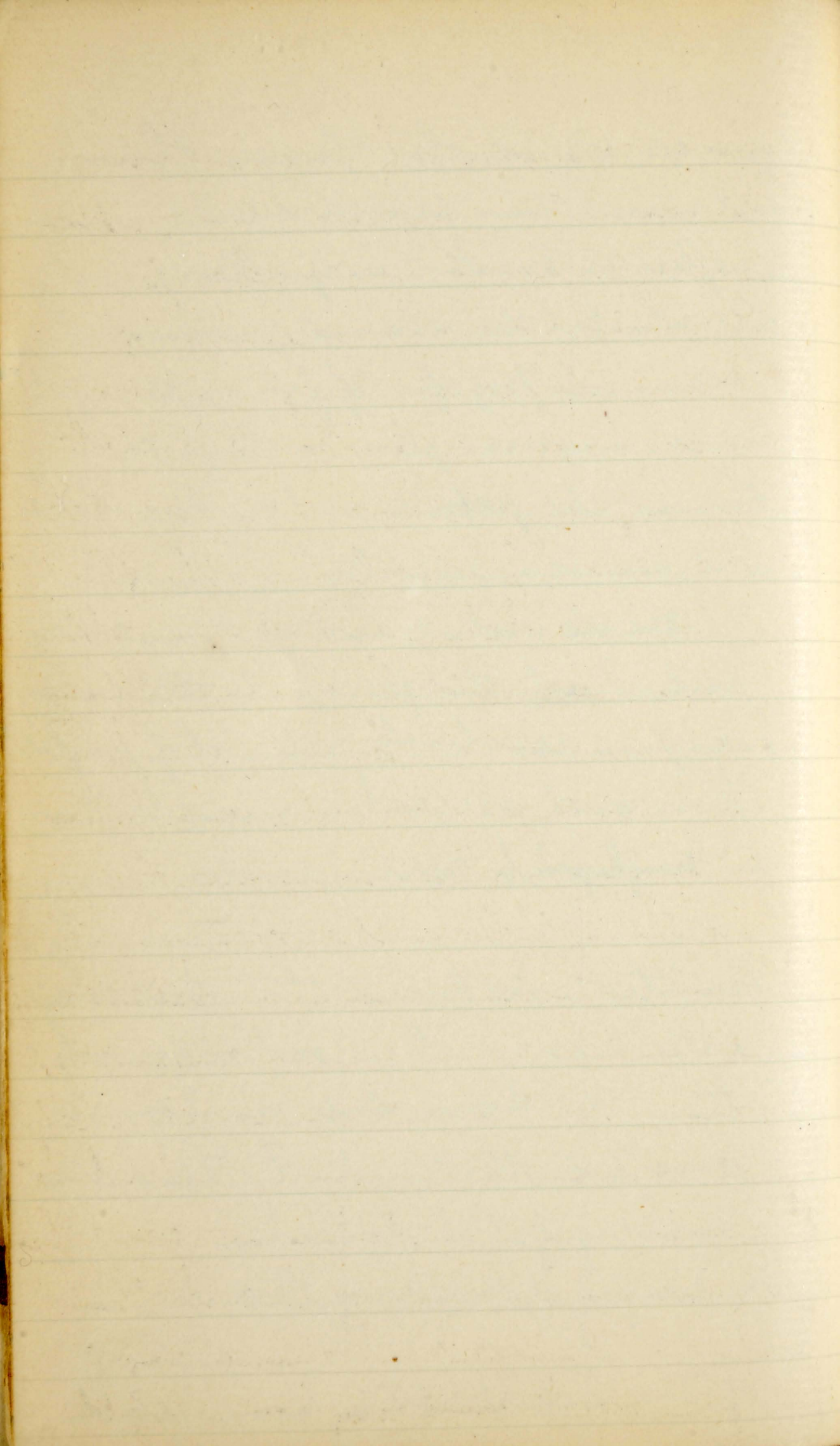


you see the whole blood column  
as it runs then perpendicular  
2 often in border as you have  
all what in the vacua - cannot  
see as in Myopia of  $\frac{1}{5}$  unless you  
use a concave glass or  $\frac{1}{3}$  or  $\frac{1}{6}$   
I see the papill not as thin or green  
as it comes from the

It is also evident the artem  
pallid of the pover as the vein  
goes for central to round of papilla  
often not present in simple glass  
In unlight examination

Heritis we find the Pappewell  
the round. of a nerve -  
the - the Lam - Ent. mark soon  
poured. the round at 17th the  
swell of the vessels.  
The larger it becomes the more

1. The papill left is never whole





abundant at little. dry. 2. paraly  
the veins remain swollen. The  
border of Papill never sharp.

Diagnosis. not alone. danger of  
brain disease. but one for of Neuro-  
sis in perhaps. This does not  
aim for pressure in sinus cavernosa  
more probable that it is the

the Scheiden canal & swelling  
of the lam. crib & swelling  
of pons &c. No one can say

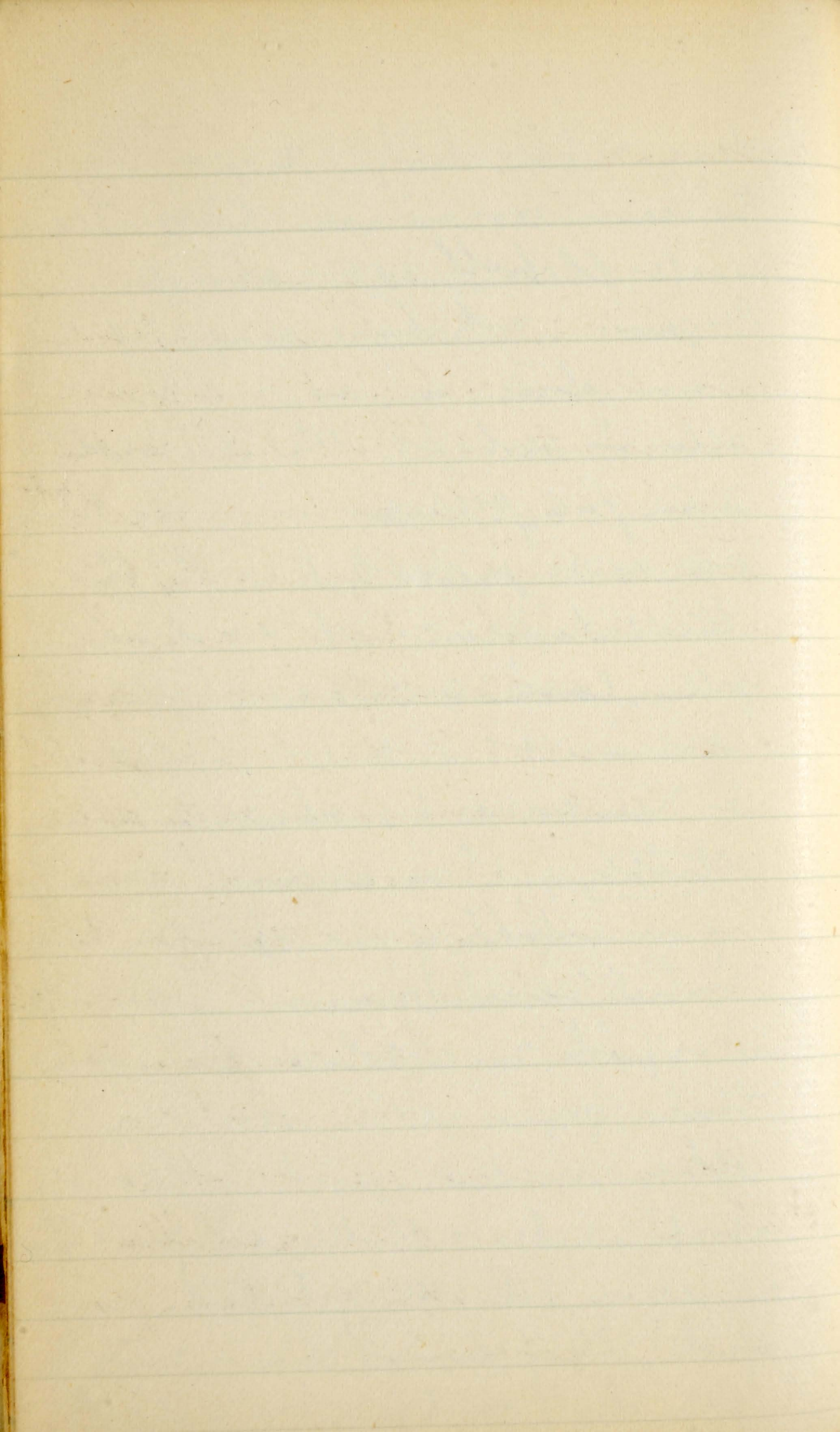
a new come from above or below  
atrophy. 1. see anemic. men

of the cubit of the opticus. when  
central vessels (narrow retina atrophy)

1 - pale 2 - a colour change (as  
trunk, grey or yell. sandy, cheff  
after months. or find white white-  
atrophy. & also a flabby atrophy & blue

one see on network of L. crib. their  
spots. Chief signs: dimm eyes

of the dark and my have a light



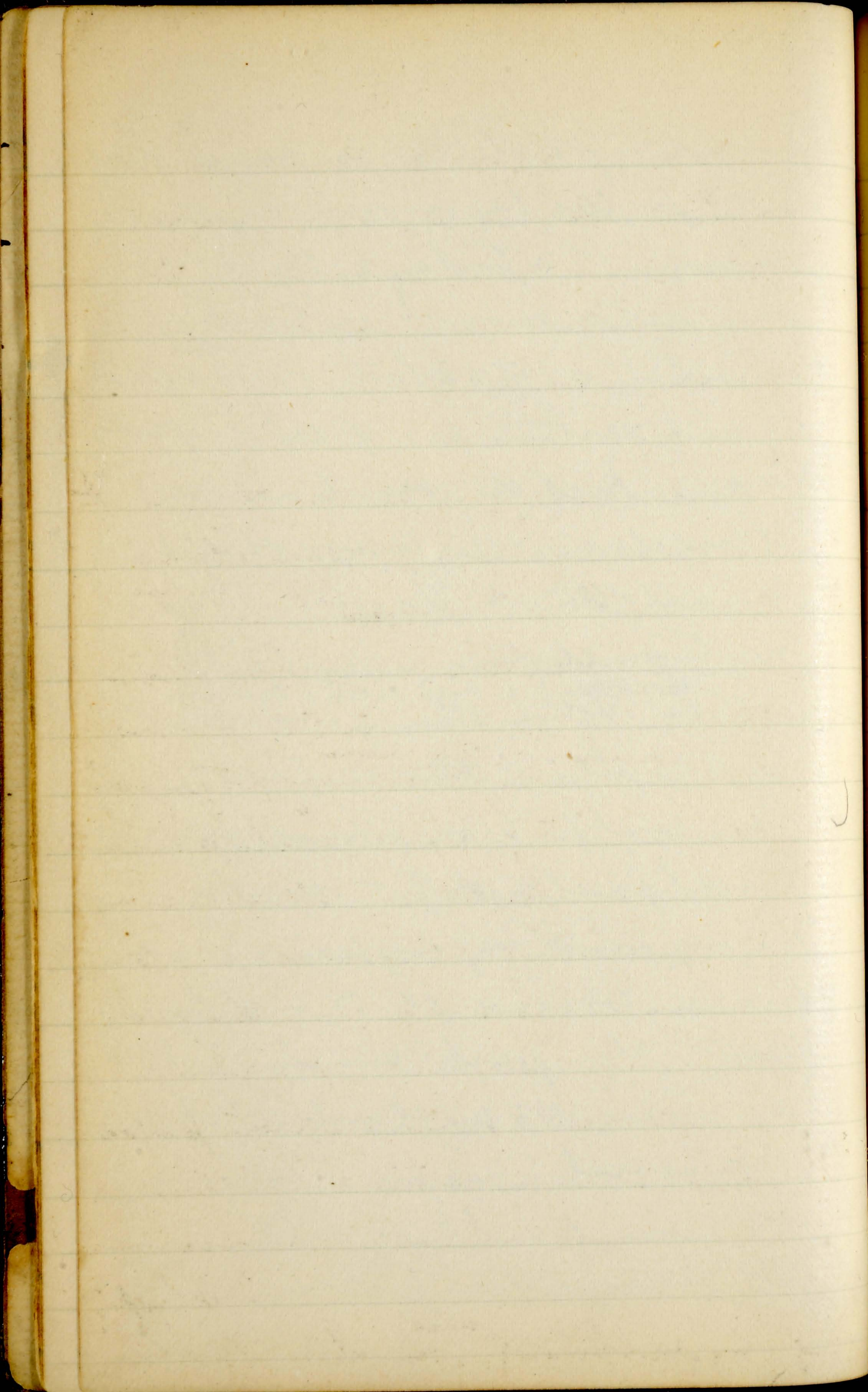
depression

Embolism of art. centralis  
seen a pict. of Melnicki but a. peculiar  
fluid. The case only such was examined  
microscop. Occurs sudden, central  
vessels, loss. After not all vessels,  
<sup>one or two</sup> after but one. \* only part of the  
field blind. Total or partial  
vessels for the sclerodochal vessels  
supply a little blind. Partial. central  
is. Callosa grines also at the dark  
line as surrounded beyond & may  
see as interrupted. current in the  
veins. Mac. lutea in 2-3 hours after  
occurs mildly white & looks in the  
center as if a bloody spot. - a  
hemorrh. May see several. (2)  
Also a tracing of the papilla  
arteries. supply to the blood comes  
into what blindness.



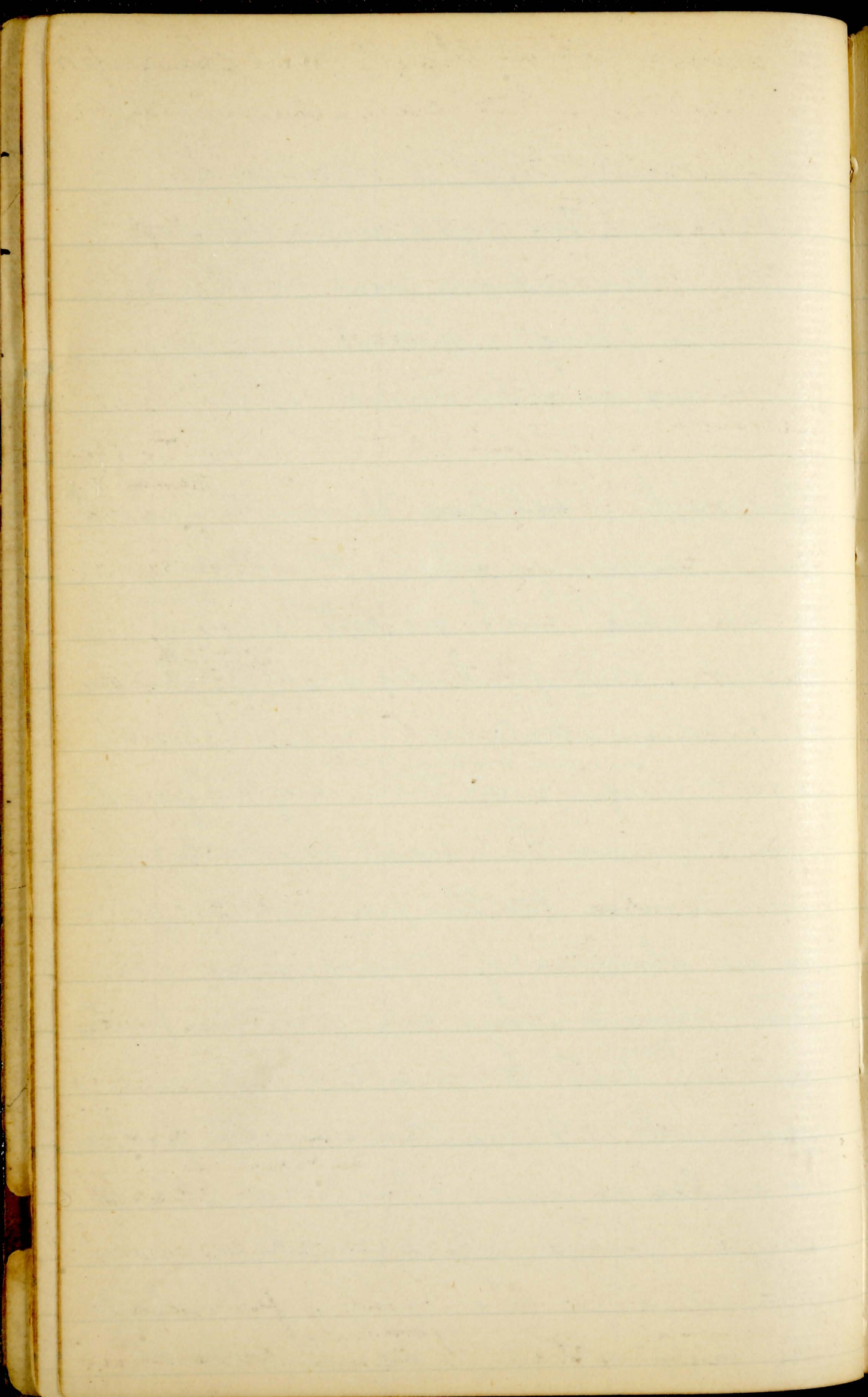
Separation of Melina is hard drug  
more for the beginner. Coy drug  
common. 1st a touching of the reflex  
when not a normal reflex as up  
a under or of a white gear <sup>blind</sup> reflex  
& of a certain sort of separ of paper  
separ. In it the vessel run but  
it has done to the lens. & they look  
small & thin as they are not so  
much multiplied. as they are close  
to lens. <sup>the presents a high degree of hypermetropia</sup> Follow them if possible to  
the papilla & then certain

May be at first very small & far  
peripheral & diff. to change  
The eye pink very hypermetropia so  
use a convex 10- or 6. & look  
them. when pink sometimes with  
dark it see thro the fluid. the choroid  
& its vessels. They lay it under  
the same go. it to ground &  
often colour & dark for it comes  
on



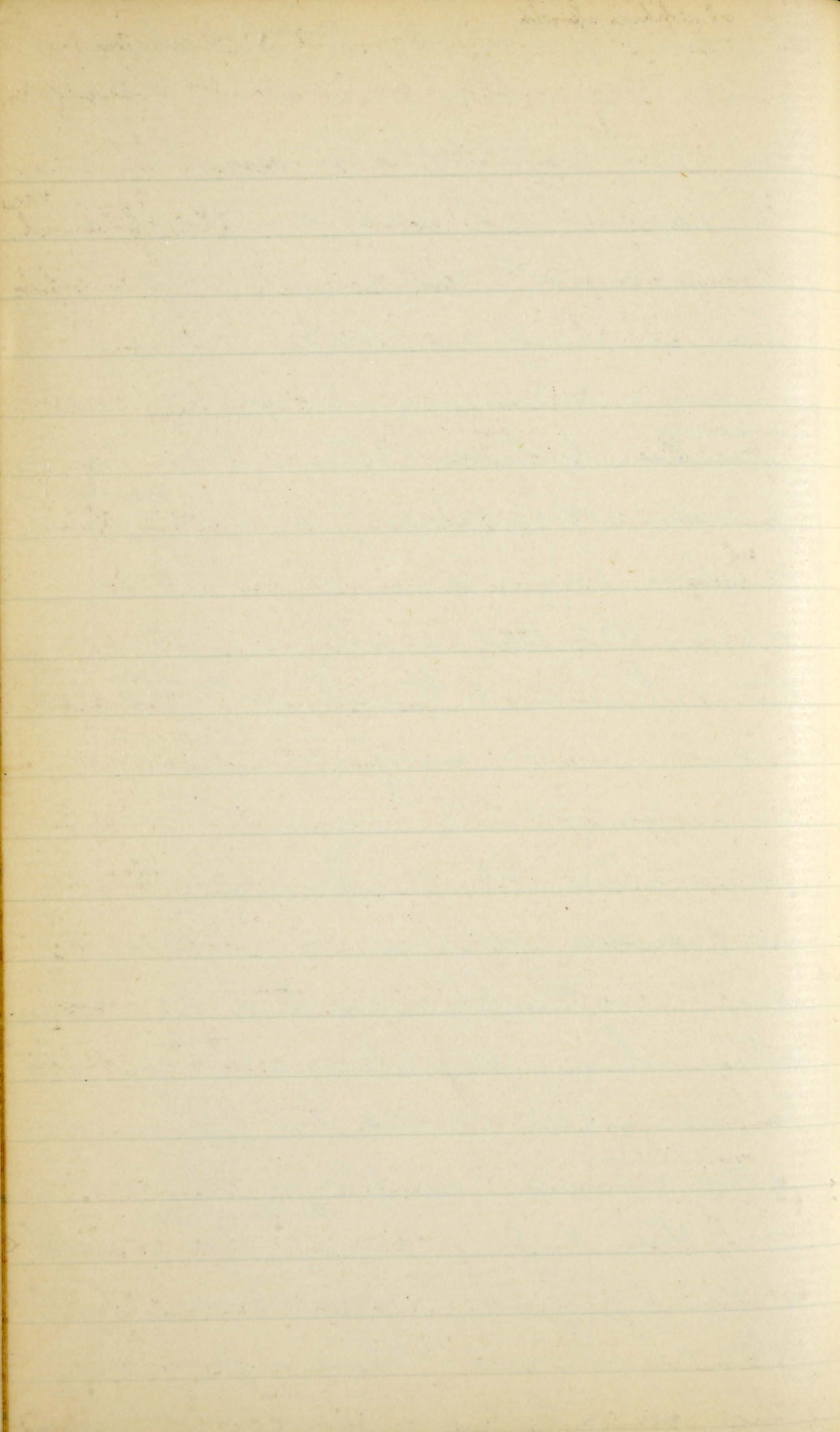
a congenital aff. the. Ma. in  
palken. No sight disturbance  
the. An intense white spot. In  
the glaucous. streaked. But an  
enlargement of the blind spot.

Choroid seldom The most import-  
ant accomps almost all the  
1) Ch. ch. <sup>eyes</sup> not necess<sup>arily</sup> <sup>exclude</sup> of  
sight. only perhaps a little dim  
2) a chor. coats out in Ch. <sup>membr.</sup> <sup>membr.</sup>  
not inf. & in them sight good  
In Pigment. light feels an in-  
wh. arise. tho the pig. spots go  
& in struma of choroides. & leave  
the vessels caps wh give the pale  
color. <sup>can</sup> not speak of gradate  
generally. I see these spots paler  
& paler become & then in their  
sign. gradual ch. vessels <sup>membr.</sup>  
then which we see. is heard abruptly  
Pig. by perhaps <sup>also</sup> on other spots

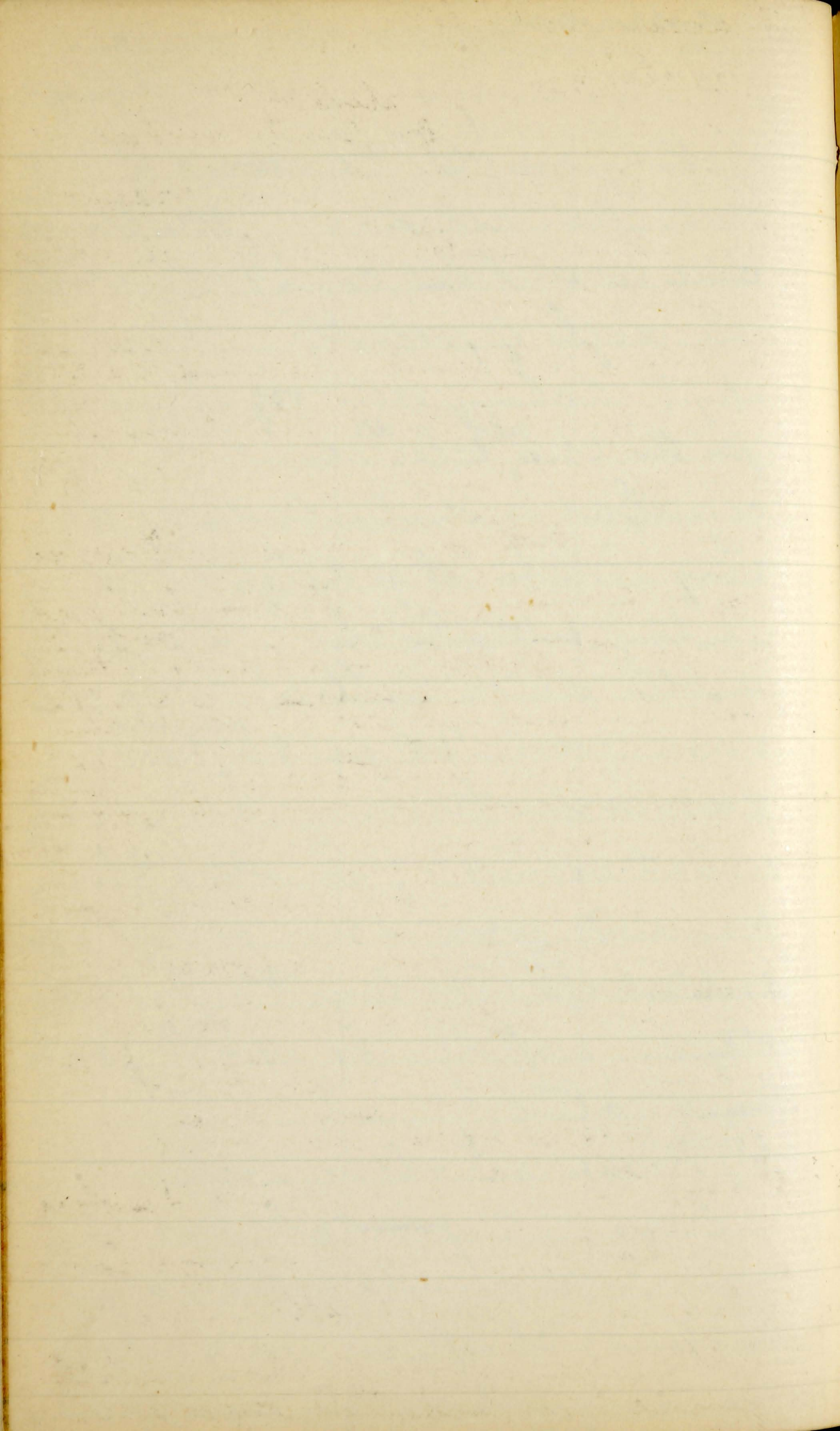




to accum & get of black in clumps  
arises. Then two can. do not have  
any proportion to one another, &  
the hyps do not increase as the  
the pigment decreases. This  
but in cases in resp of seeing  
grows, & commoner than a spot on  
adhering vein between retina & choroidal  
place. when met along, such  
as when pigm are. In the case  
never the pigment grows into  
the retina. a third fa<sup>do not</sup> seldom  
exud on over surface of choroid.  
rare. found (written) mixed, as  
exudation (Ch. exud.) whole  
see power goes in 3-4 days  
why? on the ch. sudd agillb  
when when mark over surface  
be returned. I see the kelu vessels  
of the retina give place wh death  
from the kelu. This <sup>the blindness</sup> is a result  
of the aff of the rods & cones next  
the choroid. When a former  
Ch. was & then Ch. exud. comes on



the <sup>algebra spots</sup> chor., disappears... a 3 danger is  
in the localized. Each is danger  
if the <sup>it</sup> hind pole nears & if near  
the corpus ciliaris, occas blind  
comes on sudden, came <sup>frank</sup> atrophy  
in neigh of papilla. - blind  
why? a change occur viz. hyperemia  
for the chor. <sup>radial</sup> <sup>dist</sup> vessels. as the  
circulation is disturbed in the optic  
2 way. in wh. it is danger is  
scitiz. anterior chor. when goes  
another danger is that it reach  
vorn. goes. Not all ch. <sup>moderate</sup> having  
glass cornea turning. and when  
condut comes. & goes when chor  
forward. goes. & may get on to give  
<sup>ant</sup> sub-cilicis. The longer the hyperemia  
stay, in papilla. so much the greater  
danger of atrophy  
Ch. <sup>moderate</sup> dissem. not aling. result  
of. Lues. A form wh. has its  
origin in the macula lutea - a ch  
aberrant. chiefly in young youth  
& the mac. lutea - the center & round



to accumulate

Myopic eye.

I <sup>whenever</sup> ~~eye~~ post. not an

opth. but an anatomical name  
has a true shape but a Ch. de rappe  
variable spot

Ch found in 3 places. & when the cilia  
res go in. & in the further growth  
it is for the last. plus when it  
absorbs.

Not always a sign of Myopia  
may be increased in Hyperom. but only  
the fourth <sup>and</sup> growth is a peculiar <sup>and</sup> Myopia

It also has an inf <sup>lucens</sup> on the app of the  
pallula. which stay a little oblique

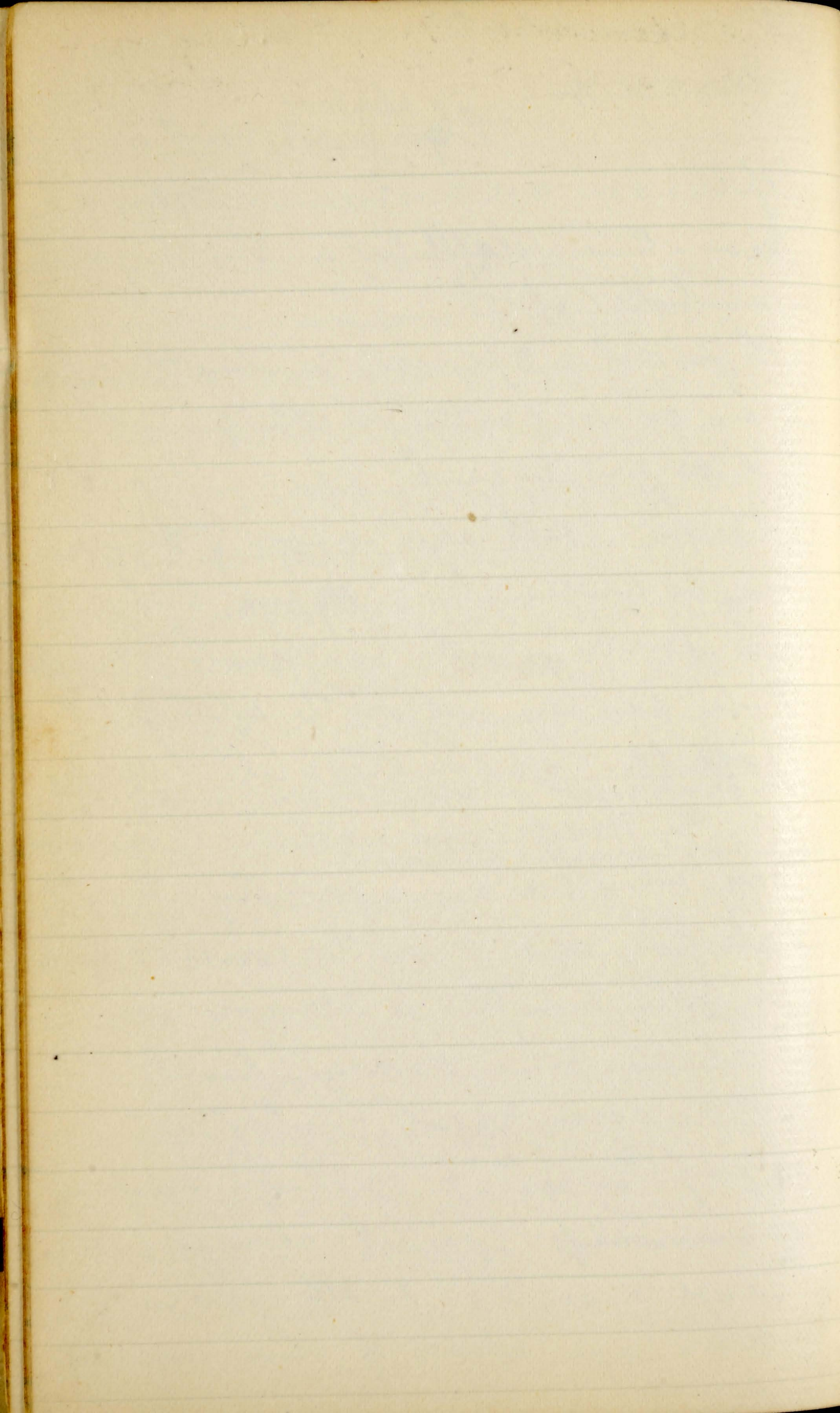
and the vessels going to one border may seem thickened as in  
when the Myopia is so close the cornea  
stomach. & be careful to distinguish

may come to a ring forming or a  
alopic case near the cornea and  
Ch. may arise thro a hemorrhage

in child. when progress <sup>ive</sup> find. the  
ent the cornea regular <sup>early</sup> early

The pup <sup>the</sup> by her <sup>and</sup> in large surface  
of surrounding pigment. change takes  
place & in 2-3 weeks & so on

ill. layer spots of chon & alup  
ance .15. condensed pigment



disappearance. From Taping is in  
who kind found on in possibly  
never about the possible

Refractive estimation in in Direct  
examination

When I am 2. is an an

The weakest glass with which I see from  
an Myopia

1<sup>st</sup> Class

Cotton

Parkley

Fruiser

Bell

Park

Miner

Smellie

Jameson

Armstrong

Gillis



# 1<sup>st</sup> Class

- (1) What are the varieties of fibro cartilage. State localities?
- (2) What is the structure of denture?
- (3) Under what conditions do we meet with the buffy coat? what is the cause?
- (4) State Schmidt's view of the coagulation of blood
- (5) Name the coloring matter which may be obtained from the blood. How would you obtain crystals of haemoglobin? haemin? where does haematoidin occur?
- (6) Wherein does the essential difference exist between arterial and venous blood
- (7) What events correspond in time with the first sound of the heart? with the second? with the pause
- (8) What is the cause of the first sound?
- (9) How are the volumes of air divided by Mr Hutchinson?

(27) . Petrus . a

28 . accommodat

29 .

10 What is meant by the vital capacity?

11 Explain the act of deglutition?

12 Structure of the stomach

13 Structure of duodenum

14 Structure of the liver

15 Glycogenic function of liver

16 Struct. of skin

17 St. of kidney

18 How much of protein in day

19 in grams per day 512

" " 8.5

20 Nerve tissue

21 Node of Ranvier of nerves

22 Reflex action essential for

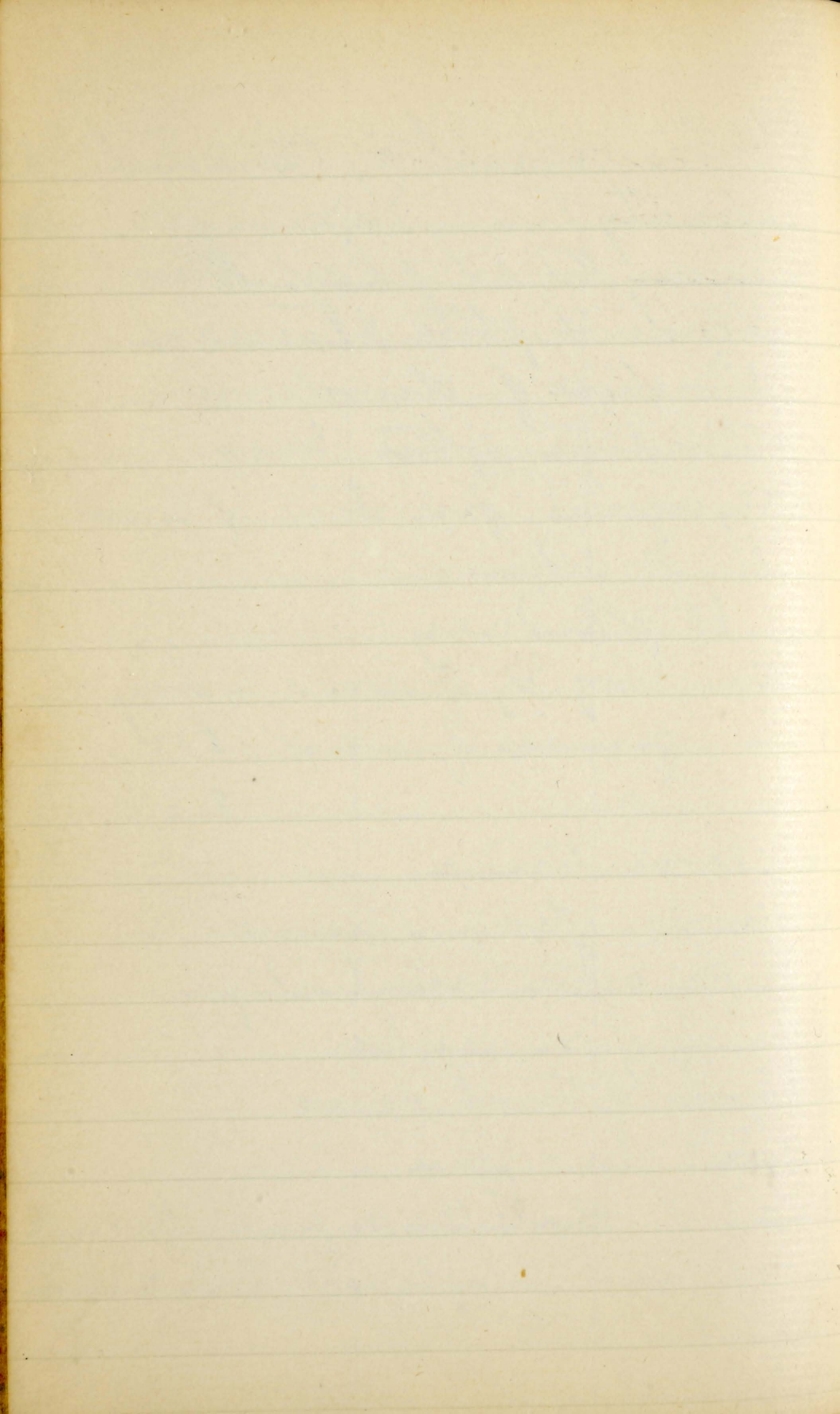
23 Funct. of n. cerebri

24 Paralysis of third nerve

25 Sensit. nerve fibre

26 Facial state the n. path through  
with secret. is reflexly excited in the sub-  
mandibular gland.

Paraly. of facial



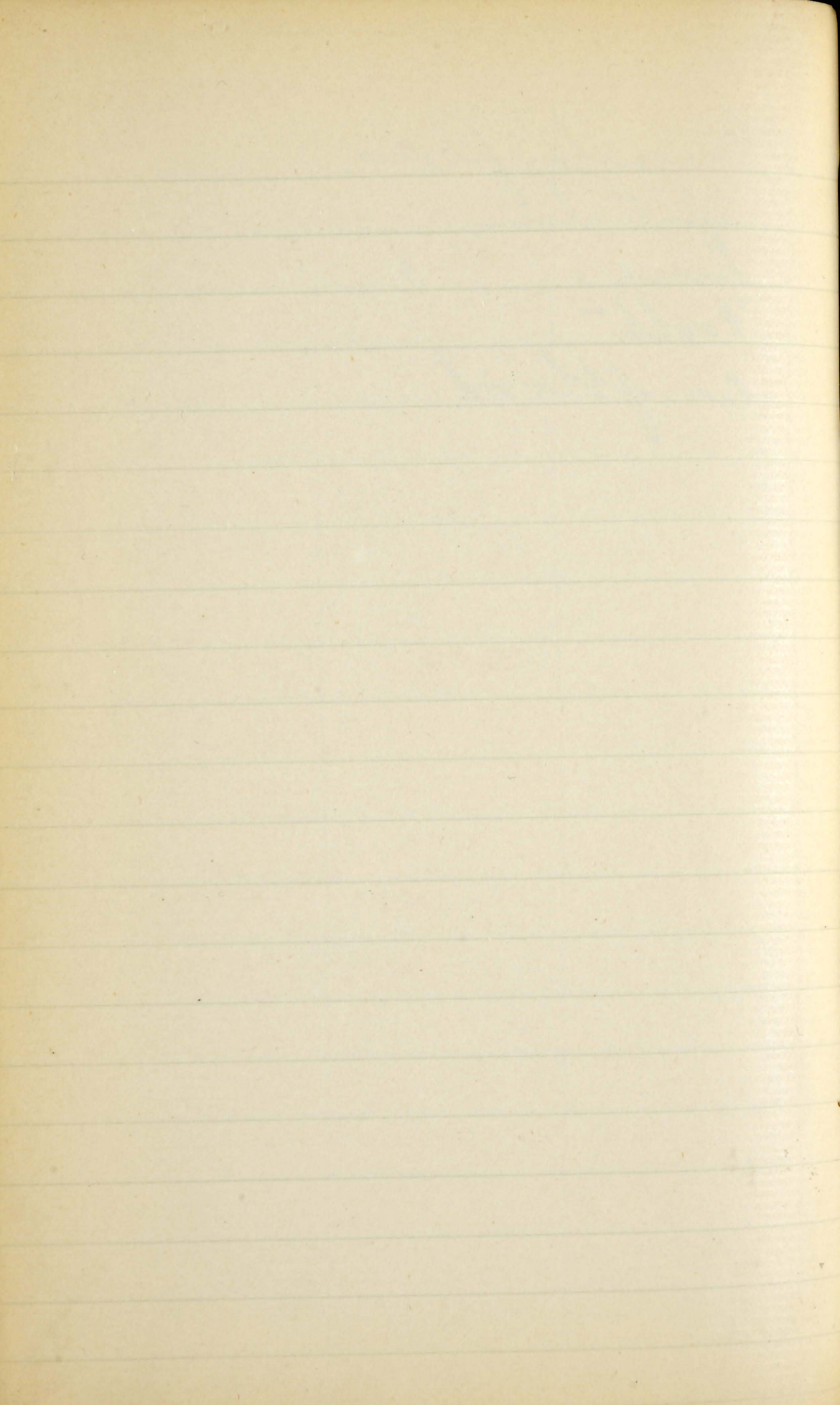
Muscular fibres.

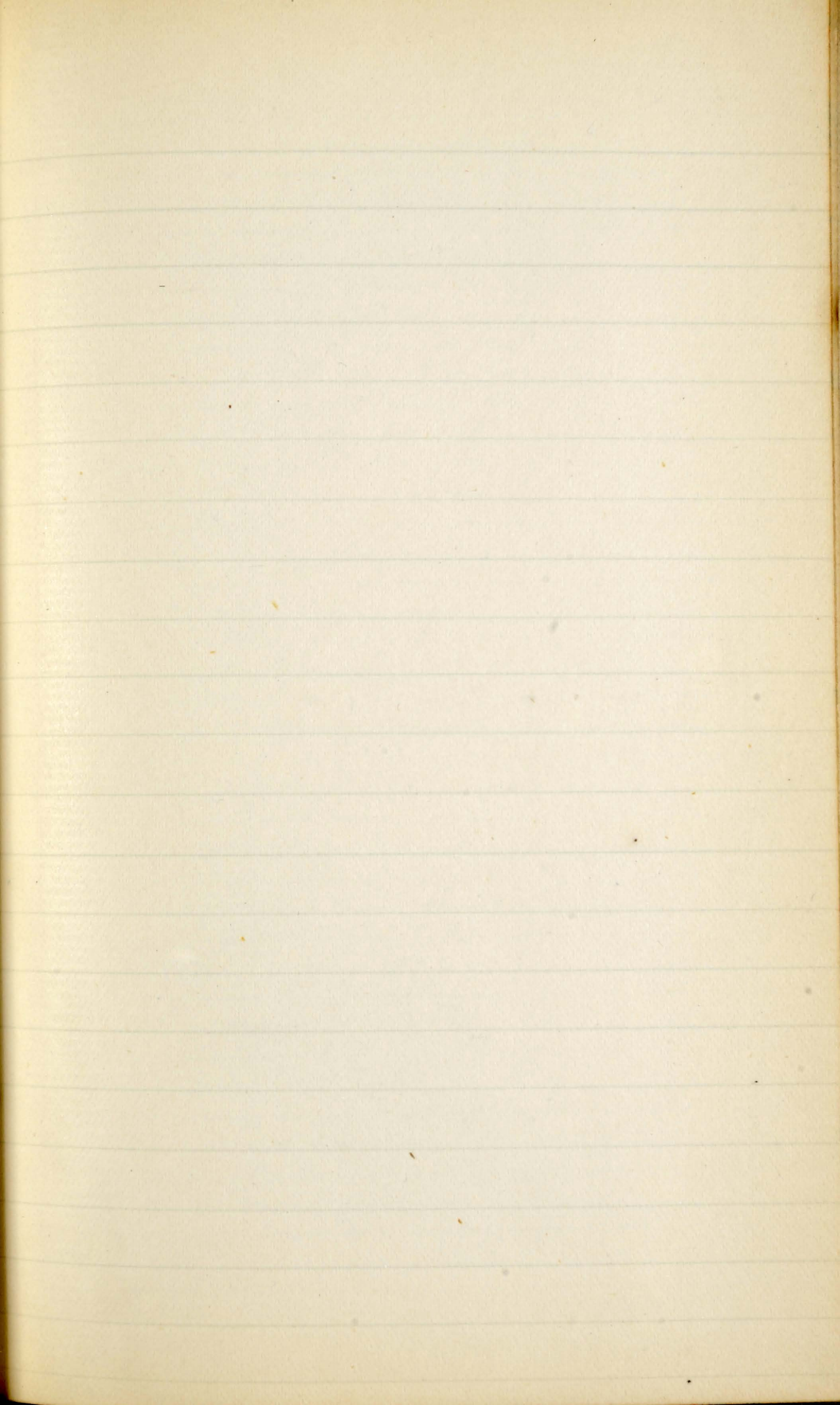
Epithelium

Bone.

Tooth-

Can. of blood





# Foreign Periodical Club.

Members

Pd

Oster	10.00
Butler	10.00
Shepherd	10.00
Fennick	10.00
Drake	10.00
Howard	10.00
Ross	10.00
Chine	10.00
McDonnell	
Godfrey	

P.O.D. for W & Nor. for	30 dollars	May 18
" " " " "	30	July 14
" " " " "	27	Nov 3



Journals ordered 13/4/75

Archiv f. Klin. Chirurgie  
" für Kinderheilkunde  
" für Ophthalmologie  
" der Heilkunde  
" Deutsch f. Klin. Medicin  
" für Gynaecologie  
Wiener medizinische Presse  
Schmidt's Jahrbücher

21/475

Revue des sciences Médicales  
Archives Générales de Médecine  
Bulletin Général de Thérapeutique  
Gazette Hebdomadaire

1877.

77.

Fruwick	10.00
Howard - +	10
Drake	10
Macdonnell - - 5-	5-
Godfrey	10
Ross - - 5-	5
Bullen rd -	10
Shepherd 5-	10 pd.
Chine 5-	
Gardner - 5.	5-
Oster	(10 pd.)
McEachran	<u>10</u>

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\$ 10.00.

78

$$10 = 20$$

$$10 = 20$$

$$10 = 20$$

$$10 = 15$$

$$10 = 20$$

$$10 = 15$$

$$10 = 10$$

$$15 = 15$$

$$15 = 15$$

$$\begin{array}{r}
 10 \\
 \hline
 160
 \end{array}$$

60

20

240

10. 15. 10

10. 15.

8 at \$ 39.00  
3 at \$ 36.00  
4 at \$ 28.00

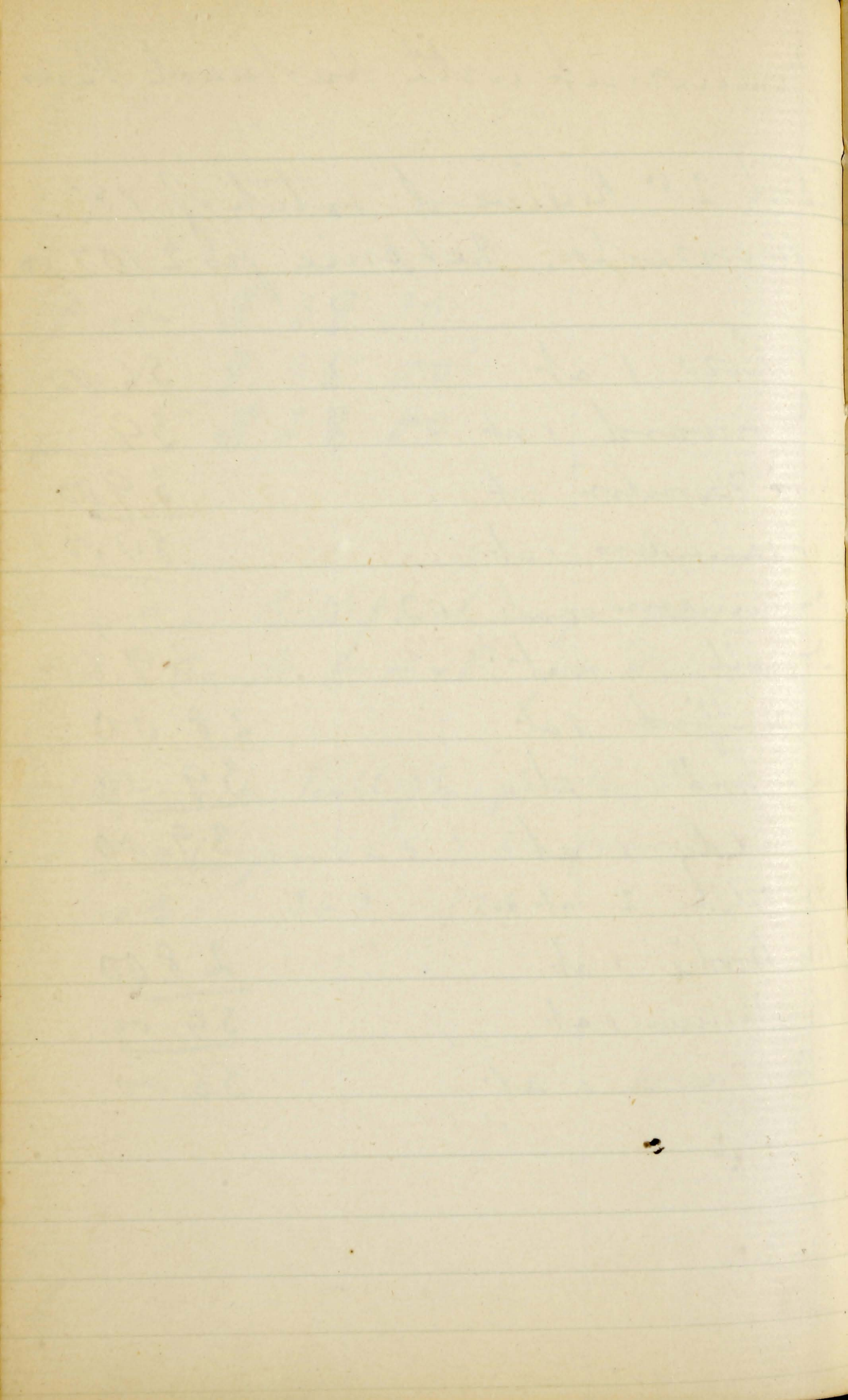
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British Bank. to H. & P. for 85-0 francs

Friday Oct 12 Bill of Exchange per Bon Bank  
to H. & P. for 1257.50 francs.  
no 3 . 347. (73) .

In account with Harbuck Paris

April 25. Received batch of 15  
Microscopes, net price frs. 2,107.50

Dr Ross, 1 at	<u>36.00</u>
Dr Howard, 1 at	<u>39</u>
Mrs. Thornton, 1 at	<u>39.00</u>
Mr Saunders, 1 at	<u>39.00</u>
Dr Cameron, 1 at, PD. 25	
Dr Bell, 1 at	39.00
Mr Stafford, 1 at	<u>28.00</u>
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Dr Ozer, 2 at (25)	
Mr Brodie, 1 at	<u>28.00</u>
Mr Munro, 1 at	<u>39.00</u>
Mr Querin, 1 at	36.00



Torym Journal. received.

Berl. klin. Wochen. 1. 2. 3. 4, 5, 6, 9  
10, 11, 12, 13, 14, 15, 16, 17, 18 22, 23, 24  
25, 26, 27, 28, 29

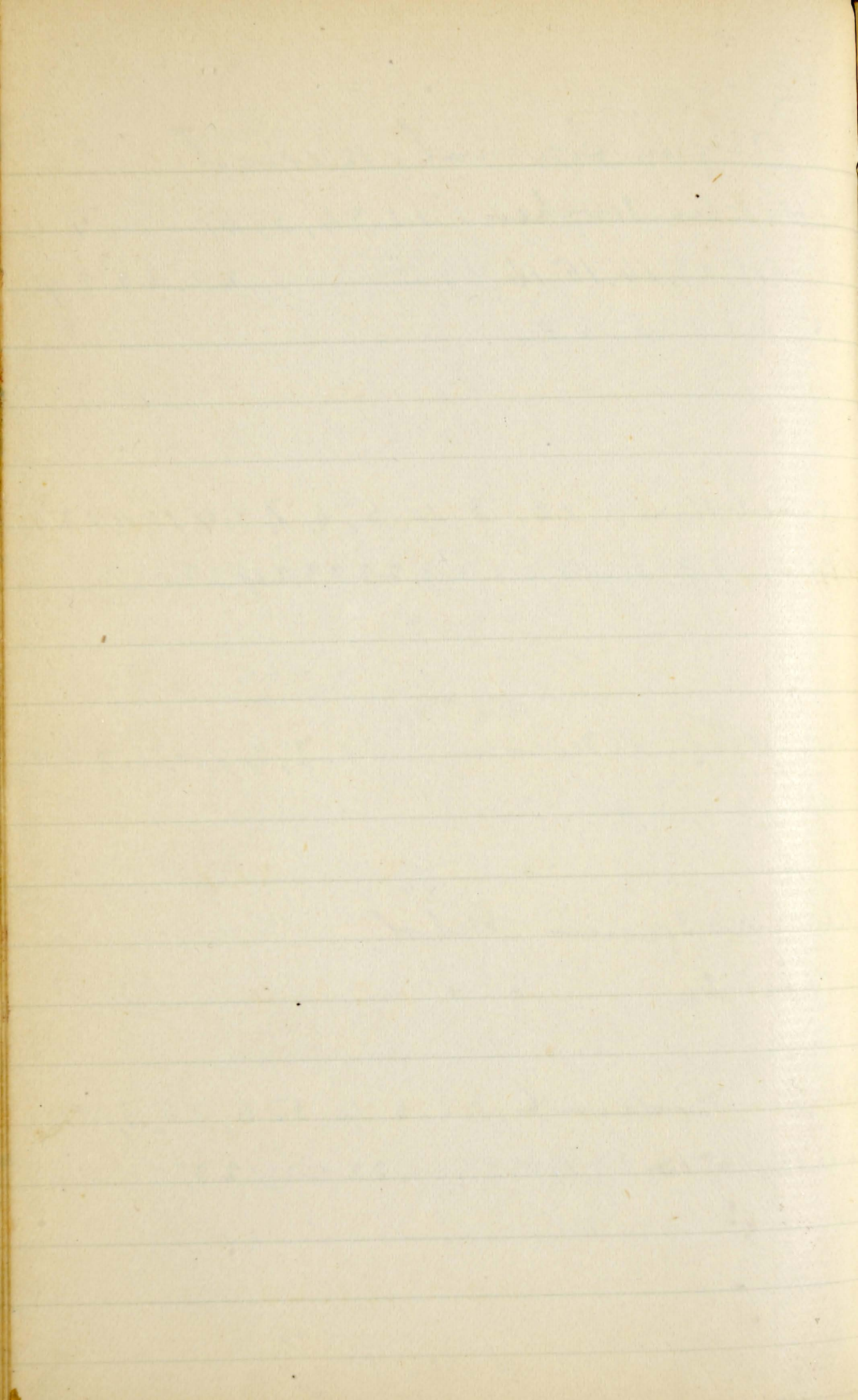
Qoz. Hebdom. 1. 2. 3. 4, 5, 6, 7, 8, 9, 10, 11, 12  
13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28

Bul. Gen. de Therap. 1. 2, 3, 4, 5, 6, 7, 8, 9  
10, 11, 12, 1

Rev. des Sciences Méd.

IX. 1<sup>er</sup> fasc. 21

Progres medical. 1. 2. 3. 4, 5, 6, 7, 8, 9, 10, 11  
12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28  
29





Archiv Generale.. Jan. Fev, Manapil  
May. Juin July

Archiv f. Klein Chir. XX. Hft. 3, 4, XXI. 1

Central. f. d. Med. Woch. 1. 2, 3. 4. 5, 6, 7, 8, 9, 10  
11. 12, 13, 14. 24, 25, 26, 27, 28

Archiv Arch. 69. 1, 304, 70. 1, 2, 3

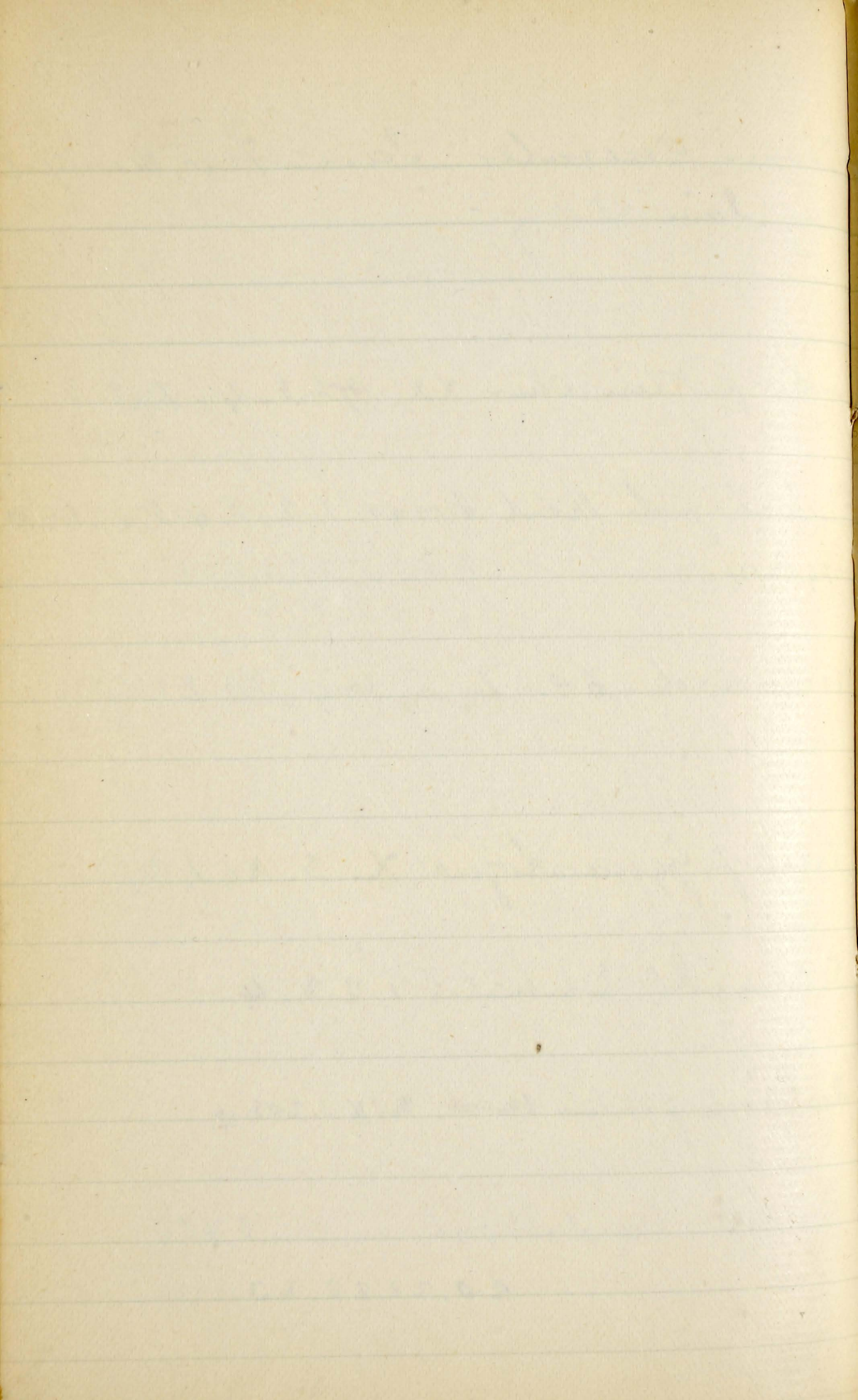
Arch. f. Gynaecologie X. 3. XI, 1, 2,

Schmidt's Jahrbucher. 1, 2 3. 4

Deut. Arch. f. Klein med XIX 1. 2 3, 4

Wochenschr. med. Woch. 5-6/6

20. 21. 22. 23-24 25, 26, 27





Physiology, Final.

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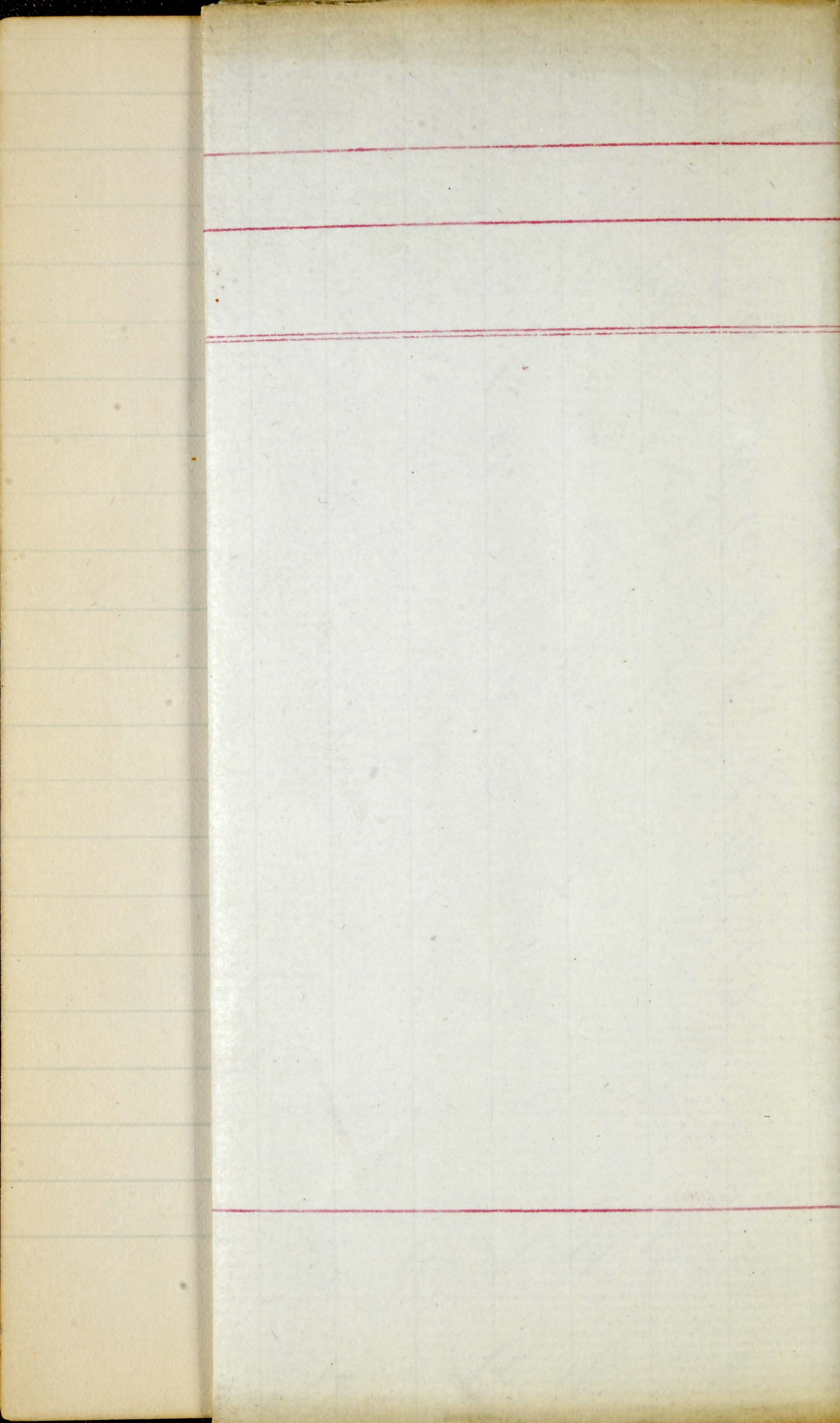
131

No (2) = 100

No (3) = 111

# Physiology - Primaries

No 1	(Mr Chesbrough)	75
" 2	(Mr Smiley)	50
" 3	(Mr Shaw)	85
" 4	(Mr J. Smith)	75
" 5	(D. M. Bell)	35
" 6	Withiston	90
" 7	(J. B. Mearns)	30
" 9	(Dr Keller)	20
" 10	(Wolcott)	30
" 11	(Small)	70
" 12	Kalter	85
" 13	(Leferre)	75



Prof Osler

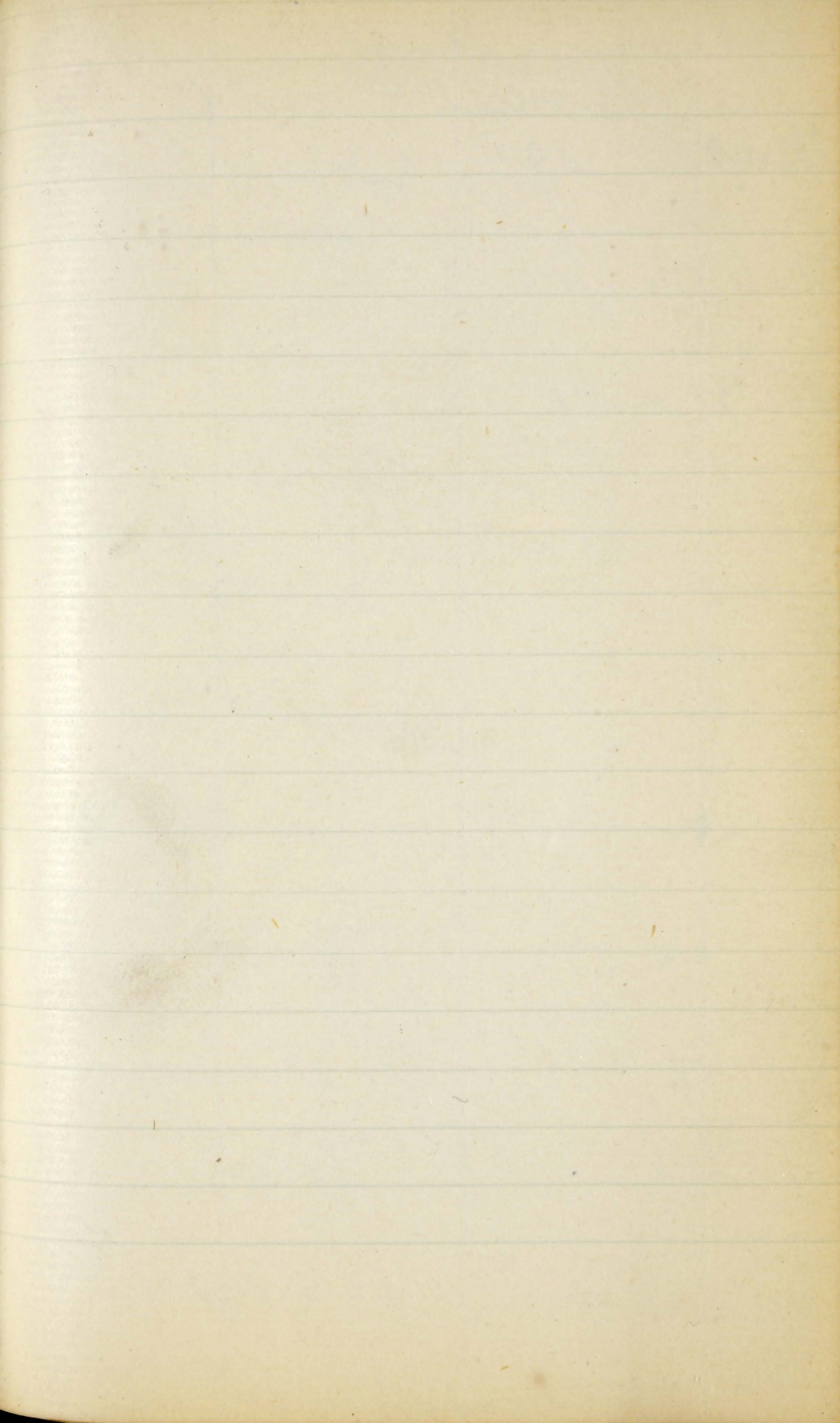
LONDON Christmas 1878

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14, HENRIETTA STREET, COVENT GARDEN, W.C.  
[ALSO 20, SOUTH FREDERICK STREET, EDINBURGH.]

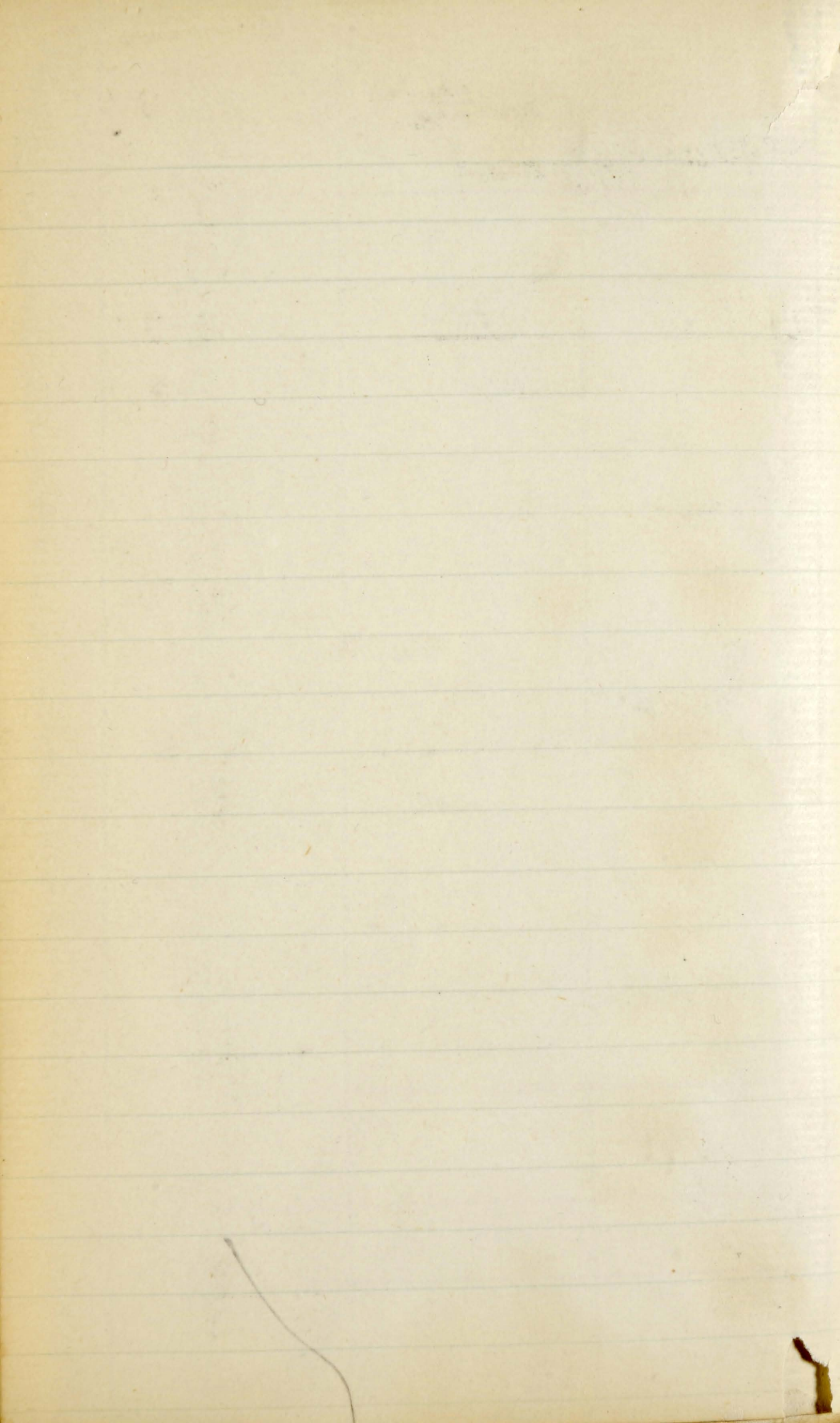
686

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1876				
Oct.	1 Husley Phycoscope		3	6
	1 Schmidt's Shakespeare Lex 2v.		6	
	1 Buch Hirschfeld Anatomie		7	6
	1 Matham on Hamlet		4	2
	1 Orth Diagnostik		10	
	1 Tyler Philo-ophy of Hamlet.		2	1
1877				
Jan	1 Virchows. Archiv 69.		13	
Feb.	1 Centraltbl f med. Wissensch 1877. 1/4	1	4	
May	1 Virchows. Archiv Vol 70.		13	
June	1 Archiv f mikro Anatomie XVII		10	
Aug	1 " " " " XIV. 2		10	
Sept.	1 Virchows. Archiv Vol 71		13	
Dec	1 Archiv f mikro Anat XIV. 3		12	
1878.				
Jan	1 Archiv f mikro Anat. XIV 4		12	
	1 Virchows. Archiv 1872		13	
	1 Centraltbl f d. med. Wissensch 1878	1	4	
Apr	1 Archiv f mikro Anat XV. 1		10	
May	1 Virchows. Archiv Vol 73		11	
July	1 Archiv f mikro Anat XV. 2		10	
Sept	1 " " " " XV. 3 not 10		11	10
	1 Virchows. Archiv Vol 74		13	
Dec	1 " " " " 75		13	
	1 Centraltbl. f d med. Wissensch 1879 1/4	1	4	
	1 Archiv f mikro Anat XV. 4		15	
	1 Postage Microscopical Journal 1877		2	
	1 " Monthly Microsc. J. 1876, 1877		4	
	(enclosed)			
	postages.			
			19	6
			15	10
				7









Muir	written	234
"	oral	<u>90</u>
		324

Cameron	written	155
"	oral	<u>80</u>
		235

Cameron	written	191
"	oral	<u>55</u>
		246

Brodie	written	172
"	oral	<u>85</u>
		257

Burton	written	117
"	oral	<u>15</u>
		132

McMullan	written	112
"	oral	

Coccus & Pharynx  
 Bell written 268  
 " oral 90  
358

Pausmeult- 90  
 " oral

Fortier written 181  
 " oral 70  
251

Faulkner written 90  
 " oral 60  
140

Elliot- written 80  
 " oral

Jameson 216  
 " oral 70  
286

Irwin written 95  
 oral

Smellie	written	235-
"	oral	<u>75-</u>
		310

Collison	written	125-
	oral	<u>60</u>
		185-

Oakley	written	276
	oral	<u>98</u>
		374

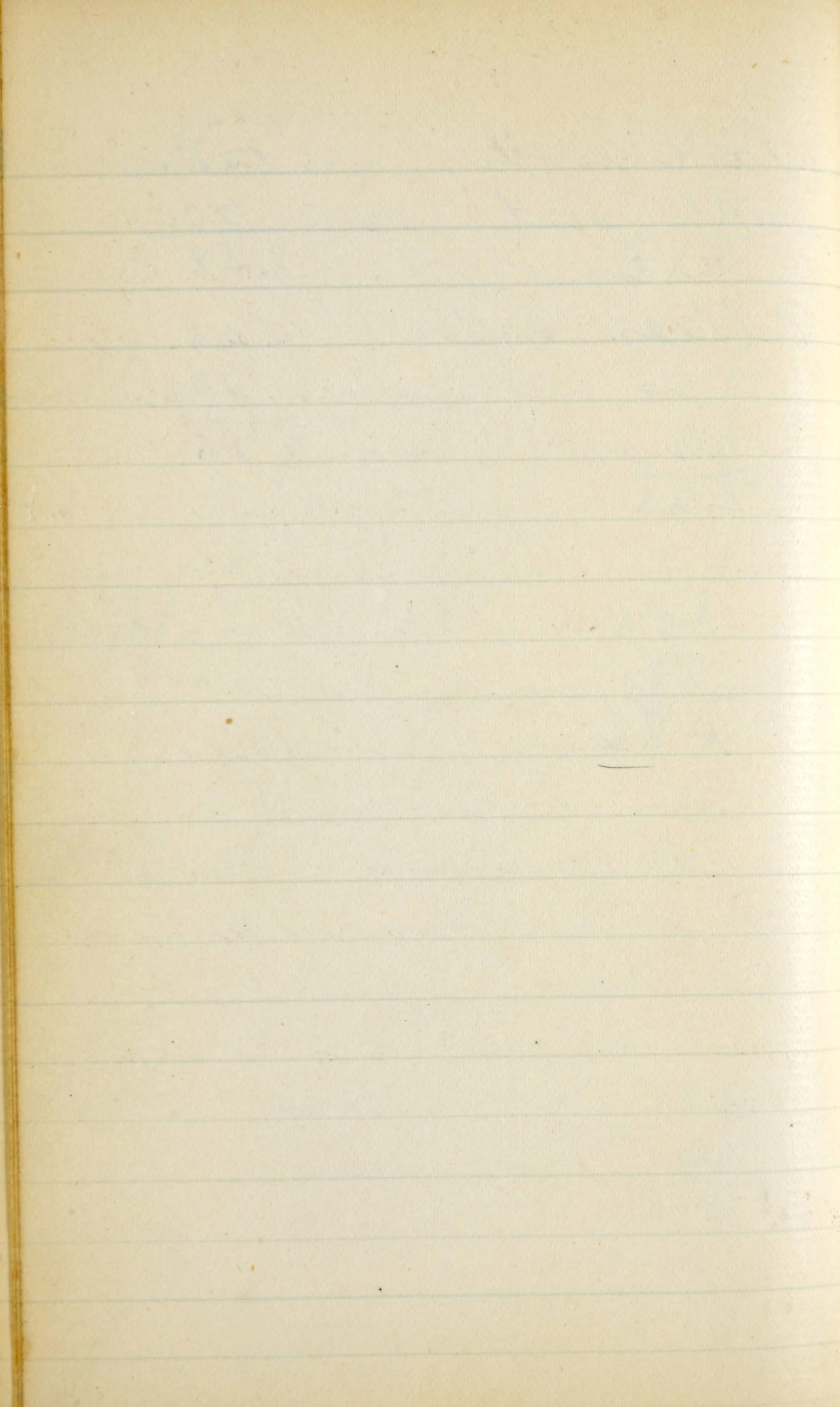
McLeod	written	80
"	oral	

Law	written	164
	oral	<u>90</u>
		254

Robertson, Margaret  
 Dec 8<sup>th</sup> 31 1894

Boyle written	168
" oral	<u>70</u>
	238

Pillies written	206
	<u>70</u>
	276



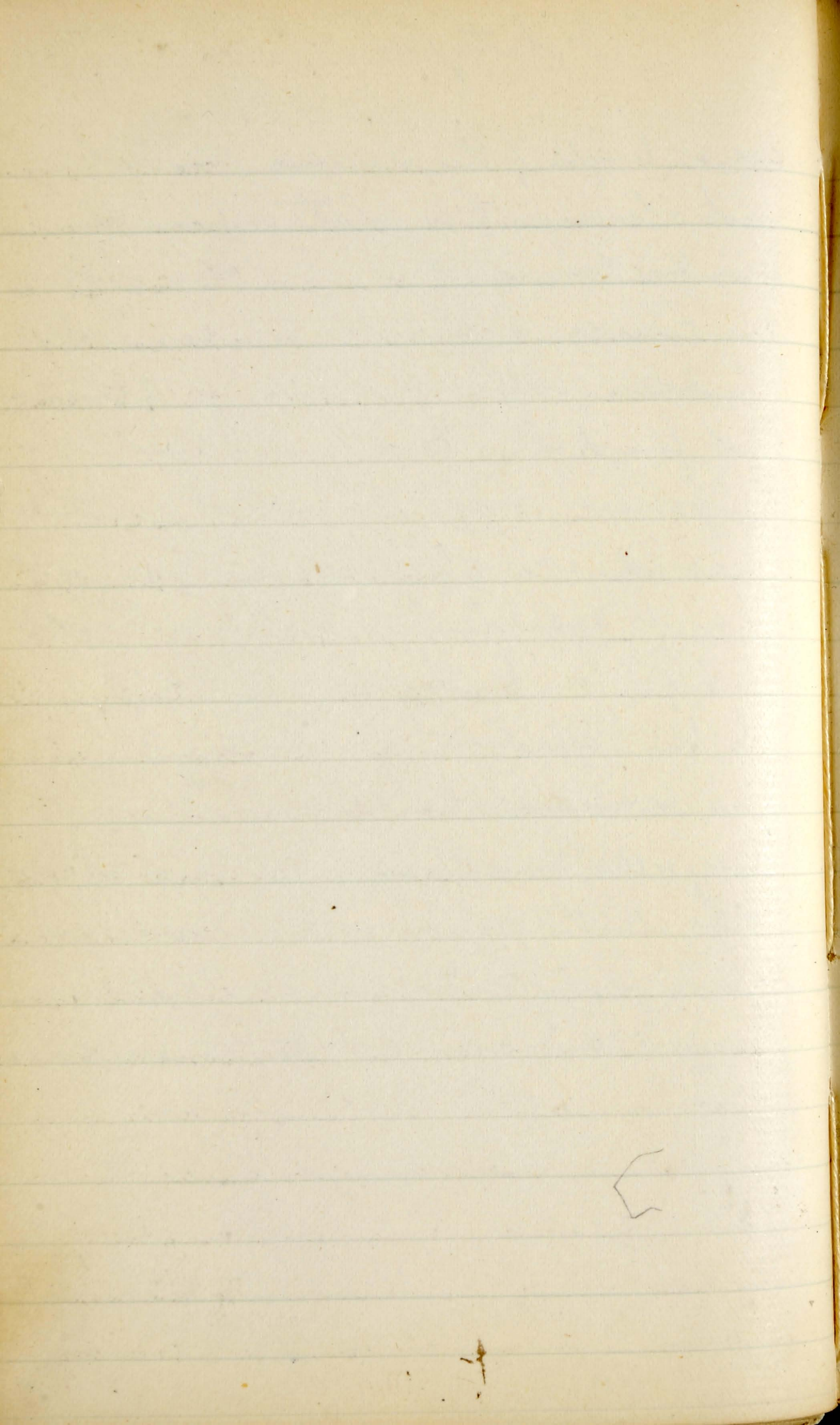
## " Politzer "

Age, & length of the disease, thus better  
not always to be determined  
Then the course, thus also the differ-  
The cause, difficult too, sometimes  
sudden others gradually. Often can  
not find it, was pain there & is  
it present now? an import. question  
second was it insidious present?  
was it constant or intermittent?  
a important thing

Is the affection hereditary?

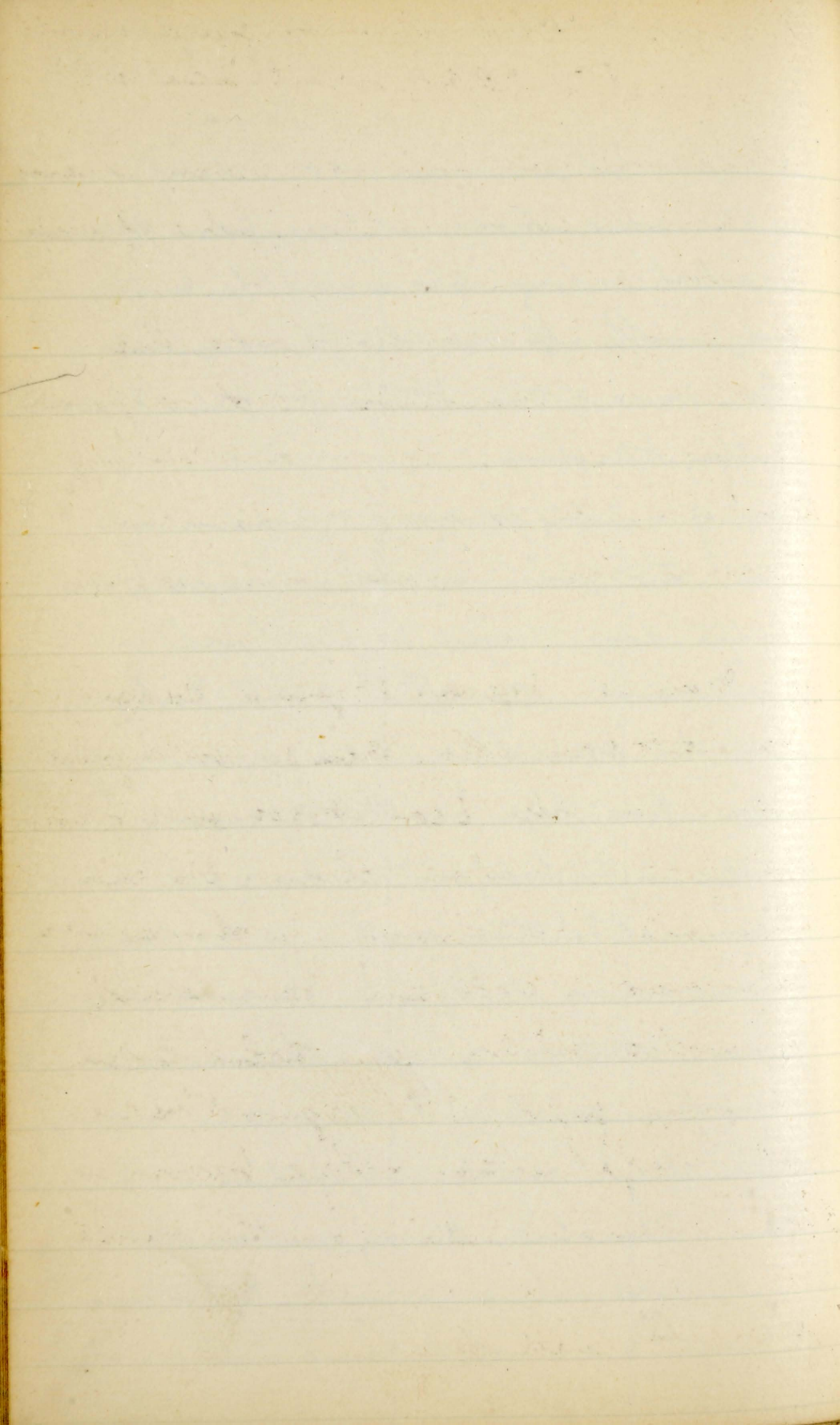
Then of course the care, (1) the outer  
ear & the Membrana (2) Eustachian  
tube by the Valsalva undersuch of  
that parts catheter or Politzer  
tree of air can get to the middle  
ear





Case of an old woman 68. deaf 16 years  
in the case where it has been proposed  
& carried so long it is usually either a  
labyrinth aff. or the anchylosis of  
the base of the stapes to the F. ovalis.  
Nothing to be done.

Case of a young man. noises in ears  
for two years. worse at night than  
in the day. Hears perfectly well with  
both ears. An affect of the Labyrinth  
not the middle ear. a nervous affec-  
tion. Pure noise from the acoustic  
either in the Labyrinth. An sound is & his  
can not be there as there is no deafness  
either in nerve itself or in the central organ  
Nervous. tumors & other abnormal conditions  
when they produce it there are many  
other affections more important than  
this. Therapeutic. Many can be benefited by  
the constant current. By the use  
of oxygen & so not the middle ear viz



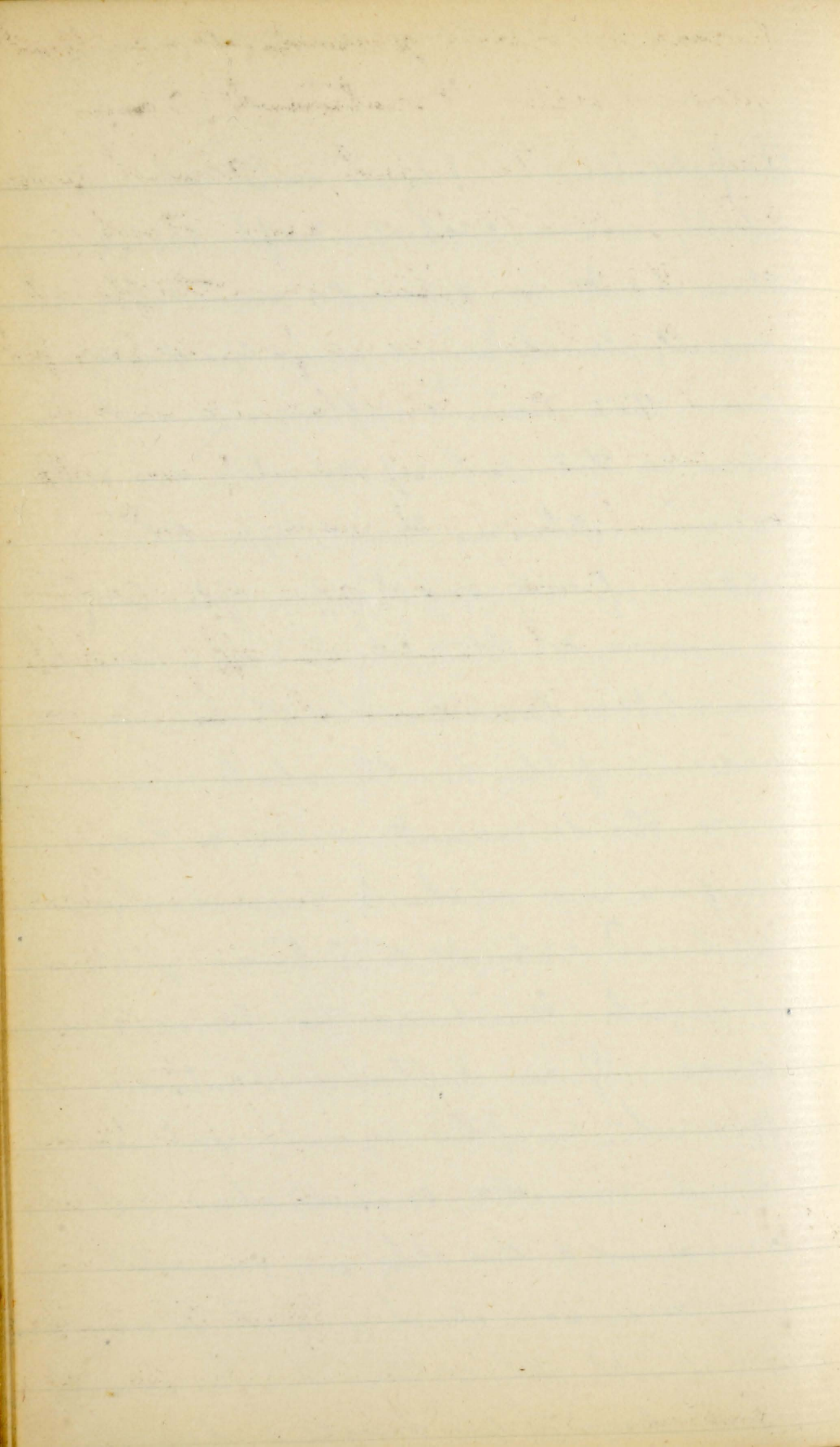
do more. Chloroform → good result  
by it another { Polystyrene with a catheter.  
Shut one ear & do so always when  
not want to act on one ear & get a stronger  
impression

III . . . . . 17  
one ear quite good. the  
other from childhood bad. a peculiar  
inflam from 15 years. destruction of  
tympanum. An aff. of the middle ear  
Heard at about six feet with the bad  
ear.

IV. Man 20. S. . . . . 17 years & the affected  
ear. Laid over mine. Mem 7y. both gone  
Heard with L ear at 10cc. with r. even  
what more. Theopic. cleans the ear  
with water. . . . . Polyzym. In chin cases  
also used weak act. 7am. lead.  
a caustic. Mt. Arg. string should be used.  
the polyst. for XX. 3<sup>rd</sup>. 15gr into the ear  
not painful in ear only a burning  
line with catheter. 7 all H<sub>2</sub>O in the mouth  
a second method.



Aspergillus . Pitg in outer ear. which  
rapidly increases & extends up. Infl. external,  
when it gets in & finds moisture, heat  
rapidly develops & creeps the deeper  
from their pain & inflammation is relieved  
when in the superficial epidermis no inflamma-  
tion is present. Also in Mem. typ. Often no  
appear. if not gone deep. Often the pain  
is severe over the whole ear & head  
the appe. of an acute otitis, see the  
outer ear filled with white mass  
- see black point or see a black  
surface in a whitish membrane  
instead of black sometimes yellow  
- in young. Must use the Mucc. to dis-  
solve. If an inflammation is  
present - see after syringing out see  
And even the Mem. also but  
remains of the Pitg as small  
grey masses which must be removed  
the 1st with all return. In some  
cases where people dwell in damp



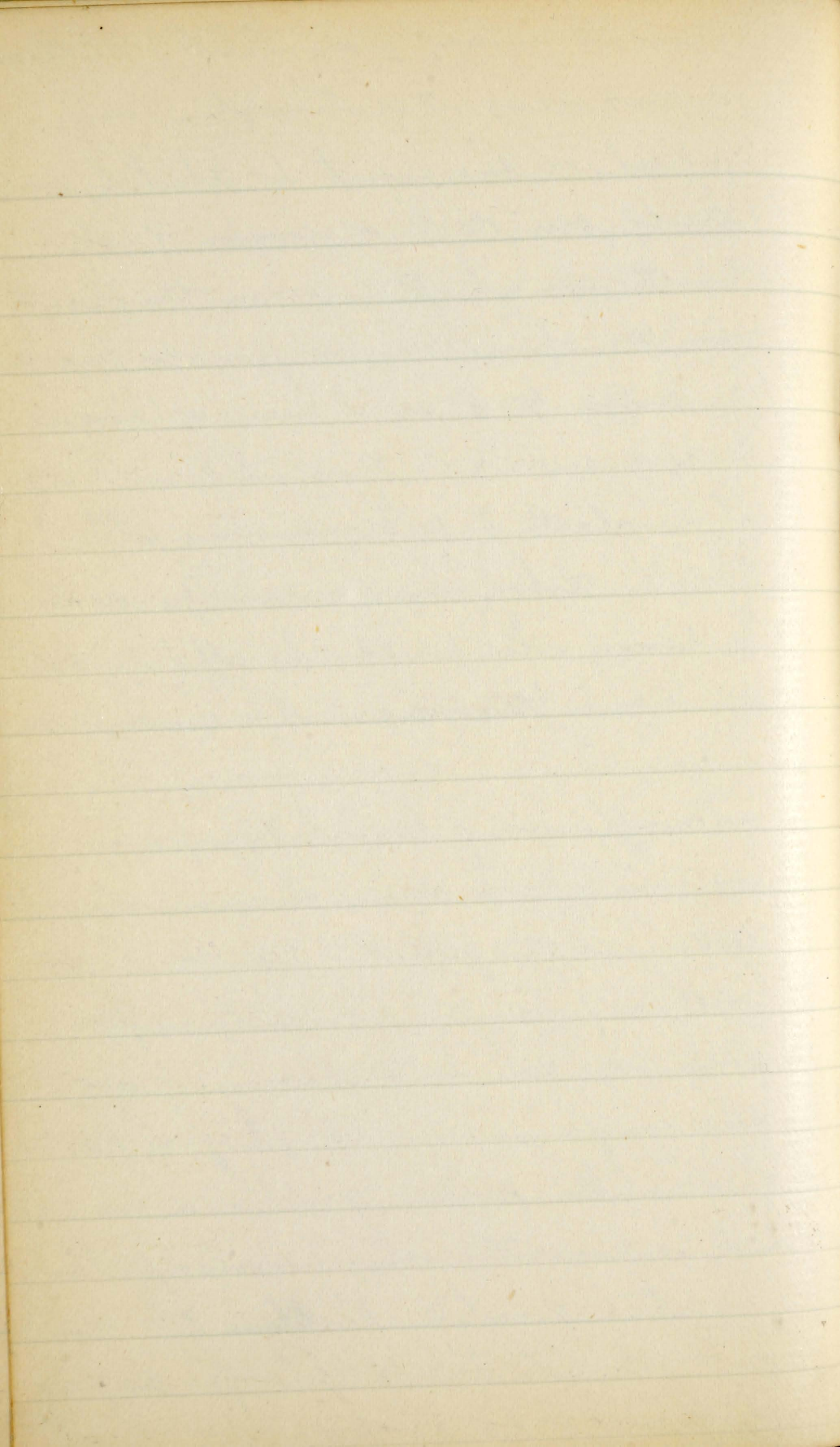
noise is very prominent & untoward  
relapses occur. Treatment: 7 min  
lead col. etc. The infant is alcohol anæst  
with the sp. ven Rect. or vacuum. 7 min  
clean the ear out. Then warm the fluid  
warm the sponge remove from the ear. put  
the drops 5-6 in 1 hour & leave in  
the ear 20-30'. If much from tube  
out the alcohol & put warm water.

Sometimes after may cause perforation  
In persons who have ch. aff of middle  
ear. - as in this case. It is common

Acute inflammation of Membr. Tympani

Great pain which may demand local  
bleeding from the point of ear not the  
back. as from the point the supply  
comes. No air in tubing of ear.  
abscess from must perforate  
against the pain. put in a narcotic  
enough or narcotic oil warmed & put in  
no injection greater. *Al. Ther* 3 ii. *Morphi*  
2 grs. or. *Al. Ther.* & chloroform a page  
put in 5-6 drops.

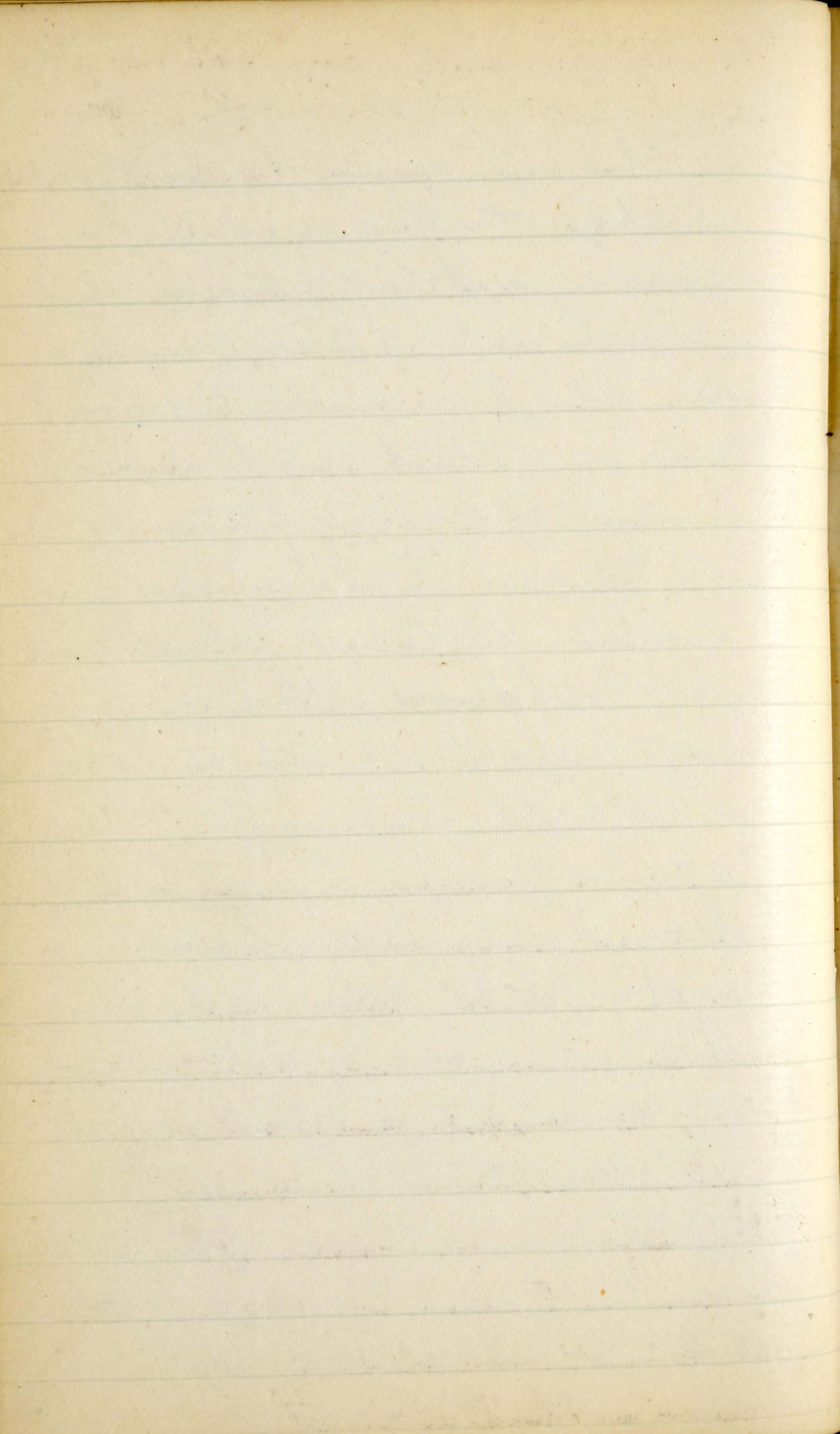




The child infl. spread down the per.  
much greater than in adults & may  
come yearly, & at stated times. They  
heal as the mother's leary may have  
before after how much a fixing of  
bones or without any hear storm  
or as less, venthalting of themselves  
as in this case, or strong, driving  
Some when the labyr is affected  
in their childhood, affect. so if the  
test for the forehead with the nail  
goes all right, so much the better  
for the prognosis

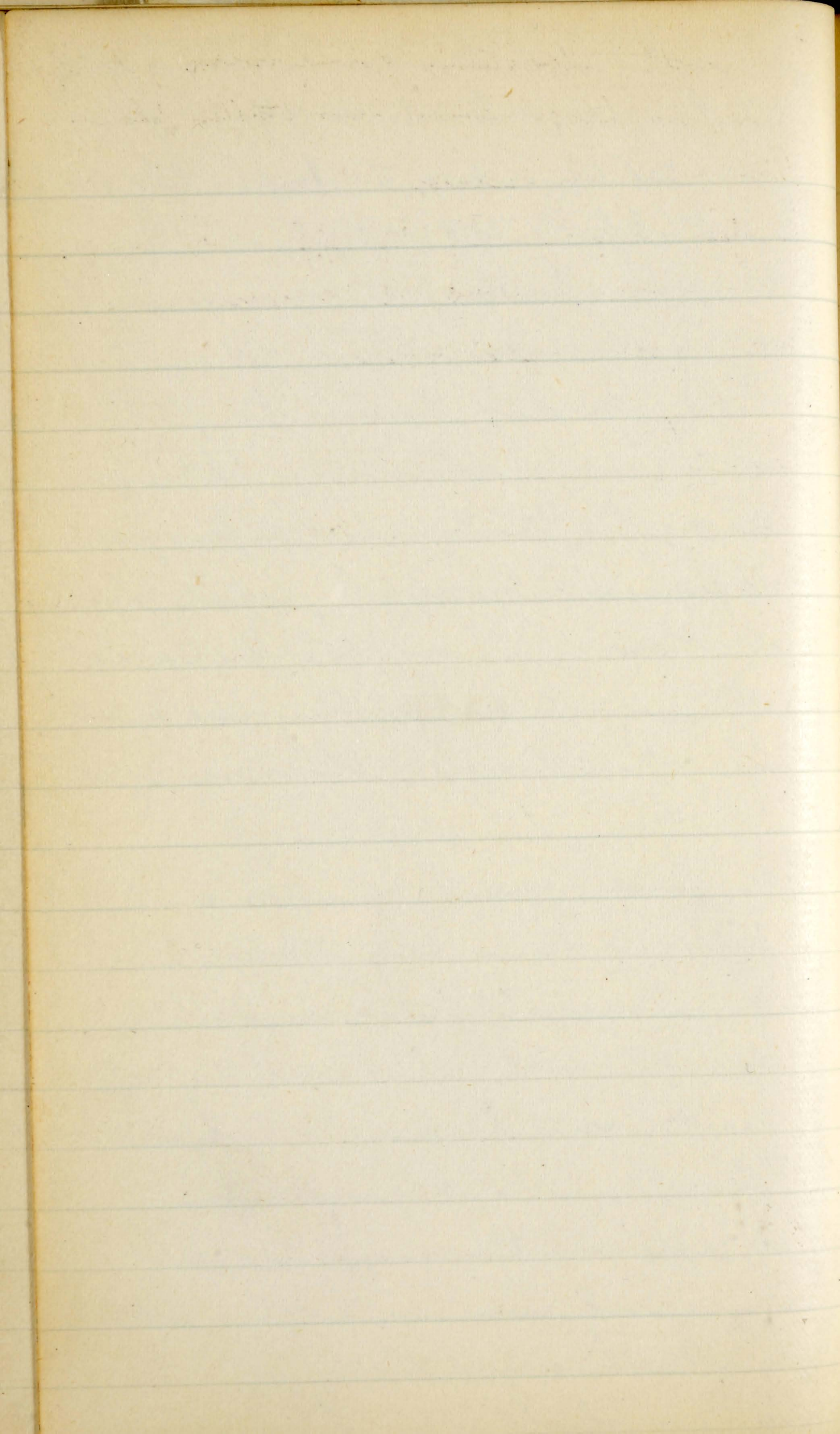
Treatment when head her is small; no  
repell. of art. the. suba. or the other  
whether weak eyes of asty zinc &c.  
When one ear is affe after the affe goes  
over to the other

Excresces in outer ear. often collect  
mass. of sebom. get behind them  
with a long thin tube wyeed  
of water in scoper & repeat



The next found the ear with no per  
or adaption into the middle ear. P. from  
and. Cal. Am. now the double ch. of P. H. H.  
5-8 to 3 fs. 10-15 gill at a time  
in the ear. Make these cross with  
the left ear. Then get a few  
mult. one day the solute. Then  
the next the contributing others  
already the trouble with a few pairs  
intervene. In next fluids put  
the blow in the air this the Cal. H.  
& then next. not putting the eye  
due up. & the after blow in again

Sea fever carries greater distance  
in the ear than any other disease  
either the ear tube & middle ear  
is attacked with perforation of m. tym.  
or (2) the middle ear & labyrinth  
& attack without perforation  
Laby affe in these cases do not  
commencing some in 2 or 3 wks after  
the attack & middle ear. off but  
come in shortly after it



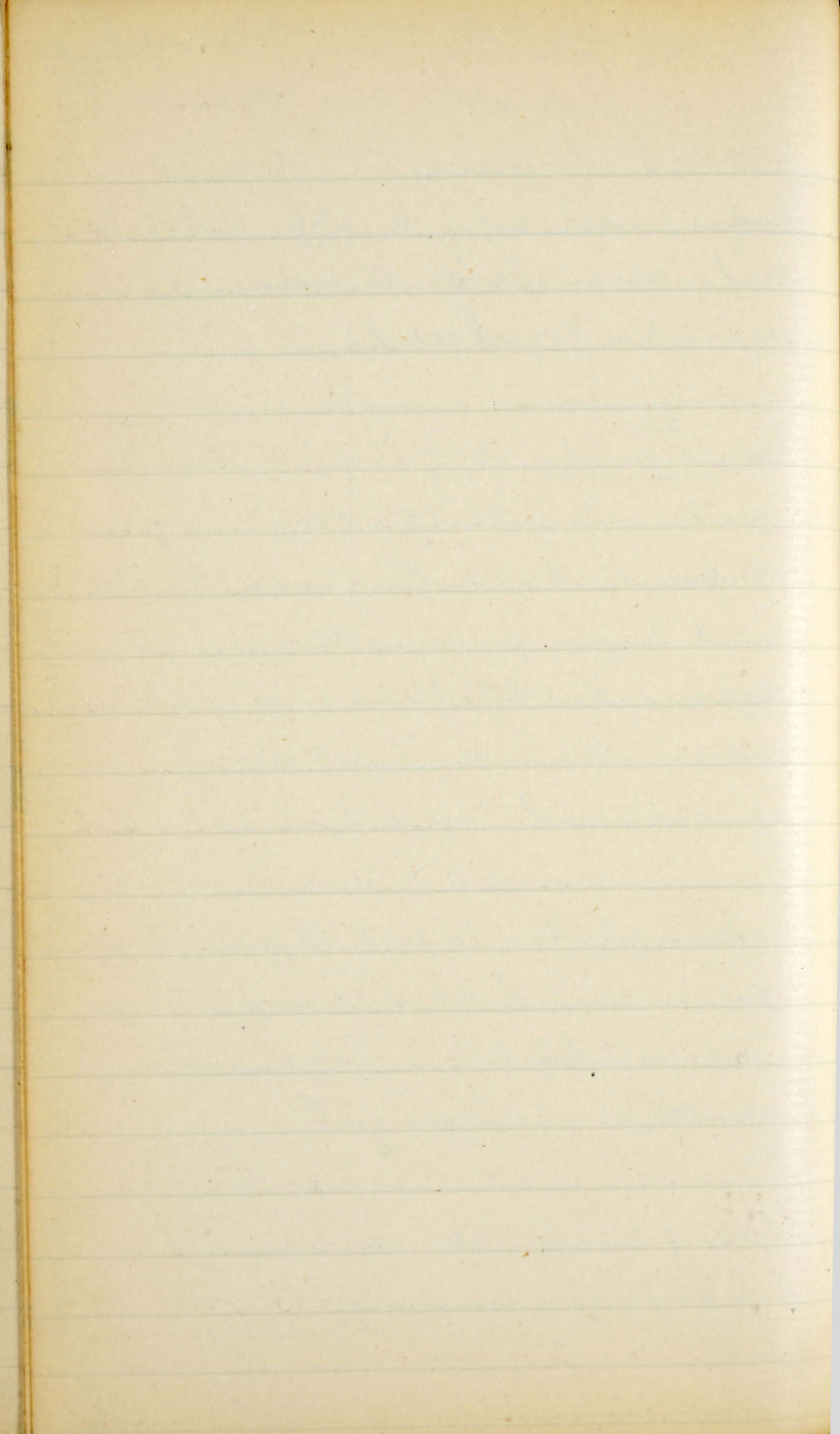
Labyrinth affection is more plentiful  
when no perforation has taken place  
than when it occurs.

Wagen Mergel. artif. m.  $\frac{1}{2}$  p. not to be  
used in cases where the hammer is bare  
in the Doynbeersche

tuberc  
The ch. pericarditis of child. may (1)  
gradually get better (2) may go on  
to suppurative condition, perforation of valve  
and death in some time (3) few get  
higher & child goes up in a acute tuberc.  
ulosis. The important thing - the  
wrenchment - & give lumine

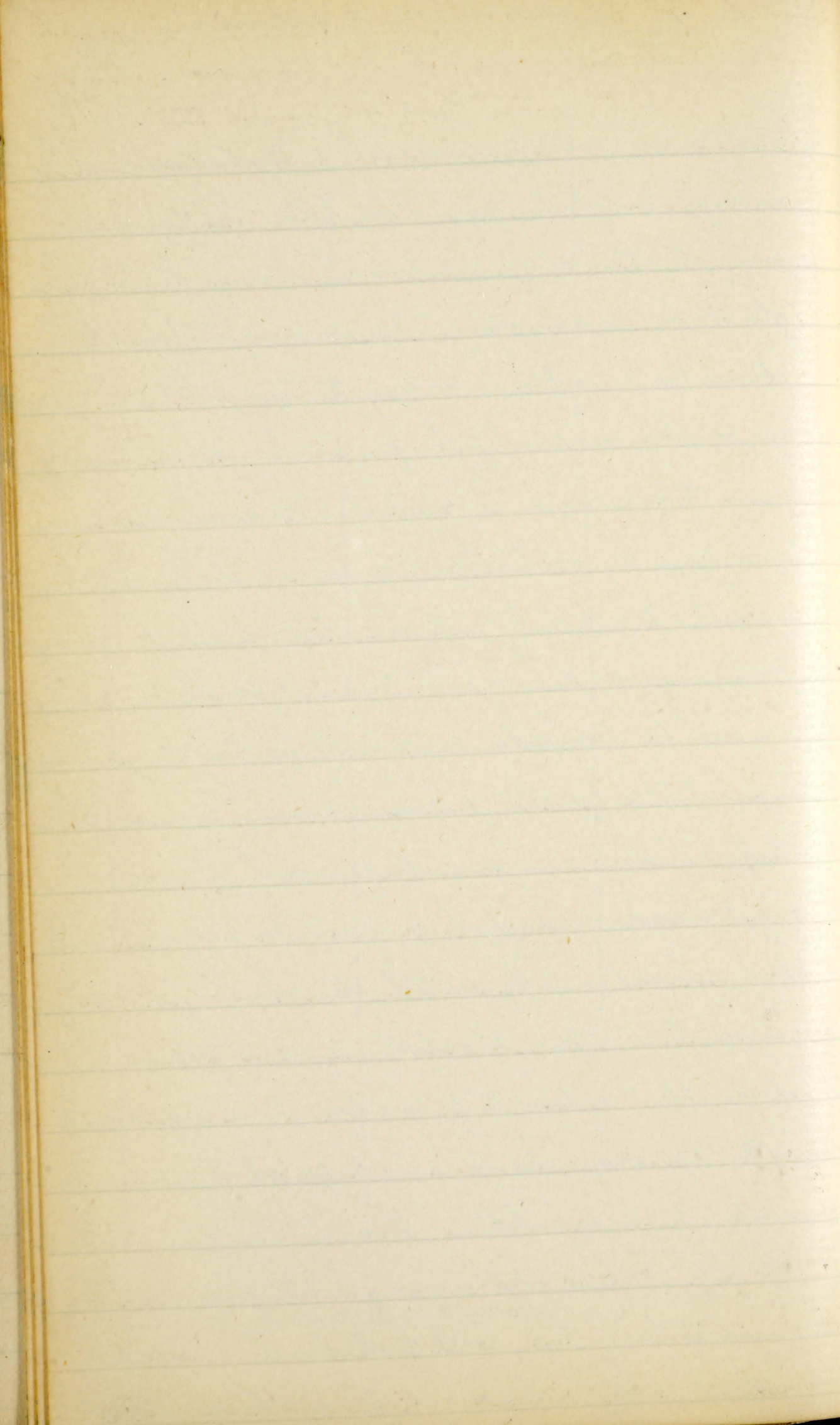
Sarcophagos a papillary growth arising  
from a nasal membrane. are always  
pediculated like a polyp. see in  
counterparts. 2 cases of it

Care of cramp. ch.  $1\frac{1}{2}$  y. very pale  
These cases then very pale



Artificial nourishment. Animal milk  
in diff. lands different milks. In cow the  
cons of it is diff. in wom. It is quite fine  
flattened & can dig in cow into thick  
clumps & lumps a long time to dig  
This is the circumstantial point. W. more  
sugar than cow. so add. W. less. casein  
than cow. so dilute. cannot alter the  
essent. property. C. milk must be  
thin & add sugar. Must be fresh more  
than & be boiled. so it will not alter when  
fed. Take off the cream. warm in water  
add. milk sugar. Better not to cook  
fresh & unchanged is best. In inf. difficult  
up to 3 weeks 1/2 teat. the day. for 1-  
2 months. 1/2 - 2 teat. a new born  
child. 1p milk 2 p water. 4. ch. a month  
or end 1p m. 1 water. & so at 4-6 m  
1 water 2 p milk. Milk sugar is  
the best. May add uncond. powder  
sometimes tea <sup>granules into animal especially</sup> but not good to combine  
it. Lumps also added & good. Some add

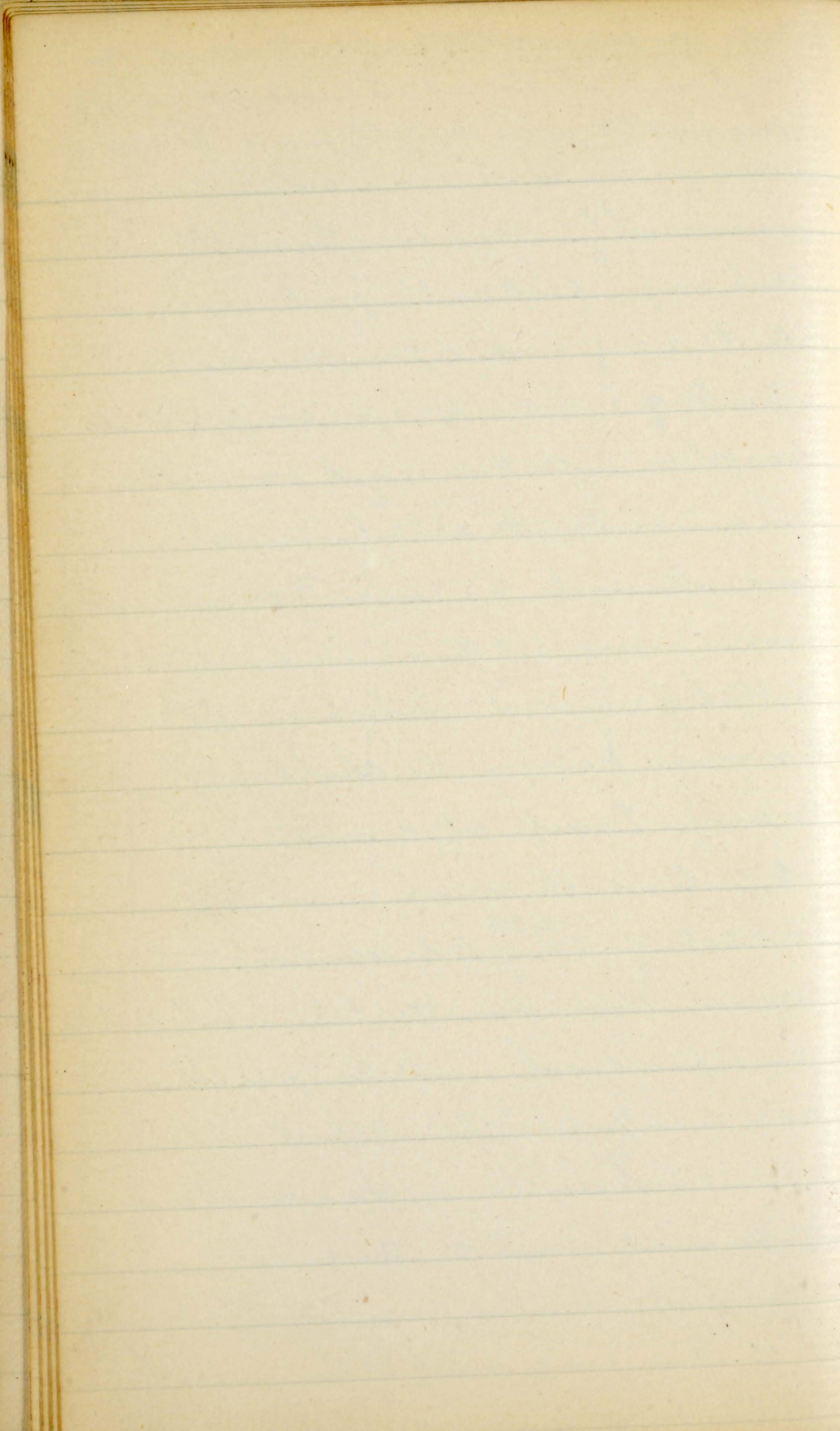




candi. or arrowroot. a starch meal such  
good I cannot digest. it has no salivary  
or pancreatic juice which pass the undig  
candy colic &c &c. Some add NaCl good  
occasionally. Then mix the milk with  
flour & eggs... of milk good some mixed

with it 2 p of soup 1 p of milk or equal  
parts of 2 p. milk 1 p. soup. Set less  
digestion with this Vogel says better  
can mixed with alkaline water wh  
mix with milk 3 g soda 3 vi water & add  
a table spoonful + the milk wh you dilute  
Doubtful if any good. Liebig says the thing  
(P. recom. feeding the child directly for  
the cow) I soup diff to make

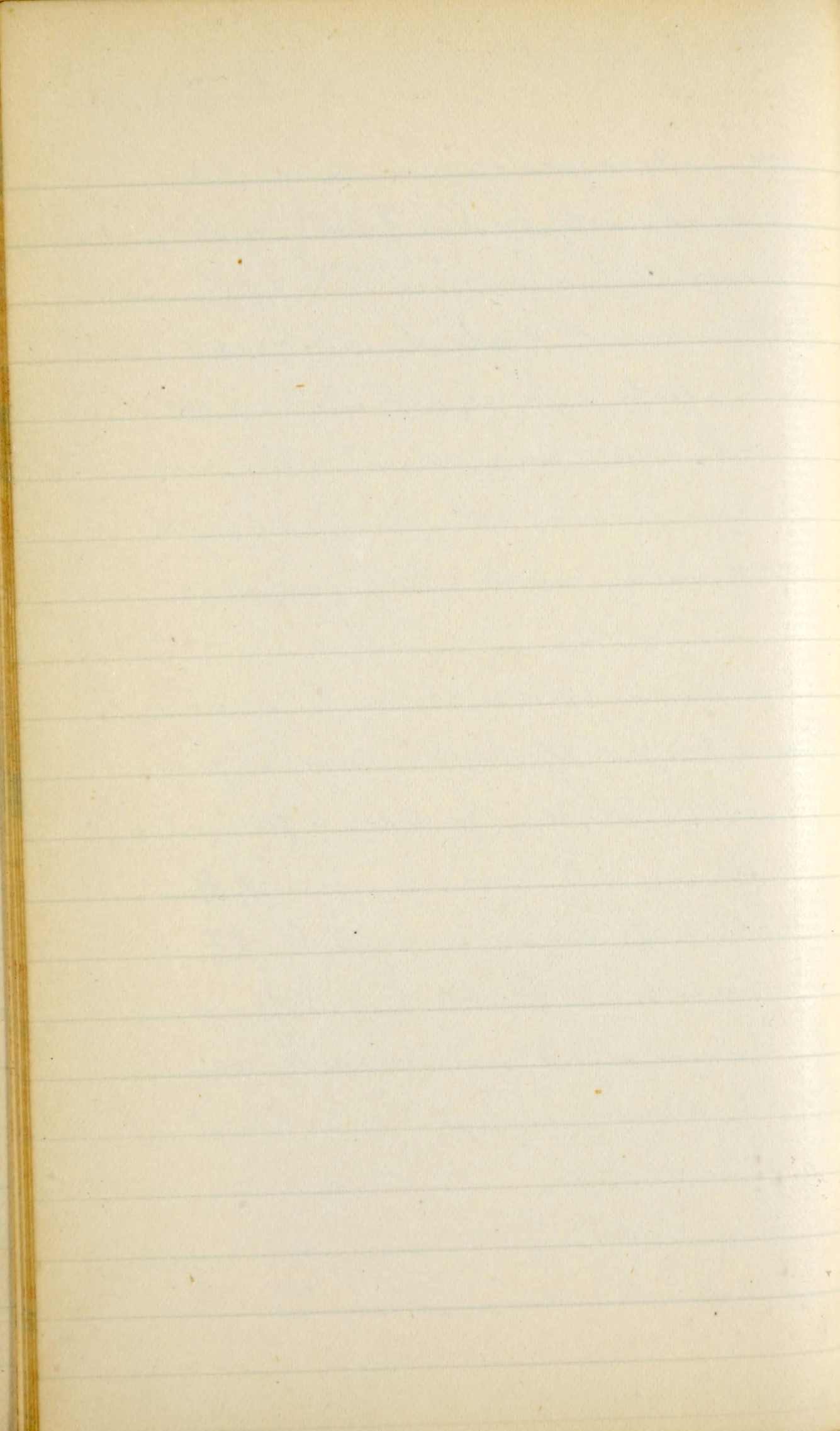
Make. Cow milk meal,  
or a spoon of 7 gr of <sup>or 3 1/2</sup> Koli sawn (Kali. to 3 I  
S. of Kali (Kohlen saun) 2 1/2 g to 3. I had 9 other  
course powdered. with the 1st wh  
mixed + 1/4 lb of flour. I had meal  
& with 10 lb of milk make a mixture  
add the milk slowly to the meal  
& now boil + use this mix of Kali & Kally  
& with this mix & let steam or hot  
water for 1/2 hour. then strain the

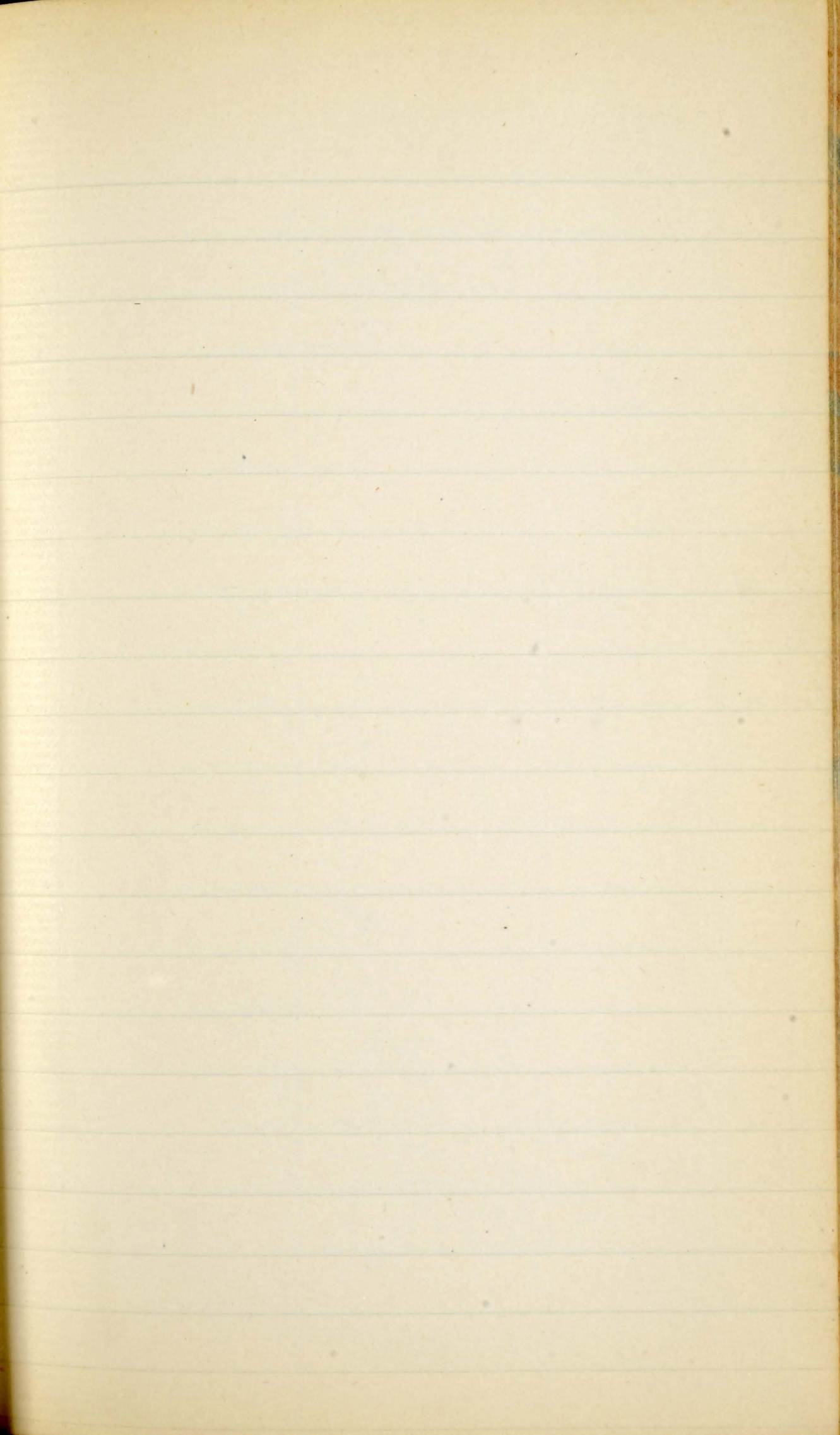


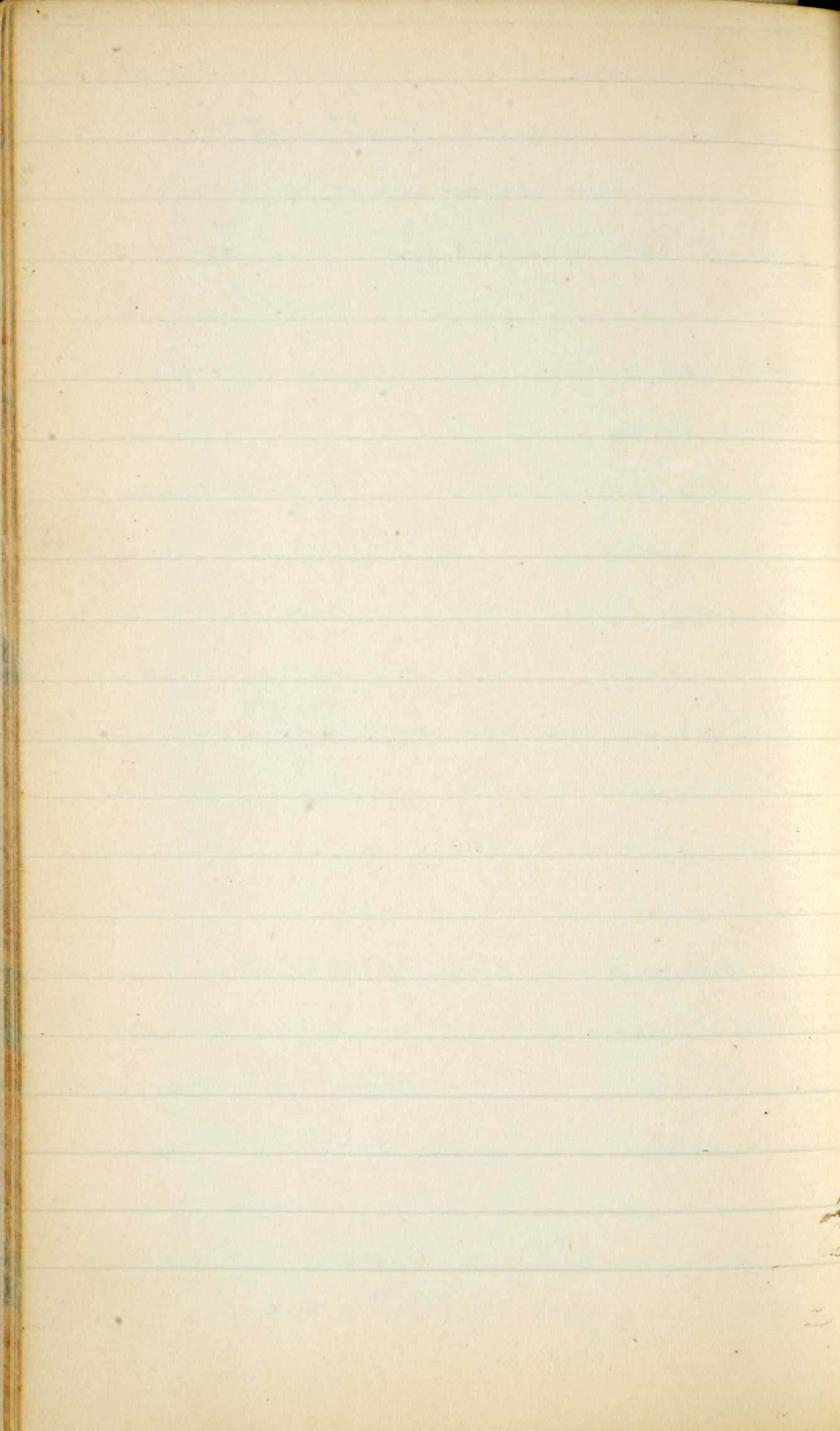
cloth & ready for use  
and nature, for a day for 2-3 months, when  
only 1-2 months on a boat then use  
a good butter the first - difficult-  
Kumpfleber. in going <sup>1-2 month</sup> is that it is too  
strong must dilute 1/2 part water 1/2 part  
Lib. soup. In case, Dill. dec. colic  
good. Can be mixed with many things  
- cause of milk. Why to the smell  
of Dill. with a little coffee

Cow milk 12 hours stand & take the  
cream layer off. Take now 2-p or 2  
parts milk. In case of 9 parts milk; 5%  
milk in 4% casein. must thin.  
Milk lets sugar. ~~and~~ take 13

To make the Milk use. Citric acid  
in vinegar. Must be fresh every day  
It is complicated but rational

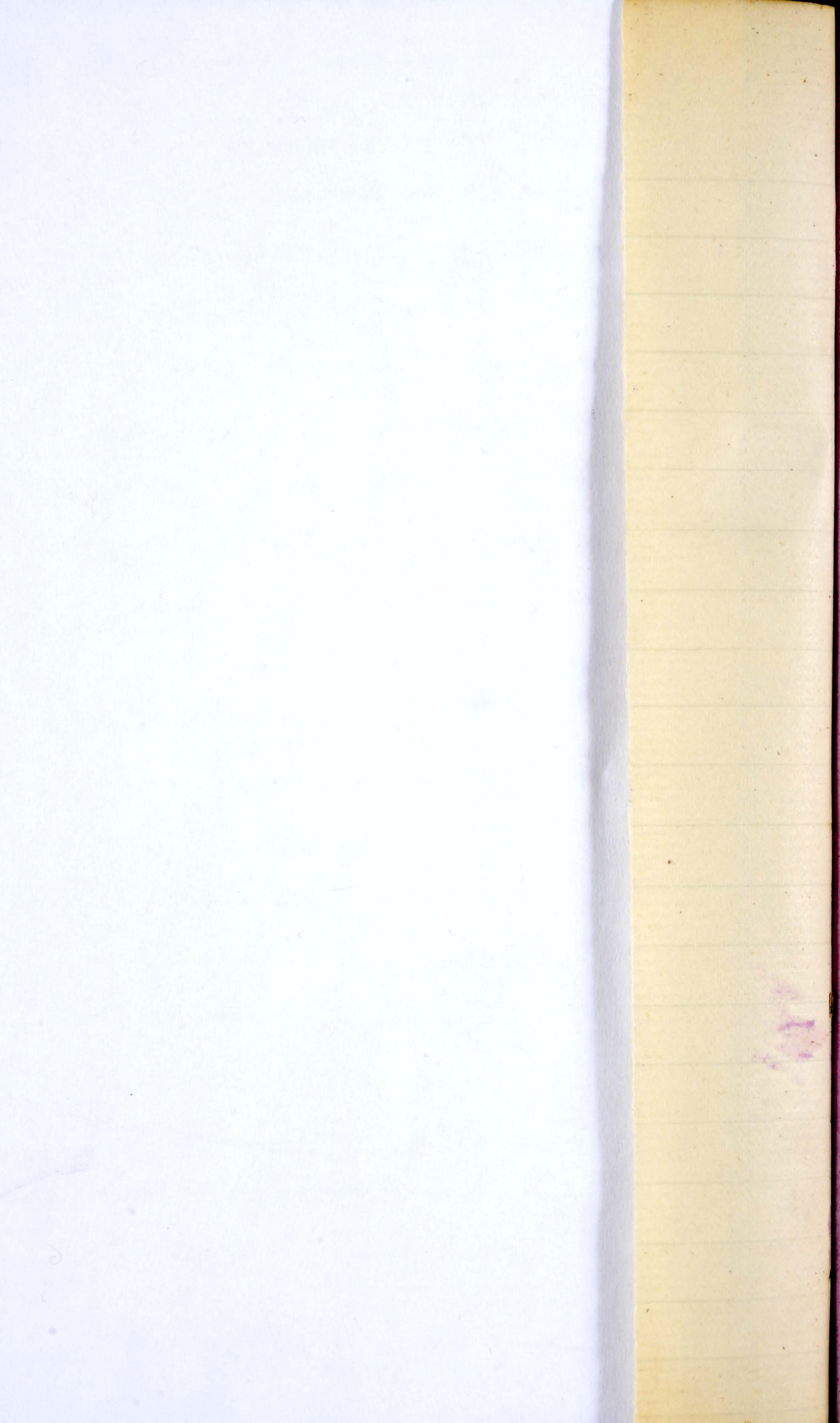












# Bamberger's Clinique

Care of Pneumonia & pleurisy, both basal, behind  
stung dyspnoea. Arteries atheromatous, in  
partly old. heart weak. Liver enlarged.  
meteorism. Face cyanotic

Dyspnoea arises from both lungs being affected.  
& probably on the remaining portion of  
these lungs are not quite healthy & empty  
scintillations. Then the fever is another  
item in dyspnoea, as I would advise  
that the Dys. is stringent before any  
paralytic takes place

The nervous system. The weaker the  
individual the less useful has the  
nerve centre of the nerves & muscles.  
The weakness of the heart always  
aids in this dyspnoea

Prognosis is bad in these old people  
with double Pneum. especially in weak  
bad enough in young persons  
In these cases support all the time clinical  
Lime camphor. oc. Diet  
9am her. Inf. Red berry. Lime + Lig. Am. am.



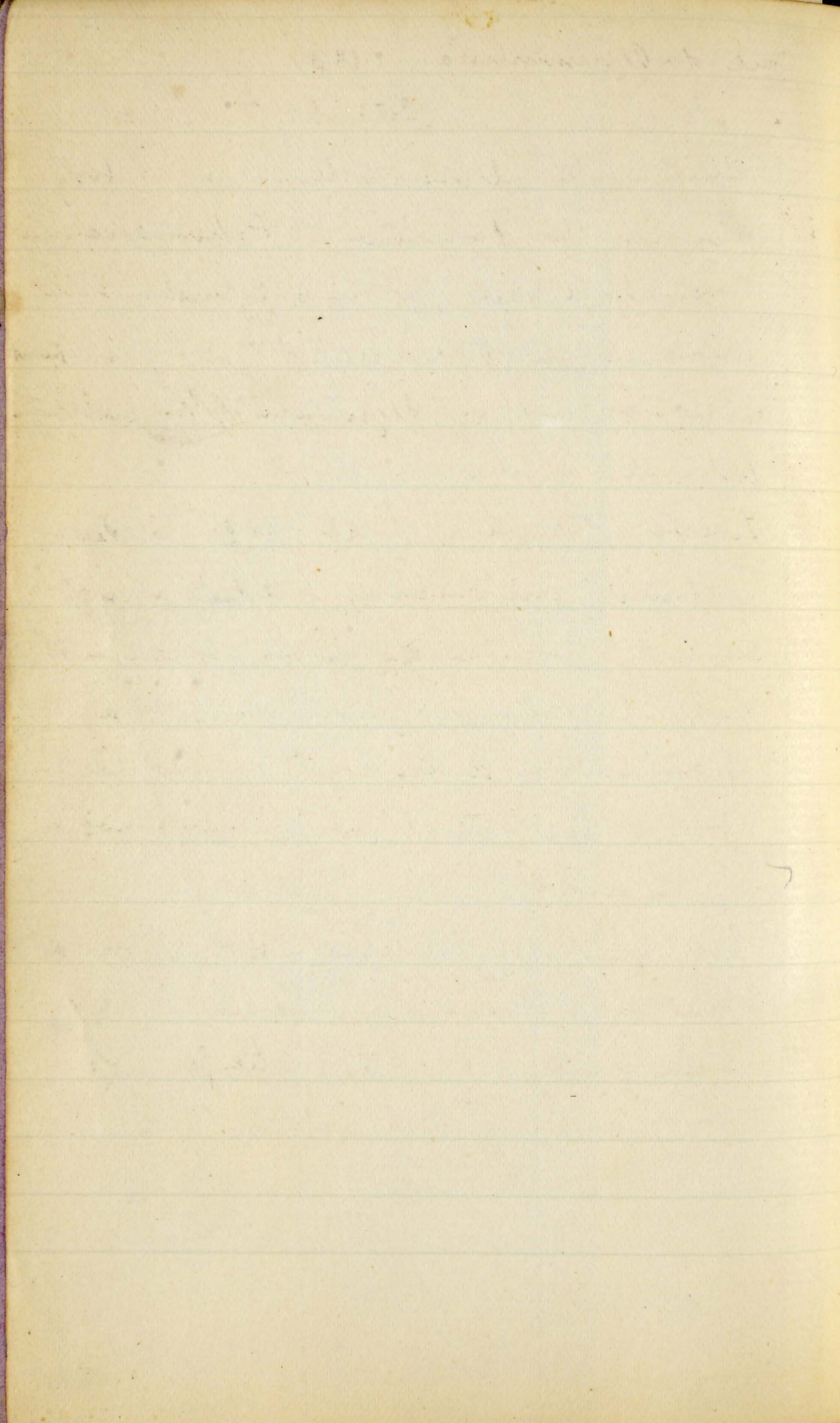
Care of Albuminuria (135)

Cataract of the lungs.

Fluid in the pleura. Adema in the body.  
Fluid in the peritoneum. Patent aneurism  
Liver hyperemic. Album & cylinders in the  
urine. These appear could come from head  
either. value in degeneration of the subbrain  
but none of these evident.

Liver might cause it all. hyper & degen  
followed, an aneurism incident might  
cause it all - as in *epithemia*. Spleen not  
enlarged however. Come down to a  
formative disease of the Kidney -  
probably an interstitial form, but not a  
purine one.

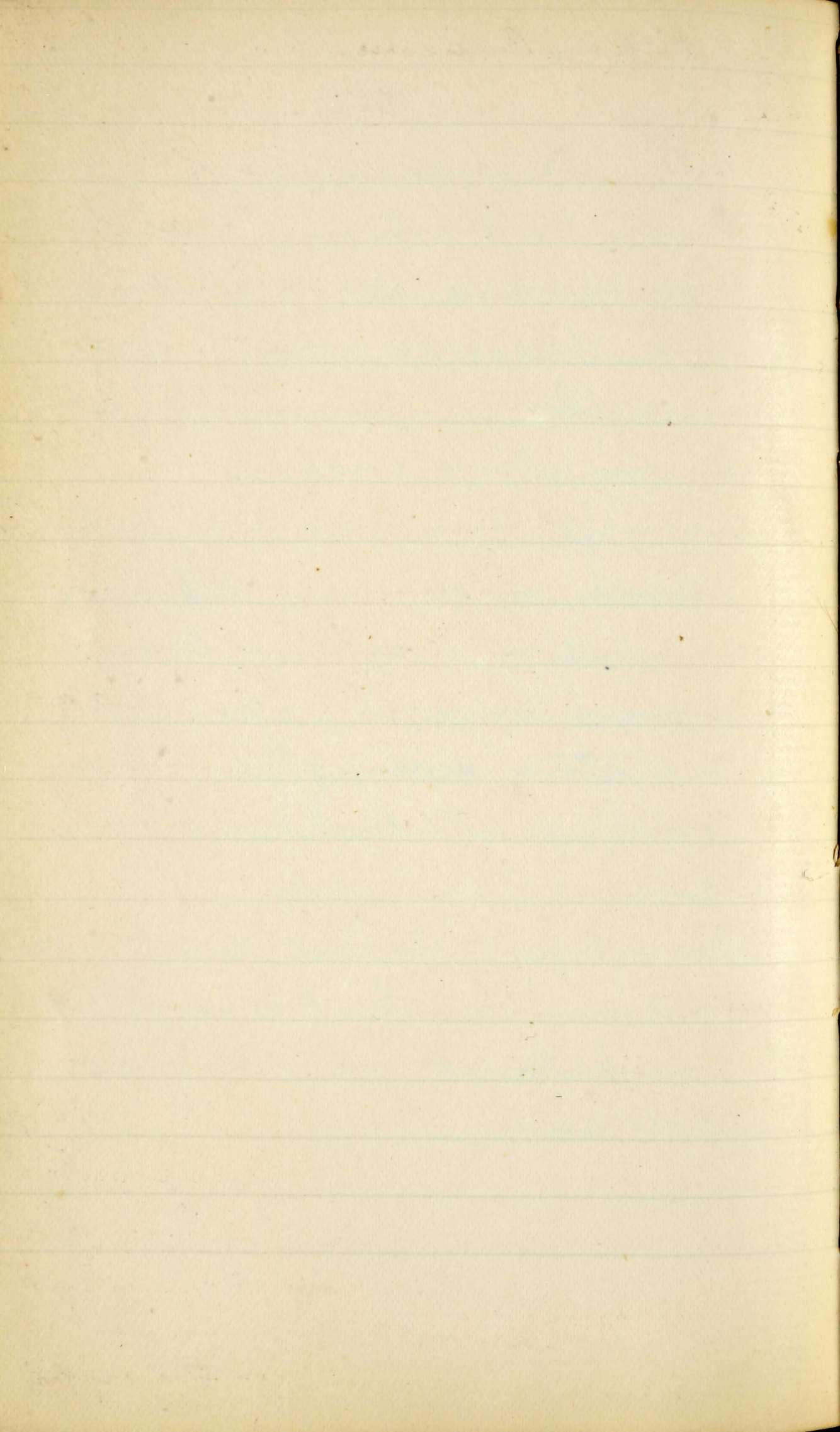
The hydrops is the chief. Very beneficial  
good nourishment. Diaphoretic mean.  
warm bath. Quinine. Sea pump  
Kali acida.



# Pleuro-Pneumonia

a subacute case. left side. Duration  
 4 weeks. Such cases are often of  
 a purulent character & lead to  
 the formation of abscess in the  
 lungs & perforation is not an  
 unusual complication. Tubercu-  
 culosis may also arise in these  
 cases in the caseous degeneration.  
 Behaviour. Specific methods  
 not to be used. combat the fever  
 support the strength. Quinine ag-  
 ainst the fever. Expectorants.  
 Bouillon gr II

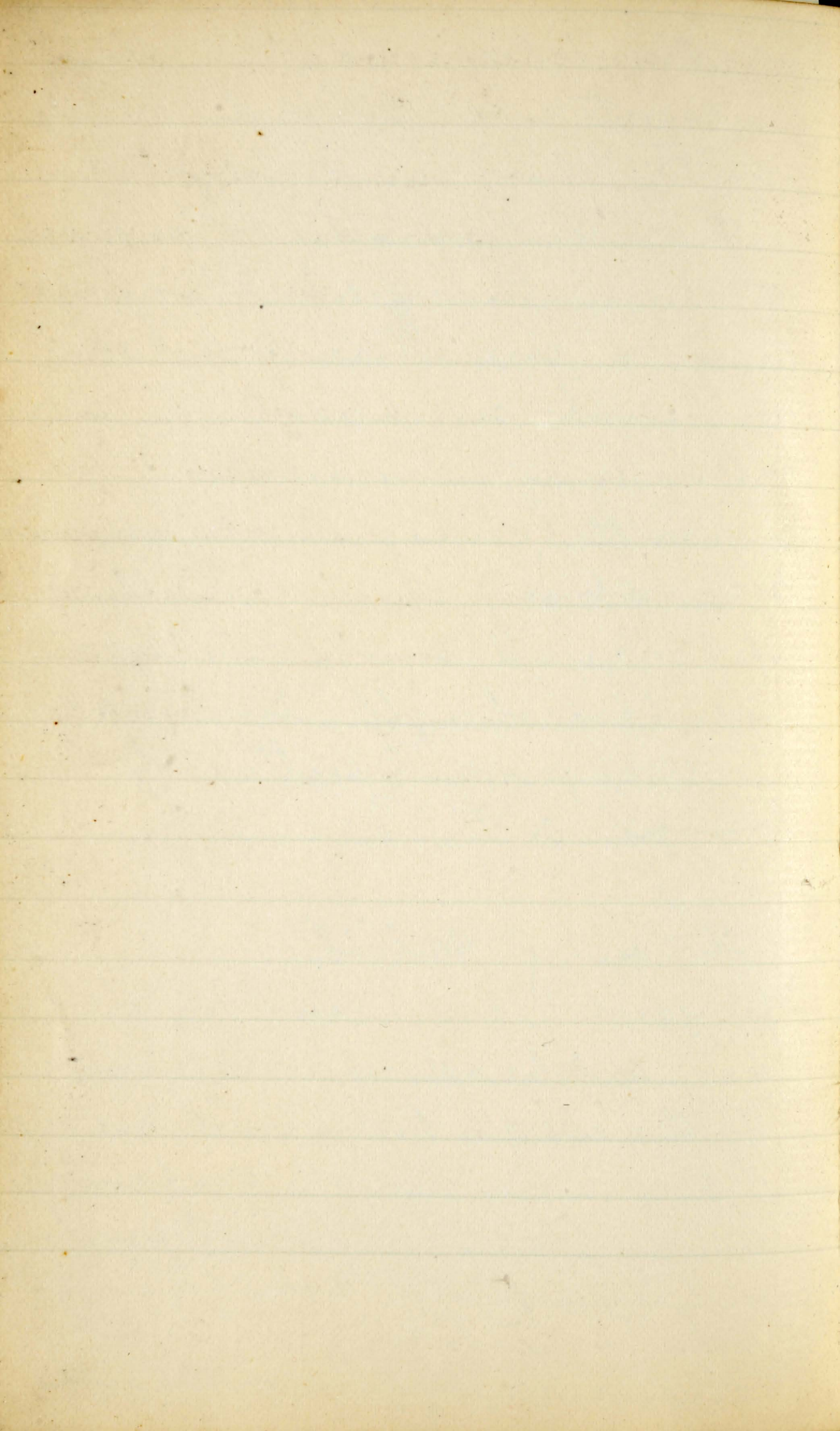
Stenosis of Mitral  
 Insuff. Right heart hypertroph-  
 ical. Systolic & diastolic murmur  
 at the apex. Pulse weak & irregu-  
 larly of left ventricle. Has lasted  
 many years without producing  
 any symptoms till 8-10 days  
 when an attack of pleuritis &  
 now an emphysema on the right



side, not any exudation but an  
inflammation.

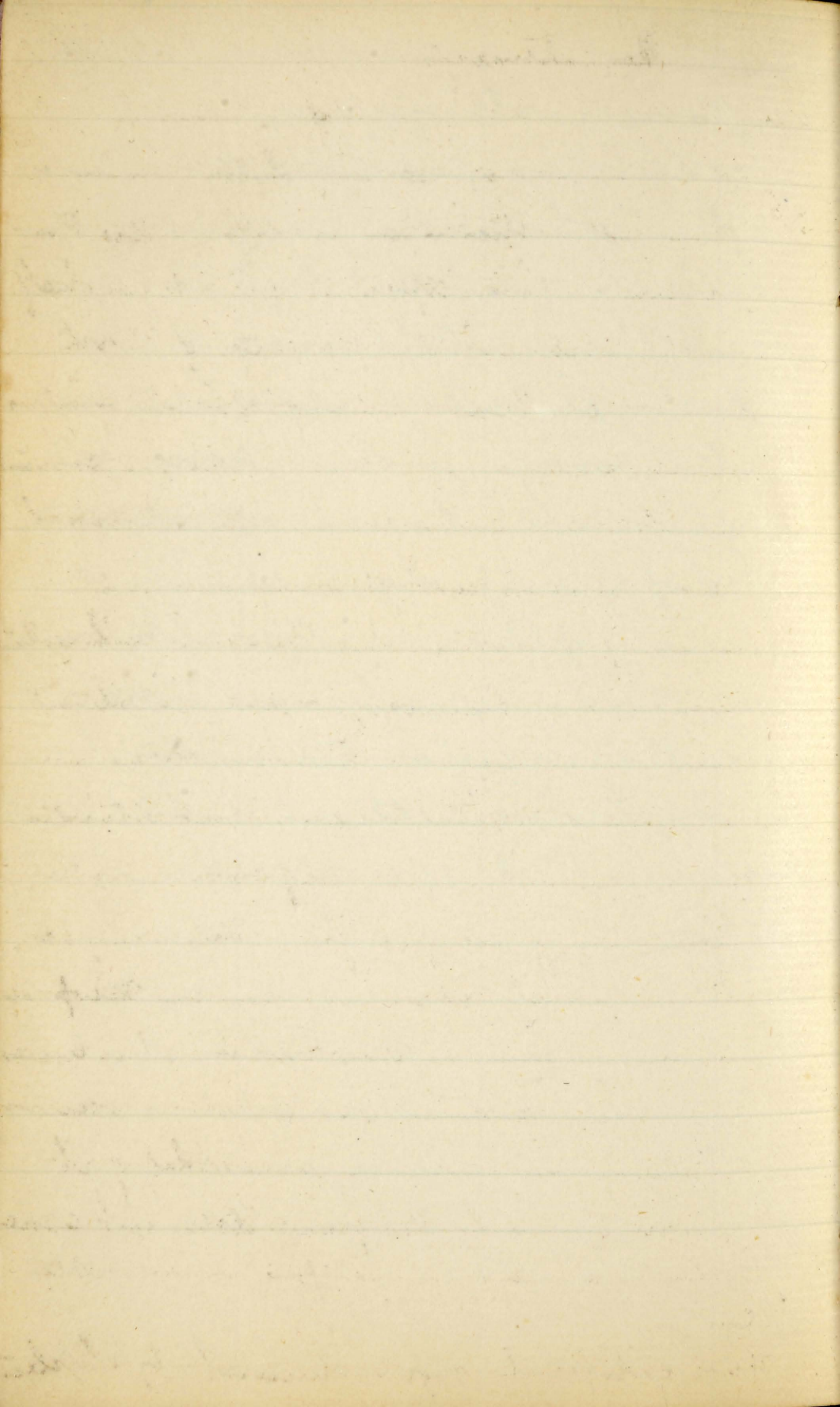
Pneumonia capillary bronchial  
a dem of lung & some firm of the  
Pellus you hear but the fine  
crackling. In this case also  
there is perhaps a slight edema  
of the lungs from the action of the  
right heart. General appearance  
of Drisy, only slight, a little enlarge-  
ment of liver & slight albumin  
in urine. Treatment. Heart  
weak & irregular. The indication  
for Digitalis, 15 gr to 3vi of Wat-  
acelale of R. 3. of syrup 3ii.





# Hematemesis

9th 30. Causes. (1) Ulcer ulcers  
(2) Carcinoma (3) Angioma parvum  
from either thrombus or embolus of the Por-  
tal vein or its. Affection of the liver itself  
which obstruct the passage of blood  
thru. it. (4) Heat & lung affection also  
may cause (5) Haemorrhage from  
in old ch. calarities of the stomach  
may arise in certain dyspepsias  
as in Scorbutus also the acute bilious  
Schätsch. Bamberger does not think  
much of occasional menstruation as  
a cause of Hematemesis but thinks  
other causes will be found for the  
bleeding if sought for. This may be  
a duodenal ulcer or even an ~~esophag~~  
cal one. Pain in duodenal ulcer comes  
later after eating - 3 - 4 hours & occurs  
regularly. It is quite a probability of it.  
Still in stomach the pain does not come  
regularly & may even be five hours after  
eating  
Give antipeptic nourishment. by clystis



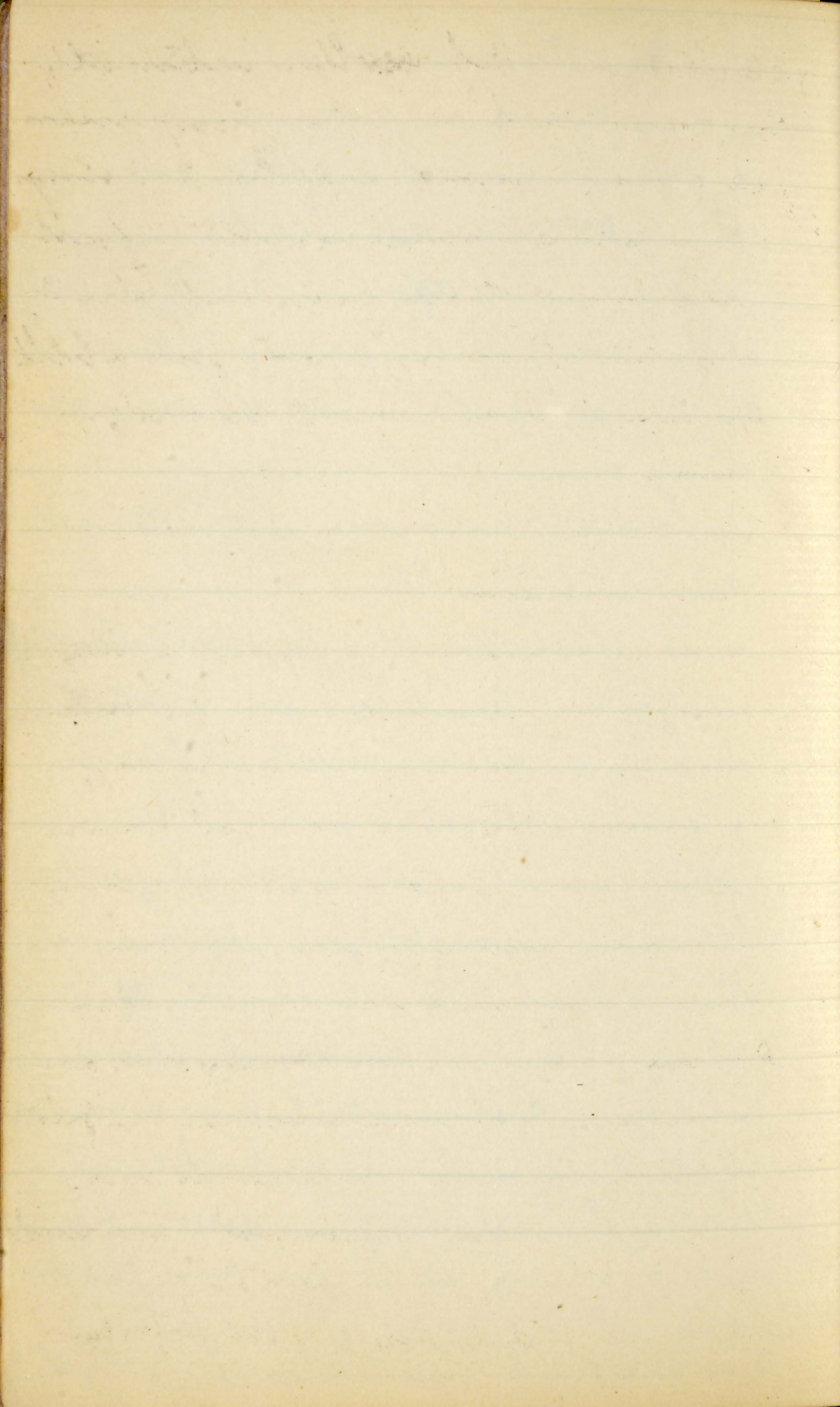
by clysters. Sit ~~was~~ lying internally  
but we to eat & cold compressions  
she sneezed in bed. After 8-10 days  
try a little milk or broth & if not  
well borne then go on with the  
clysters. If much pain give a little  
Opium. If aching quite needed give  
Zinc

### Care of convulsions

child artificially nourished & they  
arise from disturbance in the intestinal  
canal. Has had them on & off  
for 9 days but the central cause  
of them is ascribed to the fact that  
they have been so intermittent.

Change the diet of milk, give  
Peppermint & Calysaur. May give also  
1/2 chloral or chlor when in the fits  
A child may die in these cases & no

trace of any thing abnormal to be found  
A wet nurse is the thing in these cases  
arising from disturbance of the intestinal  
canal

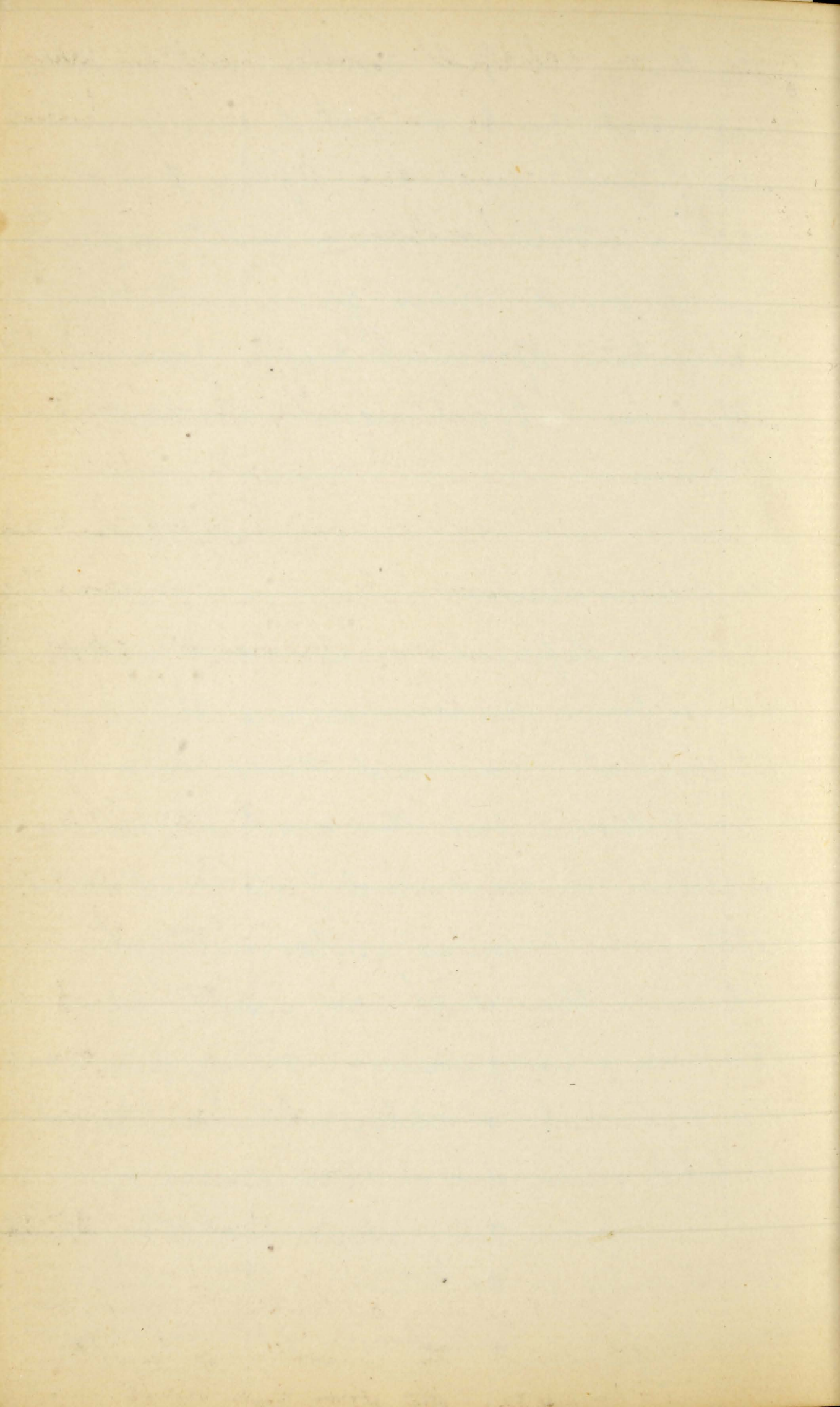


Give  $\frac{1}{2}$  gr of chloral wait half an hour  
if no effect give a gr wait an hour  
" " " give another if there  
fails then chloroform.

Stomatitis diphtheric. If a bad smell  
give chlor. Pot. internally. Local aloe  
to be used. Rub of the granulation with a  
high skilled scalpel. Then apply Ch. Kals  
as a mouth wash. In some cases when  
the granulation is very obstinate apply  
the Kals caustic.

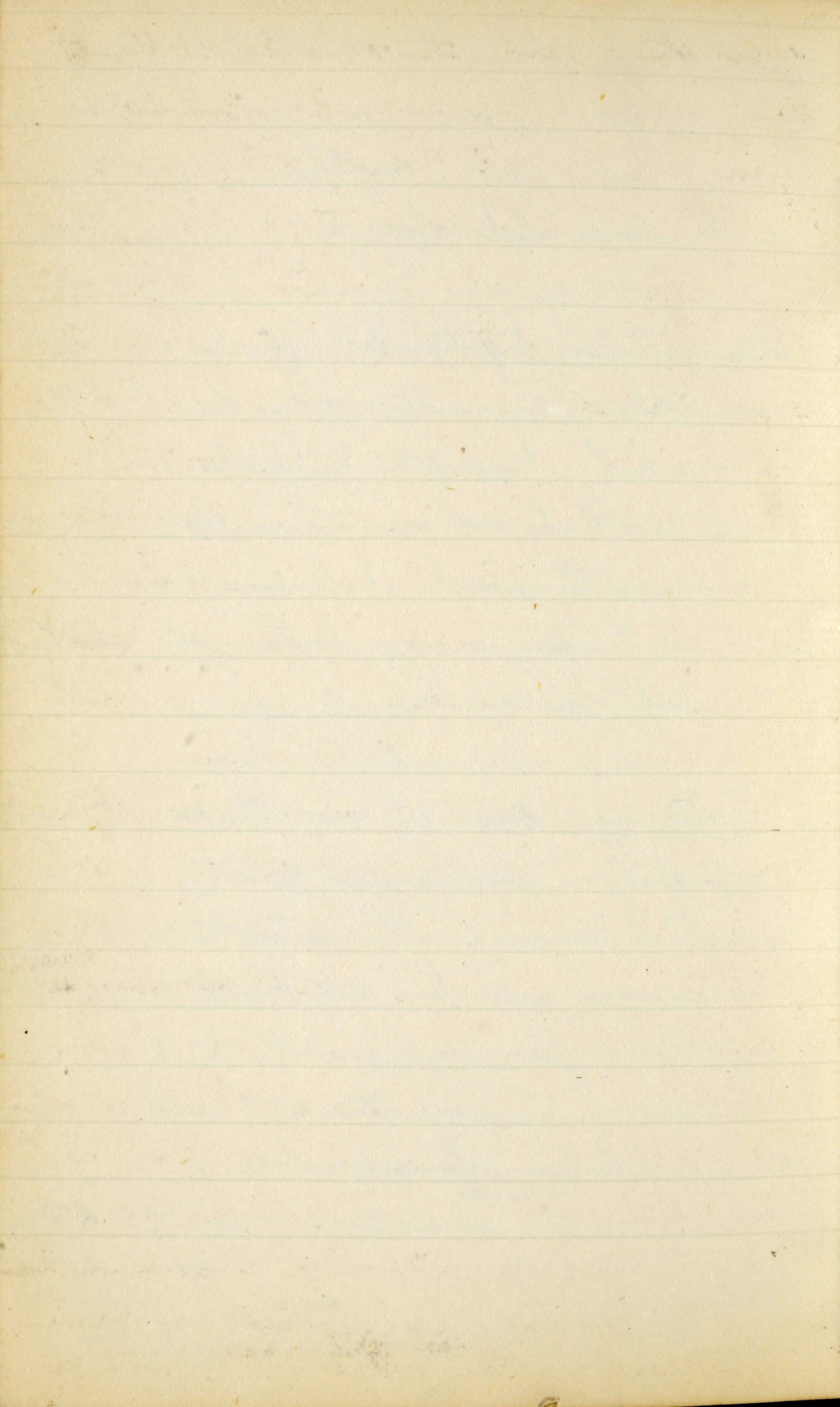
Teething - From 7<sup>th</sup> month on. Many  
affections put down to it. Occur  
in child born with a tooth which  
in normal condition the teeth come down  
as follows. From 6-7 months to 2 $\frac{1}{2}$  years  
at begin of 2<sup>nd</sup> year the 2<sup>nd</sup> teeth come  
an additional number.

2<sup>nd</sup> <sup>2</sup> <sup>ends</sup>  
but come the incisors about the 8-9<sup>th</sup> m  
months. Then the four upper incisors  
at end of 1 year 6 teeth should have  
erupted 18 incisors. the 2<sup>nd</sup> <sup>2</sup> <sup>ends</sup> & 4 back  
for 18. - 24 m. the four eye teeth

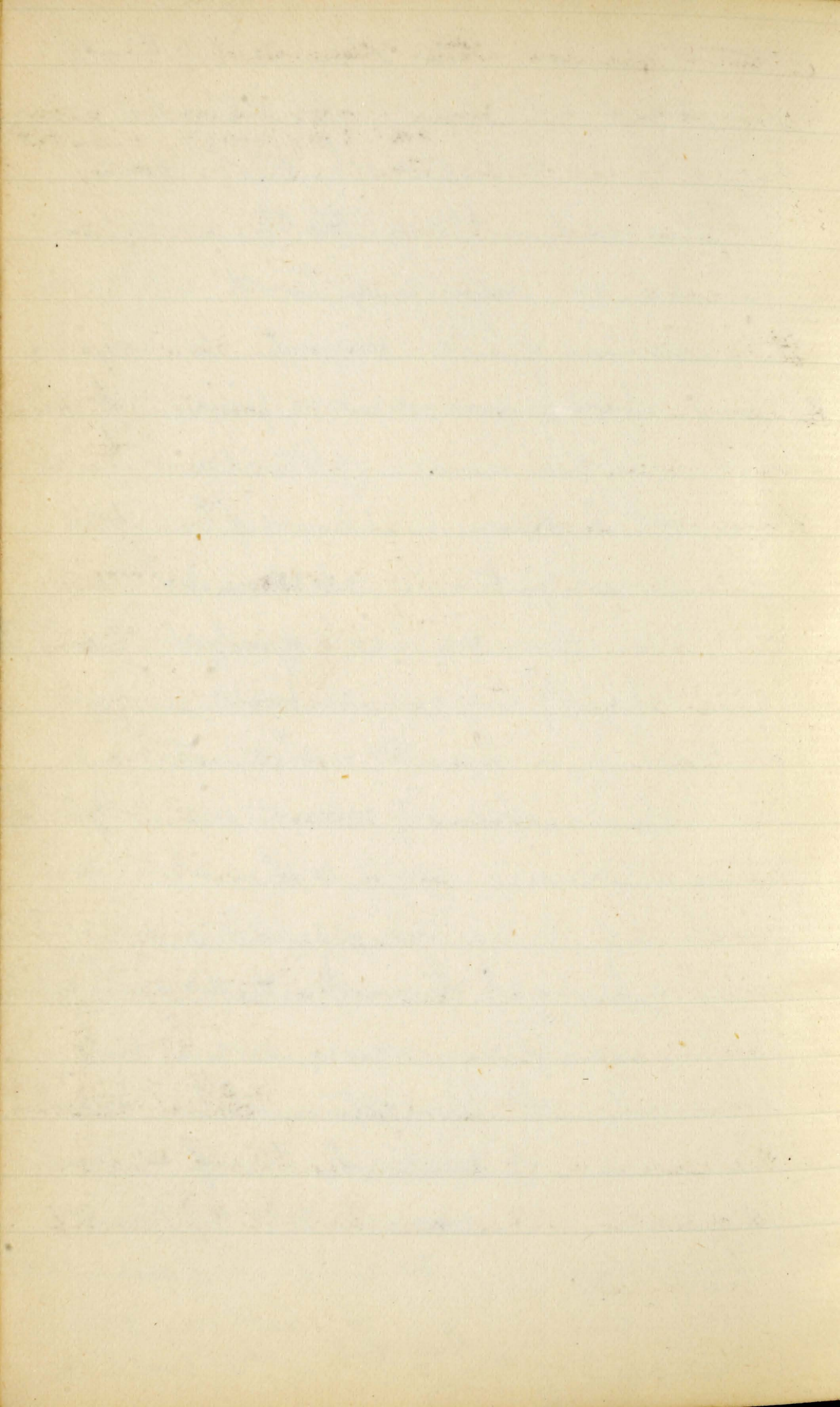


cover the 2 year the other be all teeth  
From 2 to 2 1/2 year all should be  
present. all Reech. chl. are  
backward in their teeth may be  
12-14 m before a tooth appears  
Symptoms of the period. when thro  
the jaw show numerous points of pres-  
sure & the Schmitter of the teeth come  
them out is any likelihood of trouble  
Zahnfleisch is tender at these spots is  
involves can we speak of Zahn-krank?  
yes but only when the teeth are just  
appear. as a result of stomatitis &  
involves of M. of mouth for no. Z. krank  
a. Zahn krank. only if a stomatitis  
involves of the salivary glands & an <sup>stabil-</sup>  
ation of a slight diarrhoea. the the scars of Zahn-  
Zahn-krank may arise but  
also only with the stomatitis further  
changes not caused. Long steady  
involves not cause. nor do know.  
chief of teeth. When a child <sup>has</sup>  
into a disease & in the teething period  
in course of the <sup>acute</sup> <sup>epid.</sup> <sup>stom.</sup> <sup>stom.</sup> a tooth is





or two cases thro' caused by the  
abnormality. This is sometimes seen  
in rot. meningitis, <sup>& the whole disease is put down to it</sup> Some say  
a phy. diarrh is set up at this  
period. but not the cure  
Still letting out without danger  
K. develops rapidly. Drained body  
scarcely happen from 7-2 1/2 yrs train  
diseases. come in. Also with the  
milk period after 7 mo. a total  
diff. <sup>ment</sup> ~~ment~~ & a develop of the  
intest glands takes place & consequent  
a diarrh & catarrh rarely set up  
only when a local change is present  
in the mouth can be caused any after  
of this period of the letting out of the  
affections. Let the milk teeth fall out  
never pull them out unless changes  
are in the gum flesh. which render  
the passage of the permanent one very  
difficult & they are apt to pass up  
irregularly



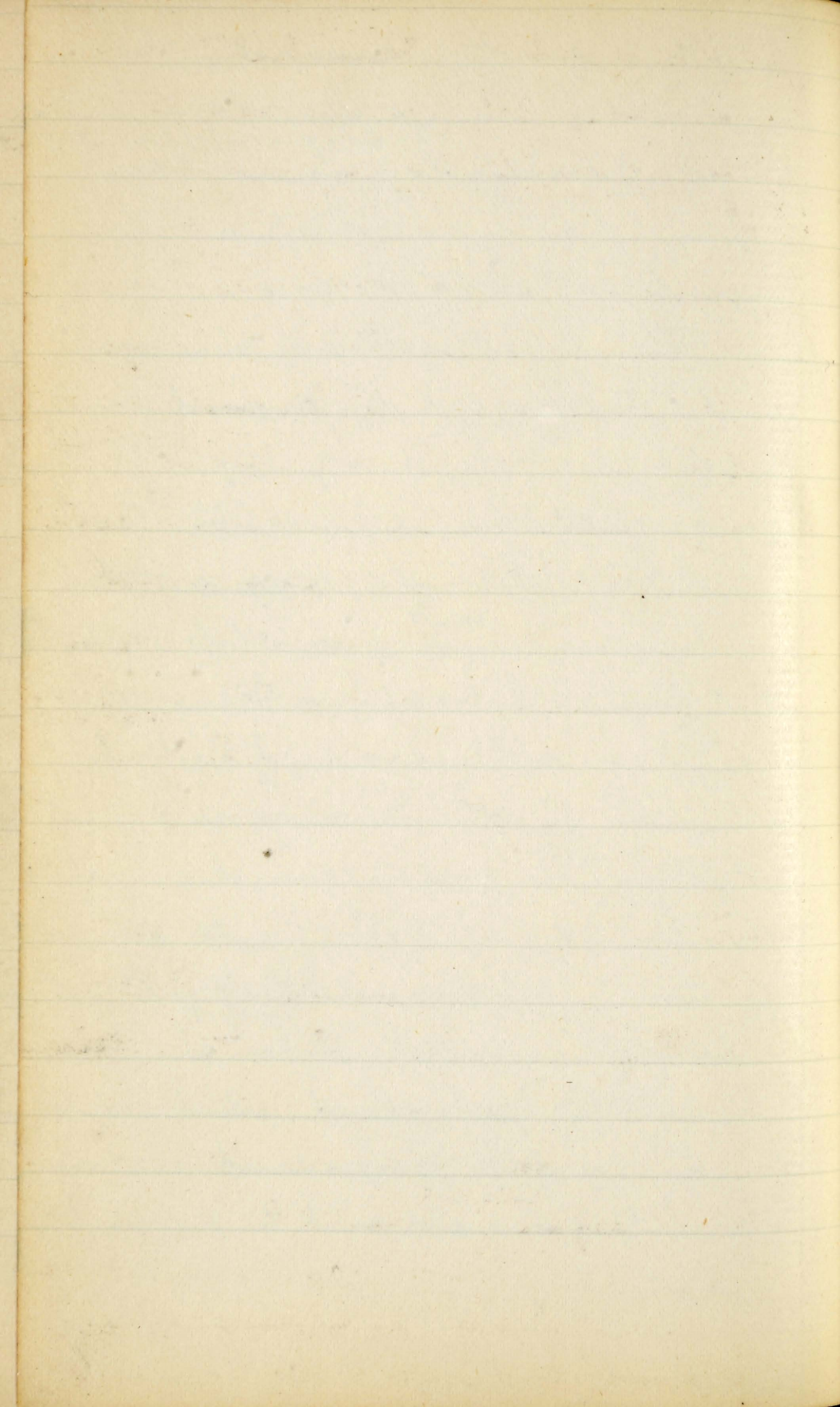
Care of Mr. Bengtson. Warm bathes. two  
a day at 30°-32° & remain 20' - 30'  
For the cutaneous warm inhalation

Laryngem. dys. most plentiful  
in damp cold weather as March &  
water clutches & S. fer. lod.

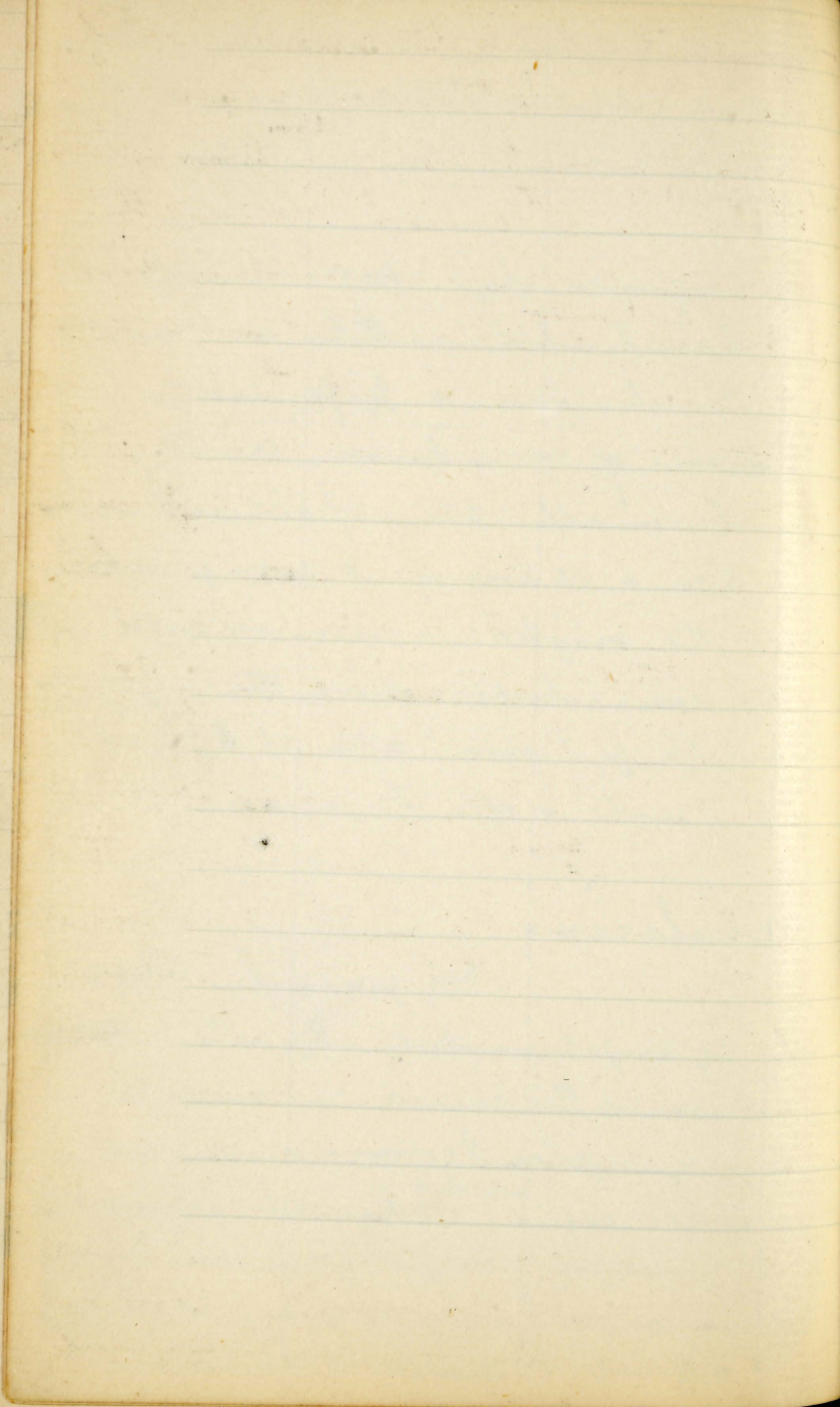
The case of convulsions. better  
had in all 2 1/2 gr of chloral betw  
12 Am & 10. evening. & was given  
all the night. & now has had only  
two convulsions during the morning  
Had 1/2 gr Peppin. after at 8 gills. to  
3 ii of water & after S. enema.

### Convulsions

Very general. Most  
only symptomatic. Sometimes can  
not find the cause but some the  
less symptom eclampsia. when a  
single seizure <sup>last less frequent</sup> when chronic call  
it epilepsy. In fact you can have  
many convulsions, or may be epilep  
& difficult to diagnose as cannot



tell whether it relates to convulsion, but if  
they continue into the second year or  
third it is an epilepsy. <sup>It is</sup> A symptom  
<sup>in ch. corresponding</sup> in old people <sup>to</sup> a rigor. When the  
old have a rigor a ch has a convulsion  
In Intermittent <sup>that fever</sup> a child will have a convulsion  
in certain periods, subjects blue in face  
without spasm of larynx & rigidity after  
it & sweats. Many forms. Hyperaemia  
of brain, causes Parturition, Tubercular  
menstruation, Cramps, Pneumonia. All forms  
accompanied <sup>young</sup> other diseases are usually  
the result of hyperaemia of the brain  
Hot, head red face, conjunctiva, narrow  
pupils, <sup>tears</sup> spanning frontally, cartilage  
pubertal, are the result of H<sub>2</sub>O of <sup>menstruation</sup>  
In these cases, cold use, for the head  
-ing draw blood. but rare. 7<sup>2</sup> years has  
unwounded cramp of carotid as  
a means to stop the current of <sup>menstruation</sup>  
at extremities. a clyster, ol. Ricini  
or wet cramp over the body. Anasarca  
of brain also, can result for blood loss  
among children. or in long cramp



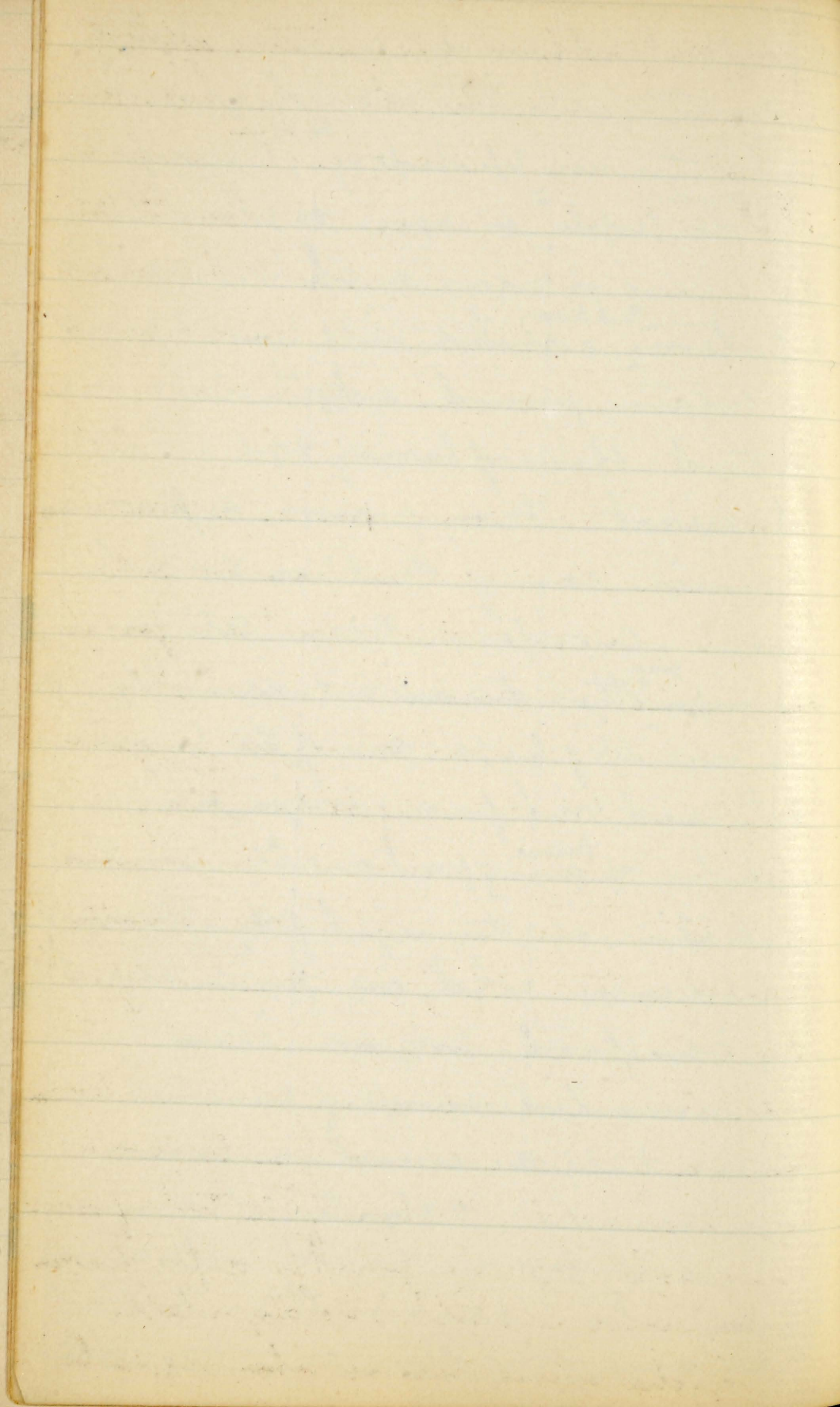
dream as Typhus & see in this app.  
in the convul. convulsion. from Anax  
Gene Fe. quin. & good diet. Anax  
in new brain so oppo apper to the  
hypenon cool head. inquil bent on  
work bed with spirit and cold muscle  
with after the stomach. aromatic. chylid  
Anax. om. & stimulants.

Each stimulat case. produce a ~~convulsion~~  
p~~ro~~vide. Pain in Bowels. colic  
Enteritis. even a broken pot can prod  
can from convulsions. No alcohol pan  
usually not cannot produce convulsion  
chief from bowels & dyspeptic. Also from  
automatid. can produce it. The worms  
sometimes. We have not it seen. it without  
some other thing to be found to account for it

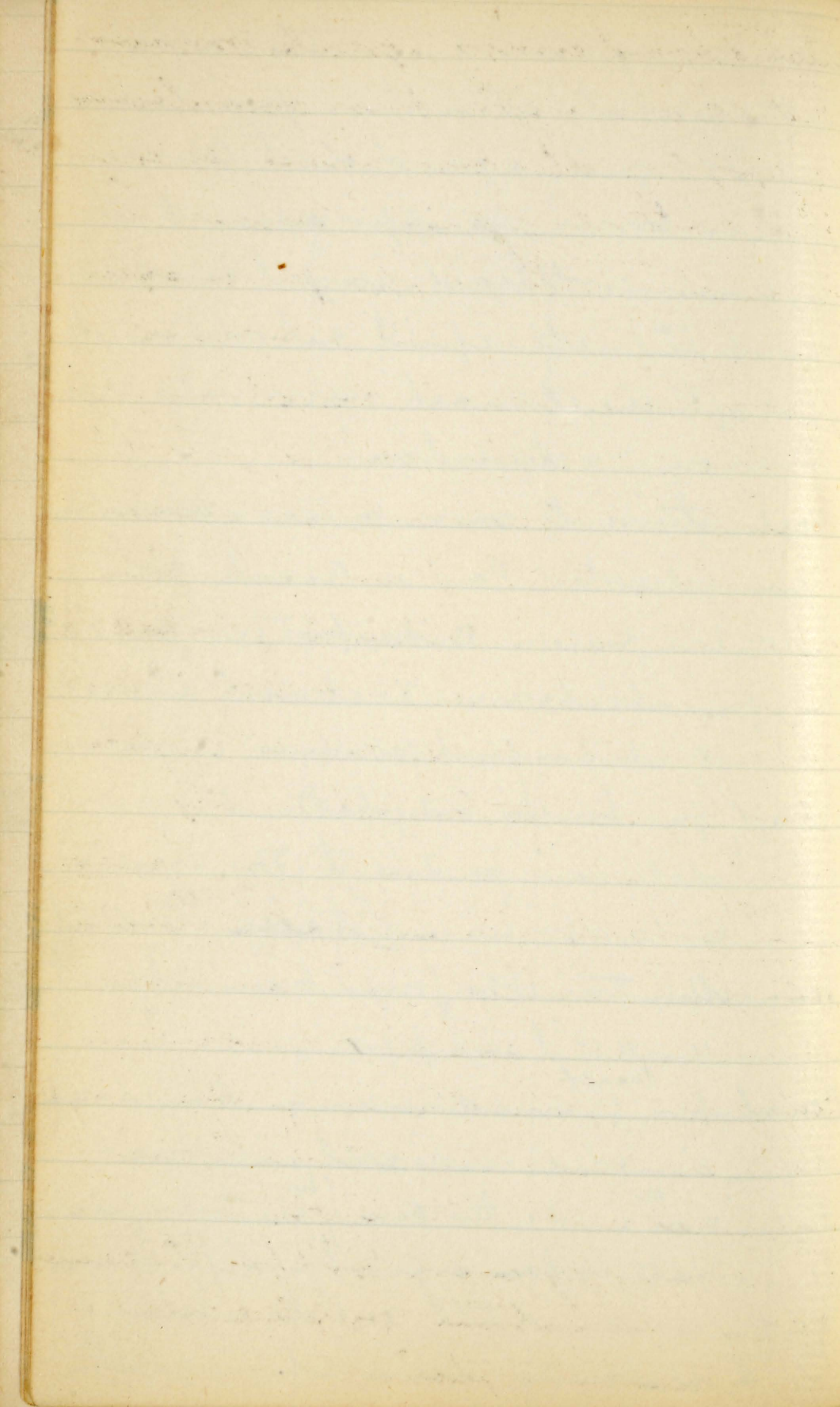
Some think Epil can be pro

Convul also <sup>caused</sup> by some dreams as Bann & sea.  
Mening simplex come conv with pers &  
hyper. ~~the~~ <sup>the</sup> 2- day the conv <sup>in</sup> the tub form  
come later & form a point for diffi diag  
as they come not till 2-3 day or later.  
in the chor come more when a greater





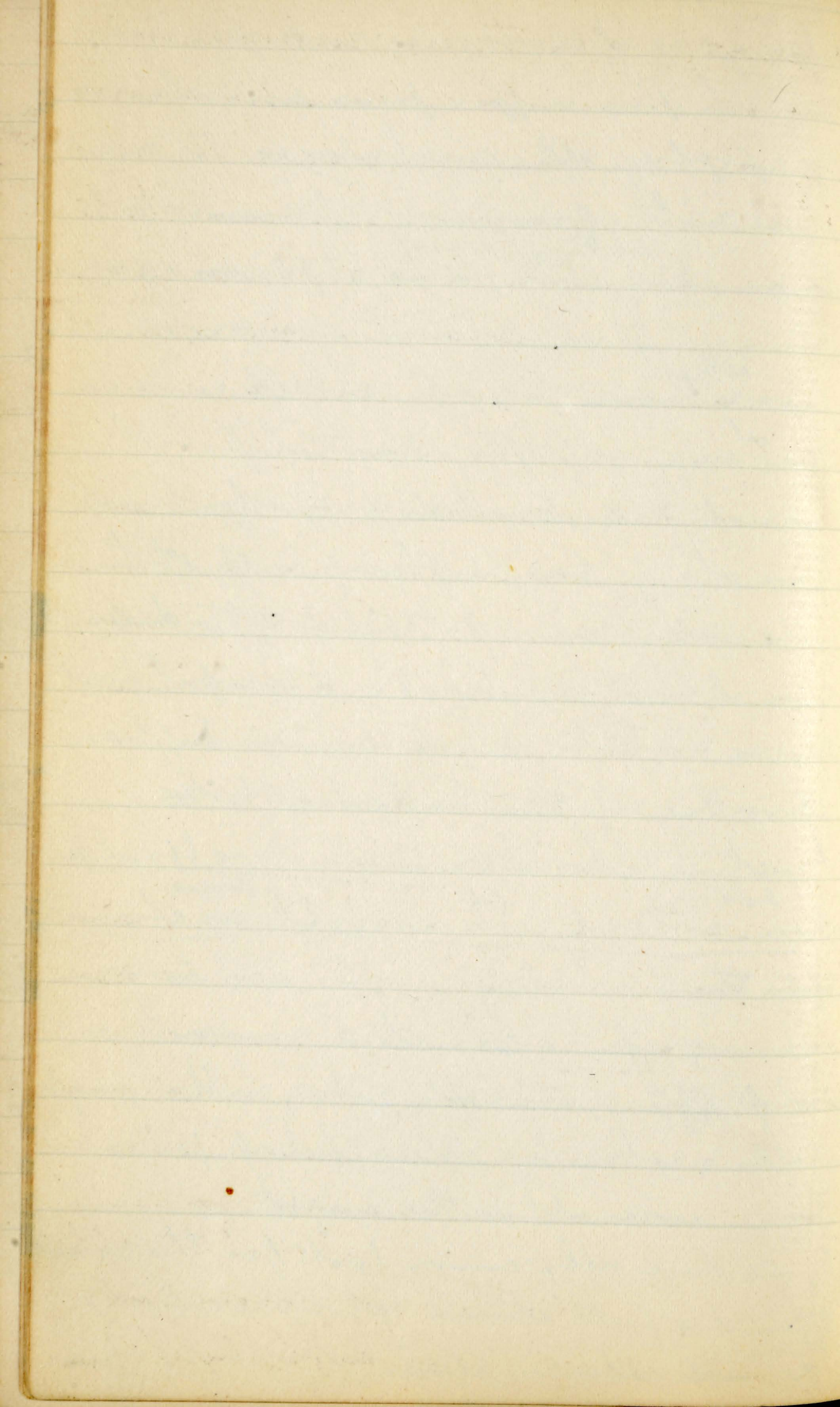
enlargement of head comes several persons  
each of them suffer from convulsions  
by apoplexy etc. come also in K. come  
more with. <sup>but they are acute</sup> ~~General~~ <sup>General</sup> in  
Roman also, with paralytic persons upon  
persons. General convulsions are more  
frequent than local, much more so  
than <sup>and</sup> may be reflex, partial point  
arise to a local dis. spot in brain  
come also by ear inflammation, with otitis  
with pain. On the side of the diseased  
ear it will not lie. In a careful kind  
comes ~~convulsions~~ for a common diphtheria  
spreading up the Eustachian tube  
function, when a child has a long throat  
when <sup>has</sup> catarrh gets convulsions, <sup>come</sup> as ~~character~~  
after the first sleep, after an hour  
spring up, & go into a convulsion  
cut off. Often naturally, during the night  
& after a catarrh. Also children from  
begin convulsions in the night.  
By all these reflex convulsions look for the cause  
of find a full storm, but the cause &  
the indication is plain



Hypertrophy of the tonsils common in  
these children who are usually Scrupul  
Difficult-breathing often caused and  
hard swallowing. Must <sup>be</sup> <sup>of the</sup> <sup>throat</sup> <sup>operation</sup>  
if tonsils so large that it impedes  
respirat. & so hinders the development  
operation not good with a guillotine  
but with a hook & scalpel  
Anchures followed, are oblique  
certain which will last all winter  
Therapeutic methods. caly with  
Lapis<sup>4</sup> no good at all. To some  
inj. in them no good

## Rachitis

a <sup>man</sup> <sup>in</sup> <sup>dev</sup> <sup>of</sup> <sup>skeleton</sup> <sup>&</sup> <sup>consists</sup>  
the salts not deposited & the cause  
is <sup>in</sup> <sup>the</sup> <sup>softening</sup> <sup>of</sup> <sup>the</sup> <sup>bones</sup>  
Different forms the long bones thickened  
at epiph. in middle same take place  
then rest of bones examine same  
process seen. We know only that the salts  
not depts. why not. we know that  
I'll find bones soft. light than



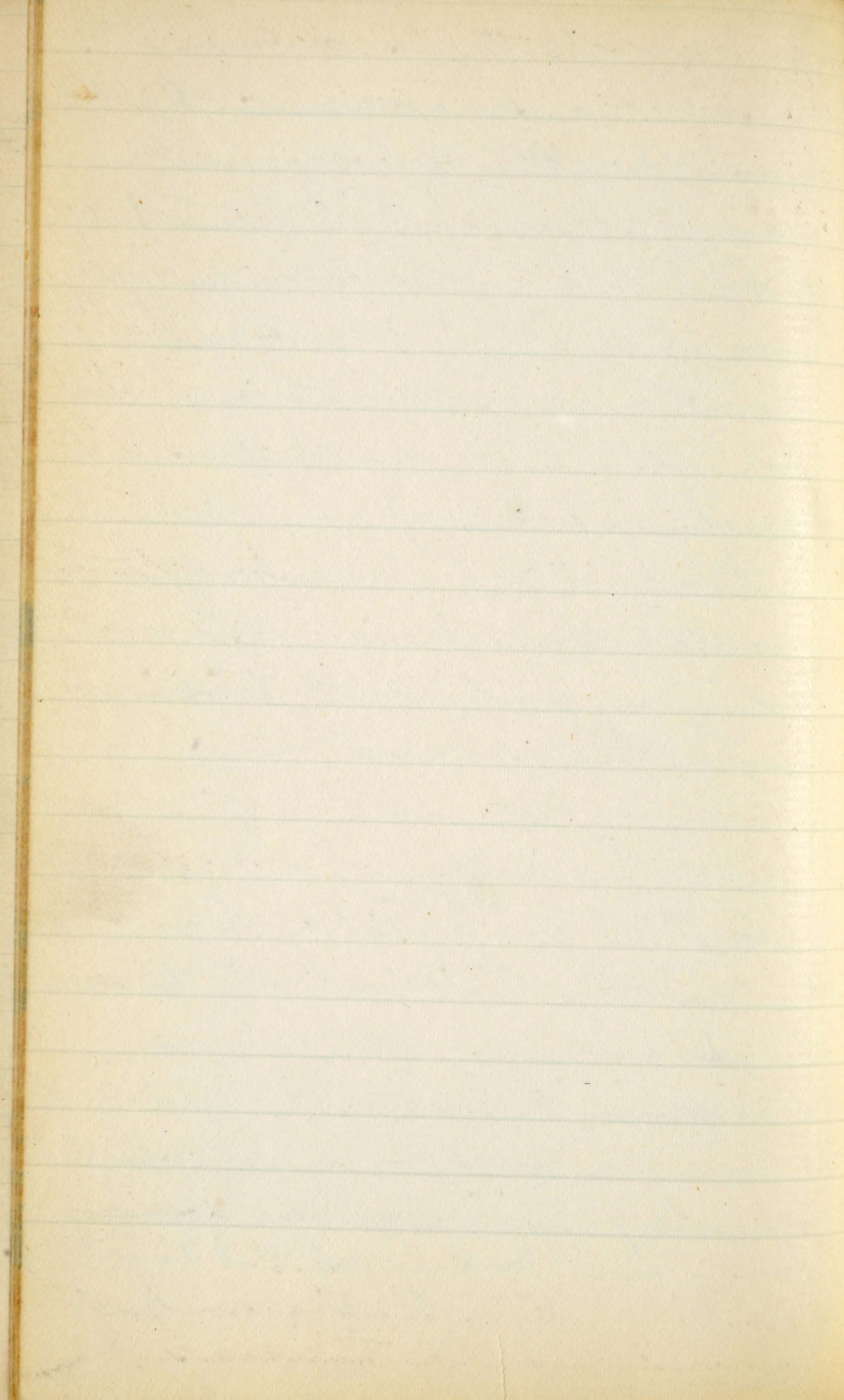
more excellent. thickened. at first  
along the edges of the sutures at little  
distance from their margins. & in  
looking thro the light spots correspond  
to these. place. The Rach. anlagen  
in end of first half year take place

Can come to world with a congenital  
Rachitis. . . . Bones of rachis child  
do not break easily or not at all  
- green - shell fracture - . Sometimes  
when the disease comes on in  
half year. it may skip the head  
& only attack the limbs

Thorax. a. can of verte. mostly  
the the morning when in <sup>right</sup> arm  
is supple are they. of the left arm &  
the corner is towards limbs. Tran  
sitting of sternum

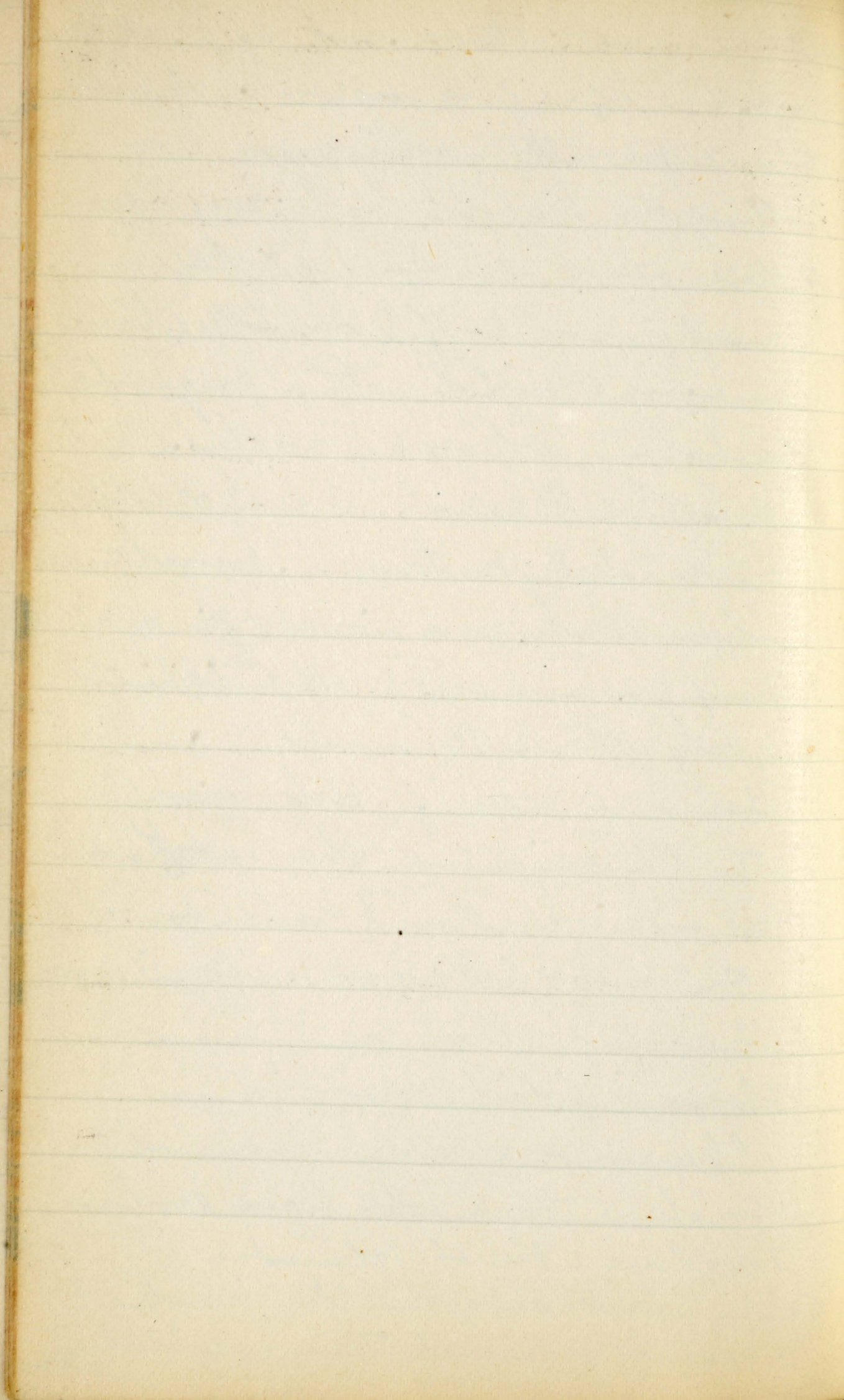
(Chronic catarrh. & Koch)

Pleuris spasmod. in rachis.  
chick & those who have enlarged  
& inflamed bronch. glands.  
at the apices along base the tracheal  
& bronch granules transmitted here



When rachis when outer glands  
are enlarged. of. canum Periphr.  
all speak when in contact with a less  
standing column for <sup>hydrogen</sup> enlargement  
of Bronchial glands. But if this  
of an enlarged gland can you  
prove their enlargement. Of course  
after a column has disappeared  
the dampness remains over the bifurcations  
of the bronchus one can say with  
certainty they are enlarged  
They may be as large as an apple  
& not be found when surrounded  
with normal lung tissue  
Dampness with always bad for  
these rachis columns & the Neck  
must be treated before it will derange  
African 311. Am. Mus. at. Gu. saf  
Syn Spec. 311.

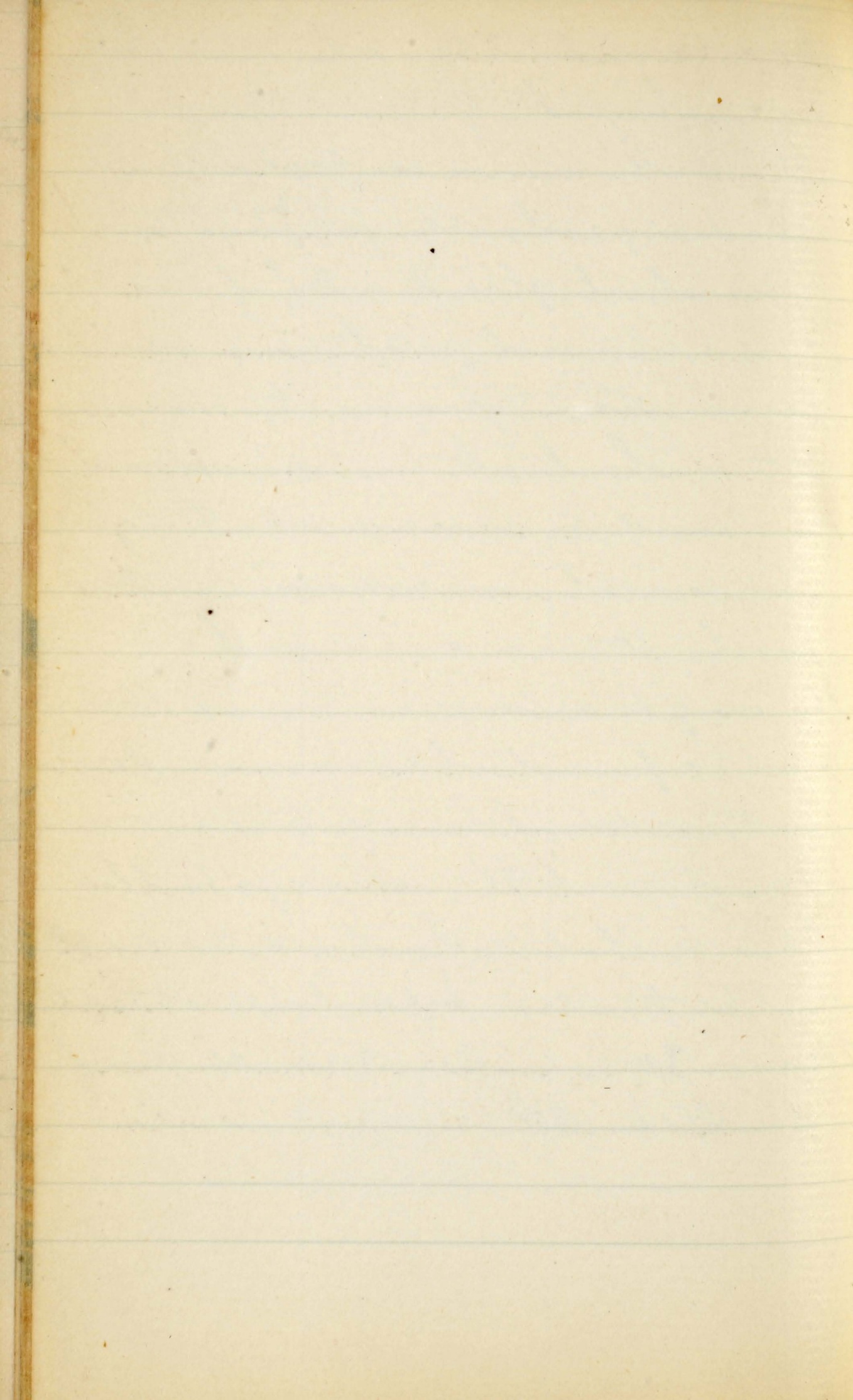




Care of Meningitis  
seen today with symptoms of  
Brain tumours. now quite  
gone. vomiting continues an  
exceptional occurrence. It is a  
warning from Belly now which  
has cracked. The erythema patches  
left after a stroke more evident  
than in any case but Meninge  
can one feel the Arvola so devalued

Child. 3 years old. Third  
day ill. Really before. Was some  
three days ago. Must have been  
longer ill. Pulse slow & irregular  
Rachitis. belly swollen. Large  
head. a comb of Rache & Meninge  
over on the night & embrace half  
together. Cold compress. milk

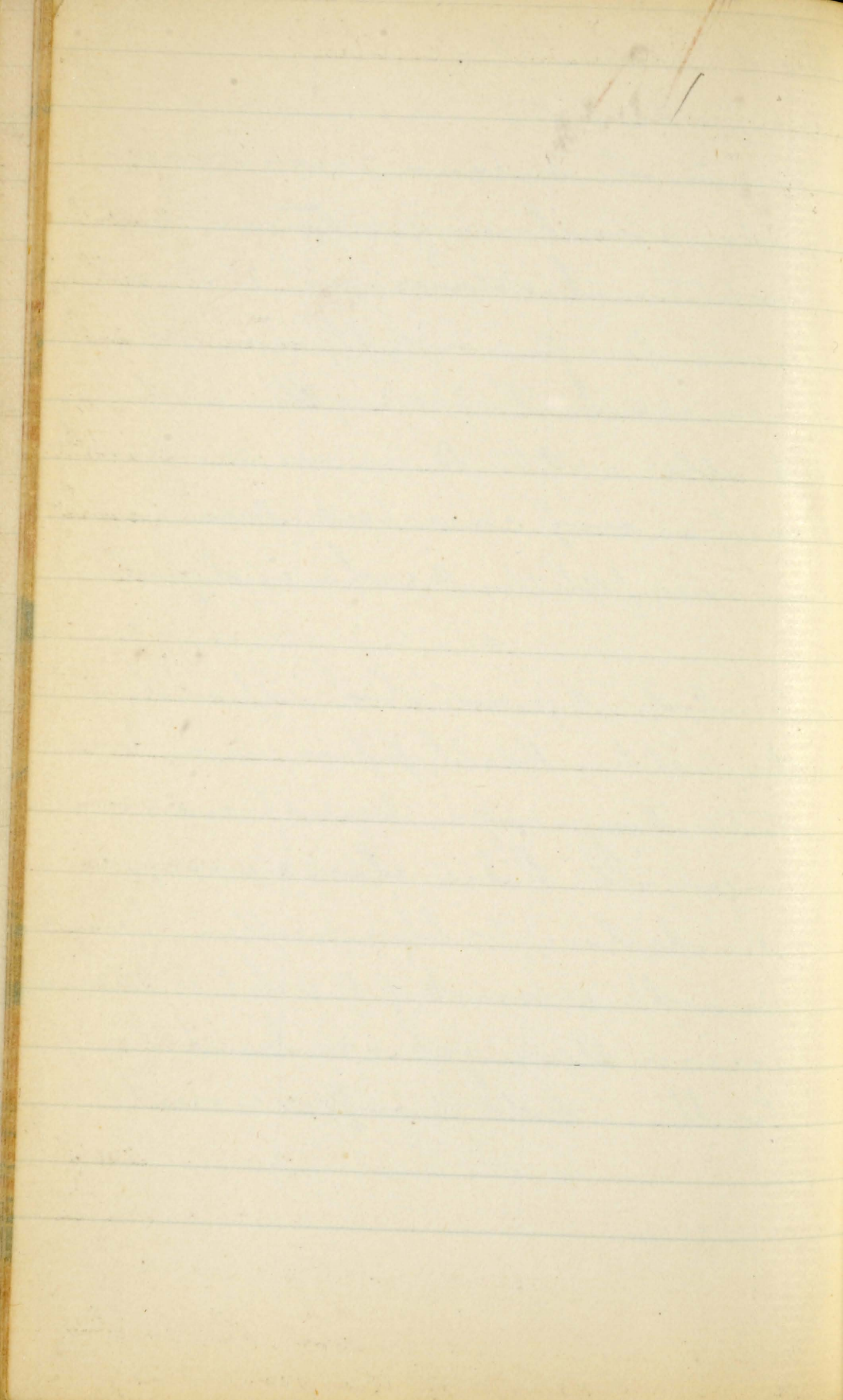
Specimen.



# Rachitis (contin)

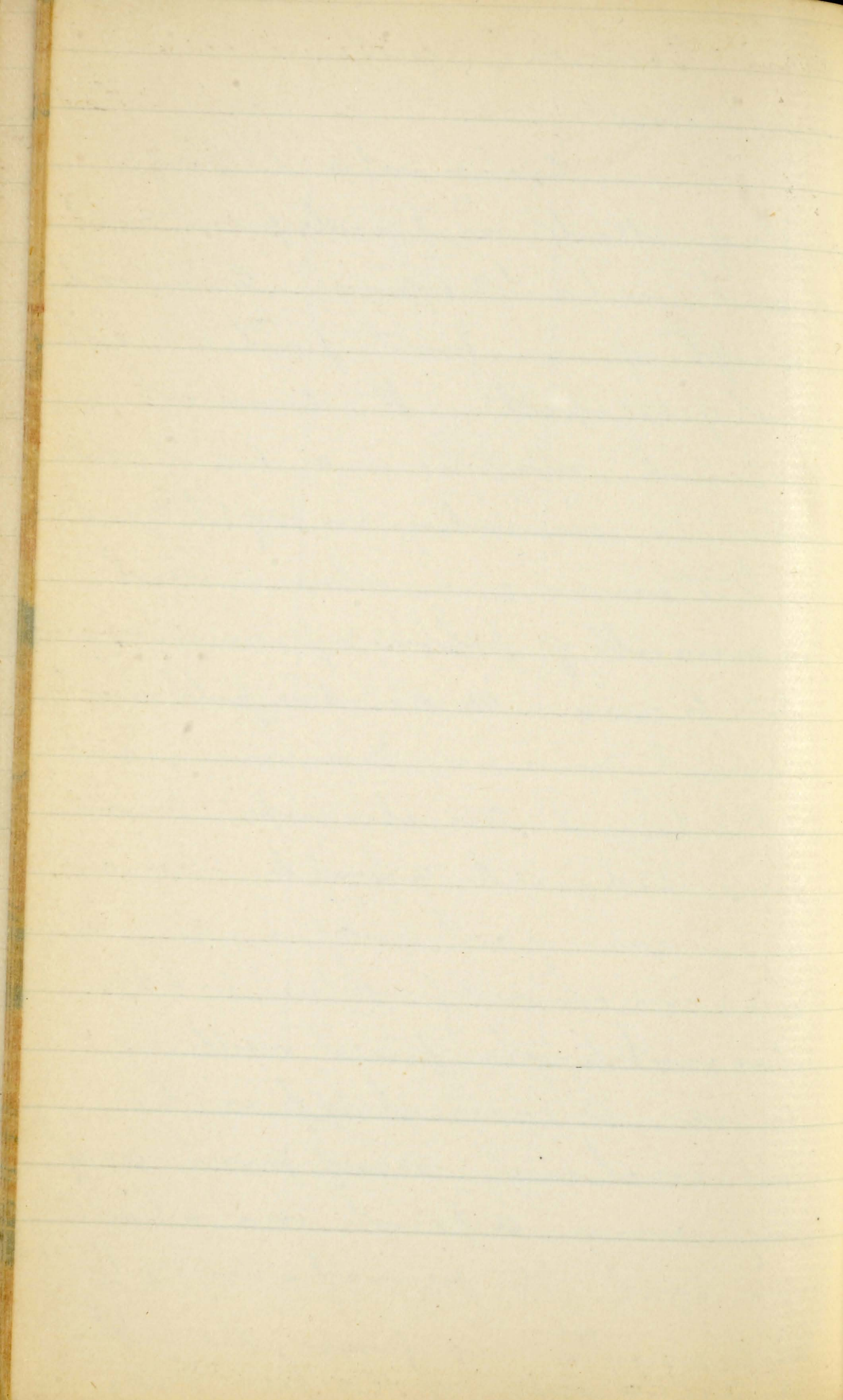
## Symptoms

comes when 1<sup>st</sup> half year  
soft of skull in hinder part - not  
ascent in last 30 years. Craniotomy  
a soft of in hinder part & soft  
part of occiput. R. seen at or  
the head. must be on a bare white  
also 14. mummy. in night quiet  
in the arms cross when in bed  
the warmth of pillow & person cause  
the pain. on an air pillow  
is much easier. Then can rest  
in the head. the stump hair  
gone behind - bald. Comes  
in in case of 1<sup>st</sup> half by. comes  
6-8-6 months. also 8-9 m  
when not high find nothing  
more. A second app is the  
when weching. occip. part and  
laying. a fresh one & late  
- painful. the parents inject  
in craniotomy no pain. Besides  
a green or sep. of the fur. They



can hit 10. - 24 m. from  
9 m they begin to lessen. A Red  
out door. 2 1/2 - 3 - 4 y. after  
of with the D. still more evident.  
Sagitt. <sup>at heart</sup> 3 - 4 m. united, in Nash  
after 1 year. In Nash. the white  
beets come. Nash. 12 - 14 m &  
no beets & they some thin  
med. loss & on the roots. In  
<sup>and</sup> 2 1/2 half year the Throat such  
narrow chest. When comes it to pass  
as chuff. as far to the. Muscle  
weak. it stays in acc. by the  
depth & it enters beads in the  
into in front & at sides. In high  
grade in N. Th. go at night with  
Dialy of Epilepsy. When begins  
to is pain at union of bone &  
cartilage. Lesser. An swelling  
between bone & cartil. The press  
of the air from outside also in  
one for the rope with calumet  
pressure

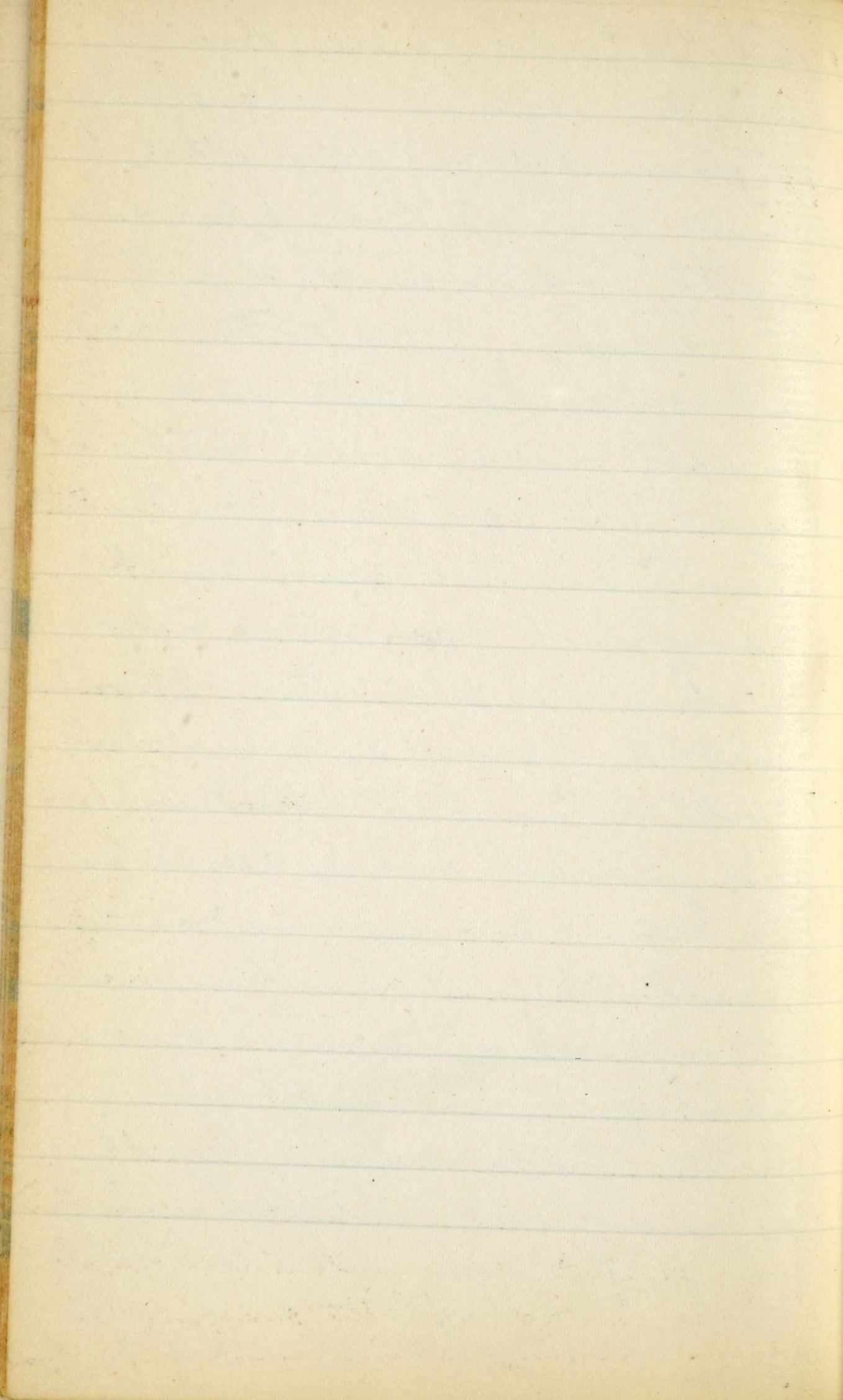
Verdeh. Nash. goes to cure in



other side bend. Thru each  
at end of 1<sup>st</sup> year <sup>from head</sup>  
can be a scale thin. & no such  
head. nature. after 1<sup>st</sup> year  
the long bones & heads in the  
different ways. when left to itself  
from male for 18 hrs. with  
the end of 1<sup>st</sup> dent. end the Radial  
The angulated stomach. is another  
peculiar <sup>symptom</sup> & the navel ring is open  
Such ch. with large belly & wide  
long bones. if let walk sure to have  
bent legs & sore. Keep them back  
from walking. & if they do support  
them well

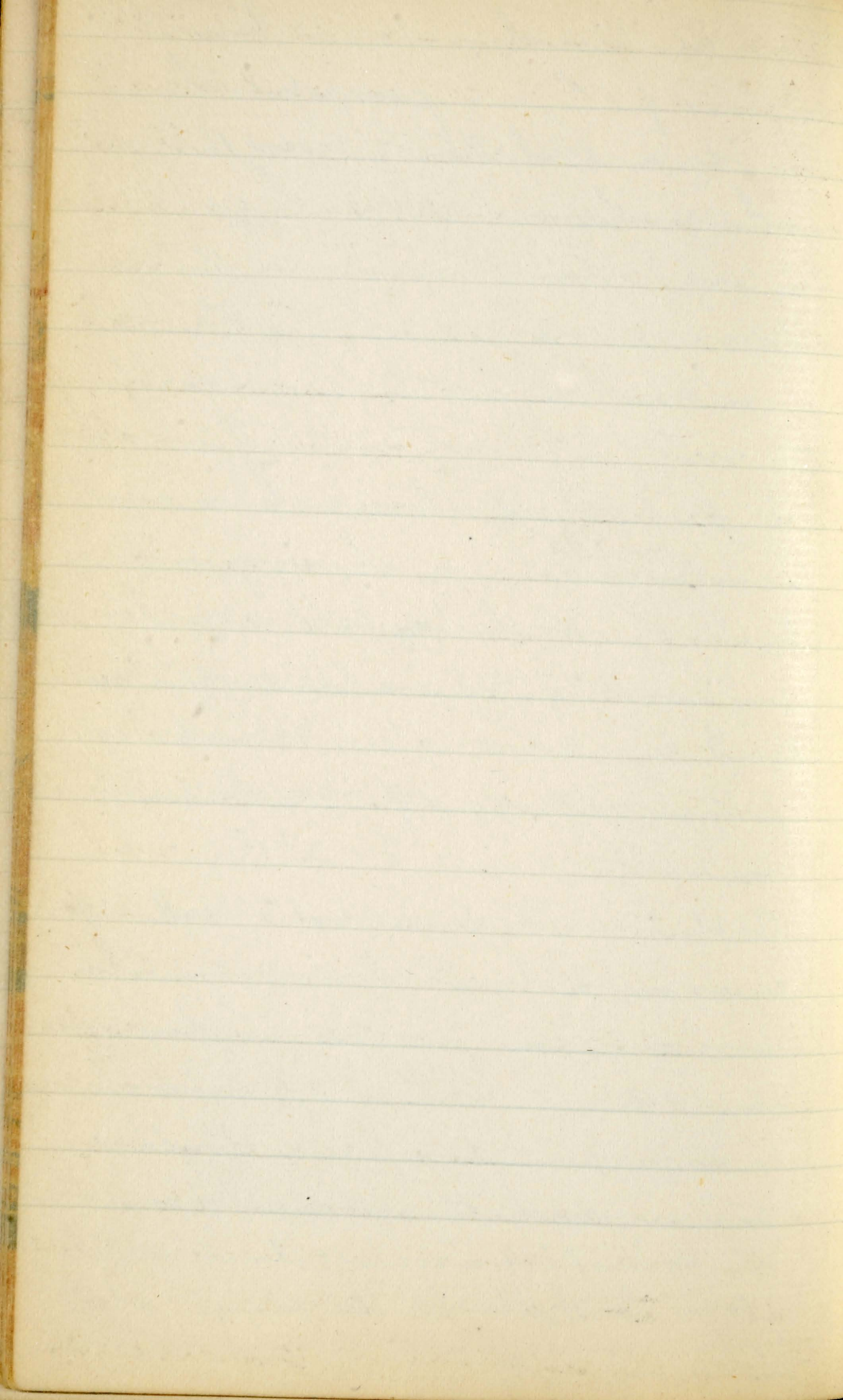
Radial & Hydrocephalic Head. differ-  
ences in. In former rounded. in latter  
more angular from the angulations  
which do not exist in Hydrocephalus  
No disproportion between skull &  
face in Radial, while it is marked  
in Hydroceph. by a small sharp angular  
face. In Hydroceph the margin of the  
system comes on a line with the forehead



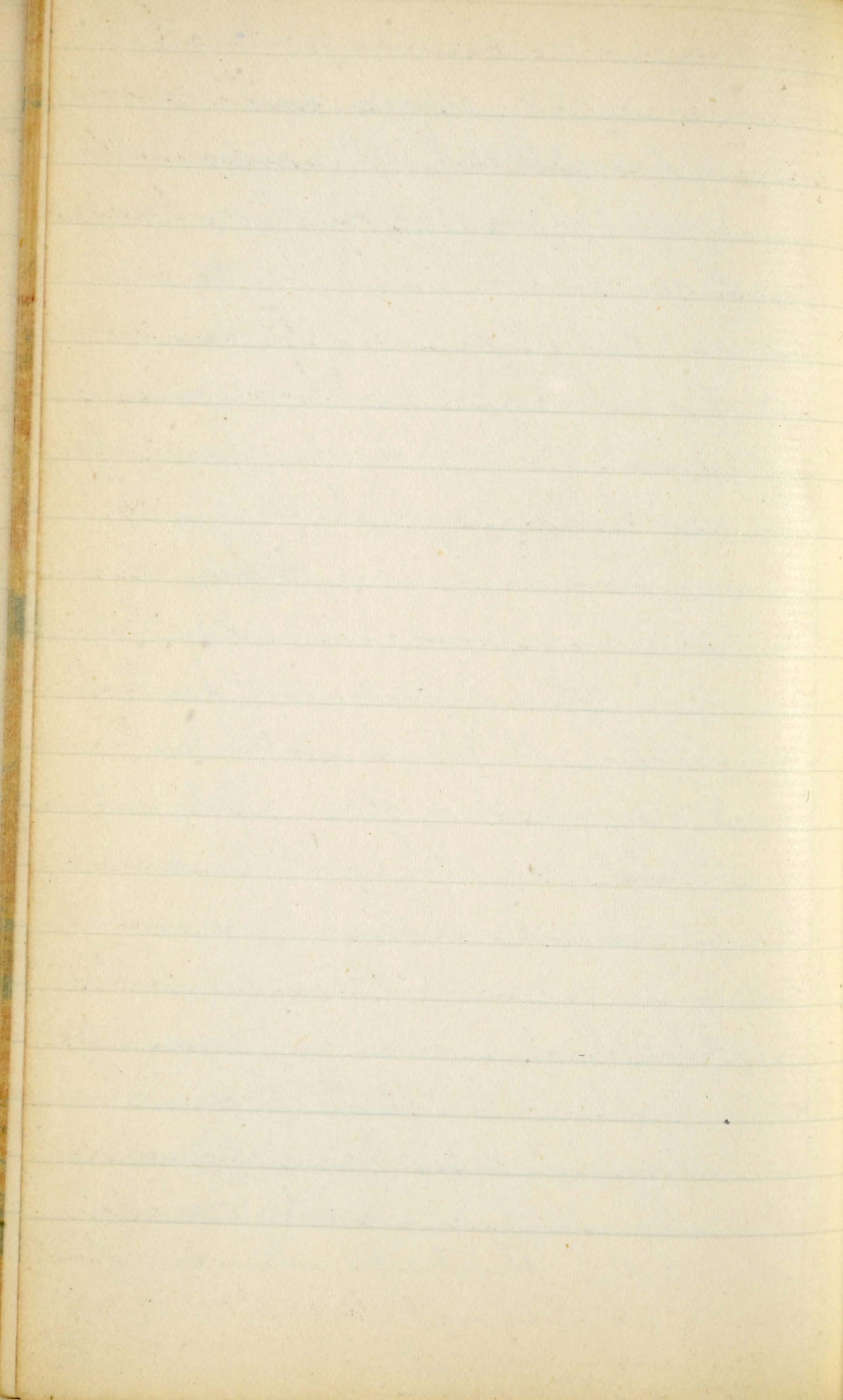


and the eyelid - upper - is parallel to  
the surface of the cornea & only covers it  
half. Hydroceph. skeleton is small but  
normal in appearance. The rachitic sign  
of the drum also apparent in the limbs  
& Thorax. Complications of the disease  
are different, sometimes brain symptoms  
being prevalent in Hydroceph. Lung affec-  
tions & catarrhs in Rachitis

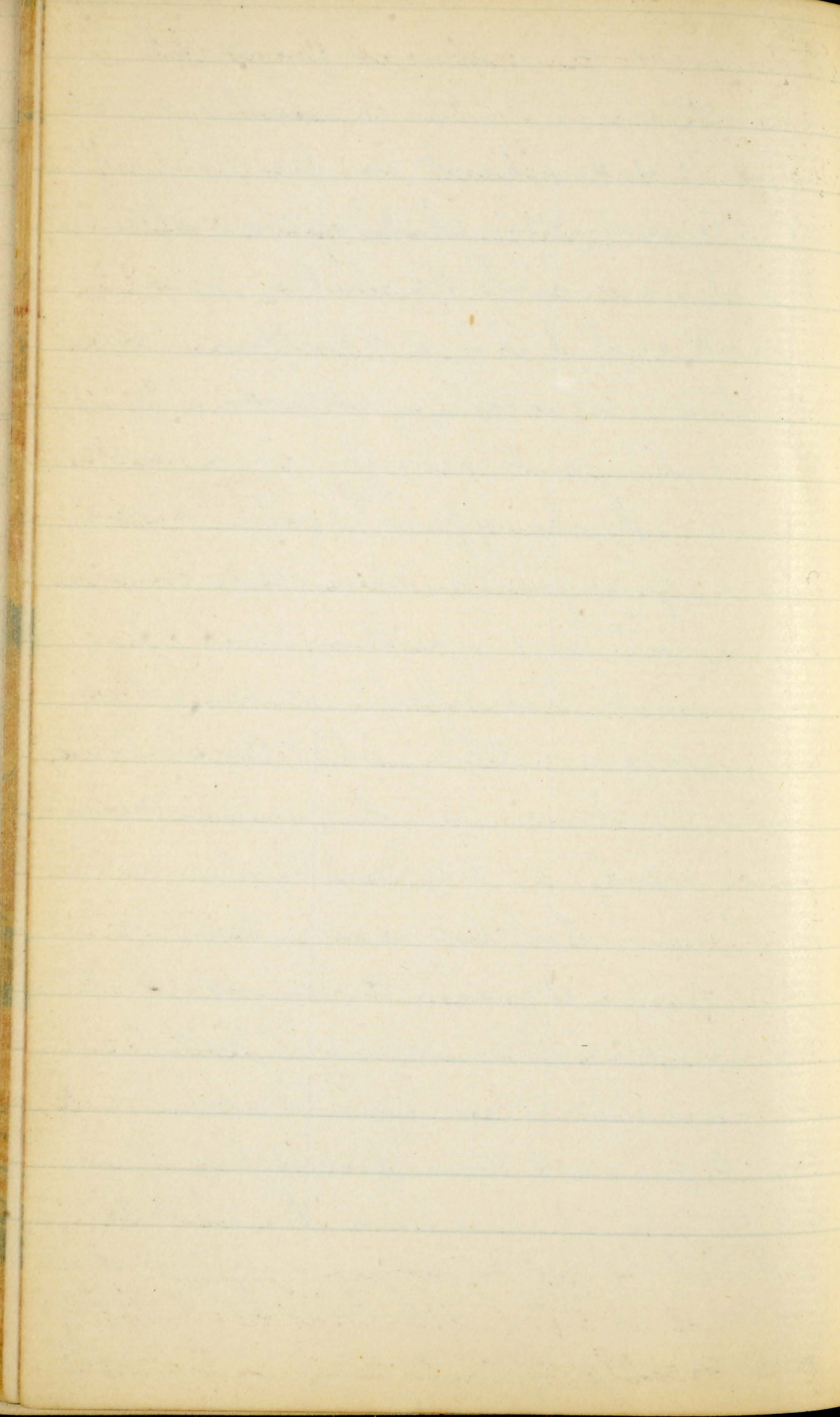
General convulsions in Hydroceph. in  
Rachitis more local especially Laryn-  
gismus. Often a combination of a Rachitis  
& Hydrocephaloid skull. In the latter  
the sutures are always open, while they  
may be shut early in Rachitis and  
the fontanelles remain open much  
longer in Hydroceph. than rachitis  
Complications, Catarrhal lung affec-  
tion, with or without fever, tubercu-  
al Catarrhs, also Laryngismus  
stridulus which is a laryngeal spasm  
of the glottis. Short expiration & inspira-  
tion & then close, succeeded by a long  
drawn expiration. Convulsions



may succeed & become general.  
It has its origin in the Medulla & some  
think it dependent on Arteries of  
that centre. Few children are affected  
by it who are not Rachitic. In a  
weak child it is a dangerous comp-  
lication especially if it has a Lung  
or tubercular catarrh at the same  
time. Some affirm <sup>that</sup> it never a regular  
course for weeks, can occur only once  
or again <sup>last</sup> 4-6 weeks. Cases are  
not met plentifully in the cold  
damp months when the children  
have to remain in doors. Sometimes  
comes early 4-6 m. with Cramp-like  
muscular hardness & believe  
the first 2 years - the period of dentition.  
The Therapeutics belong to the Rachitic  
& must treat - as cramp-like.  
Bark formerly much employed, but  
Dr. Wright it useless. No opiate  
chloral may be used in individual  
cases of no lung affection. Cold sponging  
on the head & chest - 20-30 times a day  
is the best medicine.



etiology. We do not yet know the true causes of the disease but damp dwelling have a great influence in the production of it & new born children in the winter months very liable to it here. Badly nourished children less affected than others. A weak dyspeptic child of 2-3 weeks when transferred to a healthy wet-nurse apt to overfeed & in 2-3 months may get well. The superabundance of lactic acid is of great moment in the etiology. Heredity influences may also be at work. Feeble father predispose but as also youthful mothers. Therapeutic remarks. Phosphoric salts much given. notes now experience has shown that with Fe. & O. Fe. acell. the greatest advantage may be obtained. The O. Fe. acts in some unknown way. It is not the fact now is the minimum quantity of Iodine to be taken into account of the Fe salts. Fe Sacc. carb. is perhaps



the best - Fe oxid. & K. chlor. are  
also good especially in late measles  
as they contain no acid & are not  
prejudicial to the teeth.

The Emulsion we use is the following

No Libellian in acute cases with  
fever use of. Sassafras  
Milk & <sup>may</sup> flesh may give the child  
Baths. Sand warmed in the  
sun or on a fire stay the child in  
it. Sun-butter good. Rock-salt.  
1/4 - 1/2 tab salt. Table 2-3 balls  
small. Bor salts  
Cold sponges with cold  
water & rubbed over the body  
as soon as they is good



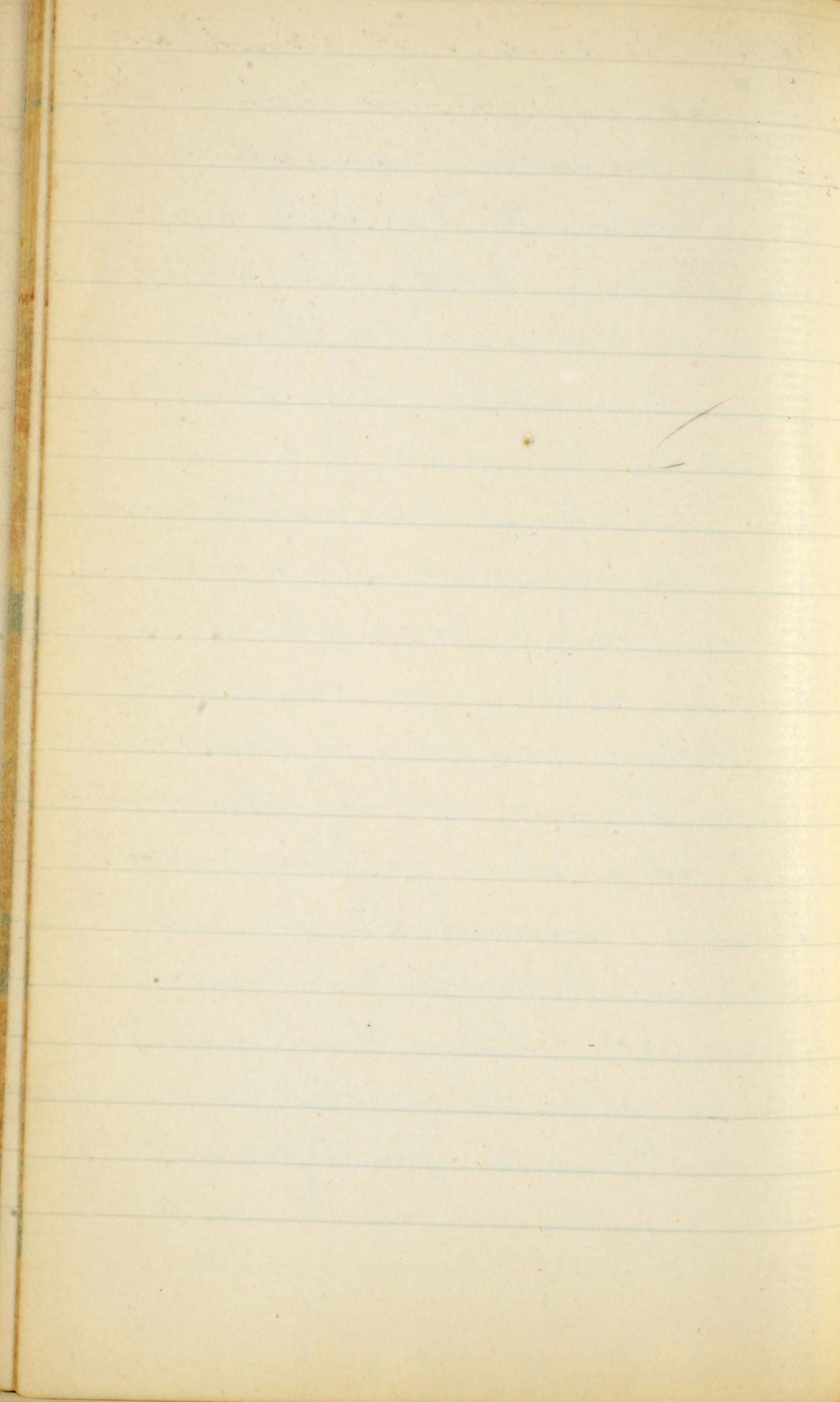
Before a child has much saliva  
it is folly to give it any medicine  
never before the 5-6 m. get of you do  
all symptoms of. Tubercular disor  
der. In this case - a 5 m old child.  
has inguinal hernias & widened  
navel ring. In carcer, rarely happen  
me. Bunch bands, some say, but <sup>some</sup> ~~not~~  
~~more~~ more, better than good when  
sleeping abate the feet. Navel  
bunch, not much, important. Bunch  
up the skin and use plaster

Care of recurring Pneumonia.

Hypericum only & tronical. Lun. 4 gr  
in day. & an inf. specar

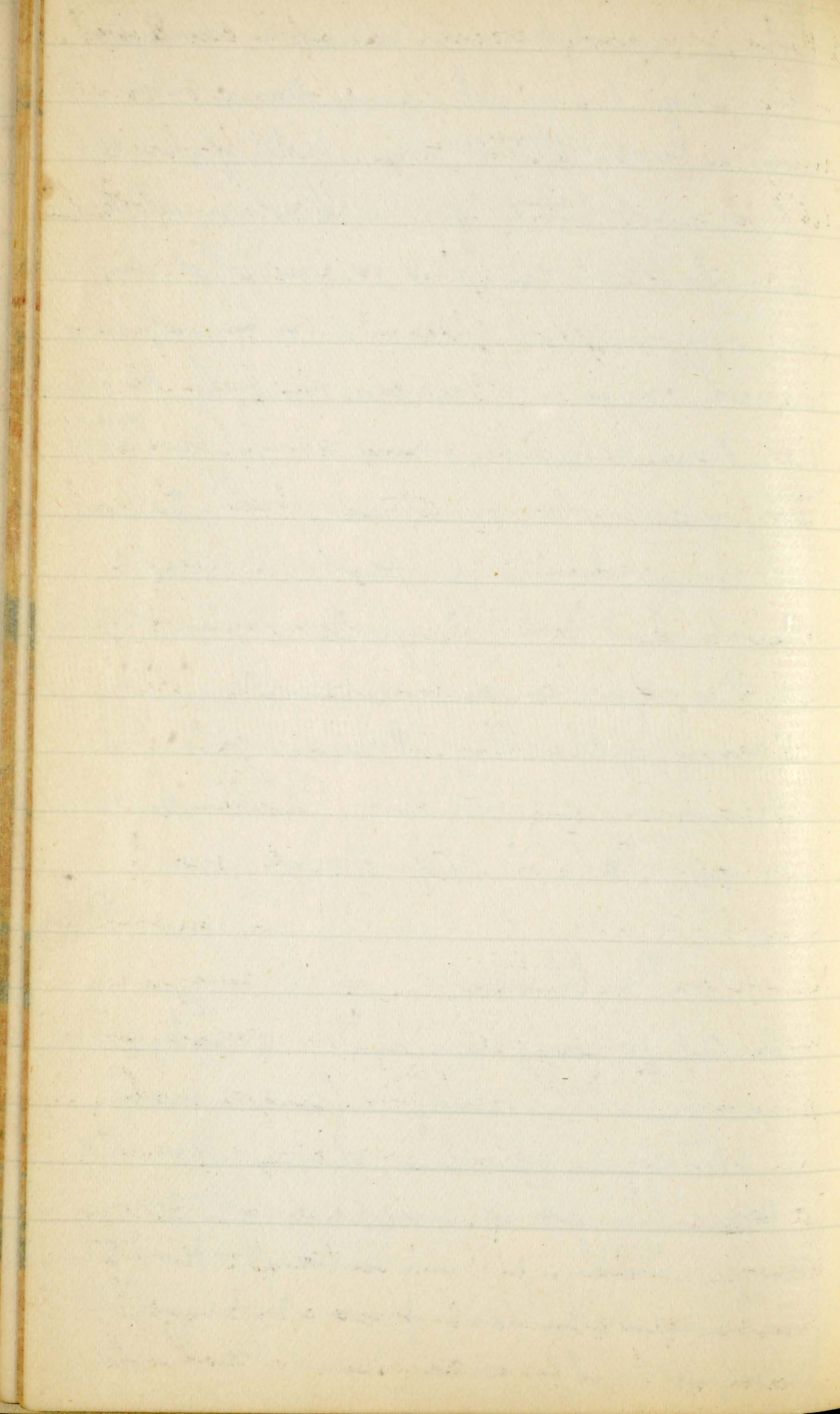
Pertussis

a deep going Bron<sup>chitis</sup> with ac<sup>ute</sup> atypical  
course, with, cough<sup>ing</sup> & <sup>a</sup> <sup>severe</sup> cough.  
a contagious affection, depends on the  
microbes which coughed out - may it  
this a <sup>single</sup> ~~mean~~ person carry? Not to be  
believed. In same house will get it  
only attacks once. June Pert use

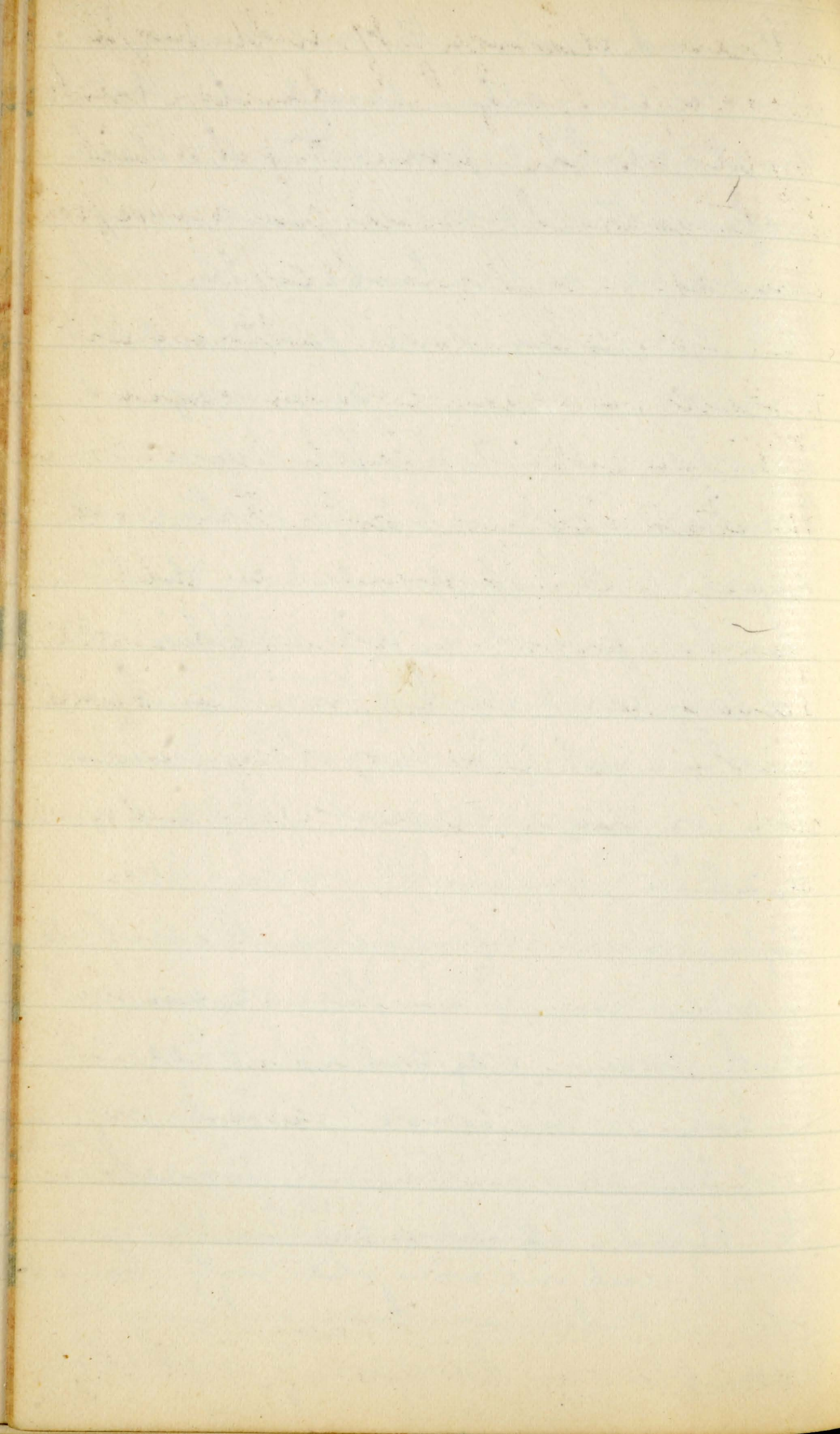


Before a child has

a Relapse may occur a after an 8 weeks  
- then 1-2 wks. health, then a Bronchitis  
may be very like the original Pertussis  
but no more the typical course of Pertussis  
in riding P.M. of the disease. May  
be hyperph of Bronch. gland. as simple  
Pneum. diff & tubular. No peculiar  
P.M. appears some say an ulcer on  
partia, angle of sternum but  
not character... The <sup>the</sup> period, cough  
denoted. In 1<sup>st</sup> days no other app  
but a cough, a common one, the  
precursor of the Pertussis. In 4-6  
days cannot say it is a Pertussis  
The <sup>L</sup> Sade Cabaret. the cough, not  
more & more from day to day, increases  
The apper. in 1<sup>st</sup> stage. of our cough in  
night. if peaceful may be & shrill  
poment. <sup>in</sup> all <sup>all</sup> movt. in lungs nothing  
in 1<sup>st</sup> stage, when 6-7 days past  
a spastic cough appears. Now  
cough in day & sit up in bed to it  
more spasmodic but no deep inspirati  
The can red in fac. anxious & catch



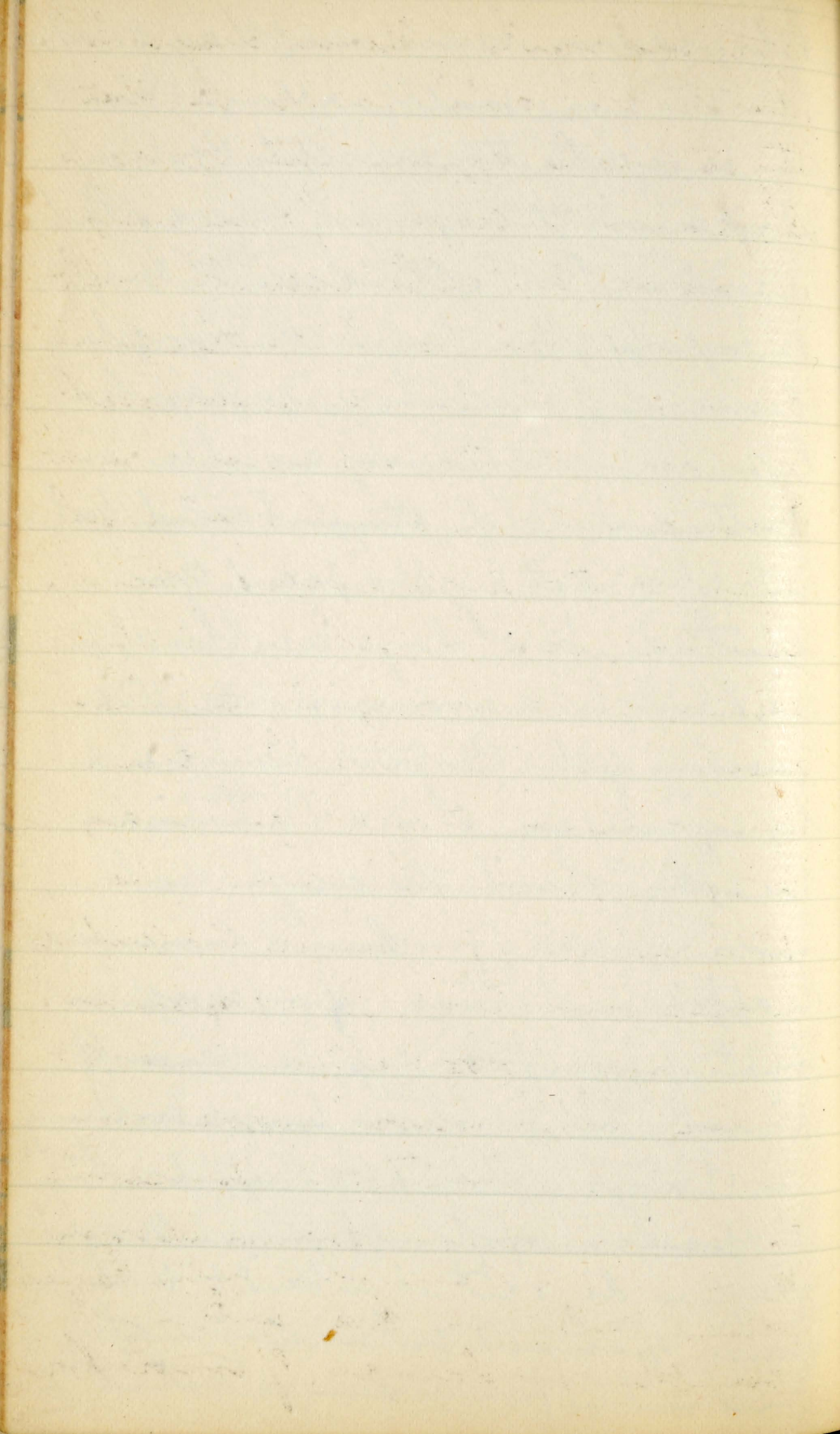
at the bed rails. The only danger is  
when the ch. alle. cough. dy. then  
the staccato expir. & then the deep  
inspiration now you can say  
you have a Pertussis. At birth  
12-13-14 dy these peculiar expir  
come on. Following. aux, inquiet.  
& one hears the m. <sup>sublarynx</sup> up & down in the  
Trachea. & from hark. & staccato  
expir. & the high insp. & then the  
short expirator. but which the  
schleim comes out of the trachea  
sometimes not till vomiting ensues  
This is Stadh. cough. for 14 dy  
to 28 in favourable cases. The  
high. cough. & frequency. the Anfall  
in relapsion. it is blue & cyan not  
red. now. 7 dy of attack. 8-10-31  
in day in St. cough. sometimes  
ing the m. but the food. sometimes  
to bleed. superficial <sup>vesels</sup> in larynx  
W. only used one can when inter. W. of  
follow. Pertussis. Can without  
comple. no danger. of wide Bron



in Pneum. d'ang. If with high  
fever & caput br if Pneum d'ang. great  
as long as ch. vom its food still  
in. It curd. must give more food  
or milk or cold meat. after this  
comes stad. Pleurisy. all are  
violent. & as per comes. curd  
a <sup>yellow</sup> purulent white pleur. Mus. curd  
the stad. declin. hold their food  
better usually <sup>small</sup> 6 weeks. in all  
favor cases. In spring when alt.  
more if healthy to be given in 6 weeks  
but if in. <sup>more</sup> curd or more or diet it does  
not for for 3-4 m. till good work  
comes

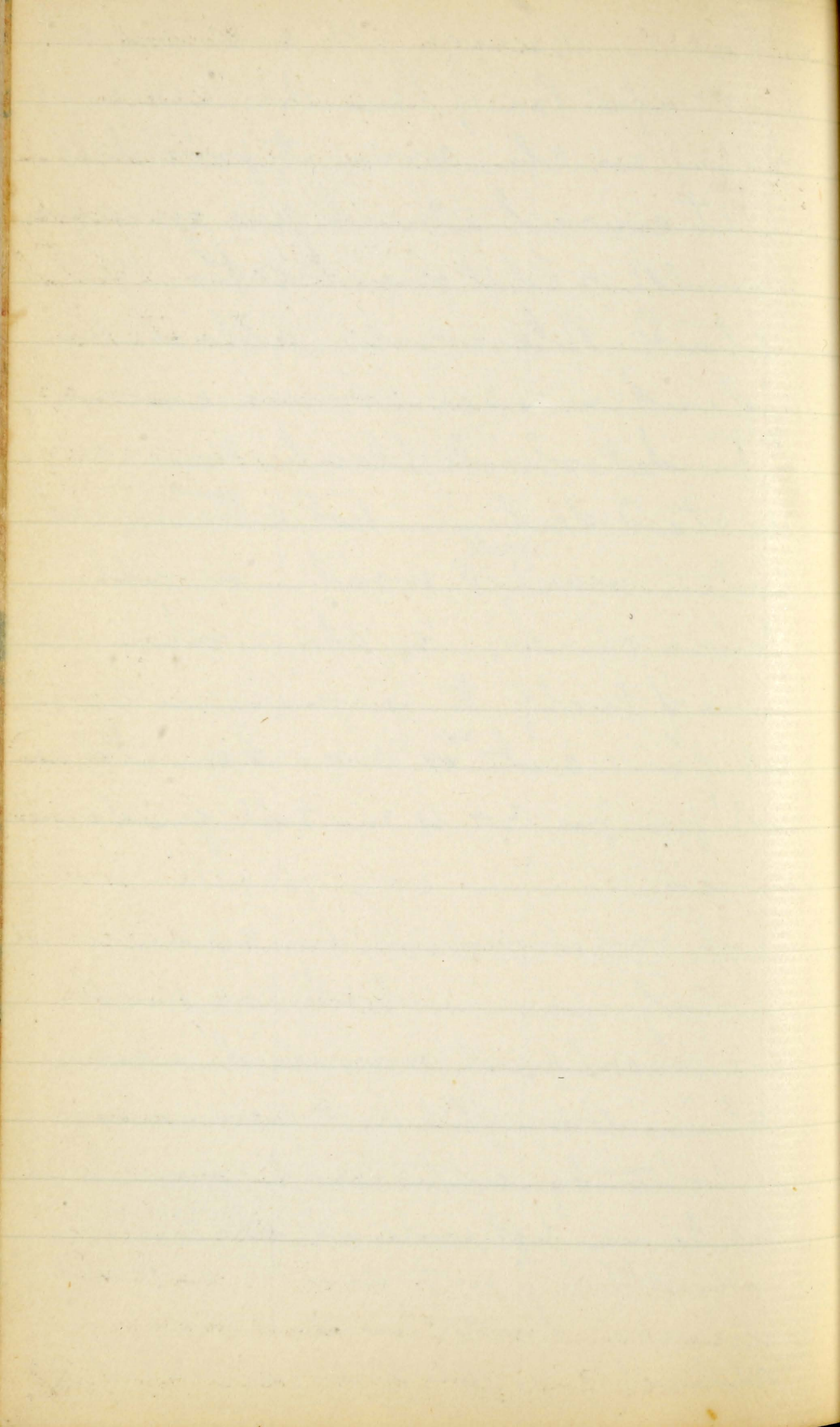
Child had convulsion for 24 hours  
Probably from infection as had  
been asphyxiated newborn. & had  
cath. Brought in & given a run  
on Saturday continued partially  
one time. left side on the night -  
is doubtful if not to do with a Brain  
disease. Better on Sunday  
Chloral 1 gr per dose. in full day



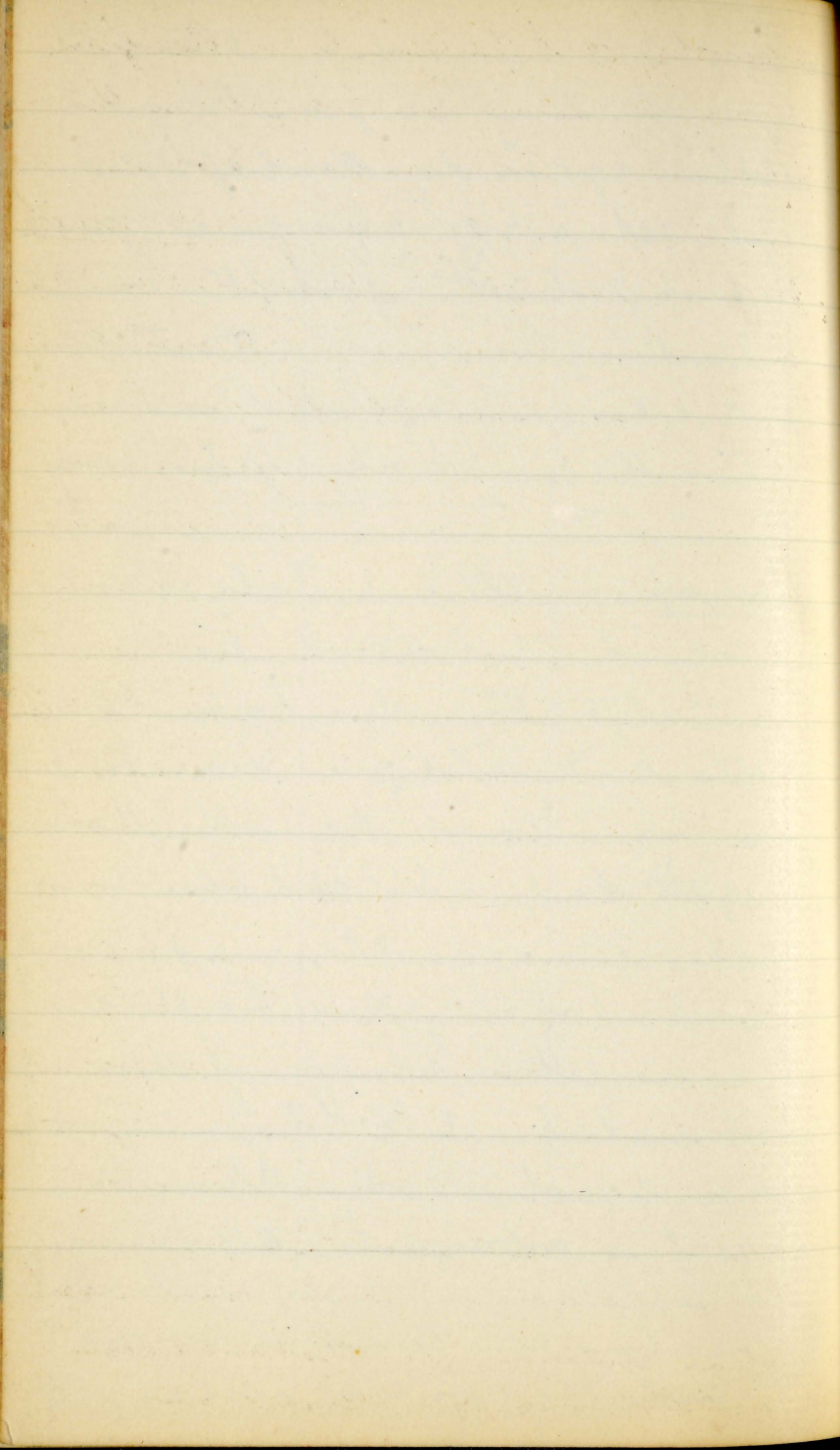


& 5 grs. 3 in second & 2 third  
before drinking  $\frac{1}{2}$  grain Pepsin  
altogether 3 gr in day and afterwards  
viii gutt. HCl. in 2  $\frac{1}{2}$  a teaspoon after feeding  
The best indicator of whether a child  
is drinking too much is the stools  
and, case in coagulated masses  
To have the breast every  $2\frac{1}{2}$  hours only

Therapie... Follow. In 1<sup>st</sup> stage use  
Calomel, and cathart. Soda etc.  
2<sup>nd</sup> stage. then direct against the  
attack. Narcotic given. best is Bellad  
in 4h. or 7 mit. Reg. in the afternoon  
1 gutt daily. & best after when poor  
appears come on. When simple cannot  
good but if along Bronch & flu can  
no narcotic. Stapher of Bron  
treatment. In 3<sup>rd</sup> stage. best  
narc. & expector. when Bleenont  
expector. or astrigent. All things  
or Salsaparilla. Cochineal. etc  
who have been lauded are no  
good. The gas cure also no good



a mixture of the Gasole or Benzine  
is good. as inhalation. 6 grs. in the  
inhalator. when much Bronch.  
secretion is good. but if not much  
secretion then give. For good a 3-4  
dy will be no service. a well tried  
method is removal into another  
place. a Pertusis was a much more  
favorable course in the country  
than for an urban when in rooms.  
In 3<sup>rd</sup> days then can one also inhalation  
for Turbentine employ & push the child  
earlier. Do do much with medicine  
lead a cure thro without-complications  
& you will do well. May drink some  
water. Seltzer. etc. or. No much dry  
diet a moisten one. Inhalation  
inhalation of germinic. Compound  
air. Glen. etc. is good. In Prognosis  
be careful. If a tub. mother or tub  
in family sent quickly to favorable  
climate. etc. etc. same. bronchial  
plum enlargement. Catarrh Pneum  
& Cat. Bronch apt to come on



vertical catarrh. ched 7. months old

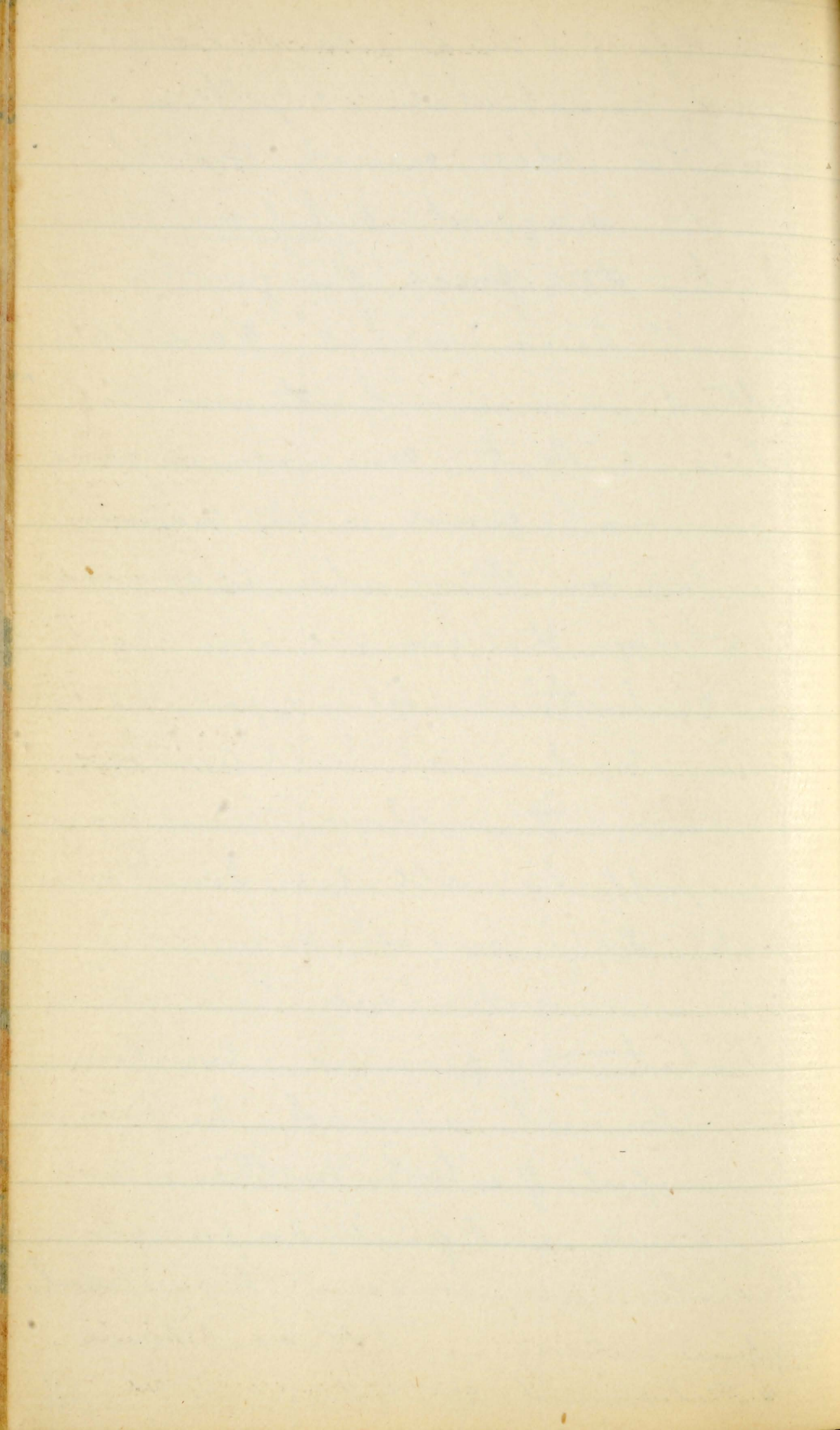
Tinct. Cascarilla ʒtt xx

Tinct. Spina ʒtt i

Aqua. cida ʒ ii

ʒi. in two hours

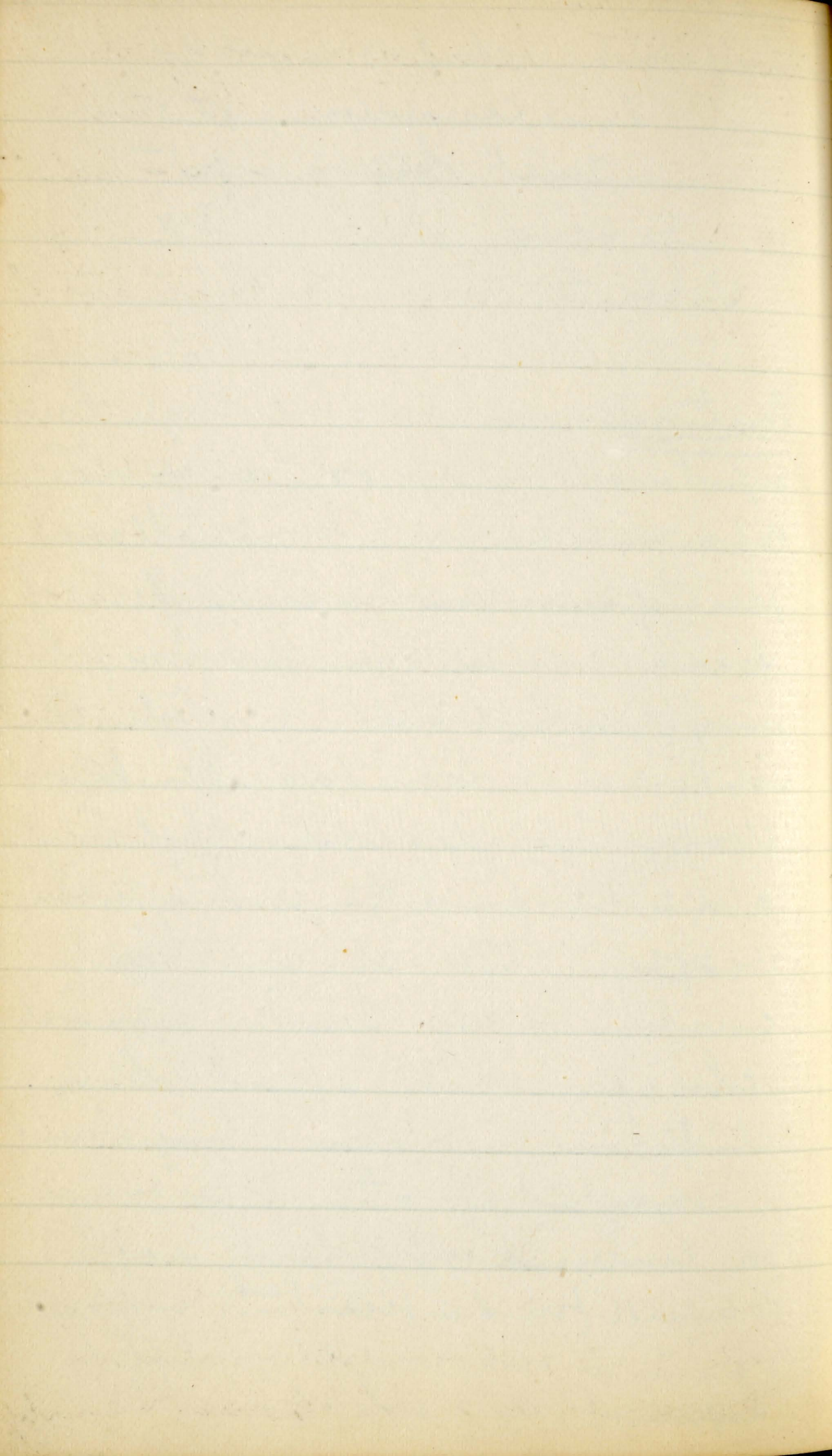
Pneumonia not rare in child. Prim.  
in first months of life or from in utero  
When one or two cases seen, still more  
plenty secondary in course of navel  
diseases especially from gangrene of  
navel may be circumscribed. In older ch.  
as in P. primary & secondary. P. sec. tuberc.  
chronic one plentiful in childhood  
& on section find the nodules tuberc.  
The appear in life ch. are weakly  
constituted large pleurds. begin with  
cough. pain in belly. & find nothing  
else but one enlargement of lung. In  
ch. maggot abs. & then fever comes  
on comes out irregularly safe  
3-4 weeks from duration in Navel  
& pain on movement of legs. appetite  
deficient. as a rule change the



appears dumber & curdlike  
& it changes about & continues till  
when the menses appear, & an infant  
about the navel & sides may  
perforate & pus may be evacuated  
or other inflammation may be set up in pleura  
& lungs. go to ground. This empties  
anus at the last - & such cases  
or less can get quite well even  
when sides about dumbbuck  
both place. In these child, the  
lungs often affected or pleuritis with  
Prognosis. mostly unfavourable  
though the child will not milk  
flesh & so. Fever, green, anus  
R. Oil

In first week of life, a diff. diarrhoea  
cannot find the removal of menses  
other appear, as fever, as a rule  
stercoraceous, along with  
separation, under sternum on belly  
belly and neck, painful if touch the  
belly wall & draw them together  
They do not cry loud. Vomels & curdlike





may be present. The umbilicus in  
few. Icterus, skin inf; ~~muscular~~  
painful belly, less crying.

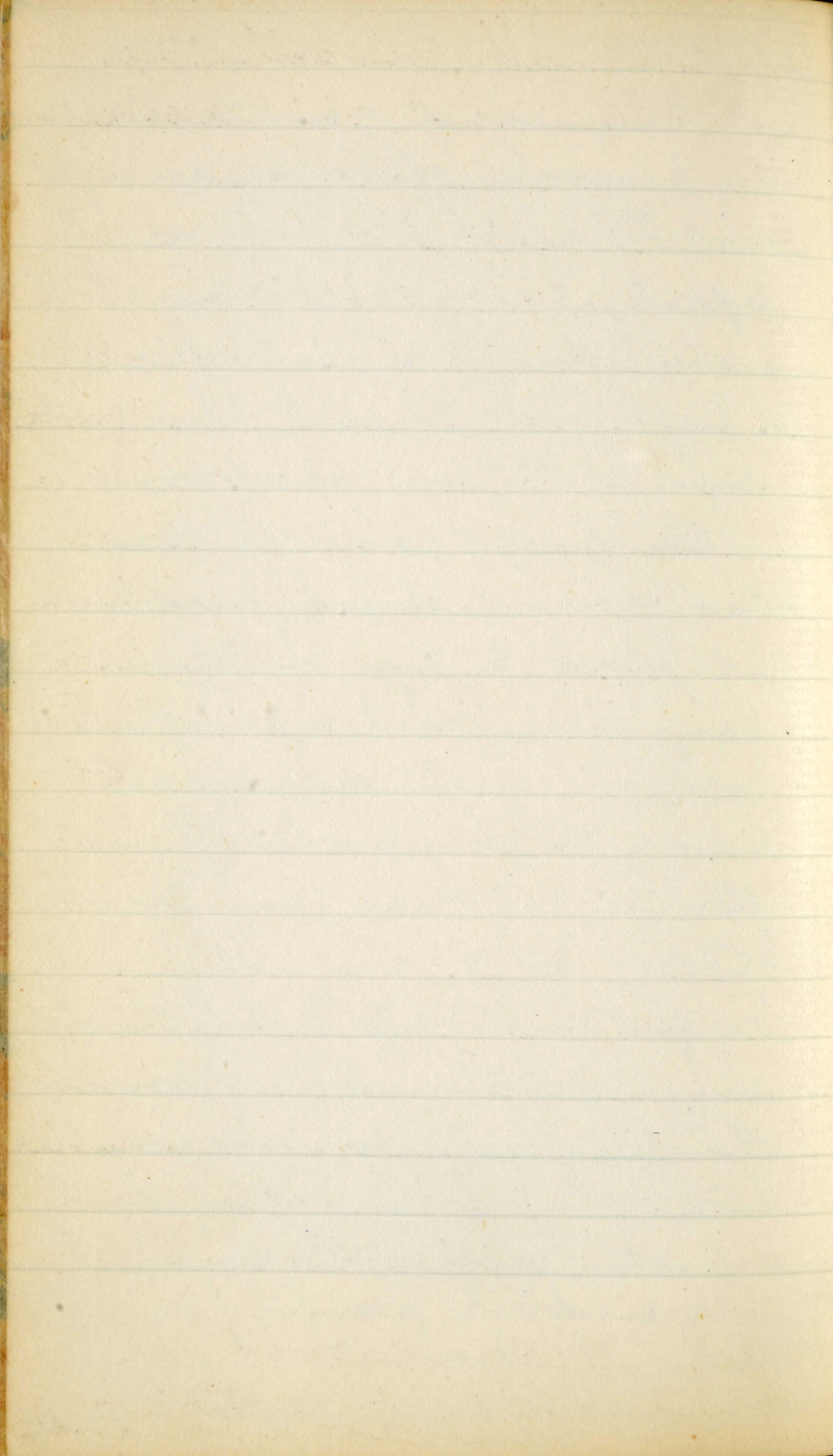
Prognosis ally lethal

## Navel diseases

normal course is that in a short  
time after they fall off 3-10 days  
when strong H. full soon & v. runs  
& strong fat & much. b. slings  
in by the 14-16 days on weak can  
two general forms. The common  
navel & the navel. <sup>sepsis</sup>  
Unformed. Anger, navel <sup>sepsis</sup> much to be  
dark for a late form of navel much

Dysentery, child. 7 months old  
Blood stools. pur. exerts in the 12  
hours. Run in this age for a ch to be the  
pur. blood stools. One or two greenish  
also. Cons. before. during soft the stool  
diff with mucus or color. even before  
& during out after. or retention

1. Discharge with of the pearl color  
2. col. mucus. 2-3 in. after this  
stools unformed. & hot & the bulber

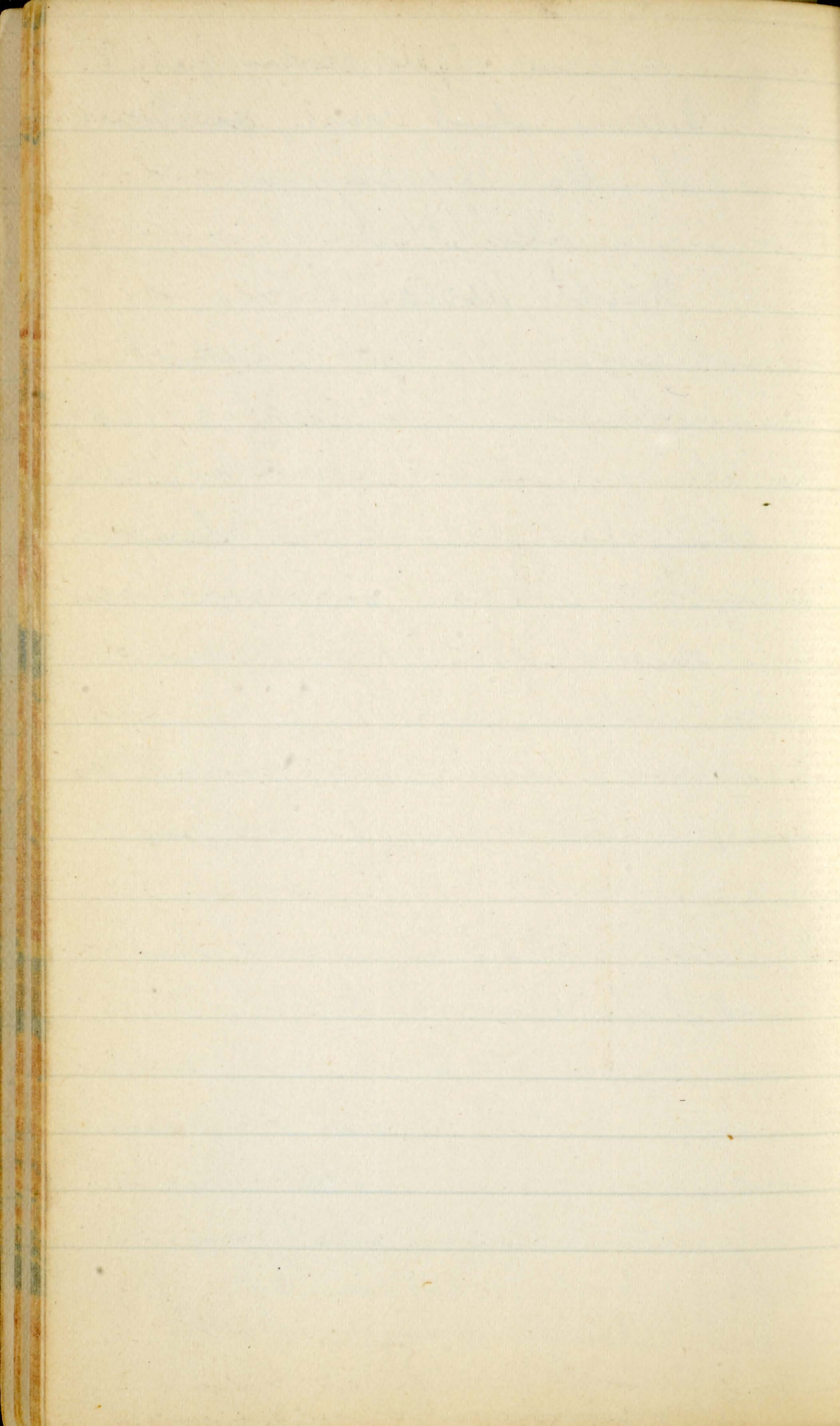


we canble stem clyster. either the M M  
but when longer & higher. as Astringent. 7 ann  
76 chm. or Ag no<sub>3</sub>. such cases. will hold a  
short time & not much action. There pro  
more out acutely. when last in form pro d.  
over. 3-4 dy it will last 6-7 weeks as  
it involves the whole. be chd same

Then pro. follow. within. come plenty  
during the last part dy. great the open  
& clysters. 3. ch of starch med. & dy  
for the child after the clyster. no more  
than 3 table spoonful. put in about  
2 gill. of brand in 1<sup>st</sup> clyster. enough as  
did not. 5 mo old. Pat Dov. 1/4 gr

1 gr pro die sat. all. 3<sup>rd</sup>. & after in 4<sup>th</sup>  
Some cold compression. & change sup.  
sup hours. Sweetie best part  
Zuby soup as older age. as a change  
is mean. & with it opium. Keeps absolute  
guided. & give the soup. New flesh.

There pro. reduce the child painfully.  
& when last 5-6 weeks using the chd  
& such a chole that often till till 12-14  
year woman in a delicate state &  
what to get her back & sail dismembered



by digested children & brought her at once with  
a simple cathartic. Milk is always had  
home by these people.

Trametes. prolyptus the overfeeding  
Drunk whenever & ever when it drunk.

Paper 1 gr. 3 per die.

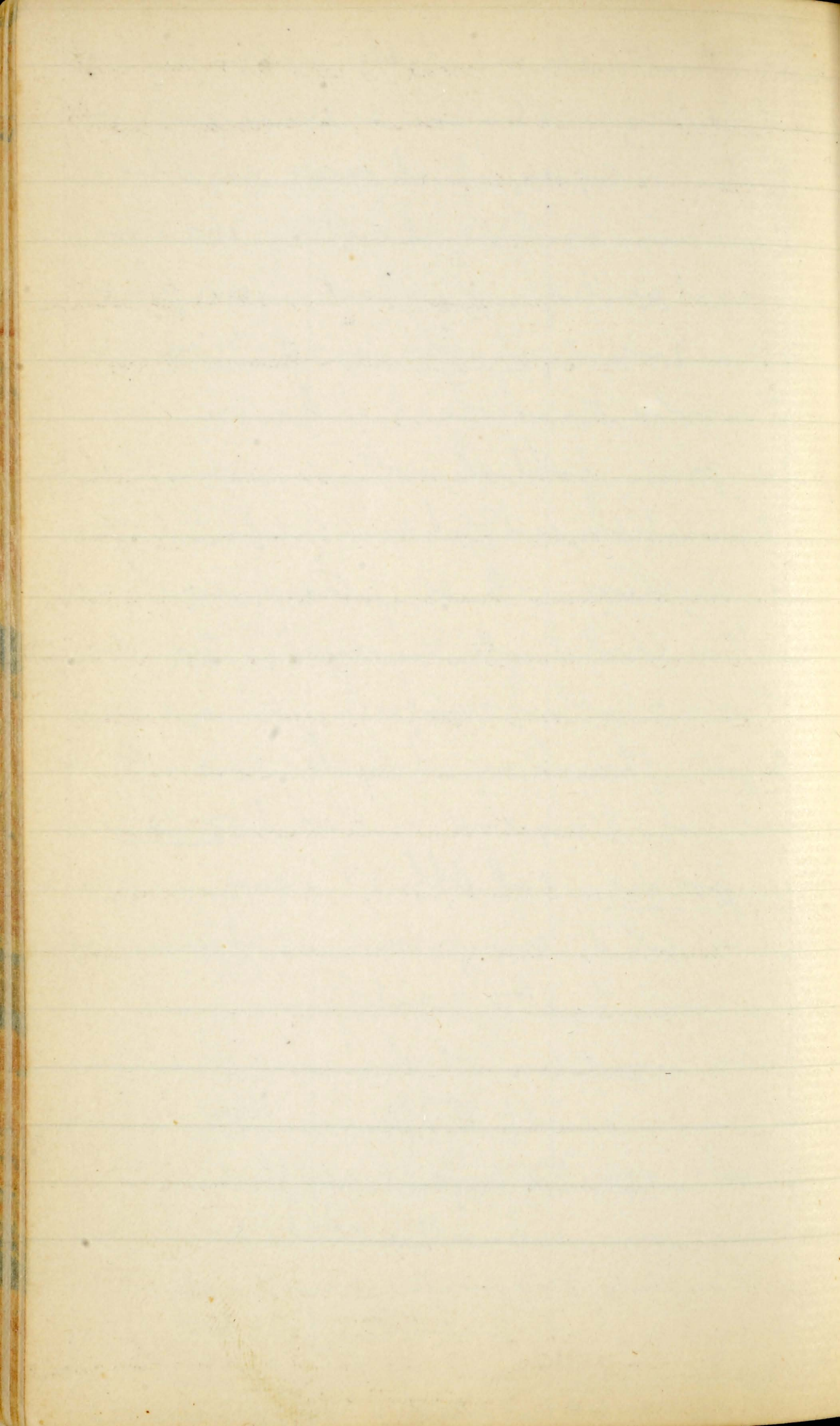
By to drink every 2 hours in day. Stools  
moder. non. Retic. not to be done  
with a pure Magna cathartic. In sucking  
the fiber dry tongue & coated. great throat  
with out vol. half a pint. vomiting  
the vom in sucking age. & be careful  
not to confine it with a movement  
of subacute & may go over to the double  
& acute. These commence in 2-3 years  
the Magna cath. coated tongue. vomiting  
& ... of the ... . Retic. the same  
less. & reduce the milk. Bitter or paper  
child with ... ..

To ... .. 10 gr. per die

Said to be the most benefit. full

the 70 per (in labor time)

no antiseptic used. the child is reduced  
food ... ..



Run 2 gr for 3 ii. say 2 lb an leafy  
in fever of. Bunch on in child 10 M

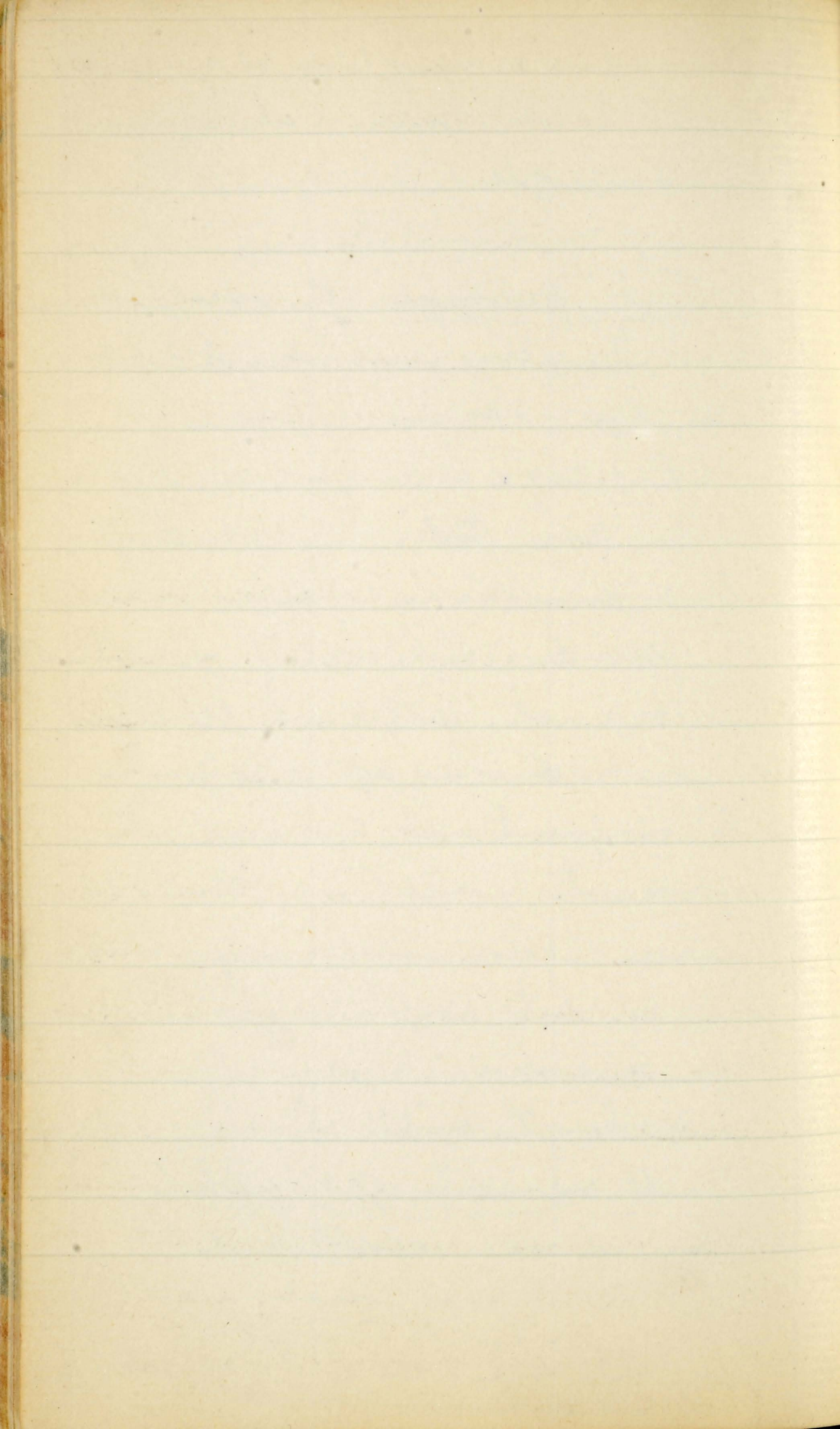
Plants ch 2 yr old.

same. before the onset of fever.

After vomiting - a prominent symptom of  
small water in left-sided pleura

<sup>in child</sup>  
Croup (or Rachitis very common)  
of some children. It will go & find  
five months 3 of year 3 of old. Their  
some of a laberproof. Other med  
the mild is the best - strong get  
fluid. stick on the non emulphated  
aft. Magnesia. with a large pint  
pall & without. dist. Citrate of Magnesia  
9 oz powder. a pint large full  
A small med. - Puccinacous. with  
a little. Pul. jalapin. Jalapin. more  
1/200 gr. raise good but stronger  
Alytes not purpose in beginning  
Support of it. Her & Coccolutter good  
of large mass





A quick stool obtained with a few  
Lactulose. Diet of importance. If  
on the limb not too much. Slacks  
bel. in older age not much used

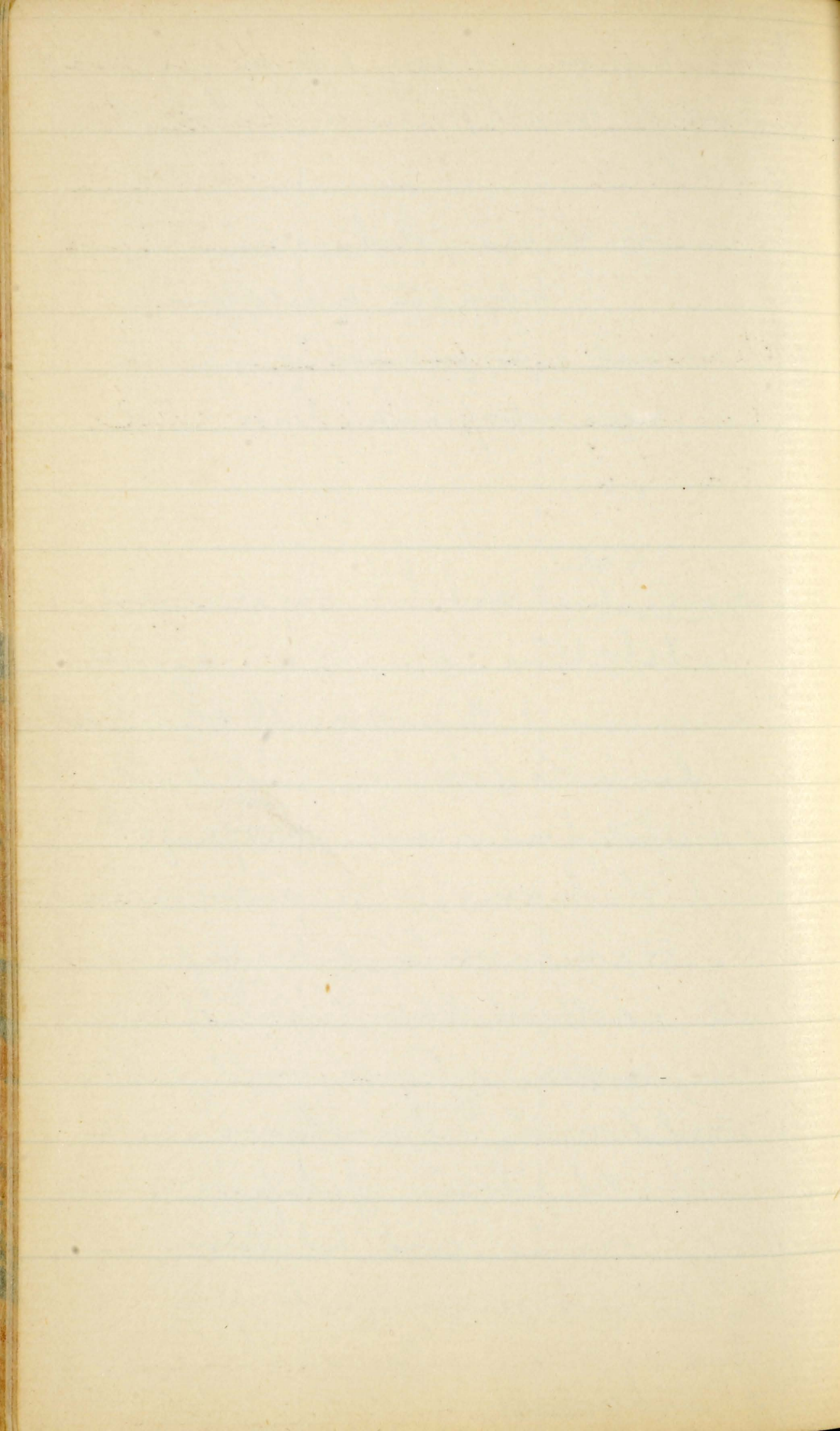
Pleurotic condition in child

P of aches. rig. to 3 $\frac{1}{2}$  for child  
5  $\frac{1}{2}$  old

Profuse expectoration & cough accompa  
the extent of condition in pleurisy a child  
of 3-4 years. 2 gr. of Carbolic acid. to  
3 $\frac{1}{2}$  of Must. Gum. &c

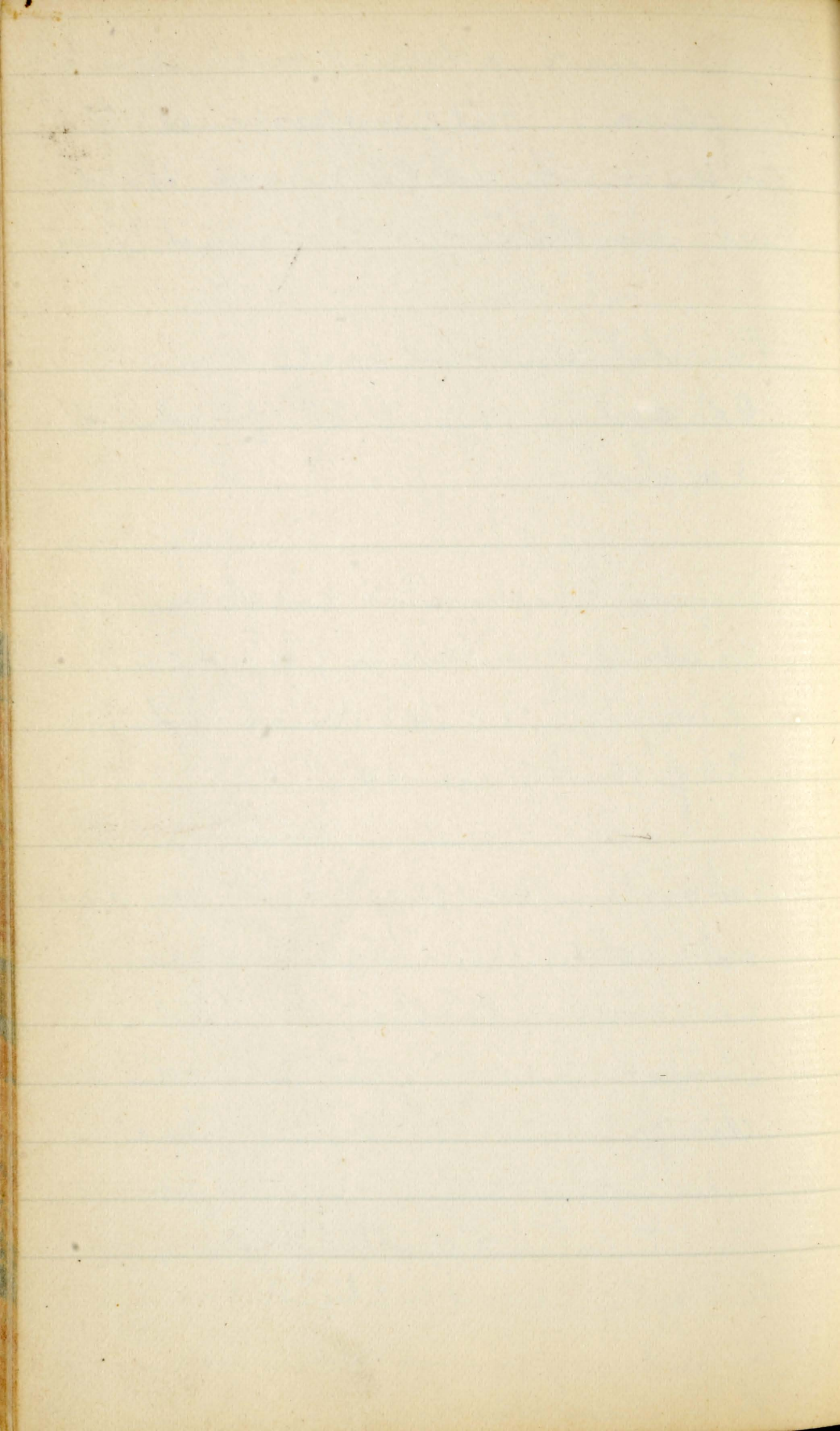
Carbolic acid to 3 $\frac{1}{2}$

Catarrh in newborn child very large  
orbits. & at least exophthalmos. comes on  
he on one side & then on another &  
change in arm often. When the mus-  
cles get weak &c. after some  
& die soon. In these cases also  
try stimulant methods & can over-  
survive after perfect atrophy has come  
in aden of brain also accomps  
Progress. The more just the



child. the worse the progress & the earlier  
the case. See the blue lips. muscle weak  
weak. pale congested respirations. he began  
cough. separate by 1/2 p.m. on the  
right left embolism not seen much &  
should be careful less full to. Reaginall  
Annona prepared. Infuse per 3ii to 3ii  
& 15-20 grs of bicarb. alter also  
a Camphor or Musk. Cold compress  
in face. A warm bath & sprinkle with  
water. a mustard bath. Must use  
for 2 or 3 hours. The best response  
is deg. of the dyspnea. he must  
care will succeed. In desperation  
must be the motto. Nasal for 36-48  
hours. For the asph & cyanosis leave  
there. Some fever & only little in  
weakly chondrom. Older ch somewhat  
diff. & not so dangerous

Primum ch. 2 grs Quin 11 grs  
to 3 ii 2000 a topical



Infus Radix Specae gr 2, unc  $\frac{11}{16}$   
by ann aris gutt XX.

Ann sulph r. gr : 3  $\frac{11}{16}$

Ext Calumbi ʒi

Ext Opii gr 2

in 12 powders . 3-4 pro die

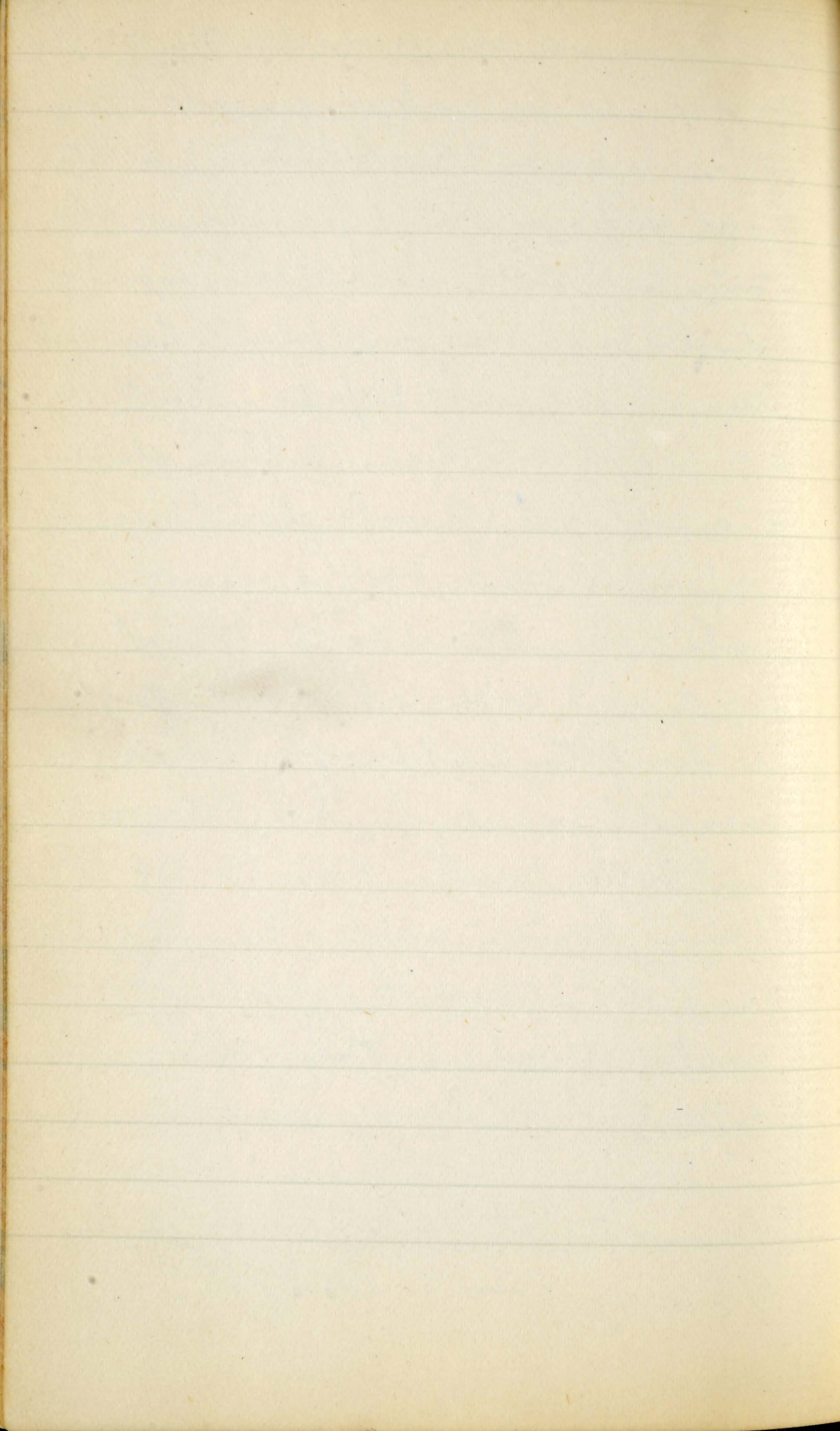
Ferr carb sacch gr 2.

Cold Urticaria

For a cure of Pneum. dext. in 12  
year old girl

The boracic form of aphtha. a true  
diphtheritic form. It is in the tissue  
deep & heals only after ten days. with  
a cicatrix Box at 3i. ʒ 3  $\frac{11}{16}$ .

Perforans ch 4 years old  
ecchy. in the conjunct. & in the  
eyelids. 4 gutt. Bellad. a day



Interm should seldom in children  
The new born child, who may last for  
5-6 weeks & may scale upon. of a new  
formal. but go & show that only a name  
of the dust. give balls. & go off the hand.  
over 3 days. some lemmade. + a

The congenit enlargement of the thyroid  
is almost always dependent on  
enlargement of the veins arising in skin  
during birth. or may be even an effect  
of it & in other organs brain  
or any in bowels & pass & remaining  
after the birth. That at the end of good  
recovery. then a bad prognosis. or  
interim period probably without the  
prognosis good.



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