



Step 1. The

WG.1.

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 SIR WILLIAM OSLER, BART.
 OXFORD
 f 9997

arrived at 10:30 AM
on 31st at a in the morning
arrived at 10:30 AM
with the morning meeting
single course in the morning

Hospital Reports

Wards 17, Chapel & 23

Dr Howard, Physician

January to 14 April

Dr Reddy, April to July

Dr McCallum

14 July to 14 October

N. Oster

(Dress) 11/17

now exhibiting
cases of
morbidity

admission { Pat Sulla 85 ii
Pat Digital & P. Pat Hydrocephali

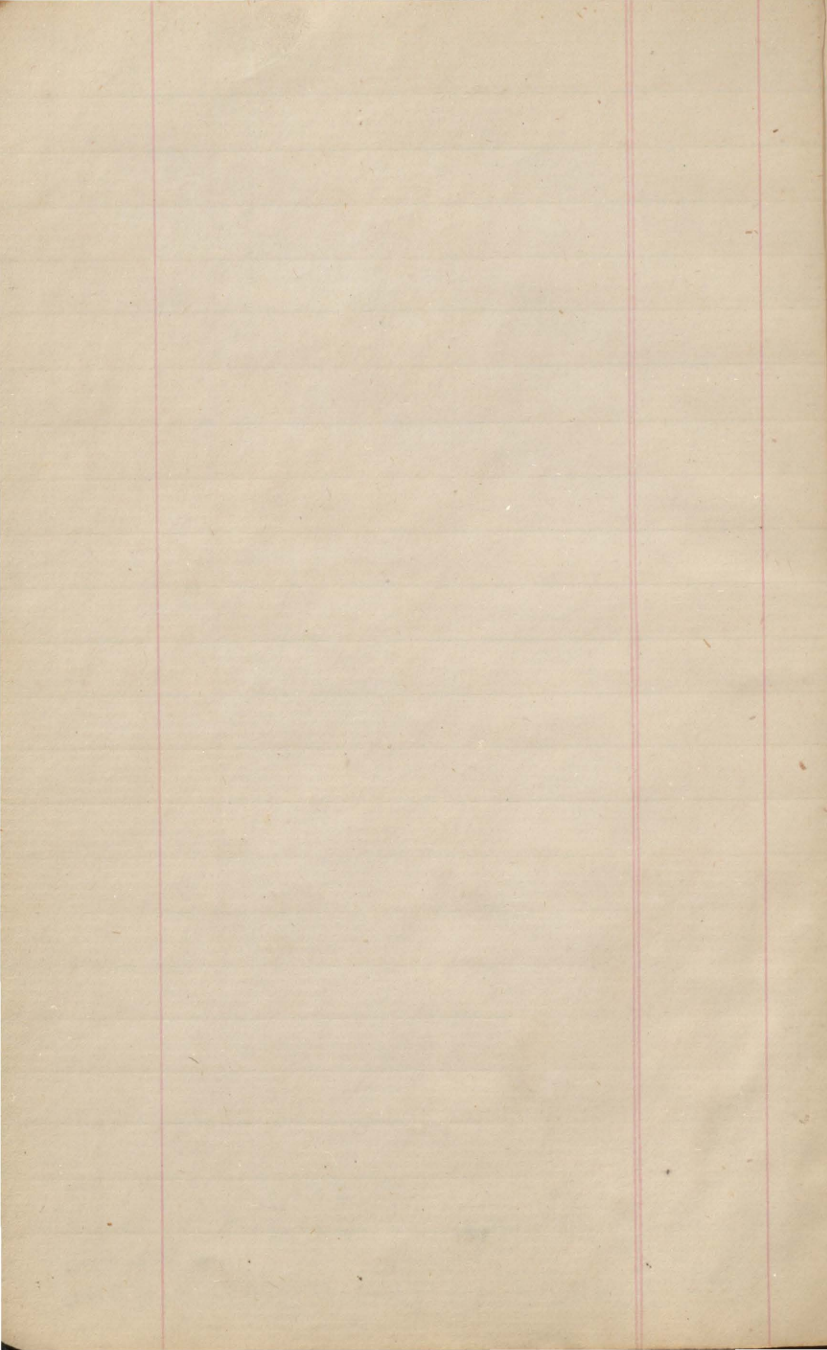
of the form in water

311
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27

Wegh vey metl congh voffe - Angre
vort 5. Spind darr vohms vorty.

Apr 27 m P 112 N 32 9102'14
Aug 28 Am P 116 9107'4- N 48
" " " " P 108
" " " " 1236



Rheumatic Fever

John Casey, an Englishman was admitted into the Hospital on 15th November with some form of fever and a crop of small boils, from both of these he recovered nicely. He subsequently had two attacks of Erysipelas. Immediately after recovery from the second attack Rheumatic fever set in. This was on 29th December. The attack came on quite suddenly, during the evening. Says he got chilled during the afternoon by sitting near the windows. It set in with considerable degree of fever, full bounding pulse. On the following day the right knee became swollen & soon, Dr Howard ordered the following Potass Bicarb. ℥jss Soda Bicarb ʒjss to be effereced with ʒj of Acid Citr. To be taken every two hours. He began his powders at half past three & at 10 o'clock the urine was alkaline. The joints were ordered

tube wrapped in cotton wool

Sunday 1st Elbows affected to day
Fever stg high, pulse small & bounding
114°. Did not sleep at all through the
night, order Chloral Hydr 3ʒ

Monday 2nd

Shoulders and ankles
affected Tongue coated, ^{Heart & organs affected} The alkalis
have produced a Diarrhoea pulse 115
Tuesday 3rd

Joists swollen & painful
Heart unaffected, much the same as
yesterday

Wednesday 4th

Much the same, has
had no perspirations, pulse 120
Tongue ^{at least improved} a little clearer, Dr Howard order
the following J^r Cuchuma Co ʒiʒss Azur
ʒiʒi. A tablespoonful every 4 hrs

5th

Much better pulse 104, Can
move his arms a little. Had a copious
perspiration at the night. Alkalis
reduced to ev 6 hrs

6th

Better. Pulse 100. Heart unaf-

ected

7th

Pulse 98. Temp $98\frac{2}{5}$. Tongue
nearly clean, face less anxious

8th

Better. Joints not as painful
Pulse 100, Temp $98\frac{4}{5}$, Heart
still untouched

9th

Wrists & shoulders excessively
painful. Pulse 100 Temp $98\frac{3}{5}$
Tongue clean

10th

Better. Pulse 96, Temp $98\frac{2}{5}$
Legs stiff soon

11th

Says he feels much stronger
Had a sweat in the night.

Pulse 92. Temp $98\frac{2}{5}$

12th

Complains of pains down arms
from shoulders to fingers. Pulse 92
Temp $98\frac{2}{5}$. Pain almost gone
in legs

13th

About the same. Pains continue
in shoulders & arms, he had
a heavy perspiration in the night.
Pulse 87 Temp $98\frac{3}{5}$. Dr H
ordered the shoulders to be paint-
ed with Iodine. Medicine none
to

14th

Shoulders better. Had a profuse
perspiration in the night.
pulse 92 Temp $98\frac{3}{5}$

15th

Much better, wrists & elbows a
little tender. Tongue clean
Pulse 94

16th

Arms still painful. Had a sweat
in the night. Pulse 88 Temp $98\frac{3}{5}$

17th

Pains continue in arms but

feels very well. Menstrue Pulse 104
Temp $98\frac{2}{5}$. Had another heavy
sweat during the night-

18 $\frac{H}{H}$

Amsettill Keep cool. General health very
good. Pulse 92 Temp $98\frac{2}{5}$.

19 $\frac{H}{H}$

Much better. Gets up 3-4 hrs a day
Stops the ablatio but continues the
Lunine Pulse 94

20 $\frac{H}{H}$

Better, though feels weak & off.
Pulse 96 Temp 96

21 $\frac{H}{H}$

Pulse 100. Feels a little stronger.
Preparations keep up still very profuse
A part part of the night

22nd

Pulse 86 Temp $98\frac{1}{5}$. Much better
Keeps up nearly all day walks about

23 $\frac{2d}{H}$

Pulse 88 Temp normal

24th

Quite well, though still a little
weak

Rheumatic Fever

James Robinson, age 28 was admitted to the Hospital on 11th of August last suffering from a severe wound on the thigh, wh has not yet completely healed. While resident in Hospital he has had two attacks of pyrexias. While recovering from the last, an attack of rheumatic fever set in. This was on the afternoon of January 4th. He complained of pain in the right knee & left wrist & was pretty feverish. Pulse 112

He has been & is in same ward as previous case & both have probably been brought on by exposure to draughts in the ward. It is an interesting fact that this man had up to the time of the attack of rheumatic fever been taking

Large doses of Iron for the Erysipelas
Tongue not much furred, red at tip

Jan 5th

Elbows and other wrist affected
No signs of any cardiac complica-
tion. The affected joints were wrap-
ped in lincseed poultices. Dr Howard
ordered, following Pot. Bicarb 3jss
Soda Bicarb 3jss. to be effereced with
acid cit 3jss, to be taken every two
hours. He commenced the powder
at 3 o'clock in afternoon at 10
o'clock p.m. The urine was alkali-
~~ne~~ neutral in morning it was
alkaline

Jan 6th

Arteries slightly affected. Complains
of pains in the back. The affected
joints very painful. Dr Howard
ordered the alkalis to be continued
but at longer intervals of viz 4 hrs
Pulse 114 Temp 99 4/5, Heart full

Jan 7th

ankles & wrists the most painful parts
Tongue is clearing, heart unaffected
Powders reduced to half dose every 4
hours, ordered the bark mixture
Dr Cuchona Co $\frac{3}{4}$ ss. Aqua $\frac{3}{4}$ vi
a tablespoonful every four hours
Pulse 102. Temp $99\frac{1}{5}$. Heart free

Jan 8

ankles and knee nearly well
Tongue clear, wrists very sore
Pulse 104 Temp. 99. Sleeps well

Jan 9th

Says he feels a good deal better, tho-
ugh it has got now to his shoul-
ders, Heart unaffected, takes
his bark & alkalis now every 6
hours. Pulse 104 Temp $98\frac{4}{5}$.

Jan 10th

Left shoulder wrists painful
Slept well, has had no sweats yet
Pulse 92. Temp $98\frac{1}{5}$

Jan 11th

Writs better. Left shoulder & elbow
painful. The joints of legs & neck well
can walk about. Pulse 96 Temp 98 $\frac{3}{5}$

Jan 13th

Better. Had a profuse perspira-
tion in night. Left shoulder con-
tinues clear. All Remedies reduced to

Pulse 92 Temp 98 $\frac{3}{5}$. The bark
mixture is also reduced to 3 times per

Jan 12th

Better. Left shoulder not so sore
wrists & elbows nearly well, heart-
free. Pulse 96 Temp 98 $\frac{2}{5}$

Jan 14th

Left shoulder very sore & index
finger night hand. The shoulder
was poulticed with Lincin, &
Pulse 96 Temp 98

Jan 15th

Not as well to day. Slight return

of the fever. Right hip affected so
that he cannot move in bed. Slept
very badly. Pulse 108.

Jan 16th

Better. Had a profuse perspiration
in the night. Hip much better.
Still feels some pain in right wrist
& left elbows. Pulse 96 Temp 98²/₅.

Jan 17th

Nearly well. Left elbow slightly pain-
ful. Pulse 92 Temp 98²/₅.

Jan 18

All clear, no pains at all. Pulse 88
Temp 98¹/₅.

Jan 19th

Quite well.

21st

Discharged. Cured

Rheumatic Periarthritis

Mary Gately aged 30, Soldier's wife, was admitted to the Hospital on 10th January. Has been married twice, one child living aged 12 yrs, married the second time about two years ago. Had a miscarriage 12 months ^{previously} ago. She has been accustomed to go out washing & scrubbing & caught cold about 2 months ago. The Pain came on suddenly during the night in the right knee. The pain left that in a few days & the right ankle was affected, her shoulders were also painful at the same time. At present the right shoulder & left knee affected. There is great tenderness & some amount swelling on outer side of the radius right arm, and ^{along} the course of the fibula in both legs. She denies altogether any syphilitic history, though her description of the aborted child, viz that it was of a very dark colour, skin peeling off in

large flakes showing that it must have been
dead some time; ~~from~~ the small hard
yet not much enlarged glands in the groin
and the excoriations of old ulcers on the leg
and from the woman's general appe-
ance; one would infer (from these) that
the disease had probably a syphilitic
origin, Dr. Howard ordered the following
P. R. Iodid of Pot. Symp. Symp. & Symp. Three
times a day & affected parts to be painted
with Iodine.

Jan 11th

Very poorly, had a bad night. Great
pain in left knee & on fibular
side of right leg. Parts painted
again with Iodine. Pulse 104

Jan 12th

Very much better, slept well
Pain all gone except on outside
of fibula of right leg. Painted it
with Iodine Pulse 100

Jan 13

Says she is quite well. Still a little
pain in the fibula. Paralyzed again
Pulse 94

Jan 14th/₇₁

Up & walking about. Slight pain
in the knee but feels better than she
has for a couple of months. Pulse 88

Jan 15

No pain anywhere. Pulse 84

Jan 16th/₇₁

Discharged, cured

Phthisis

Palmer Sheehan at 40. admitted into Hospital
at on 9th of January. His occupation has been
that of a bone grinder in the Sugar Refinery
The bone dust in the room in which he has
been working is so thick that - the gas has
to be kept burning through the day to enable
them to see. I think there is no consumption
his family. About 9 years ago he caught cold
which has clung to him ever since. The cough
never interfered with his work until two
years ago. when he was laid up in bed for about
9 weeks. He returned to his employment &
kept at work until last March, when
he came into Hospital for a month, got
better & went to work again till the begin-
ning of December. when he was obliged to take to
his bed. He presents all the appearance of
a man with phthisis, considerable emaciation
&c. Physical signs,, Hallenuss under-
clavicles, dullness over supraclavicular
mammary regions on both sides, & in

interscapular region behind,
Most crackling over whole of right lung
& ~~small~~ ^{small} part of front of left. Respiration
a good deal interrupted at base of left lung
His weight was 110 lbs, Wm

Jan 11th ordered Rheni murena ʒiij. ʒiij
a day & blisters under right clavicle
This seemed to do him good, his appetite
improved & he felt stronger.

Jan 16th: another blister. Jan 20 order
Pill. Quinae & Digitalis. Physical
signs not increasing at all & he seems
unimproving. Jan 23. ordered Ole. Lentibuli
m. xx Sp. Chloroform. Mucilag. g. s. ʒj 4 hrs
Thus he could not take as it made him
vomit a good deal. From this on he
did not seem as well, excessive emaciation
& seemed greatly prostrated, Jan 28, Purge
a watched night, seems almost suffo-
cated, brating cathartici. Order an
emulsion of Zinci Sulphur & Ext Senegaft
m. xv. Aqua Carb. v. Sp. Chloroform. ʒi 3 hrs
Sank rapidly during evening & died at 11 pm.

No autopsy

Phthisis

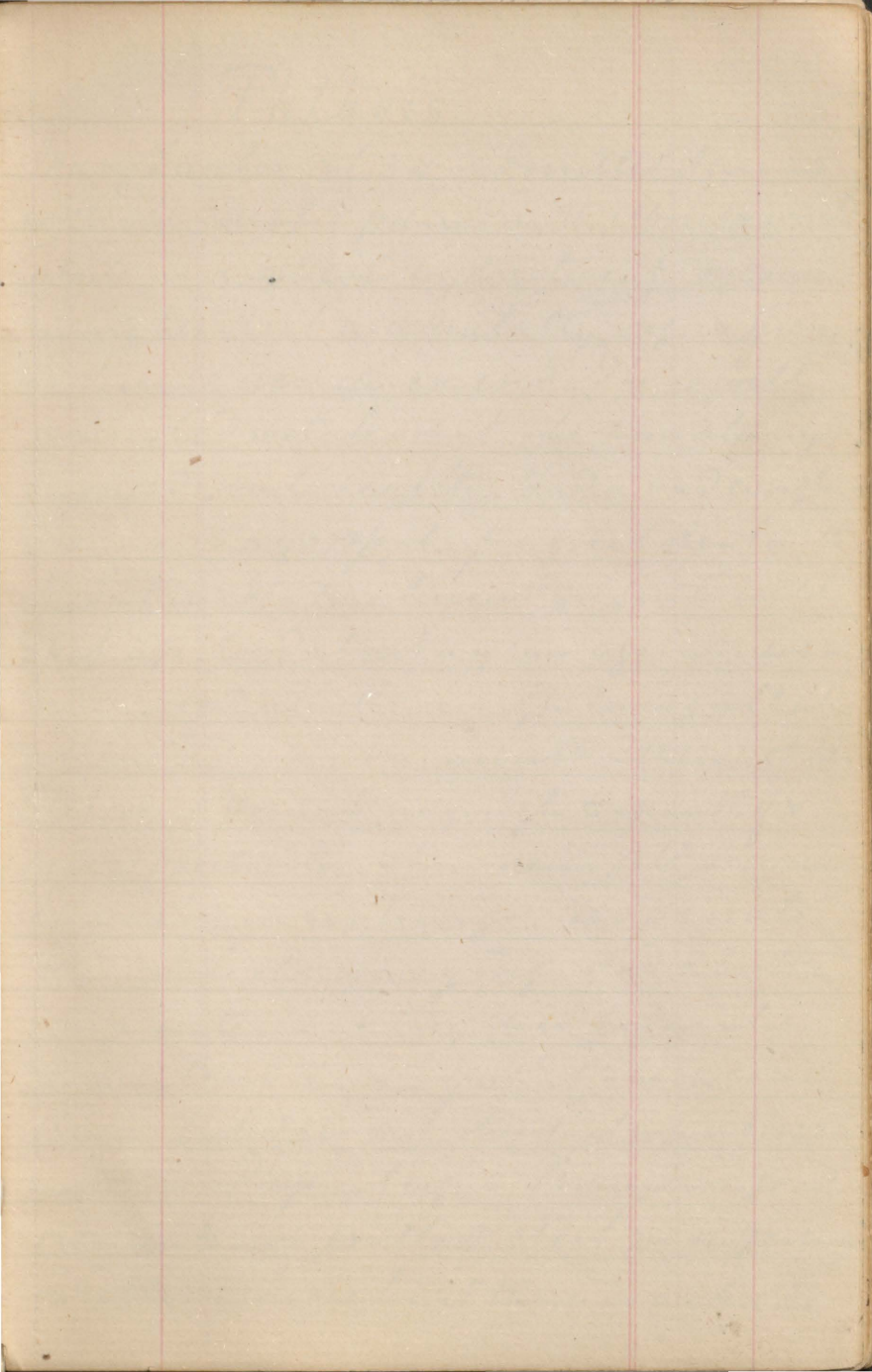
Alexis Lebouf et. a stone mason
was admitted into General Hospital ^{Jan 23}
with disease of lungs. He is a man of
medium size, & is already considerably
emaciated. Says it came on about a year
& a half ago with symptoms of a common
cold, but which was not even enough
to keep him from work, at which he
continued till May last. Had always
been a healthy man. Parents died very
old. One sister died of consumption. Since
the first attack he has got gradually weaker
& has been losing flesh. Never spat
any blood. Appetite not very good. Can
only eat well in the morning, never vomits
his food. Insyne found. Night sweats
began about 6 months ago & have con-
tinued ever since. Physical Signs.
Marked flattening under & great hollowing
above the clavicles, deficient expansion
of chest walls, most apparent on right
side. Percussion. Clavicles give a dull

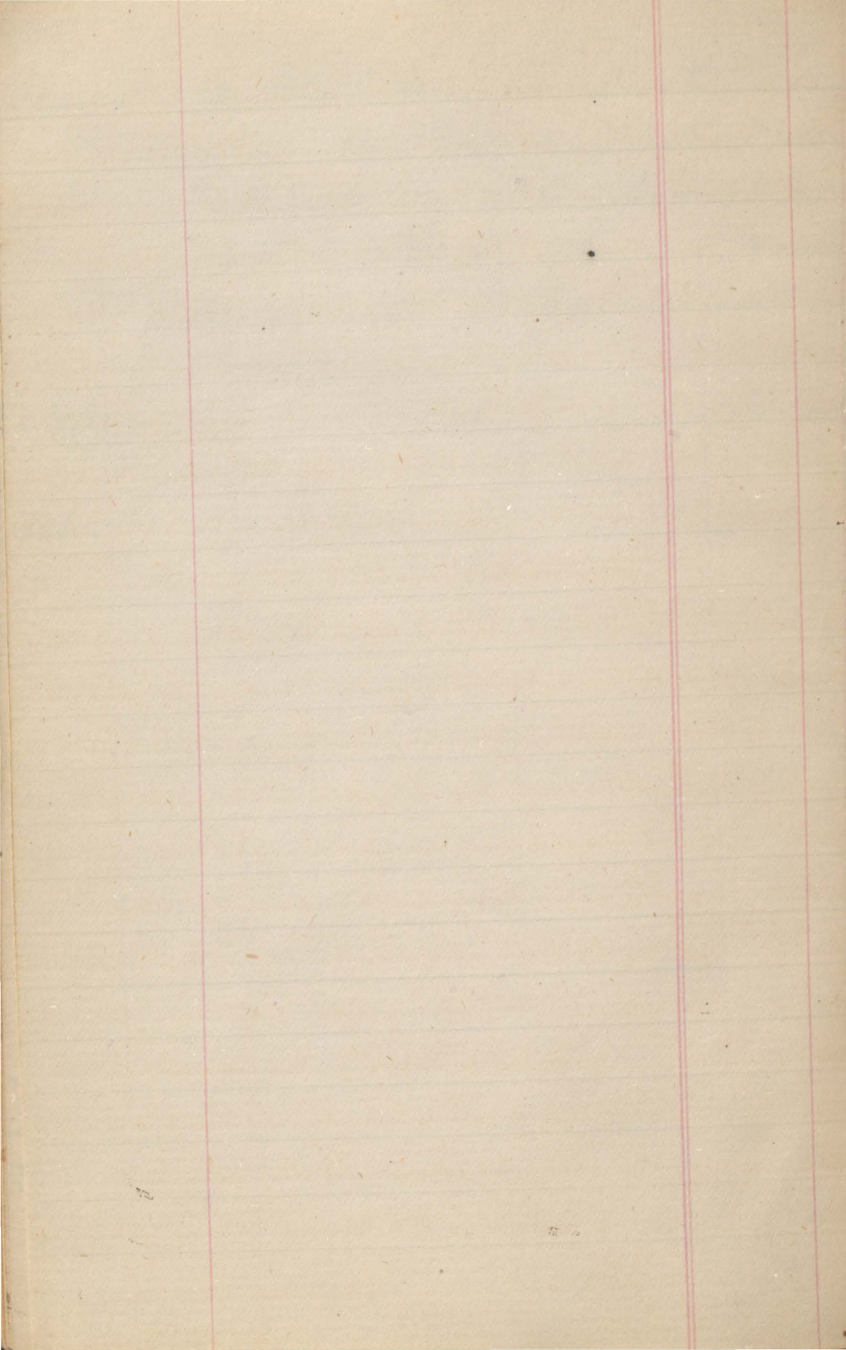
especially the right; Dullness over right
infraclavicular region extending low
down into the mammary. Note clear
& good in corresponding parts of left
lung. In axillary & lower part of mam-
mary regions of left side the note is
extra resonant. Posteriorly, right apex
a shade duller than left.
Auscultation. Crackling, principally
fine but in some places coarse, over
whole of infraclavicular & mammary
regions of right side. & behind also
in fact over whole of right lung from apex
to base. On left side inspiration is harsh
& distinctly wavy, expiration feeble &
not prolonged. Lower down in mammary
infra mammary & axillary region ins-
piration is very feeble; probably caused by
Emplysema. Behind, slight crackling
in right interscapular region. Lower down
expiration is pretty good though slightly
bronchial

Jan 25th His tongue being purged & stomach
out of order. Dr Horvaid ordered foll
Sodæ Carb $\mathfrak{ʒ}iij$. Pot Cyande grs \mathfrak{ii} Inf
Gente Co @ $\mathfrak{ʒ}viii$. $\mathfrak{ʒ}p$ & order
the right chest to be pouiced with
St Georges paint

28 Jan Not much improvement, sleeps poorly
well.

Feb 1st Left the hospital, unrelieved





Phthisis

Many Lawlor at 24, admitted Jan 24
with rheumatic pains in the elbows & wrists
which were relieved by treatment, on exam-
ining her chest accidentally, ^{on 27th} signs of pneu-
mo disease were discovered. She is well
nourished & states that she has always
enjoyed good health. Had a bad cough
two years ago, spat up a great deal with
it but under treatment got quite well
Spit up blood about a year ago but never
since. Had another cough last fall wh-
ich lasted about a month & then left her
She has at present no cough to speak of &
never of pectorales, & has never felt any un-
easiness in her lungs. Her parents
died while she was young. Had a brother
& two sisters but they died before she
remembered them & of what she does not
know but does not think it was con-
sumption. Physical signs, Percussion good
over anterior walls of chest no difference
on either side. behind there is a shade

of dullness over the right apex. Auscultation. Most crackling over whole of right lung in front - none in same position of left. Most crackling at right apex behind as low as spine of scapula & occurs again in infra scapular region. There is a little crackling at apex of left lung behind & a dry crackling sound due probably to exist since of false membrane. The crackling occurs also over a small space at base of left lung behind. Weight $110\frac{1}{2}$ lbs

28th Dr Howard orders Pot Iod grs iii . Pot chlor grs x Glycerine 3T
Diet R 7. To have her clothes & get up

Feb 6th

No change. Still has no cough, feels well, has a good appetite

Feb 13

Gaining flesh & strength. weighs $114\frac{1}{2}$ lbs but the cough has commenced, coming in principally in the morning. does not spit up much

Feb 18

Dullness seems more marked under the
right clavicle compared with the left. and
the crackling seems also to be increasing
in that region

Tuberculous Meningitis

Malinda Campbell at 8 $\frac{1}{2}$ a bright fair
haired, clear complexioned girl was brought
by her mother to the Hospital on 22nd June
She stated that the child had been unwell
for some time past, was out of sorts, dull
& exceedingly sleepy & complained of pain in
her head. Thinking that her stomach was
out of order, she brought her to the Hospital
& got some powders. This was on the 15th
Thought but well she kept about the same
but at the beginning of this she became much
worse, would give sudden cries, had bleedings
at the nose, great irritability of stomach, vomited
every thing she took. Her breathing had
also been peculiar for some days, there were
four easy respirations & then a deep sigh.
On Tuesday Ptosis appeared the right eye & in
it there is great dilatation of the pupil &
inability to move the eye upwards. On the eve-
ning of the same day she had a convulsion
which was partly general & convulsions

was lost for nearly an hour. At first she vomiced
no great sensibility to light but the slightest com-
mune would disturb her, at present there is
great intolerance of both. When brought to the
Hospital on Thursday she was quite rational
would answer questions well, complained
of her head, which felt very hot; pulse was quick
tongue coated & bowels confined. On questioning
her Mother it was ascertained that the child
had always been healthy & strong, two of her
sisters had died one of Chronic Hydrocephalus
& the other of Phthisis(?). ^{at age of 3 yrs. had been ailing 1 or 2 years} I now ordered the
following Potass Bromid ʒi Pot. Iodid ʒp
ʒp Ammon aromat aqua ad ʒvi
ʒp; tomorrow a mustard plaster to be
applied to the nape of the neck & her feet to be
put warm mustard water

23rd 6 am

Very restless throughout the night. Coughs more
now. She is not easily soothed. On examining
the chest no sign of disease could be found in
the lungs. Pulse 104, Respiration 30 & still
keeps these peculiar irregularity. The vomiting

has stopped, but she has no desire for food of any
kind Evening. Rather worse through the day, has
been a great deal of deep moaning & she is now
almost comatose, could not rouse her at all.
Respirations 30 & have lost their irregularity.
She lies on her sides only, with the head thrown
slightly back, head very hot in spite of wash
and application of iced water, Saliva dribbles
from the mouth, No retraction of abdomen or
evidence of any muscles, Eyes both closed
Pulse 104 Temp 101 $\frac{4}{5}$. A fly bladder ordered
around of the neck & a muscular foot bath

24th 6. a.m.

Very restless through the night tossing
the clothes about & moaning, but seems much
about the same. Temp 101 $\frac{4}{5}$ Pulse 100
Evening 6 P.m. Respirations 35, more true, &
has taken her food more readily through the
day though still very restless, tongue white
& furred, Bowels constipated, Abdomen for
the first time inclined to be retracted. Temp
100 $\frac{3}{5}$ Pulse 800

23rd 8. am

About midnight she took a turn for the worse
became exceedingly restless, tossing about on the
bed. No nourishment of any kind could be pro-
cured down her throat. Tonic rigidity of the
lower limbs & arms come on now at intervals
whenever the breathing becomes very hurried, a
twitching at the corner of the mouth may be noted
occasionally, Eyes closed. rolled upwards & both
pupils dilated, Abdomen slightly retracted
Pulse 136, Respiration 52, Temperature 100
These symptoms went on, increasing in severity
Respiration exceedingly gone R. signs of
cyanosis appeared without any general
convulsions she died at 1.30 P.M.
An autopsy was denied

Carcinoma Mammae

- Smith at 47 unmarried was admitted to the Hospital in July, 1881 under the care of Dr. McCallum. The seat of the disease was in the left mamma at the inner margin of the nipple, when it may be felt as a circumscribed tumor about the size of an egg. The disease appeared limited to the gland structure, the skin & adjacent parts being unaffected. On questioning her as to its origin & progress, she states that she noticed it first about four years ago as a small round lump the size of a bean. There was no pain in it & she forgot all about it for nearly three months, when her attention was drawn to it by the pain which it caused, & she then perceived that it had increased in size. From that time until a few months ago its growth had been slow, but the pain especially at night caused her much uneasiness. Lately its growth has been much more rapid & the pain increasing

in severity & these circumstances exciting
her fears to consent to its removal

July 4th / 71,

Having been placed under the influ-
ence of chloroform, Dr McCallum pro-
ceeded to excise the tumor by means of
two elliptical incisions about six inches
long enclosing the nipple, the direction
of the incisions being downward & upward
extending to the margin of the axilla
The whole gland was removed exposing
the fascia of the Pectoralis major
There was but little bleeding only a few
small vessels requiring ligation. The edges
of the wound were brought together by
means of iron sutures & Carbolic dressing
applied. Pathological structure
On removal it was found to be an irregular
hard nodulated mass, covered with
fat, connective tissue &c &c, on section
a crackle feel was communicated to
the Knife and a large quantity of
dark lirkid matter "cancer juice" exuded.
This was contained principally in

numerous small cysts scattered thro-
ugh the structure. The cut surface was
pungent white surface, intersected
with numerous irregular bands of fine
connective tissue, probably the remains
of the gland ducts & interlobular tissue
giving it the appearance described
as napiform or apinoid

Microscopical structure

The microscopical structure did not ^{appear in the main} present any
int. ^{of Schlemm} peculiarities, the cells of the ^{inner} "pica" being however
much broken down & the arrangement of the contained
arranged with ^{a small} more irregular than is common

4th Evening. Complaints of slight pain but
feels pretty easy, P. I

5th Slept pretty well, feels no pain in the
part, had a little vomiting for which
she was ordered Sp Chloro ʒi Inf Can
Co ʒvi again @ ʒvi. P 126 I 102

6th Had a pretty good night, complaints of
headache, the bandages were removed
for the first time. A slight erysipelalous
blush roused on part of chest about the wound
& extending to the arm. Lead lotion was

was ordered to be applied. The edges of the
wound have united only too quickly, for
no rest was afforded to the part - up ma-
tter, which was discovered by the fluctuation
In here this two stitches were taken out
& a considerable amount of matter came
away & he was ordered. Linn Sup grt
gtt x every four hrs

Pulse Temp

- 7th Had an uneasy night, breast very
painful. The erysipelas is fading de-
gally. A good deal of discharge appearing
- 8th Still about the same, discharge continues
& redness remains as before
- 9th Slept pretty well & feels better than she
has been for a few days, feels her appetite
improving.
- 10th Not as well, uneasy through the night
Much heat & redness still about the part
& discharge keeps up
- 11th Slept better, appetite improving, redness
diminishing. A small discharge is forming
when the stitches were removed

- 12th Stitches all taken out, wound has united
all along except here the slough has formed
the matter escapes
- 13th Slept well. Complaints of no pain in the breast
No more discharge still keep up
- 14th Just the same
- 15th Complaints of general weakness, though
her appetite is improving
- 16th The nodules about the parts is sensibly diminishing, discharge still very profuse
- 17th The slough has come away, feels better
since the operation
- 18th The nodules are altogether gone, complaints
of pain shooting down the arm
- 19th A stupor to day, decidedly better, not as much
discharge
- 20th A good deal of discharge to day, but there is
a decided improvement in general appearance
- 21st Not nearly as well, more feverish, as the
pus seems to collect in a pocket some
distance from the original point. A drainage
tube was ~~passed down~~ put in to draw the
pus from it. ordered 18th June J. D.

22 Better. The drainage tube helps the discharge

24 There is a good deal of discharge [&] about the inner margin of the cut. I - vs heard

Issued of Anus

Mary Bunnie at 21 was delicate looking &
was admitted to hospital on 30th June 1891
Dr McCallum ^{Had seen the only case of fissure for about 40 years} On examination it was
found to be a simple case of fissure ⁱⁿ ~~the~~
accompanied with ulceration. It was
in triangular form about 1/2 inch in length
x 1/8 in breadth, being partly in & partly outside
the gut - The bowels having been emptied
by a dose of castor oil the night previous,
chloroform was administered, Dr McCallum
proceeded to operate by making an incision
through the fissure down to the sphincter
& extending beyond the margins of the sore.
The fissure was situated at the side of the
x anus. The wound was dressed with tincture
simple ointment & a dose of opium ordered.
July 3rd On inquiring into the history of the case
Anus ascertained that she had been
suffering with piles for a year back &
felt always shooting pains in the lower
x abdomen

- July 3rd Feels much relieved, Had an uneasy night, wound looks well
- 4th Much better. Very little pain in it. Ordered a dose of St. Riam
- 5th Quite easy. Had a motion without much pain
- 6th Keeps improving, cut surface is granulating nicely
- 8th Has still some pain in it. A Supt. day for part time
- 10th The surface of the wound is cicatrizing nicely but not very rapidly
- 12th .. Motions do not cause one half the pain they formerly did.
- 14th Nearly well. Granulation a little too high
- 17th The tubercular granulations were touched with arg. nit. partly
- 19th Seems almost well, but a small surface remains to skin over
- 20 Left Hospital cured

Eczema rubrum

Peer Palpeau at 32 actum mason
was admitted to hospital on 1st June with
an extensive Eczema of the lower limbs
on July 1st he came under care of Dr McCullum
On enquiring into the previous history he
states that it came on about ten months
ago, at the lower part of left leg in point
Began as a small pimple, which cleared
off & watery fluid oozed out. For the
first three months it remained on left
leg as a patch about the size of the hand
then it appeared on the right leg about
the middle of the ankle, after it had
appeared on the right leg, the disease
began to spread slowly upwards
& reached the Knees in about six months
from the primary outbreak. The skin
was always very dry red & itchy, & numerous
scales on it. About four months ago
it appeared above the Knees & spread
quickly up to the lower part of abdomen
& similar affection came on, in the
eyes & behind the ears about two years

c ago. Heat of the eyes is very troublesome
the eyelids are red & swollen in the morning
He was ordered S^{ly} anemul ʒii
aqua ʒvi ʒp. ʒ. ʒ. & zinc ointment to
be rubbed in diligently

8

Bright's disease (acute)

George Chevill, a discharged soldier was admitted to Hospital on the 10th of July under the care of Dr McCallum with general Anasarca. In attempting to arrive at the cause of his dropsy & Enlarging, into his previous history, the following facts were elicited, viz that he had been a soldier twenty one years of which time he had spent 9 yrs in India, when he had secondary syphilis, his general health has always been very good, never having had any venereal disease, always had been a steady drinker but not a hard one. ^{He says he has had sleep for several years ago} Cannot account for the present attack, did not catch cold, but felt unwell for several weeks ^{of general weakness & rheumatic symptoms} before it came on & was on a spot at the time. Exactly a month ago, the seven symptoms came on, ^{at night,} with pain in the back and lower part of the belly in front & frequent micturition, the pain was ^{very} severe & prevented sleep, micturition was hardly, very little being passed at a time and that of a dark colour, had no vomiting

at the commencement of the attack, These symp-
toms continued for a few days accompanied with
fever, the pains not being so severe, when he
noticed a ^{slight} enlargement of the belly, & shortly
afterwards the eyelids became ^{a little} puffy, the an-
gles slightly swollen, The feet & legs began to swell
about 10 days after the first attack, & have
with the belly gone on increasing in size eve-
since, The scrotum was sometimes swollen
but never to any degree & is not now, He
had a slight hacking cough since the attack
but has never been uncommonly ill, His
general health is at present very good, tho
his appearance is very blanched, appetite
excellent, skin dry & cool, no perspiration
was at present - little diarrhoea, tho still
to make water frequently, & is much disturbed
at night by it as well as by frightful dreams
I sent Pulse 76, Quantity of urine 3 XXX
deposits a ^{lightish} sediment of 3 1/2, which on exami-
nation proves to be nothing but pus, the
urges showing the usual morbid motion
very well, Not a trace of renal affection or
Sp 8 Mar 1844

a tube cut can be found, ordered. Sup Lunie
grt. Inlet. Fri. Inunat - gtt xv eq 4 hrs &
put on eggs. mutton chop. milk & beef tea

11th Feels much better, did not get up as often in
the night. Feels leg. less swollen, Eat a good
breakfast without feeling that distension
of the abdomen. Eyes very puffy when he woke
up, No cough to day. Urine $\bar{3} \times L \times \bar{1111}$ about
 $\bar{5} \times i$ of pus - not a trace of renal elements to
be found. a good deal ofropy mucous at the
bottom of the chamber

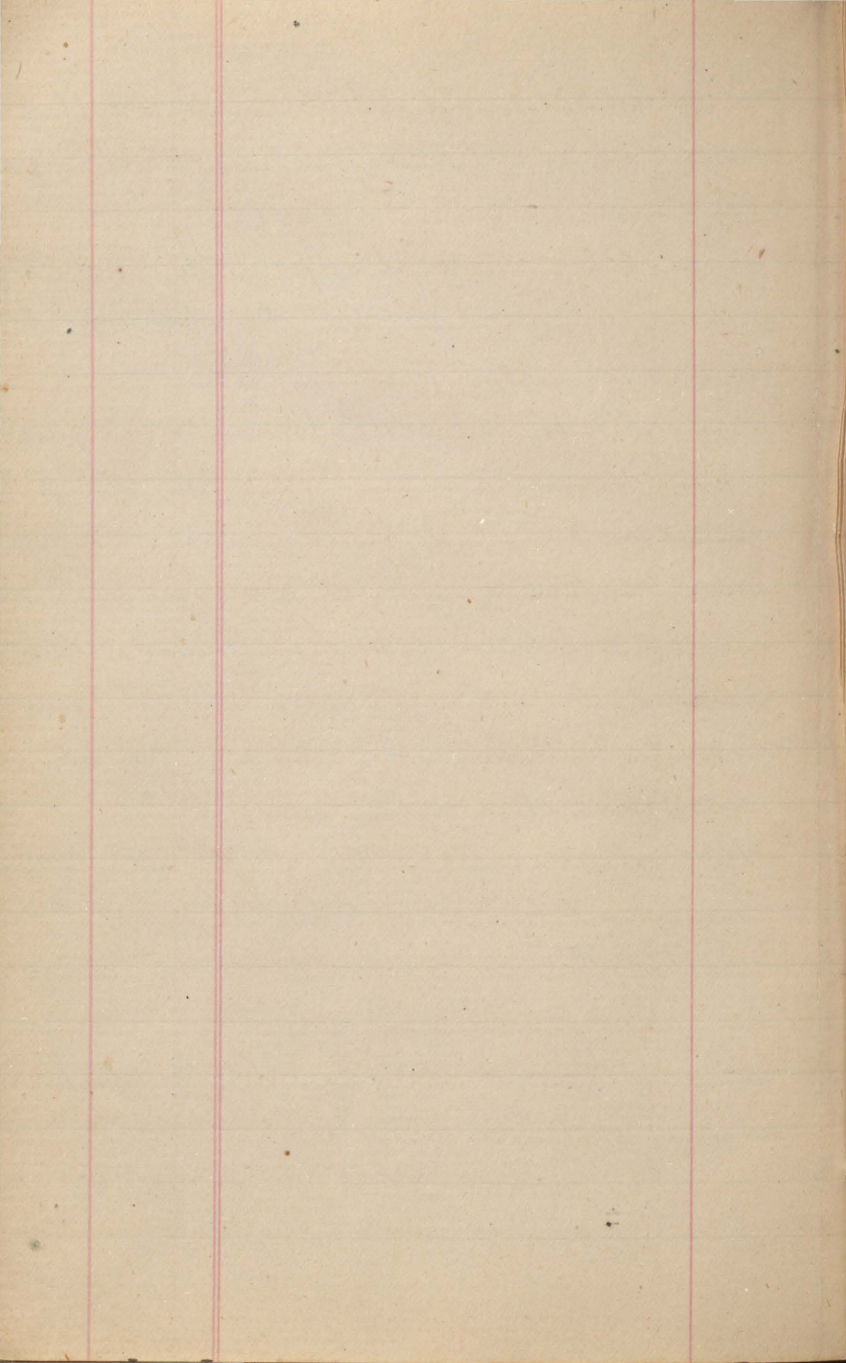
12 Did not sleep very well, disturbed with dreams
though only up once through the night
leg. & abdomen diminishing. Perspire
profusely through the night. Urine 65-
oz. deposits a quantity of ropy glairy mucous
consisting of pus cells &c

13 Urine $\bar{3} \times L \times$ sp. gr 1015, not as much mucous
at the bottom. Slept well, not up in the night
No pain in chest or belly. Legs still diminishing

14th Slept pretty well, bad dreams, has
slight headache. Bowels opened twice fully
Urine $\bar{3} \times C \times V$. Not passed through the night -
dark in colour, then in the morning pale straw
but as much purulent sediment

- 15th Slept well. $\overline{3CX}$ of urine Morning pale
 amber colour. Not as much mucous-purulent
 deposit. Legs normal in size, appetite good
- 16th Improving rapidly, says he feels quite well
 Less urine to day about $\overline{3LXX}$ same distinc-
 tion between morning & the day urine. Mucous
 deposit still keeps up. the urine is passed
 pretty clear & the alkaline changes in
 it appear to produce the exceedingly
 glaucous condition of the pus.
- 17th Urine diminishing in quantity $\overline{3LXXX}$ to day
 Complaints of great weakness. Abdomen and
 legs nearly normal
- 18th $\overline{3LXXV}$ of urine, colour got much better
 He is able now to be up for 3-4 hours a day
 up all day. feels stronger. $\overline{3LX}$ of urine
 Purulent deposit still persists but is
 diminishing. The alkaline urine coagulates
 it into aropy mass, destroying the pus globules
- 20th Urine considerably diminished only
 about $\overline{3XL}$ passed. Complaints of rest-
 lessness, appetite good. Remains up all
 day & works about the ward

- 21st Urine $\bar{3}$ XLV. Purulent deposit still remains & soon after passing is changed into a mass of glairy mucus
- 22 Urine $\bar{5}$ L, General appearance much improved, has lost the blanched aspect & is assuming colour
- 23rd Urine $\bar{3}$ XL, Pus still in some quantities
- 24th Urine $\bar{3}$ XLIV, Only passes now once & or twice times a day, has not had any headache or diarrhoea for some days and all signs of anasarca has disappeared
- 25 Urine L $\bar{3}$, Sediment creamy, was up fully open through the night, \odot
- 26 General health excellent Urine normal in quantity & much less deposit
- 27 Micturition now only about six times a day, amount $\bar{3}$ XL $\overline{\text{VII}}$
- 28 Went to go out. Is almost well, hardly any deposit in the urine



Pleuro-Pneumonia

James Baynes et. was admitted to the Hospital on the evening of Saturday the 26th August. As far as could be ascertained from him, he had been feeling unwell for some time past, & had a slight cough since Tuesday. On Thursday after working all night on the wharf, he became much worse, was very febrile and had a cough that was so bad that he was constrained to come to Hospital. On admission, there was well marked dullness at the right apex before & behind with blurring rattling and a loud friction murmur in the mammary region, which could be distinctly felt when the hand was placed over it. He was ordered by accession at 3 1/2 p, Quinine ʒij

XII, 3 p en, 4 hrs

27th Had a bad night, slept very little
Pulse 112 Resp 32 Temp 103 1/4, Cough very
harrowing & breath very short.

28th Am P 114 R 42 T Slept a little
better. The condition of the lungs was made out
as follows. Dullness over the right apex, extending

in front as low as the nipple, blowing
brattling over a corresponding area, a well
marked friction murmur over the infra
mammary region. Exaggerated vesicular
is heard over the other parts of the chest
a few rhonchi may be heard at intervals.
Respiration is very laboured and hurried
speech interrupted, cough short harsh
frequent. Sputa of various quantity & tenacity
of a dark brown colour, tongue coated
apical tip gone, urine scanty & high colour.
No pain in the chest, This usually pro-
minent symptom has been absent through-
out. Vidend. $\frac{1}{2}$ of Pot Cy to former Master & P. Dover. H. Can
28th Aug P. 108 R 36 Temp 101 Slept pretty
well. not so oppressed in his breathing
cough still very troublesome. Slight ex-
tension of the dullness downwards both upper
and behind. Respiration still heard
the other portions of the lung Heat of skin
not very great. Drinks milk freely but
takes nothing else. Complains of great
weakness and thirst.

30th Not a very good night, Cough lower.
P. R. I. Was expectorated
a good deal of serous fluid through the day.
Dullness still continues but a few moist
bubbles may be heard in the mammary
region.

31st a.m. P. R. I. Had a pretty
good night, cough was very hard
Sputa more liquid. The moist bubbles
may be heard more distinctly and
over a larger area. P.m. P. R. I.

1st P. R. I. Cough troublesome
through the night, Dullness has
almost entirely disappeared and the
rattle expiratory is heard over the whole
of the diseased portion. Countenance
brighter, feels better than since the
attack.

P.m. I. R. P.

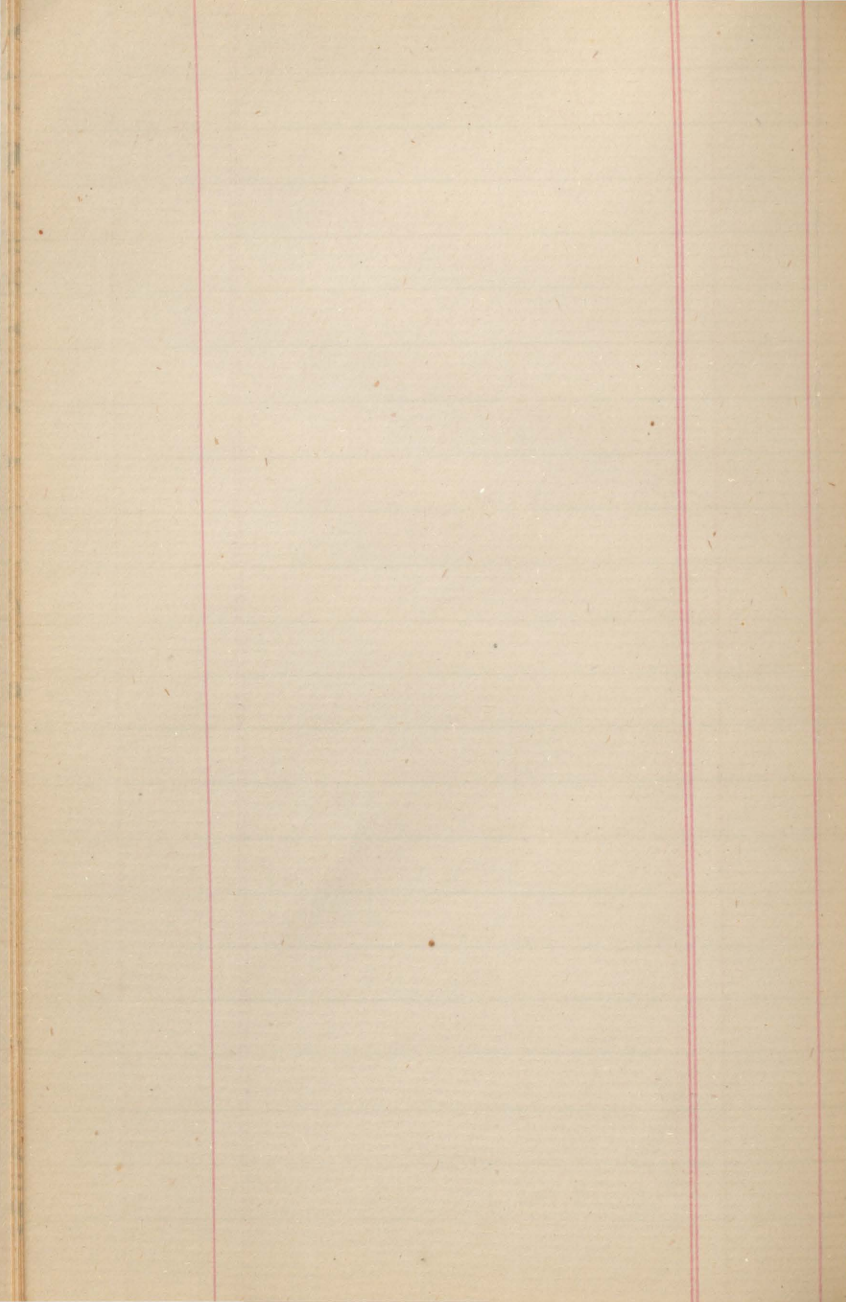
2nd Rapidly improving, Dullness
all gone and with it the rattle expiratory
except a little behind. appetite

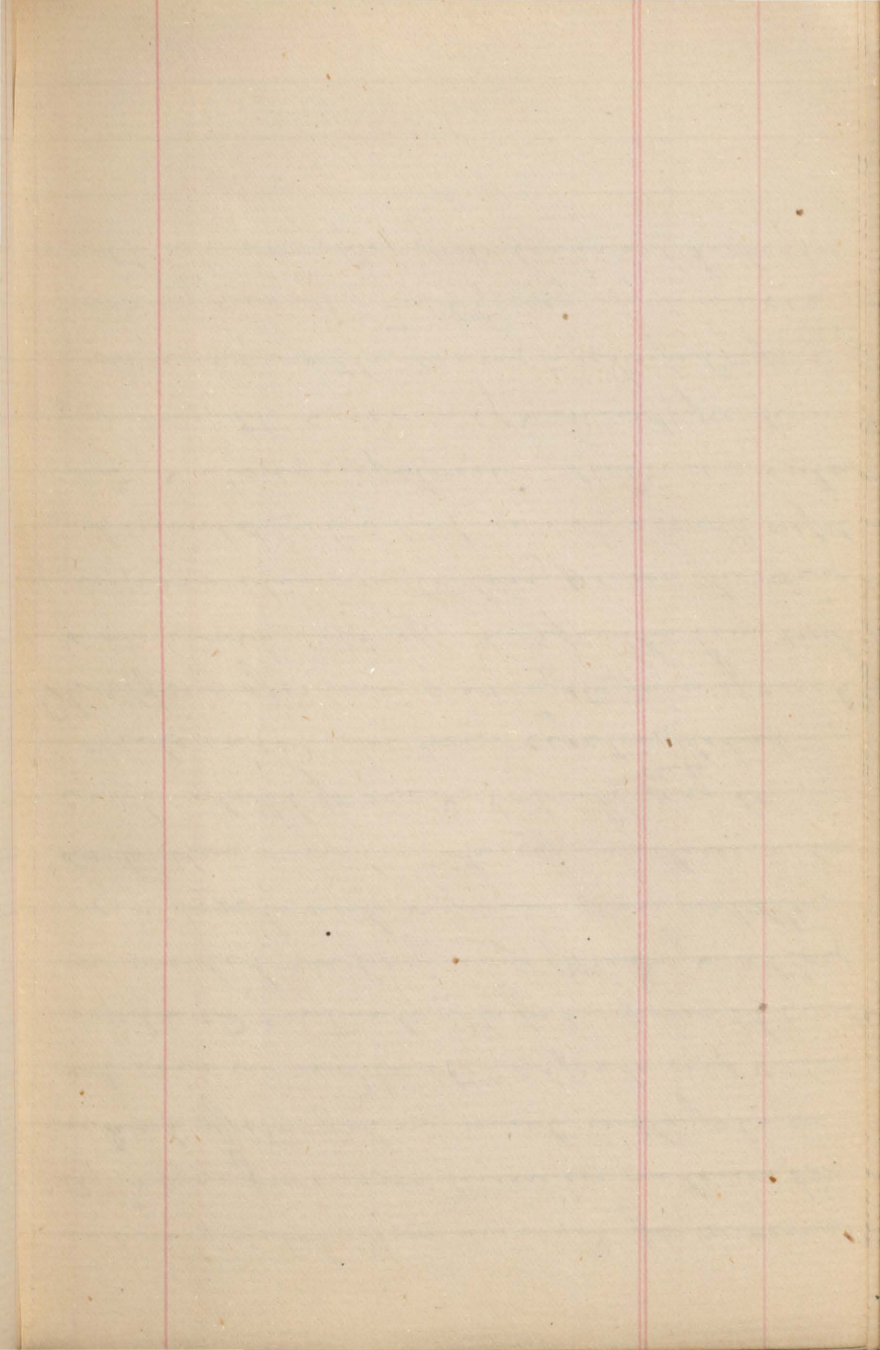
much improved. Face brighter & he is in better
spirits - A m P. R. I P m P R I

4th Continues to improve. No signs of
infection present now. The apex is as clear
as the other. A m P. R. Temp
P m. P. R. Temp

5th

and
?
of
the





207

McLean 207. Doing well, by little discharge
appetite good the least should be taken out.

Balebe. almost well. thing still

little induration over the period of
my m. a. d. m.

fell better, but a good deal of pain; feet
much less swollen, no head ache or cough
and up more than 10 have since yesterday
eye purify when he woke long 48 3

603
103

1003

lbr 5 1/2 oz 0 7/2 1/2
4 lbr 6 3/3
10 3/3

... cavities on apex extensive
... tubercle throughout
... softening at the free margin
... middle lobe, hypertisation of the
front of the lower lobe of right

Left Lung. upper free margin of the
upper lobe empty. small cavity at
apex and some softening. two spots
of apoplexy as one at the front the
at the lower border.
tubercles throughout the whole lung

Brain weight

50 3/3 50 0/3

... gland much enlarged mal-
... Kidneys

... good deal of effusion, ...
weight 50 0/3

1/2
3 1/2
1/2
1/2
1/2
1/2
1/2
1/2

Clinical Medicine

Prof Drake

18th Nov. 1881
Montreal Gen. Hospital.

18th Nov. 1881
7th Floor
11th Nov. 1881

11th Nov. 1881
11th Nov. 1881

11th Nov. 1881
11th Nov. 1881

11th Nov. 1881
11th Nov. 1881

11th Nov. 1881
11th Nov. 1881

11th Nov. 1881
11th Nov. 1881

Thoin Burke's sailor admitted with
Impetigo, On 7th he complained of slight
headache & took this bed in the afternoon
his an uneasy night, felt worse in
the morning, pains in back & legs, vom
something, bowels confined, high fever
Temp. Noon 104. Even 104^{2/3} - pulse 104, order
Lancet mix & mixture. $\text{Lysamm acat } \frac{3}{4}$ p
I. acm. t. gtt xii $\frac{3}{4}$ p. 2 hrs
9th Better complains of his head, bowels
not moved. Temp Noon 103. Pulse 88
ordered 8 grs of Blue mass & an Enema
of soap and turpentine. Even Temp 101 $\frac{1}{2}$.
Pulse 92. A few suspicious looking spots
his face & abdomen but having the impet
iginous rash it is hard to say how they will
turn out. 10th Bowels moved ~~at~~ in the
night & again this morning but not much.
Spots out, the characteristic small pro
Temp 98, Pulse 86, feels better, ordered
 $\text{Lysamm acat } \frac{3}{4}$ p. Pot chlor $\frac{3}{4}$ i. Sp chlor 3 i
Temp 97. Asa adunc $\frac{3}{4}$ i. Pulse (E) 64. Temp 100
Eruption coming out well most on face & arm.

120 7 84

L 31p

31p

12/90L2

Inversion has been marked out. Plan
 of them is simple but necessary. Chest
 du in 3 is. Ant. tube & post. r.
 Ant du from lateral. & vert line du
 du from a normal angle, & is for sub
 du in cup ch. up & back.

up & down

Superior is defined by the drawn from
 out and below upper part of trachea
 on inner side, some bound by in
 of pleurae. In this part several of my
 lines on right than left. Anterior part
 of pectoral & scapular. ar & ant c & in jug
 m. Clavicular is cut with that part of
 ch. which has over long sub. in right half
 on right side are cut at stern art. & subcut
 de subcl. On left side sub & cost
 ac deeply. Infrascapular is cut bound at
 r by sternum. below by lower border of
 scapula by vertic line in acrom sp. This
 du in to side. come with up like of my
 on right also sub venae cava & a part of
 each part. On left side long cuts

Excision of elbow
James Foley at 70, a hale & youthful
looking man for his age was admitted
into hospital on 1st June with case
of lower end of the humerus & general
disease of the elbow joint. A large
excised opening just above the inner con-
dyle of the humerus, in this a probe
might be passed directly inward feeling
the decided position of the humerus on
downwards directly through the dise-
ased joint. He was a good deal of weight
accumulation about the parts, and ab-
formed at the anterior aspect of the joint
which was opened. He received an injury
on the elbow, falling back on a heap of
stones two years ago. did not feel it
much at the time, but ever since then
has had occasionally to stop work to
rest the arm. About six weeks prior
to admission to hospital it got more
inflamed, suppurated & burst just
above the inner condyle. It was at first

At lower border of pal. clau. you will find
close to stern: aortic valve & above this
at right side of the pericard. sac. The upper
thoracic region bounded at by low border of lung
& below by a curved line from the low border of pul-
se ribs, down towards low arch of aorta & out
to h. On right side the liver overlaps the ver-
tebrae to low border of lung. On left side stomach
& spleen & also in middle in a small por-
tion of the liver lye and to it
Esophageal region is bounded by a sheet of
thin membrane side by with low border of stern
when filled, trachea. At upper arch on right
side, unrommual art. at low border con-
to the arch of aorta, Upper stern region
all part of stern above level of 3rd rib
take bound the of stern. In this ascend-
the pericard. sac. who of pericard. sac. with
part of pericard. sac. minor, the left & also
trachea. At lower border we have aortic &
pulmon. valves. Lower stern at in esp
to rest of bone. At mid stern close to
upper bound we have the mitral & tricus-
pular valve. Also right ventricle below stern

that amputation would be necessary,
but finally it was decided to excise

16th

Having been placed under the influence
of chloroform Dr. Nibdy proceeded to remove
the joint by means of two incisions
one extending about 2½ inches above &
below the olecranon & the other at
right angles to this towards the outer
side of the joint only. The olecranon was
snipped off with the bone forceps & the
arm freely flexed the lower end of the
humerus was removed & the upper
extremities of the radius & ulna. There
was not much bleeding & no important
vessel & ligature. The wound was dressed
with carbolic acid, the arm being in
a semi-flexed position & supported in-
stead by a rectangular splint. He closed
the operation very well & was able to
walk back to his ward. Every Pat

Leung

17

Doing very well, comparatively easy

But many of these were enclosed in
in a single dorsal region of full length
Below up then you might see border and
vertical down in border of slope and
of part of the upper surface and in
lateral regions, as broad and by
vertical and probably line out with the
from the scapula, this is due to the
of the cranial wall lower border of process
of ant axial surface. Axial
at the upper part and by side line
part of the cranial part of the
part part of the cranial part of the
in dorsal. at lower border of
and of the ribs, this part on right side
on on left of pleura and of pleura
also lower border of the slope back side
Posterior region of the dorsal part
of the pro 2 dorsal down to 6. north side
of this we have an upper scapula
an infra scapula, inter scapula,
infra scapula is born below of the
of 12 ribs at the angle of the scapula & dorsal
a. below at upper part on both sides

night. Pulse 92 Temp 100

18th Progressing favourably, no untoward symptoms, does not complain of pain. Pulse 84. Temp 101

19th Continues well. Dressing removed for first time. The wound is looking remarkably well. Considerable amount of fluid was squeezed from it. Dressed as before. Pulse 84. Temp 99

20 Wound dressed again, looks very well. Slight discharge. Pulse

21 Keeps very well. appetite good. sleeps well. Dressed again. Pulse

as low as 71 wt before on right side lower
son left the same general form & outline
in the spleen; rule upon in middle
to dorsal spines. for 2-6 there
contain the nuclea wh. base. main
in glaucid,, the acota, & post of lung
these form total. Now next step in
to inspect it with a view to observe
form its post. symmetry. manner of
insertion acts & any abnormal deviation or
deformity. To perform it, should be sealed
off a good light see that comes deep
in symmetrical & back on service level
muscle to be found. Chest does a cone point
upward, ^{in spines} should keep to open size
the superior sp. depth with. insertion
somehow curve & rule cost sp. more or
less on salva when during insertion or sp
low abrupt some what depression
of spine it should be equal on both sides
For chest present all these characters
by conspicuous deformities. The head
growth should be in. when. thorax or
abdominal of other self muscles it is

Empire of the need not being for all in
my statement. ^{James B. Bell in Empire of the} Day as respects its value in
all med. is fully neg. Must be acquainted with facts
of the James B. Bell. 1. non causes be con-
not known, as if it shall be possible & an effort
follow. James B. Bell Par. urged to a national part
put over shoulder to wheel. If the best come to de-
be Empire in interval planning in my behalf for the
causes of contagions. The report of it will be forth say
in it. Am in the Chen man. I prove. The good for pro-
mote, make what good can be do, again un-
ad. ad. he make how wide or how civilly no other can
be increased. Disease & death as part of disease where
we can. It diminishes or hinders death. & more a
process of decay, from weakness of system. It gives
not an exact is but with different. & as in the my
points they differ. by opinions before you all the
still much further. There are fundamental but
no medical or doubt proper method, still the cur-
ing of hygiene. In time you it is that as in with
time of importance. the best old man. with
removal of all causes of disease for which can.

edges seen in man abdomen, in
women it is thoracic. In full aspect
the walls are to detate more of the
wall come before abdominal. In act
of inspiration an inner upward on long
axis & at same time the broad part the
wall forward this called elevat exp
ansem movements. Wilson showed
the diaphragm the up ribs which
is very narrowed in inspiration while
there often are drawn down unless
a special order. This not now held
may be my cause the will all now
appear. Anything at present may possibly
will prevent for though has lost its
elasticity more with not with place as
a vesicular emphysema. Do also in
Pneumonia then is full broad stand
much my to be of watch the effort
in all case when rendered incapable or
from sign of spin percutible case
was. will be of pneumonia & small brack
abdom. But if ~~from~~ cut through this
case in soft spurs. up for use drops

Hygen from 1845 & comes in an hand dep
 that in the line what is say to mean
 & to prevent disease of mind & body. The body mind
 connected. Alas he is who, this definite med.
 medicine could be entered on here. 1. Kind of
 preventable or avoidable disease. Comp the in 1843 in
 is 17 per 1000 in New York 35-45, 1000 ad
 that of you make water advantages. A Brown
 says in 1843 the death rate in deloid, would
 from more 1 month for epidemic & the down
 make known. A low the high death rate the low the
 sickness rate. From data of paper. upon
 the civil states. In large cities the drainage
 is an duty other persons. Moral support in
 the this is off, quarantine. Far inland is now
 to occur. James Bovell M.D. M.R.C.P. Bovell M.R.C.P.
 Le main de Hammond.

I agents external which act on heat
 II inherent in organs
 First agents external to the body are
 with us for such (a) Water (b) Air (c) Food
 (4) Soils & climate (5) habitations, hosp. &
 (6) special epidemics II. Race, Temp. age, sex,
 heredit. tend. Habit & constitution

Breathe may be thrown from the can
anyth wh. declend ab as p fasciculis
tumors, may send it throue, Now also
will detect any deperth from sym-
etry, coast of expansion or retrac-
tion occur wh. force ide or local, build-
ing, Eggs take place in pleura effus-
on both sides, or on both side. Coal may
but any curth presses about, can
can emphysema, Hall or the
when in lung tissue is covered or unpe-
nious, as tube deposit at scars, cur-
of In this view of chest occur, One meth-
od in det degree of expan. is ple. put in
the esp behind & take in of ple as guid to ex-
the point, cord of sup veins of the
ca of the ven syst. on that side declend
also detect an ab. prots, type of heat-
One point more, is that in ex. can sup. pe
of the can an app of ple. put in 2 interspa-
is paid by war like unpleura from ed
of pulm artery tend by 4th of pancre-
in chest

Severus been an interesting man was
in Hospital previous disease a fever to
moderate & in about 18 months ago. No history
of acute attack R

McCabe was in June 12 months with muscular
tremor & at last went away & no sign
of Phthisis. Came in that in Feb or March last
& was then emaciated & pre all signs of general
physical of Phthisis. Said he had
been coughing & spitting in some quantity &
long length, very profuse & peculiar

Buery (Angeles) was in Hospital before with
headache a number of months & cough & general
pulse, dyspnea & precordial distress & cough
no dropsy. Then

18/1/71

Percussion of the ground the in wife
 in the order of an in pt beneath. the heart
 of the lungs & some of cold grow by effusion
 & the same can present as to the lungs at
 the ph. per the in it and is called positive
 when it can be seen - make clear up head
 with arms low. For lateralize per cross hand
 over head while back. make deep forward
 Can in percuss the both side of the chest
 and also careful that in the muscular
 character - percuss at the same such part
 as tracheally the percuss of the cartilage on
 median stern. some per by. rarely recorded
 & now this is objection. painful & exp a deal
 & can be useful. Medial percuss. is with. paper
 in the neck an inst l. place on chest & then
 to strike, a plepimeter small ivory plates
 in small steel hammer. Wilson's spring plep
 imeter. These methods are more showy but
 more useful than finger. fore or middle. A can
 & adapt to any part of chest & you find of deg
 of media. Place in comb with chest wall, one
 with the other. light on it. percuss. note over in air
 & listen by the ears. Also careful in some per

Dr. Trimmer

Fatal result of exhaustion from acute delirium
or that of progressive nervous centres or from
impairment of organ of nutrition.

In large doses its influence is in the direction of per-
sistent suspension of nervous activity, & this
suspension, increased by other sources of
deficient vital power incidental to the chronic is
a sufficient explanation of the nervous debility
which hangs about the ^{delirious} case.

The phenomenon we have to treat under name of Dr
anemia in 1st place to direct action on nervous centre
of blood over-charged with alcohol & the blood that
cannot in this state absorb oxy. readily, under the
influence the nervous tissues become unfulfilled for
their functions. This counter balanced by the quantity
of the alcohol & all the recently formed species. (Kleinberg
& Kinds). On the activity of these organs depends the
the impurity of the drunkard from all effect of alcohol
order of effect of alcohol. Reynolds vol ii p 66. The Kidney
shrinks largely in a case of protracted intemperance as much
as 1/4 - 1/3 of those taken from the spleen of St. Louis, long & Kinds
in 4 1/2 hrs. in trace after this time. This is different from
from the whole animal we can unchanged from

of which organs. Also mention that in the allen
side, misprimitie it will come across of us sp.
or operation & of any doubt better to be cur
at ease of operation & respiration, An art in
del. blow. & of kind of note depends. Avoid awi-
wardness dont let arms move about. ~~perfor~~
with fore finger & fore middle finger. Place
out from elbow but wrist. Nece like care that
it is del at right angle to chest not oblique,
Occur happens but has to be modified, use much
force as in getting crutch put across. Another
point - in pecuss chest for respiration not cold or
useful place to place one fore in it & one ~~with~~ ~~of~~
to ~~in~~ a dull & good sound near it. A modify
of pecuss useful is a crutch of auscult specuss
del app on heart the specuss pecuss from chest
towards stetho. Principles of percussion an
n. If the air emp seen with but air would
& a clear drum like note & on con of Demix bell
with cold would sound dull, the Thorax will next
an alone or cold contacts, but being it left porous
against the man air so specuss wh chest crutch
clear will be pecuss. Less in the duller
~~the~~ ~~specuss~~ ~~will~~ ~~be~~ ~~pecuss~~ ~~in~~ ~~the~~ ~~Thorax~~ ~~is~~ ~~the~~ ~~clear~~ ~~drum~~ ~~like~~ ~~note~~

They generally take from 2-4 to 2 weeks in paper
to dose taken. Excluding cause of D.T. the repeated
direct action of the blood changed with alcohol on
the brain of n. central & tra. underg their need
to discharge their function properly & strong influ-
ence the regeneration of blood.

The nervous excitement produced in an exceedingly
excess in drink is reproduced in his clear mind
with the effect of producing insanity in one, mania
epilep. in others, usually in a fourth alcohol cases.

Sympt. In motor nerves influence of chronic ex-
cess seen, consist first of muscular weakness
with much amount tremor. Long before, and cerebral
disease, hallucinations &c. The patient feels an in-
ability to sleep, which probably depends on the condition
of the nervous system. For the one he has persistent
cut muscular tremor, along part in hands the
amplitude, excessive morning tremor is also
probable to exhaust from no sleep, with the
tremor or early cerebral symptoms come on from
more buzzy or much sound means, dull
headaches, Irritability, Flashes of light
before going to sleep probably precursor of hallucinations
flashing of muscles of expression & red water

in simple pneumonia a clear note, in certain instances
they can be heard in any solid heart and men in dull note
take into account that some of chest walls thin well
up the tone. In chest, be stark that most thickly cover
with muscle will have dulled note. 2nd - clear
note In this case when solid organs are overlaid by thin
layers of lung that a light pectorus will bring out clear
note & being thin will lay out solid organ beneath
the clear that these parts mostly the cor. inf. et
inf. ca. & will yield clear note in pectorus
These alone are insufficient in themselves. It is
unfortunate that in study of ph. of ch. should be here
with so many difficulties much time, & tedious
detail has to be gone through, a clear pectorus will
& health an often considered synonymous. The amount
of the name in case of lung pneumonia is not the
it is clear in that case than in the healthy
What is meant by clear is supposed to clear
we mean one In study of pneumonia sound
made up of 4 elements each ^{must be} attends to a
Amount or volume of sound 2 pitch. 3 quality
4 Duration in my app. urine. but not far
the knowledge. what is me. of amount?
almost all cases best to when not relaxed

Eyes characterizing the drunkard

In carbonic acid disease in Dec p 74 of the 11 vol

Dr. F. J. formal believed to be caused by an intercurrent

leaving off his accustomed drink

Pathology of D, ¹ Poison & its morbid influ

on 2nd w^g, 1st on movement of stomach as located in

2nd affects the movement & vitality of the blood

through it all the organs, 3rd the nervous cent.

independ of the ill effects of mal-nutrition has

a certain chemical attraction for alcohol wh

is found to accumulate in the liver of beam

2. Stomach & intest., permanent congestion

enlarged secretions, & degenerative changes in

sub-mucous tissues, disapp^r of secret^r glands &

hypertroph of connective tissue. In blood it

increases amount of fatty matter & promotes congl-

of organs. That of liver being especially due

to altered relations between blood & tissues

especially to paralytic action on vaso-mot

h S. The degenerative changes in organs may

be due to the influ of the alk on nervous syst

only. In brain, medul. &c. an atrophic

enlargement takes place. nervous tissue wastes

this is effused into the ventricles, & the arachn

can or best - In left wife man; slurs &
types & ampiphonic qualities. On the 1st is
mod of intensions of tone, then upper system
in mod of trachea then a hollow
resonance. A type of vibrato is obtrusive
in trachea. In taking variations should also
mind, that 4th of pharynx & il modified
some extent sales when peruss. 1st in int-
comp. place on both. Do not on int. one is
space in another for practical purposes & type
have as adopted. There are 3 intensions or
dullness & 4th resonance. 3 hardness
& muffled tone. In 1st - produce all
notes diminished. pitched var. quality
harder. Do 6, P, cond an air on fair
dram in being as when we have conchoidal
in the pharynx. 2 type & 3rd resonance. air on
is increased while quality of air is more
the pitch & low quality is softened, the 4th part
of note diminished. This is a mod
of air excess of air in chest. 3 of pharynx
when found not much changed but
cons. a 1st with the vocal in pitch is raised
quality hardened. In chr. & use some

and simultaneous development of fibrous
tissue granular fat etc. which belong to low order
Dundachay occur in long bones. Then the vessels
cranial bones thickened, dense spongy bone
These changes may be due to a kind of paraly-
sis of those nervous branches which especially
provide the nutrition. Probable also that
changes are due in part ~~to the influence of the~~
~~continued ingestion~~ or due to a chemical inter-
ference with the course of oxidation of tissues.
The balance of evidence is in favour of the view
that a considerable part of the dose does un-
dergo oxidation in system & that the dose
from ordinary purposes of the unperfected
organ must be ascribed the diminished
activity of elimination of CO_2 which occurs in
bases of the urine which occurs in a
poisoning

In order from any cause we have this do
This type of hardness is ob in case when an
excess of air in canal as in apex of the
is made of dense hard walls of type of isch
of 4 tube under of spleen sac with air. the
muffled tone, & it is of the movement, as in
pneumothorax, but may be through
and the air by that thorax is extended to almost
shows the pitch decreases duration. The
In culture case just is allowed as to need
a spec design, a wooden note for culture
a case of deep end. 2 over many of hollow
note. the ear tube, except, & crack job comes
may be used, can be had in Pine Furniture
or be old in chest of iron, and while copying
peculiarly fine. When would be it is
unpoller a case must not of eye
be than wall. construction is when under
can as in the middle, wall then side, & when
sup of chest is common with teacher. The
Dubular is a one of tracheal percussion note
same note can be had one by bronchus when
it is held betw chest wall & can.

Pterygium

Parent compound is also known as
Alu 2 g t 3. alium. per 1/2 ounce
in all cases care do not use identical
but note, alu 2 g t 3

for heart. the differential stethoscope. Palpation
to indicate, two sounds in normal case an. crisp
upper sound. In health. the sound the for sup is
soft continuous & of a gentle tone. 2 is somewhat
harsh. shorter in duration. less intense, more
the two sounds follow each other close, no interval
Sound in expired is shorter 3-1 sec. in mod
all has sup. soft. in ex. ch. & sup. sounds
more intense. ex. & sup. ex. & sup. ex. in
disease named purple resp. or ex. & sup.
In advanced valvular of both sides. sup. & ex.
& ex. & sup. increased. Thus modification. but grow
sup. & ex. of place of lungs. In one resp. the ex.
very in health, then if on exp. part of term we
two breath. ex. of pulse resp. & sup. by valves
hollow & dry sound. The two sounds of nearly
Eq. length. sup. may be less than ex. This is termed
tracheal breath. There is an interval. The dir
of trachea are somewhat after but also see
it in being of hollow quality & more intense. There
an app. interval exists. In dise. emphy. always
be careful to note to exp. the modification breath
undergoes. Also and to ascertain when any new
or adventitious sounds are heard. Mod. ut. In

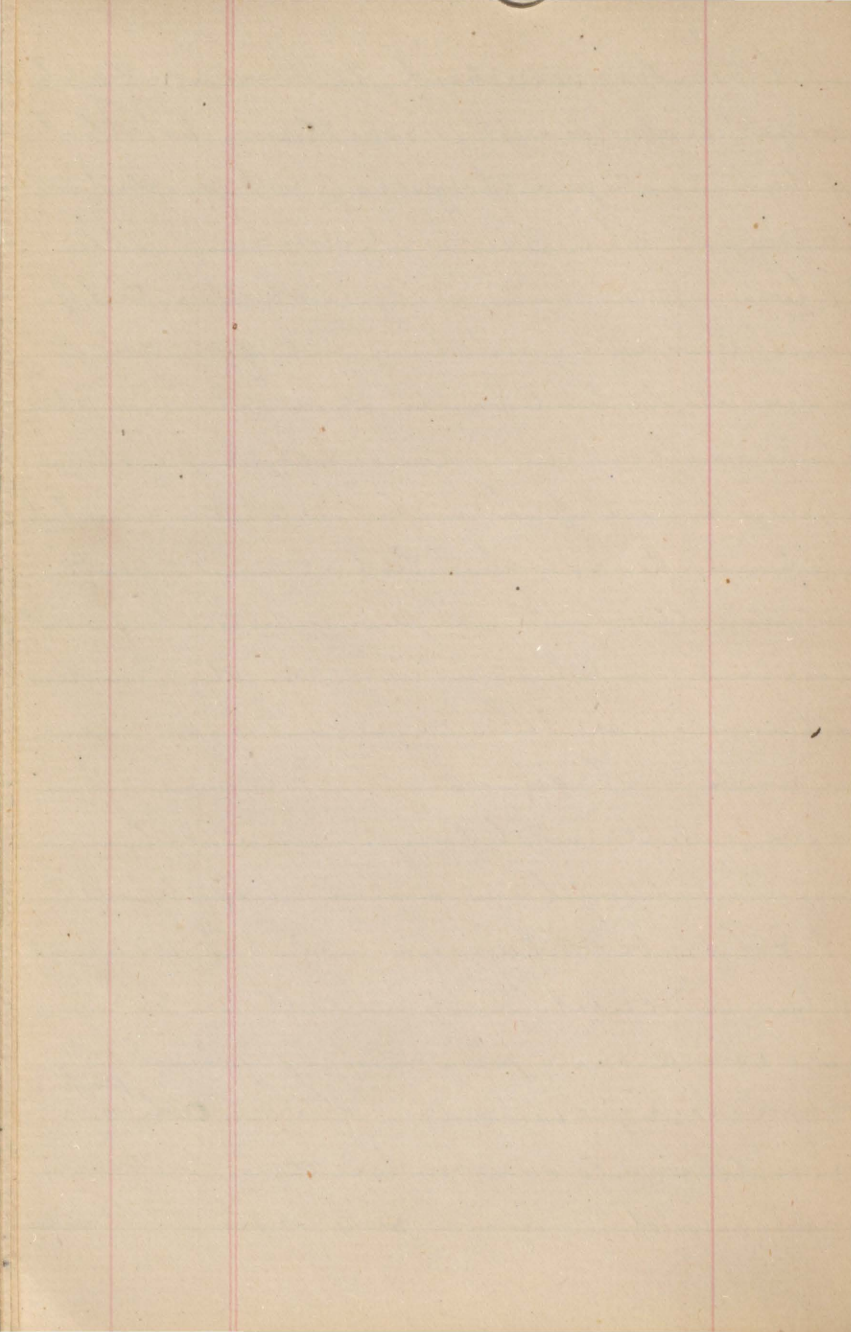
Scimmer complaint

31 February + 3 VIII quib.

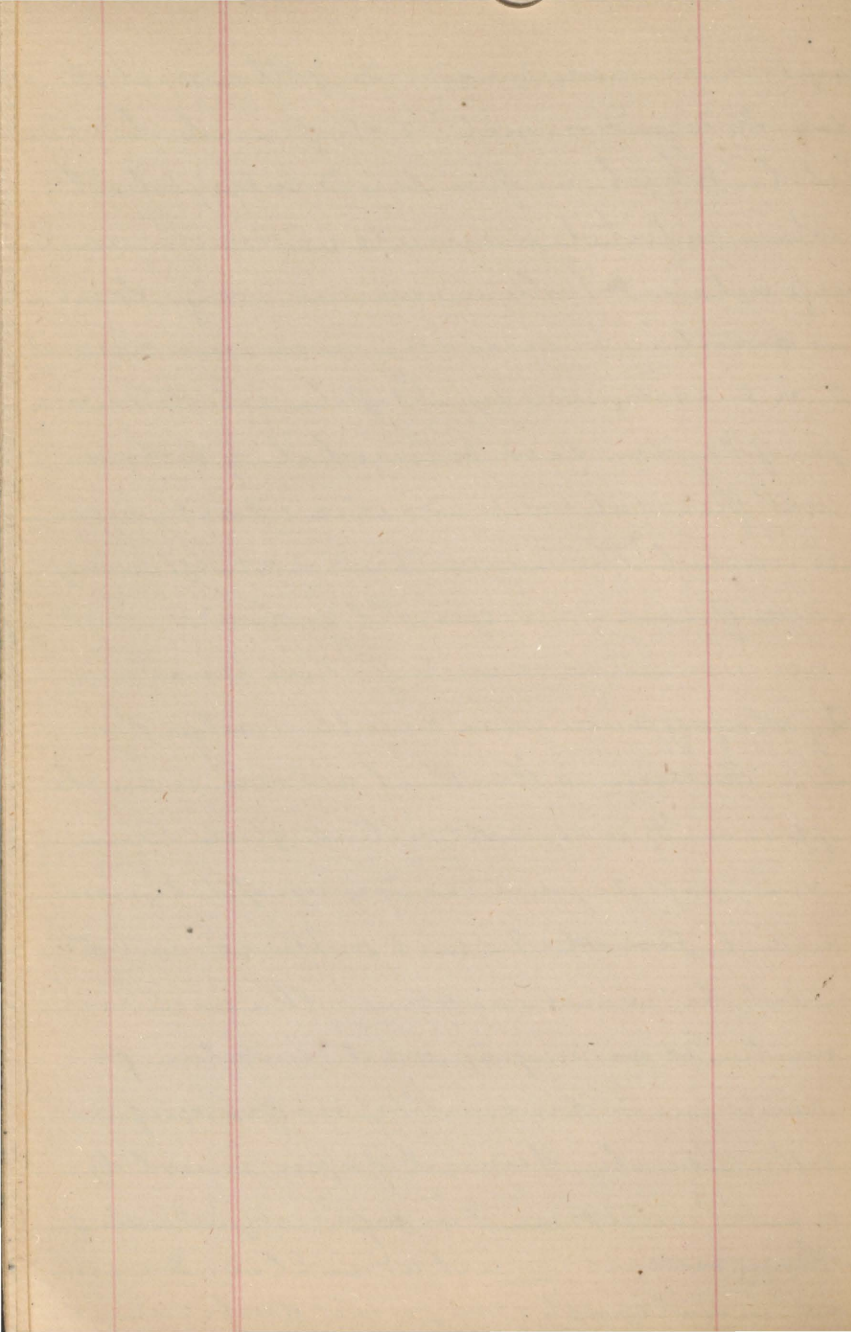
an ailment peculiar to children & somewhat old
Put on tea room XIII, any powder fig. Put on
co. II not six powder. one in 4 hours
change fair for scimmer complaint; feed well
, take fine want for a little, let urine
but still at a time, a minute & of the very
14 - 20 mm. Remedy, Cal for variety
small doses. Another is Sulphur ^{one} proda
apl carbon by this, or Carbolic acid or Croton
another is but by the child of morning & evening,
Cause, Great is hot weather, had with his
summer, have escaped. How it acts differ
I say, Why in teething children? a falling out of the
course, but change in carnal development
of stomach for unripe & unripe
good evening to these changes in carnal that
is of disturbed, a rapid development &
slight causes disturb them, a controversy
of the age of the child, born of healthy at
19 - 12 month of work of cutting teeth
with difficulty or vomit, Respon

an 3 in number, m be at in leg char and
or 2 male in system. 3 quality may be all
or resp may be modified in all three 1st quality
of sounds may be exaggerated or pure. sound
intensity or pure prolonged. heard when
in front of eye put or opposite in par
of disease than are heard, more intense
or pure for 2. 2 rules may be mentioned
with one or the other. this can in
empty stomach as a consequence of belching
3 but may be all suppressed in case of ple. effe
or in presence of tumor also in case of tumor
in basal of bronchi we shall have it suppressed
As the study the inner of system for each
of the system may be divided as to
and char as that time sound as repeated. this
form is of interest since forms one of each may
may rule of resp to 4 p alle. resp to 4 p 3-1
but in some case as empty resp should
resp sound lengthened. form of 4 p 3-1
is the same as that of 1-3 p. All rule may
be prod, any the ple p. per eyes of air most
resp made as the of 2 in at. u m

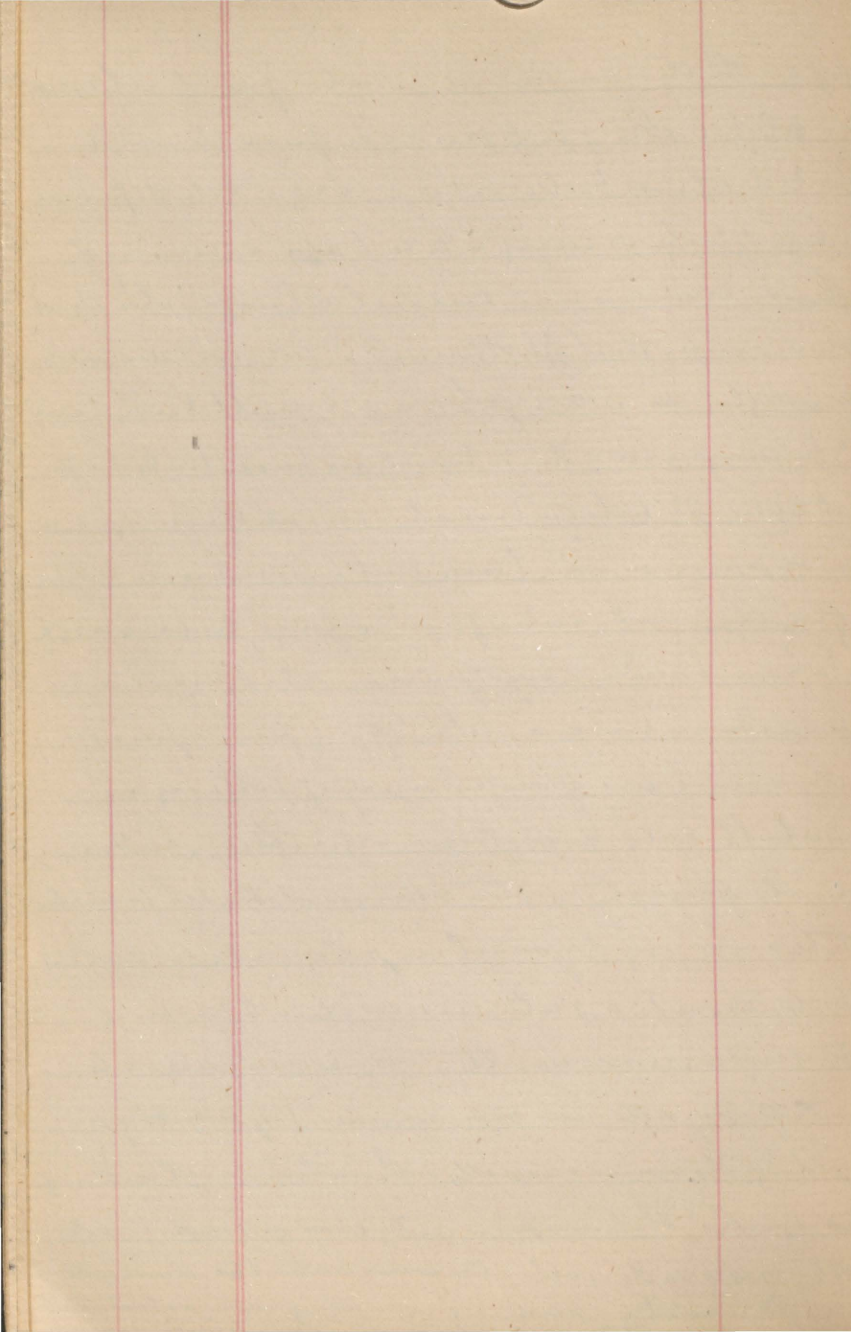
1st bush or branch 2 flowers. Bush
seems no longer soft, more bluish, like that
of the leaf. Upper elongated, not prodded deep
in consist of long tissue which comes some better.
Blow often round, simple shallow. test of
simple is aff in tubule but aff in consist
in the tubule both in the vessel. more also
while improved culture & appears as long
or long the resp. Length is also a much
as character. Spine is tubular, 2 round
as in all over the separate distinct interest
a well form which is ten diffuse blue. in the
both round and of the, rougher back. Upper
is much prolonged. rather divided, this
is in all under of slight consist of. in
form. in tubule of the, & also occ of dilated
circular flutes. Glass found here is usual
in the Adventis with in cells. in but on
in voice or in place of 3 kinds. Or
towards, & pleuritic, this in ^{paper} cut as
rough scales, some are the of the, some
in scale as cut in upper ~~4~~ or lower 1 set



very much rate in sound, follow in chest
den. Dry sound is much: 2 chiefly on, whole & con-
fident. Which, as you heard, call by belated
when by patch, in small by ^{sonorous} in
large tubes. ~~The~~ Provoke in various ways, severe
as sound. h. see, our names accord
to n. l. every, every. Crapula sonorous, in
for of dry, in, can be usual of take a
look of the, not betwixt, close & you
as usual. This sound heard chest in
come of part, open equally evolved, & sound
5 an immense number of. This heard in
dry stage of pneumonia in this only. ~~dis-~~
dry. The cause is this that air vein in chest
open and dry or can with a thick, such noise
in chest the part, empty, up of the
see to it. ~~Another~~ In fact for the
a doubt, he is not over bare. The cause may
mislead as simply venous condition for
aunt, you is dry, crackly, one open group in
soft tubercle, A concert of a few minute dry
crackly, sound heard in ~~upper~~. very indicate of
softening tubercle. Most admirable sound, males
are most crack sound form of tub. Most

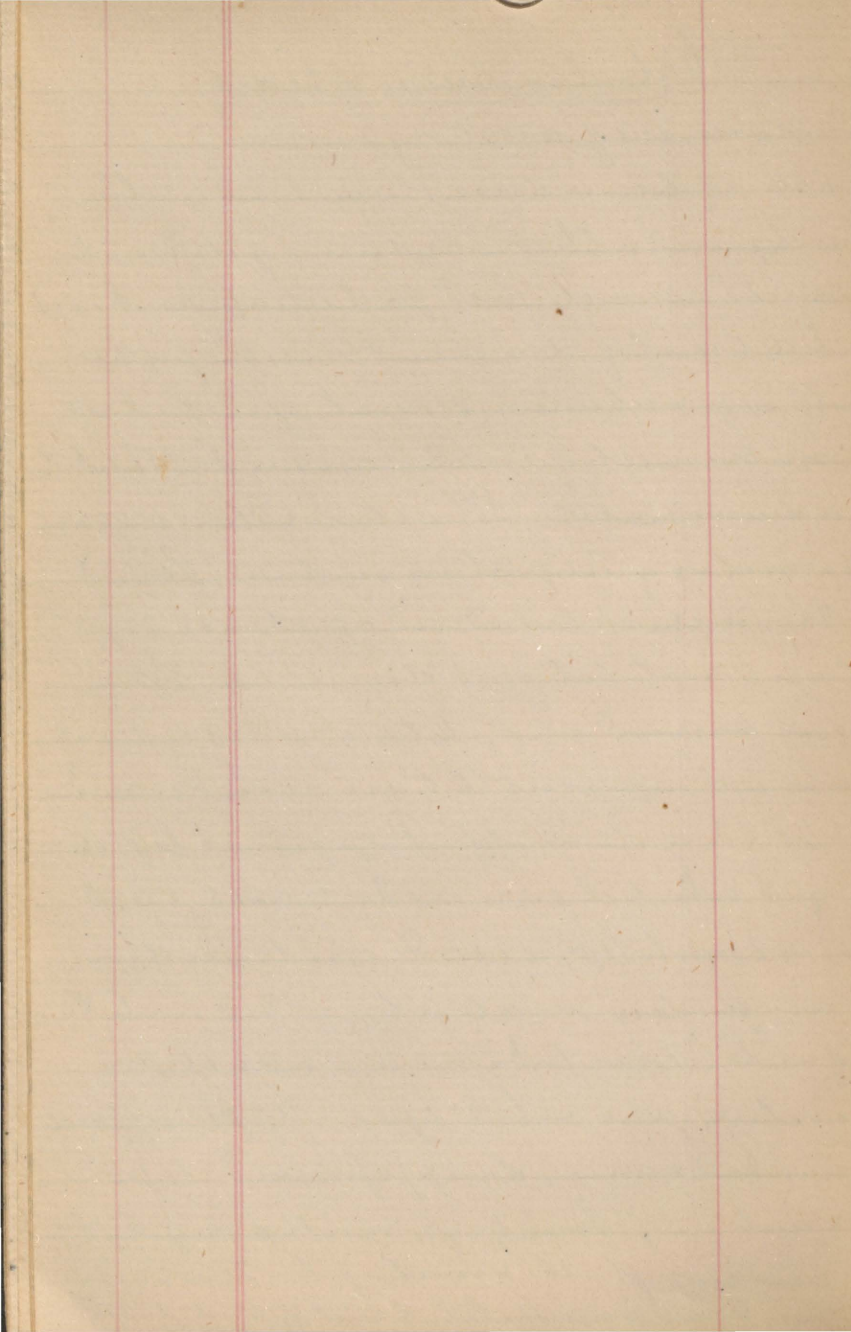


for the study, as far as number of nodules and
size of the bubble, & the passage of air through
fluid contents in tubes or can. Size & depth acco
to size of tube or can & acc to degree of tenacity of
fluid. various nam, small or large, when much
it is sup. that of hollowness, we be cavernous
or spongy ~~or~~ or ampullary, small bubbly kind
when air passes thro liquid, in base & side tubes
at apex of lumen bronch. in one base, but
be or pneumonia. large bubbly sponges in tubes
of large size indicate fluid in large tube & large
but in lumen in sup of pneum. or det. pass in
bronchus tubes, when probly pass from p
the can of a larger size of of both regions
metall call cavernous or spongy, indicate
rich sparsity often occur in dilated bronchus
tubes. I may be found in place called
pneum. cord. a gate some due to more of
the can or one mouth, very acc in can or less
inter. It, & the air ven. named spongy or bubbly or
spongy. The cords usually not continuous. If continu
ted in p. It shows plain in dry cord or rough & deep
of by or can on its walls. One cord liable to be milk
one of the bronchus, produce of other plug in bronchus but
by the cord, get thin & cough & cord ceases

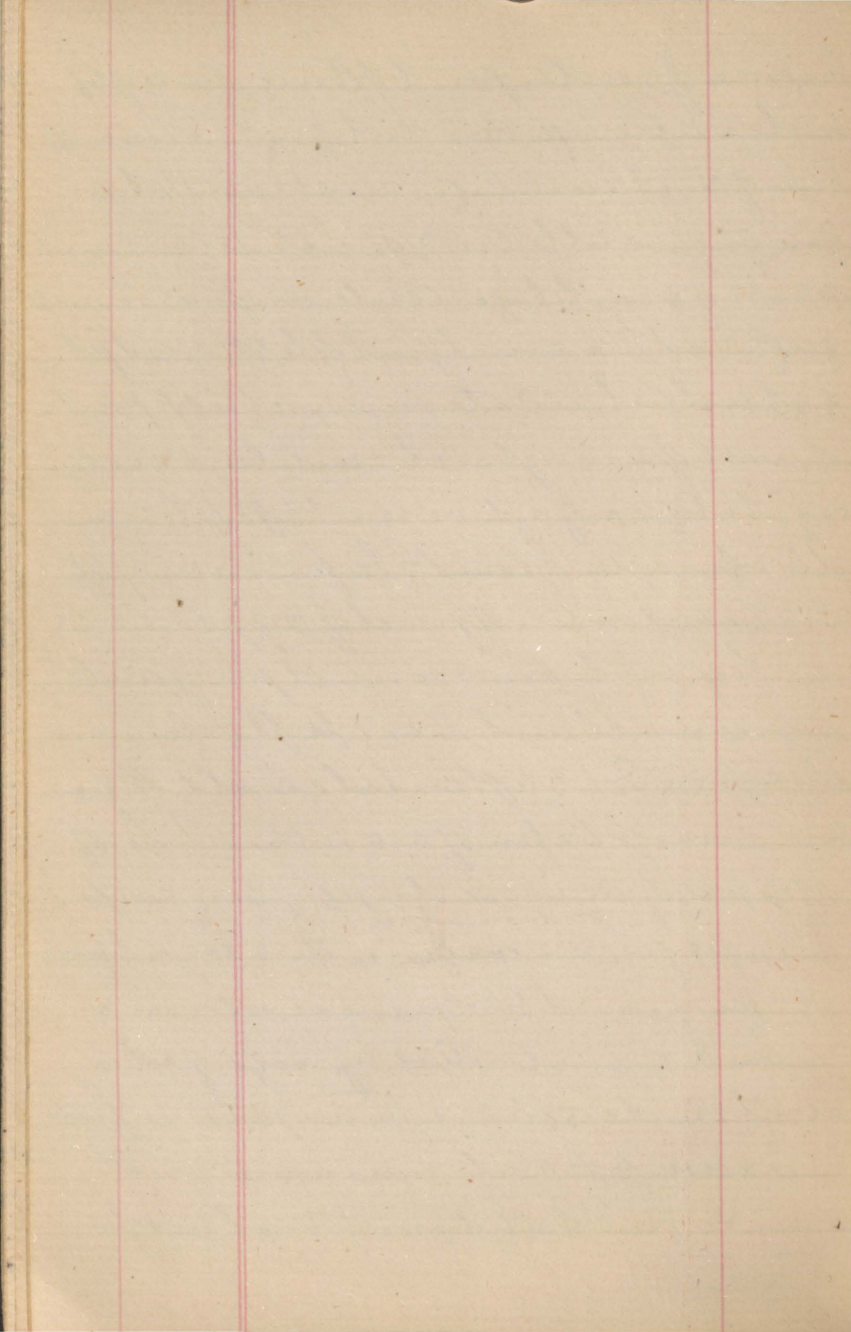


Valvular disease of heart

In cases, one of aortic inf. rather
 nature of them is well known. but by alter-
 in the and alter in rhythms of the heart,
 sound. Can is required for the diagnosis. Sound
 a. b. det. val of dise of heart must be for age
 all. size & situation. Character of impulses &
 accords quality of sound, ... course of pulse &
 in disease health. Situation & duration
 course & importance of this. Placed
 1/4 in chest. bounded up about 1/2
 can be val. bet 5 - 8 above ribs. Apex
 can forward & left. bet 5 - 6 ribs. 2 in
 below left nipple & little to inner side, mid way
 & left side of the nipple. Proj. from left than
 right side. cul from mid 3 in. left
 + 1/4 to right. Upper lobe can then dis-
 can be den on a level with umbilic
 of rib. lower lobe to a line across the fur-
 costal xiphoid to apex. Upper surface
 rounded & convex & is up forward. Upper
 & can sup from high over & part left
 and sup flatter on diaph. Lungs being
 low & mid bone of stern. Cant of 4 - 5 to sup

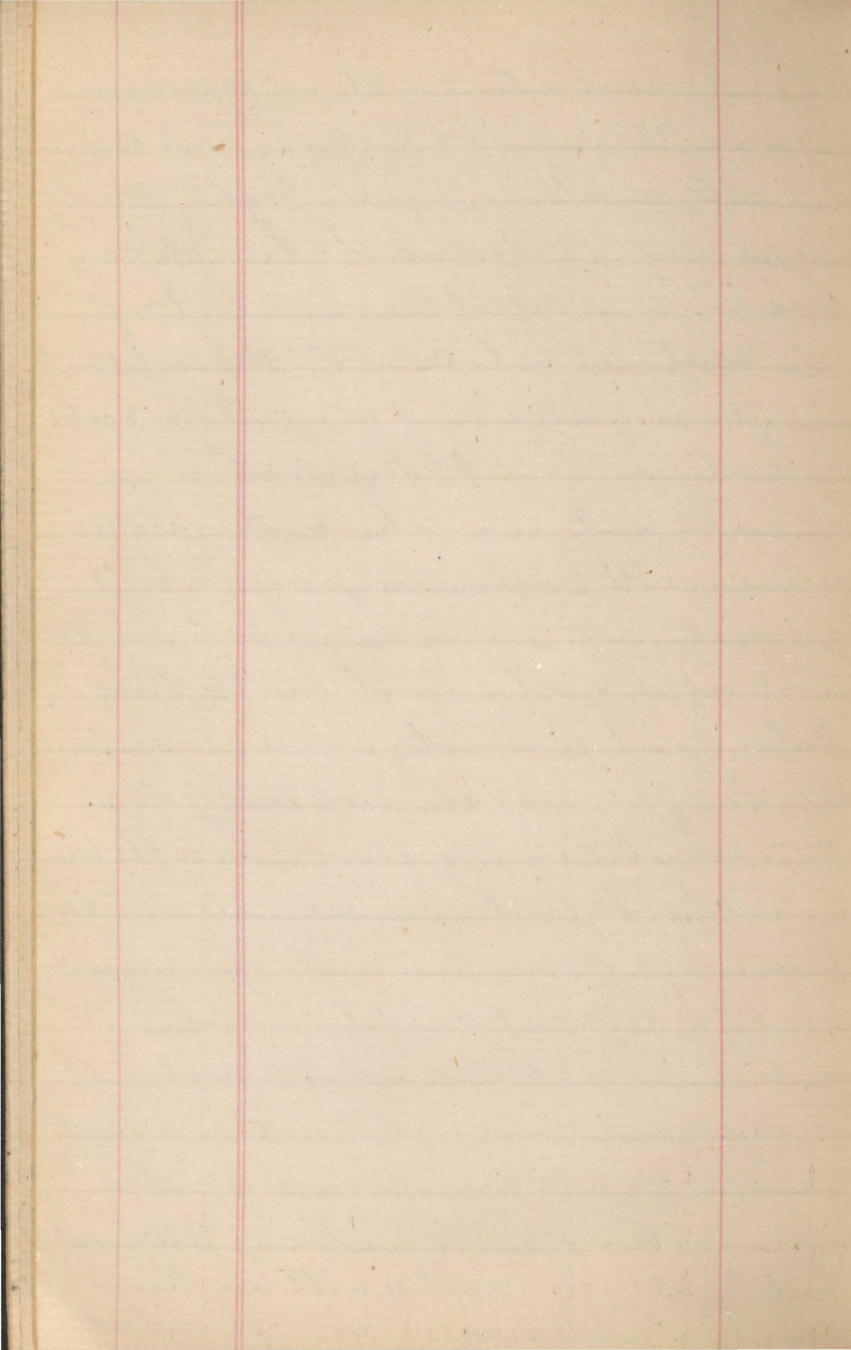


Income of nuclei part of base, base of left
beak a little higher than that of right & covers
line of 3 lat cartilage, about 2 units below
base of right a little less $2\frac{1}{2}$ units below and
upper part of 4 cartilage. Anterior surface - comp
right beak & small part of left. Great part
of right beak behind sternum. At upper part
of joint of 4-5 - right cost cartilage & left
trig. Apex of right beak the left of sternum a
little above apex of heart. Inferior margin of right
is near on line of joint of right & left
side. Left beak forms small part of joint
surface & all cartil. lies to left of sternum
covers middle 3 left costal cartil. At sternum
bone covers surface of 5-6 ribs. Whole of
upper part of sternum is overlapped by wing except
the upper part ^{precardial} ~~cardiac~~. This is set fore
the passage of 5 - passes down &
inward to 6 ribs. Area of size of set is
about 2 inches square. Manipulation from
base covers to 6 rib inner margin with
a line drawn from 4 rib down to beak with 6

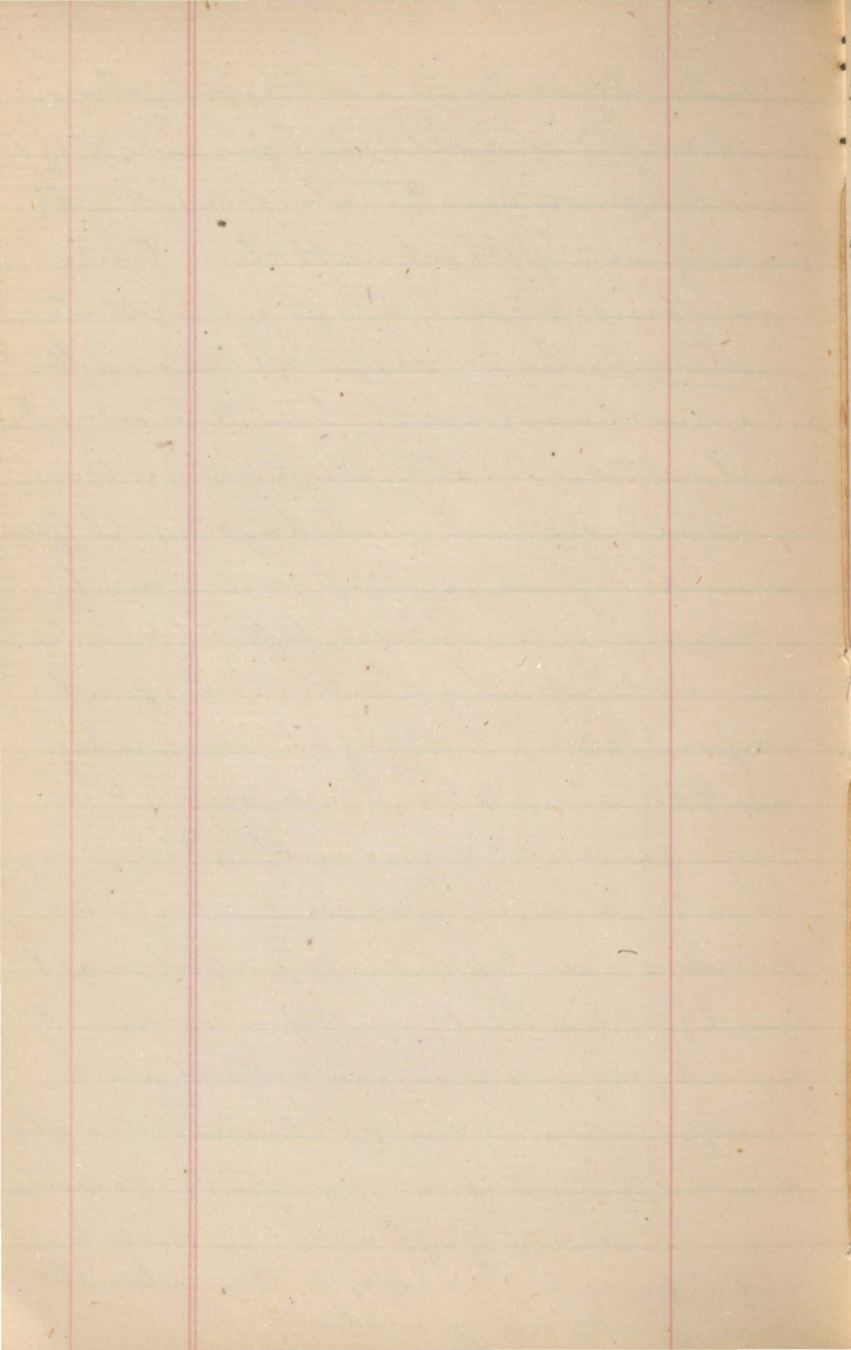


It does not present a true arch on percussion
may be said to be about 2 inches square. Circum-
ference alt., as when lungs are highly developed
lungs overlap whole heart, auricles are
covered by lung, right lung comes to right
of the ~~apex~~ ^{apex} but left part of 3rd left cost cart-
ilage of base of aorta less at point of 2-3 ribs
with sternum. Orifice of valves.

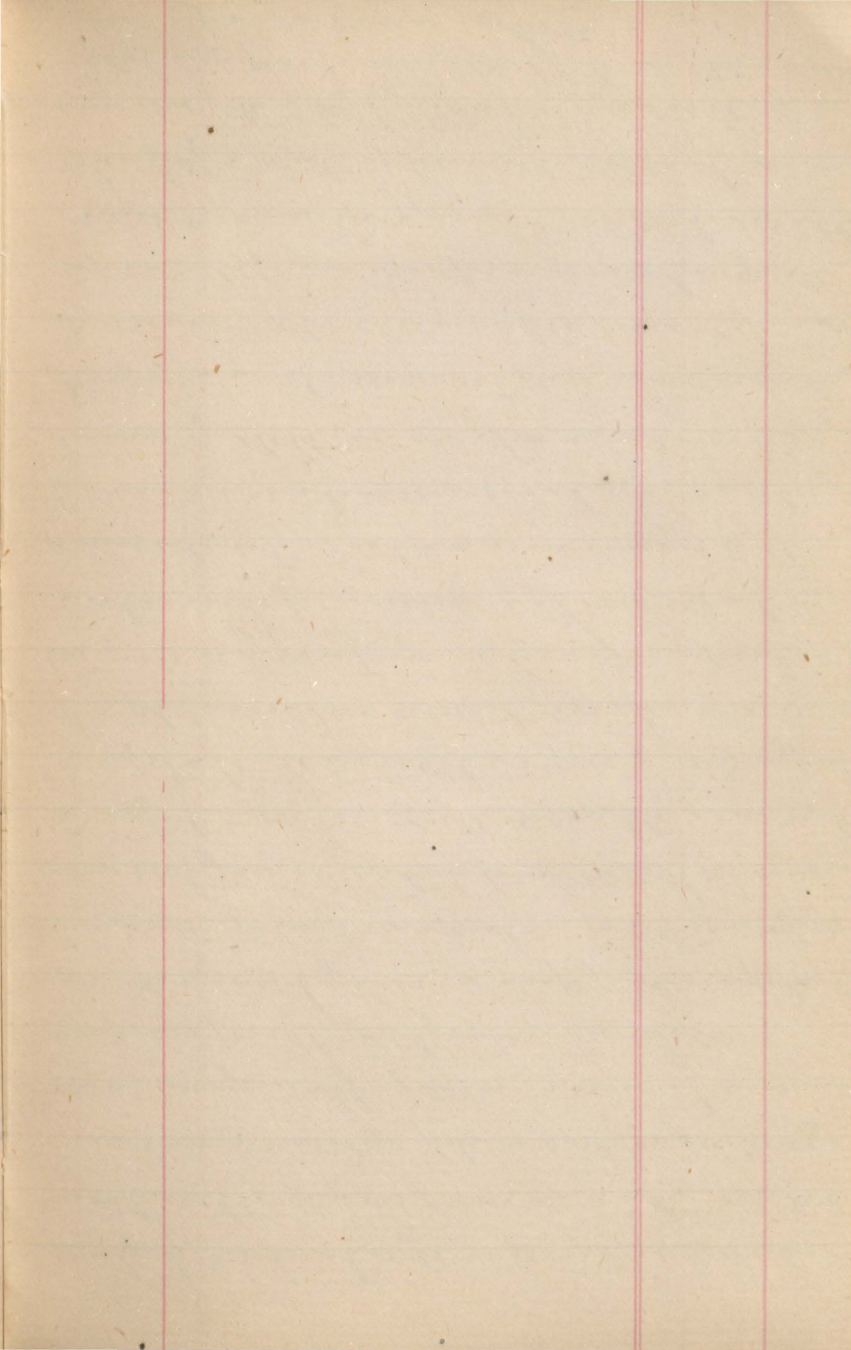
Right aorta vent. less behind center of sternum
on line with lower margin of 4th rib at
point on etc., but less on same level posteriorly
not right & behind cart of 4th left rib
false of pulmonary aorta on on line of space
between cart of 2-3 ribs & 1st left lord system
these sometimes are obstructed a little lower
down chest. Aortic on behind sternum a little
more to right of base near center on a line with
point of 3rd left cost cartilage, when
pulmonary valve sealed down aorta will
be correspond lower, a line descending if
margin of 3rd ribs comes to base of pulmonary
of the border of aortic valves, also not
quite full on of aorta a little lower. Aorta
vent. a little lower still, right main



ascend pt of arch curve & right of stern
passing up to left betw cent of - 3 ribs & then
passing in or over trich. on a line with
lower end of arch of rib with stern arch
is most sup at pt of 2nd rib with stern
pulmonary arch - origin at here with
ail of 3rd cost cart with stern ascend abt
2 inch & the divides, Arteries on the
supp'd of 2nd cost cartilage. All open
an in close proam. right over - vent
at low end of 3rd cost. cart. left at low ma
of 3rd rib. Pulmonary arch desc to
low part of 3rd rib. Weight on average
abt 9 $\frac{1}{2}$ oz in male & 8 $\frac{1}{2}$ in female. The
weight of the heart were with adu age in
men unarm'd as an 3 or 4 men
two disease. Various disease affect weight
enough to den total gna of blood or den it
nutrit for many cause a diminut
in weight. in Cancer & lung disease the
diminut. On fishes very var in size. male
& female that only of fish where the left
leaf of heart is larger than the right
pulmonary artery of aorta



trials of milk at wife is found under certain
and it with others from diseased condition
Same man as used for ple & port as for lungs
here as resp. Pulp, percuss. auscult. sinus
inspice in part - palpate. By insp we
as the removal of thick & sup for veins of chest
disease then to impulse or to extend force
any but give impulsion about aneurism
Careful to be carefully & gently so as not
to agitate. Also well to begin by looking pulse
By ple hand we ascent & extent of any
tumor or effusion. Chie impulse
& also note frequency or slow, regular
or irregularly. Palpate in 2 ways with
of hand on heart, immediate, one on of ple
on end of stert on chest & hand on other
Impulse is stronger than in usual
posture. Also strong able forced & great
apex deep in inspu small to great
also same in & great. Position all
the apex beat - by touch. left sit - you
can displace to left. Cond of parietes of
chest all palpable. but felt in thorax with
chest: palpate can not be



When impulse down, all but it to feel the
factor due with the disease as fully as
a point in our prodigious debility many
then causes as effusion pericardium. In
phlegma Intra dunt he will as the
in dilution. Intra impulse, is an
due to mild condition of heart def. hyper of
left vent. with or without dil. in labium
imp is of heavy ch. & is gradually
produced. This character of it is of the
very robust. The actual may be by
displacement of the heart - as in effusions
of the abdomen can lead to an apex
be very much. In a dilated condition of stomach
apex to much high or in effusion pericardium
itself float it up. In hyper of left vent. with
dil. bell low down & to the left - beyond the
supple. In hyper of right will dilate it is low
& high in lab. in uniform condition, def
to heart downward due to cur & weight
of organ 2 hyper of cur dyspnea & eff. dil
by flut. depth pull heart down

And farther versus In pul of 1
to pit the spring or spirit, & of a rod or
such piece inlay upon carters, Inlay
of super of veins may be present. Percuss
made in same way as chest. The surface
of the uterine is called precordial
ly. A hand is laid on that part where
the movement is most but percussion
note. Movement. There are some points
in which percuss of heart by suff to use
one finger & the with the other. In order to multi-
pleat the a good plan is to place the finger
and from the from center to outer limits
percuss first on one finger & then on another
Another method of use. A small piece
of solid good elect. placed on center of
heart & when an arc is made the percuss
finger is placed out the inner or heart
a hand that is sound is convex to you ear but
as iron a dull or lying. The size of percussing
on these vessels diameter is 4 inches
From 4.4 in. Deep seated percuss shows
the heart extends from little with in
left to long inches to 5-6 in

In the pyramidal portion the disease is
as extensive as the cerebral, the
tuberous some what fatty in others
completely broken down. In a few
sections often portions much fatty matter
is seen in the white matter and
in some like a curd or mass of fibrils
is like seen between the pyramidal
substantia, forming dark masses and
is seen in various parts of the brain.

The Larynx cure my understanding of
how different as simply and of things
or induration of lung in respect of heat.
The calcule are more or less of the with
of heat. These differ in ~~the~~ in temperature
and you it is in a true den. in dilu
it in its vertex. 28/71

Gravel Murmurs seat of occurrence wants
method of ab. distinction. What is mean by cur
val mur. & we mean a most common as des
as any double thro. cur esp. & this
kind of all resp. cur. in health Mur
is to be regarded as endocardial. Ind
to be. As near as gravel orgs. when
from which. produced by obs. of pre
cur of blood thro. resp. depend on de
gravel. The usual cause the resp. ge
ine or certain studies of flow. haem.
cur. Clot of pre. in vent. palely of pre
vale. but most common is in a thro at
gravel. & ab. under incapable of pre
ind. favorable an of pre. Most true
at the end. value of of least in general to maintain
softly resp. Or in large persons all

for one or a change of appearance due to pressure of
writing on the body of the body of the body

but I have not given an answer

Case XI Identity. The point which attracts

attention in examination with a
lawyer in the appropriate measure in
the number of words given before, then
agitation together with the last of the
consequently in case which they are
ably present. A higher power shown
considerable degradation among in
the handwriting of the handwriting of the
word. Such condition of the whole
law, by an amount of amount of some
where there is a copy made. When
the text were enlarged. Perhaps

only by comparison. "in all cases
of handwriting shows the amount of
fully determined. The same in all cases
of the actual handwriting. The
important very ^{little} observation in dis-
tinctions. Indeed they seem to be shown
the amount of a very ^{little} observation

when available less than usual
mode of product; Many cases thro' all
years most fatal wound, When determin
our for bus what is pathology character
to determ this carefully, shed tempt
1. 12 system. 2 place of minimum. First
part is system, under this we have to
see what it bears to diff physical
act. The contra act must operate
be to show that occurs with this or this
wound or in period. Do this with a
set of numbers to normal wounds
call other phenomena by which they
are indicated, Physical phenom, but not
only may be poss a cause but a symptom
that alone has a vivid and accurate note
confidential before your mind. Accid in
which is first wound with second, and any matter
When acting slowly little trouble for interest of
rest is proposed by great. Care is diff when
beats after burned & difficulty is great
indeed. Reason why is on account of position
opened part. First wound is rapidly succeeded
by 2nd & note of rest is of short.

1st.

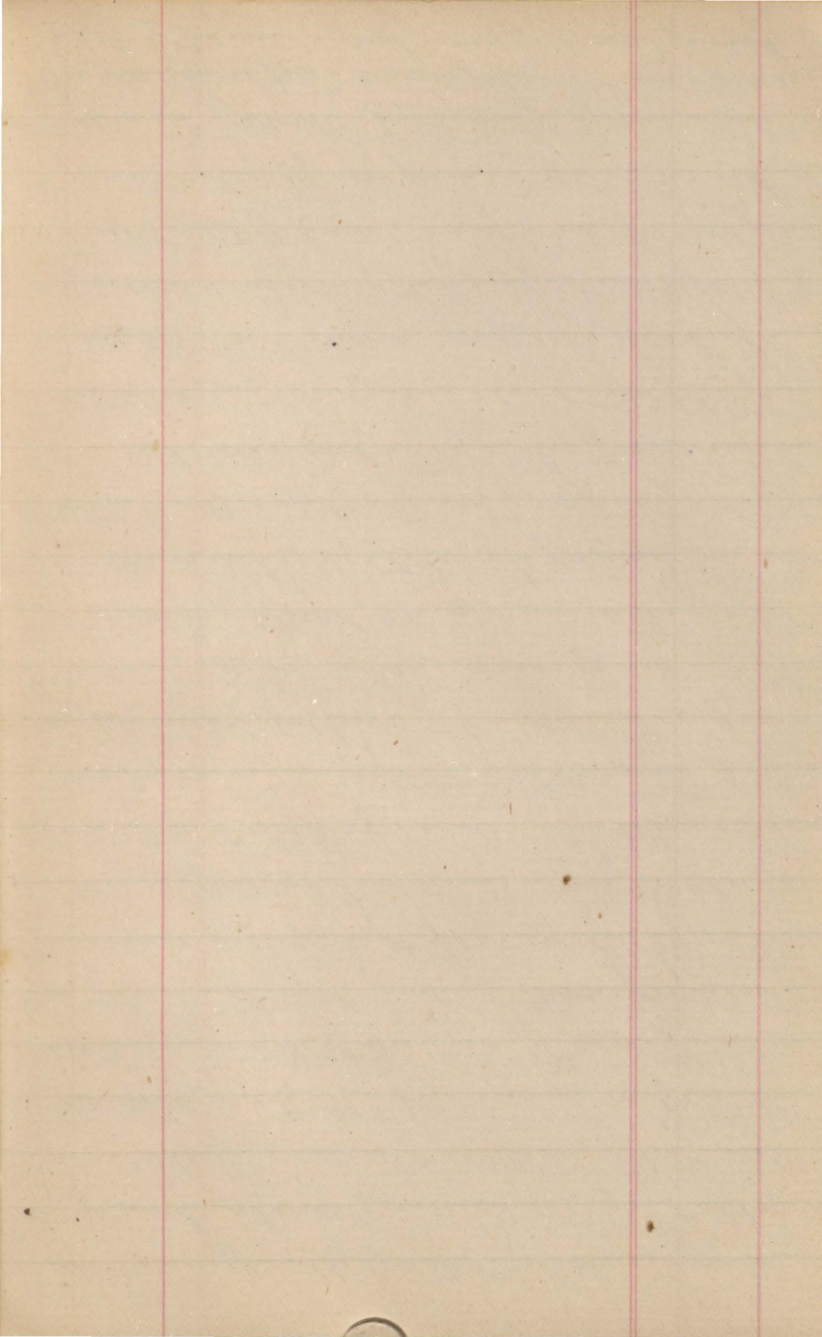
Dumbness, degeneration of Malpighian
bodies, & of the renal epithelium
Care II. Haze, left kidney. It is indicated that
the tube instead of being one agent as in the
an operated (or some distance, other
caliber contracted as well, the epithelium
diminished, & in many places, space to the
width of 2 tube exist below some. Other
tubes have degenerated to even strands.
Lung, replace the air cells are replaced
up with exudation.

2.

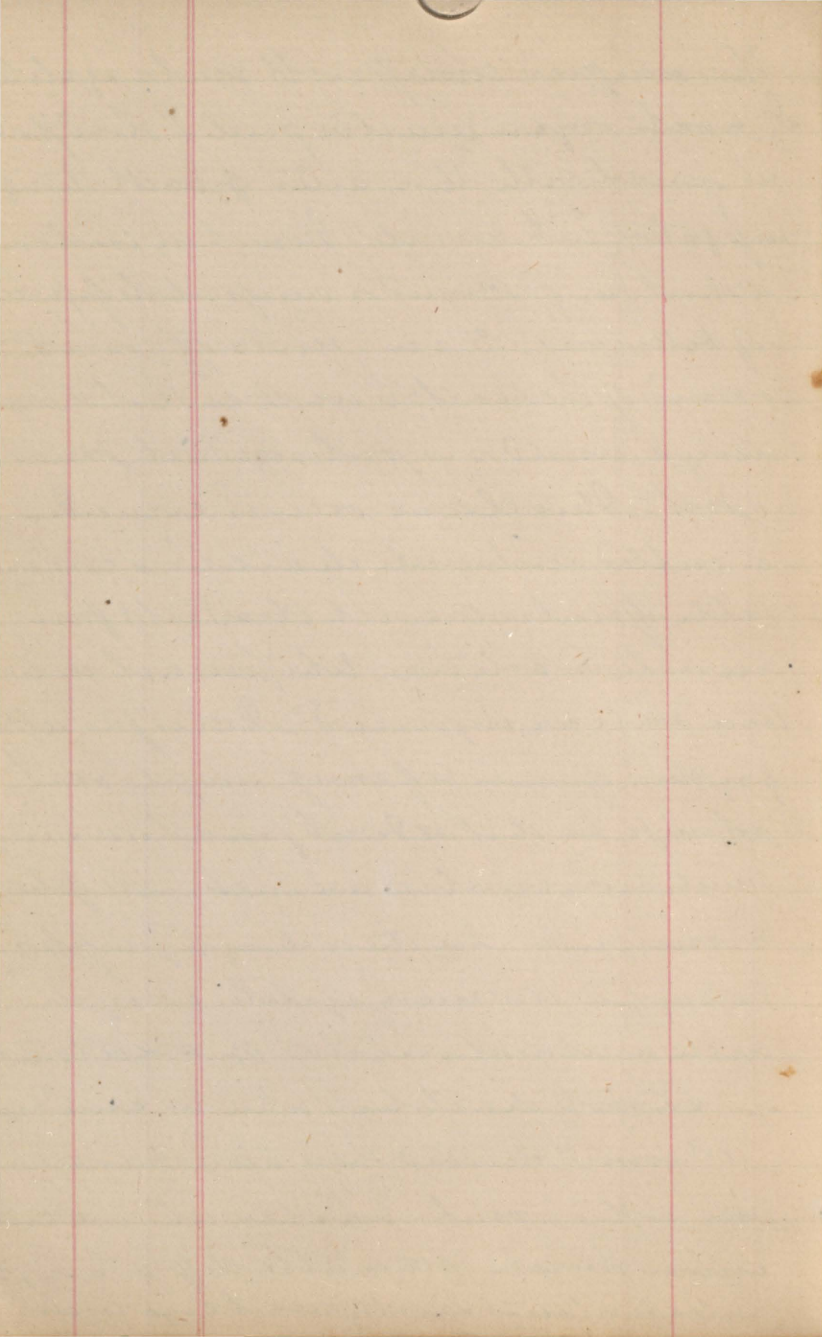
Care III. Seniors. The section showed
to the naked eye all the Malpighian tufts
with remarkable distinctness. The
microscope showed them much larger
than usual, with irregular de lair
cut from them, very different from the uni-
formly rounded healthy body, a few
of them even degenerated, to about one
half or one quarter the normal size,
and surrounded with coarsened fibrous
tissue. The vessels in them and
some other tubules were, leaving a clear
transparent capsule.

astoneless Bone & cart. an & cap. Lung when
cap is no & cart. & den is peculiar from an
of am. Found at mouth of vein each the
of heart when with upper part of chest. You
then have not for. Pitch is a mucous tissue &
is a rough paper is most important when. Great
in of am in part - lower will be pitch. Quality
is dense open lung will be pitch. Quality
all this deal with pulmonary sound only
must find this by experience & experimentally
say this that in pulmonary resonance. The pul mo
is seen below by imp. & den like note & small dull
note of it were called. This a den. sound it has
character of hollowness about it, softness
quality. Duration of sound of each organ itself
in of the sound vary much in health & disease
with point is it called resistance by Am
in that - feel when is impact - by finger when
is percuss over chest walls. If you are on left
chest of you chest sense of pressure is what
minimum in old persons at maximum
Amount is in of all conditions tend to have pitch
scholar & duration. In young persons note
pitch is length again of the chest sound hands

Another usually added sometimes sounds
faint almost inaudible, first altogether
or not at apex & second at base. Proposed in
this case to use the binocular differential
stethoscope of Scott & Adams. These difficulties
often met with in dis. "Now prepared to
advise & experiment for system of murmurs
all simple valves murmur may be classed
into one of 3 chief heads. 1st murmur
precedes second up to 1st sound 2 is when
murmur follows 1st sound or near of
time it 3 is when murmur follows
2nd sound. First occurs in aortic first-
sound & aortic regurgitation which precedes first
sound & coincident with beginning of 1st sound
2 is aortic regurgitation murmur
Murmur occurs only when blood expelled from
aortic. not in fr. depend on contract-
force valve opening. This varies in
length in diff. case. may occupy only period
following 1st or period first or whole
period first - 2 varies from
In this case first murmur follows 1st sound & second
with 2nd sound. or at some intermediate point



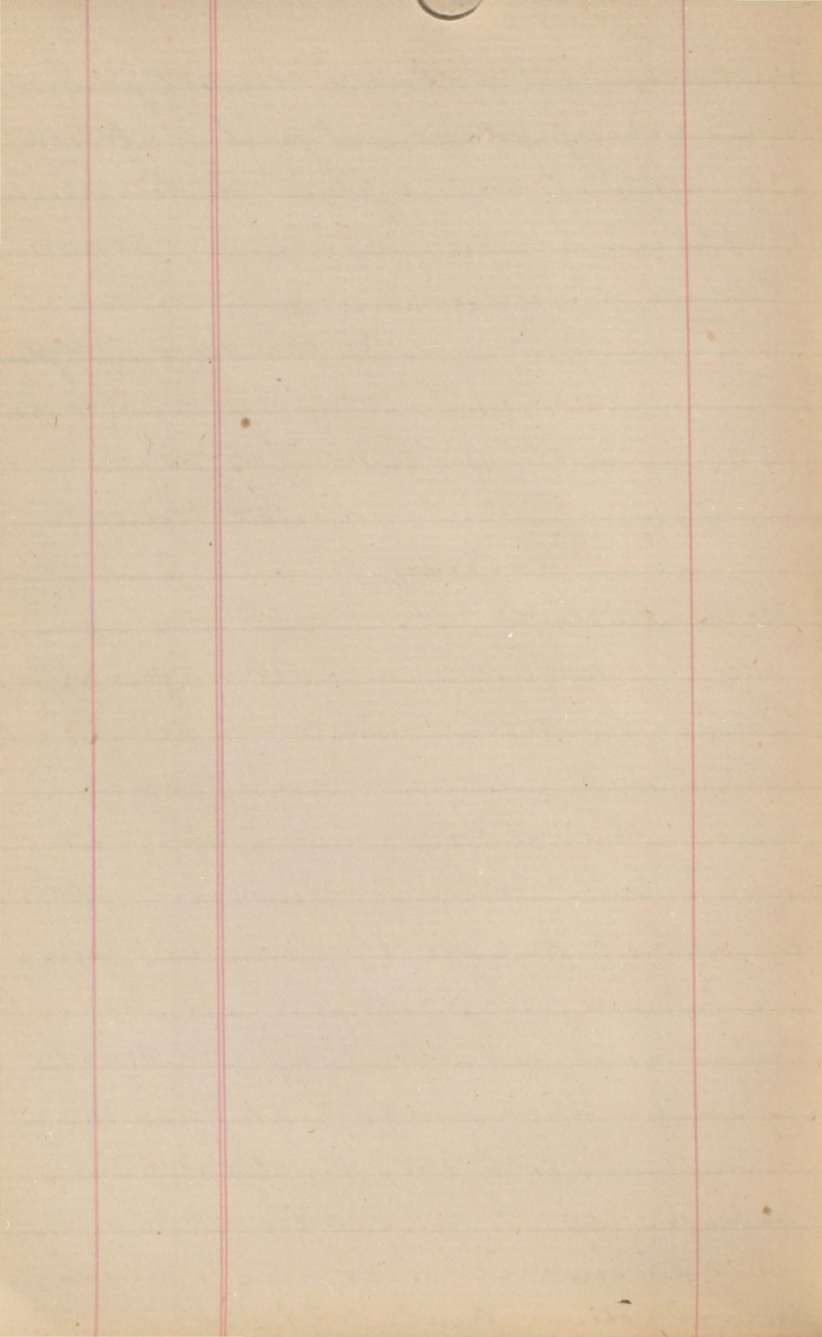
This occupies course with aortic regurgitation
of aortic origin must be produced blood flow
not present with this aortic of back through
supra-aortic into aortic. Now by cut out
a short piece of 1st aortic occupies whole space
of bell course. 3rd or runs off from 2nd
sound of the heart & we observe that it back
during 2nd sound or is prolonged into period
of rest - This class occurs even under
as called aortic valve disease & course with
fills of aortic with blood with from
aortic or arteries. When from aortic valve
is impaired. How is far left
system from is of course, simple or
not simple but we do not find them simple
much more common as met with of the
3rd murmur. In these cases perceiving
the murmur as aortic regurgitation
with ventricular regurgitation. Or a ventricular
regurgitation & aortic disease; when we can hear
1st sound divided these two, murmurs
are often. ventricular back when we can
hear aortic of this little diff in angle
interpretation with can be heard



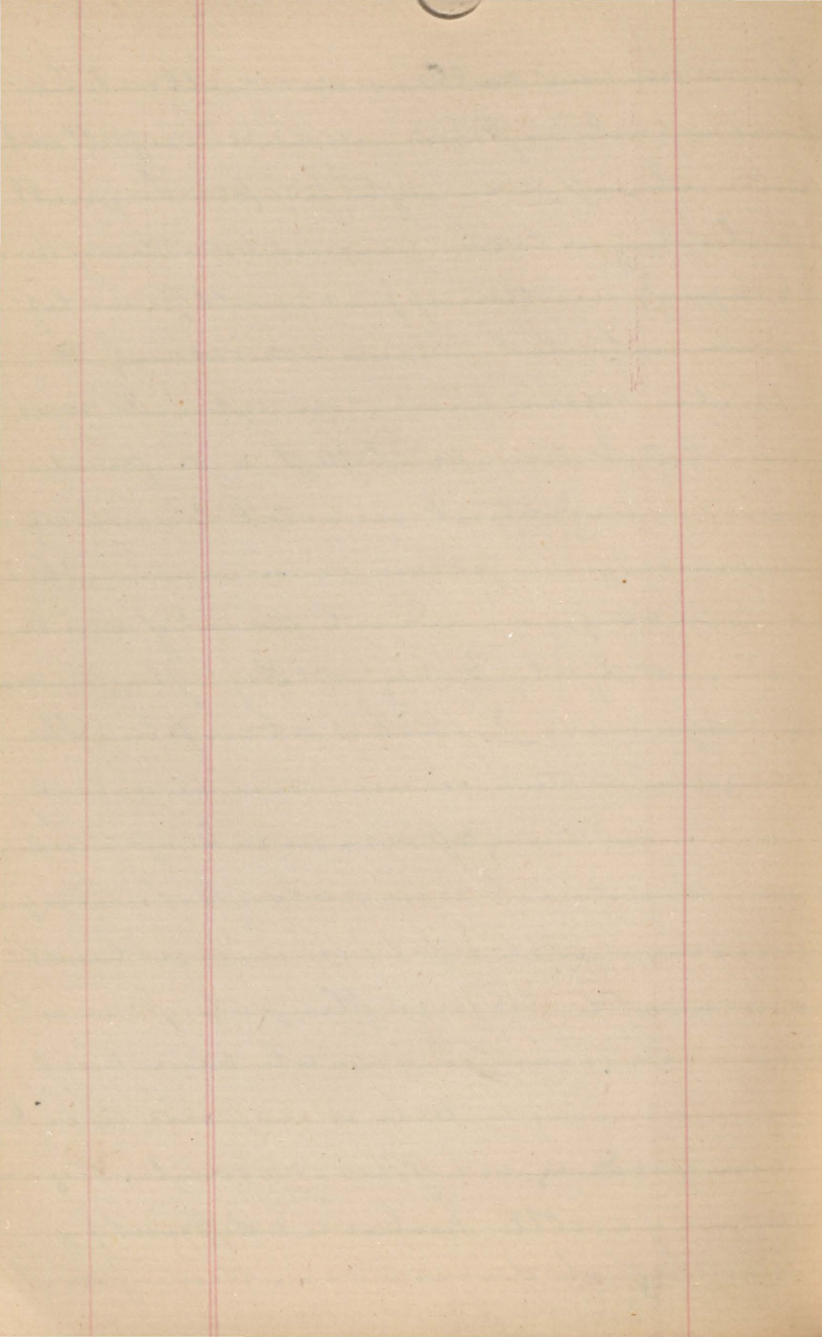
vents dissolved follow & miss off from 2
and occupy a small part of gut. letio
201 and, or we may have whole 3 union
combined a continuous union, but even in
this case it may be ascertain of union hear
1 or 2 and. Inipossibile to make much prog-
ress in a real day with out a system of diet
of the of heat. For die in the day in

7/2/71 Pleurisy

William Rutz. This case in the 2nd
supp from haemiply is with cough & expe-
ctation-purulent matter. The pleur. is int-
ernal in its nature. Pleurisy is from a
number of causes. as of injury, but also
is from causes of impure condition of blood
as in Bright's disease. We know that pleurisy
is common second effect in the disease
& also occurs as second aff in act. Rheu-
matis in the small. Small-pox. May
be the all but cold. Her now do not come
perhaps cause must be exact cold
and as exact. I do not see as a sign
accord & dur. acute & chronic



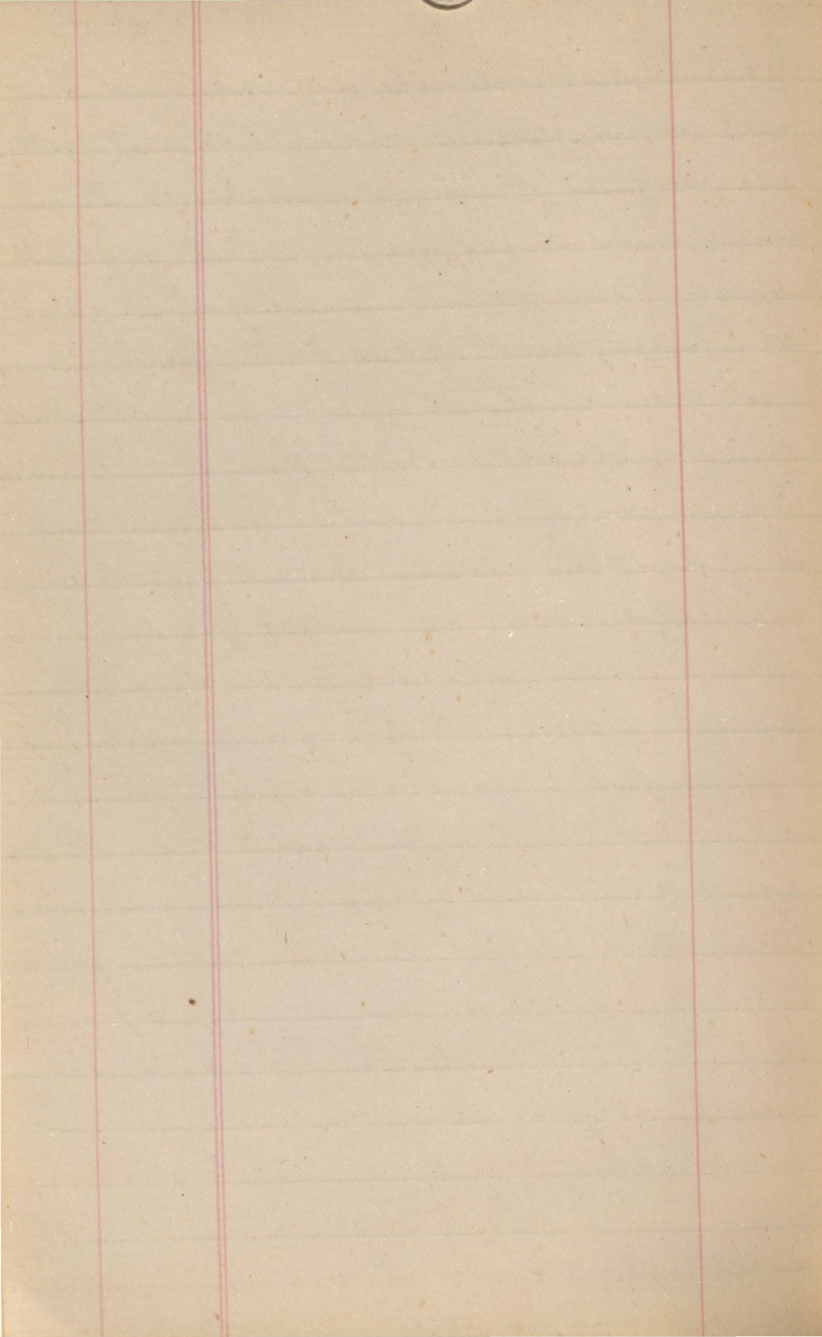
The man had rather a severe attack in
one aspect as pain increased on full inspi-
ration, sharp fever high temperature, with
pulse large & cool, hurried breathing this
to rapid motion of approx small quantity
of air inhaled. Urine was scanty, a
portion was heard on right side, not
marked at lower but left a separate
murmur, indistinct, unable to draw any
inference of any place or measure. There
was a slight degree of indolence of ankle
pleurisy of it. 3rd day, 1st Day, of hyperemia
of effusion - 3 that of absorption. The
diagnosis in this man's case was
fact and every specimen in side specimens
was to indicate true nature. Not always
easy for a ruptured apt to be unconstant
& unvariable. We find often pale present
but with marked effusion were heard
again, no cough, little or no pain in side,
none of side signs often, we could try
a small quantity of malarin & difficulty of
breathing it draws our attention from it.



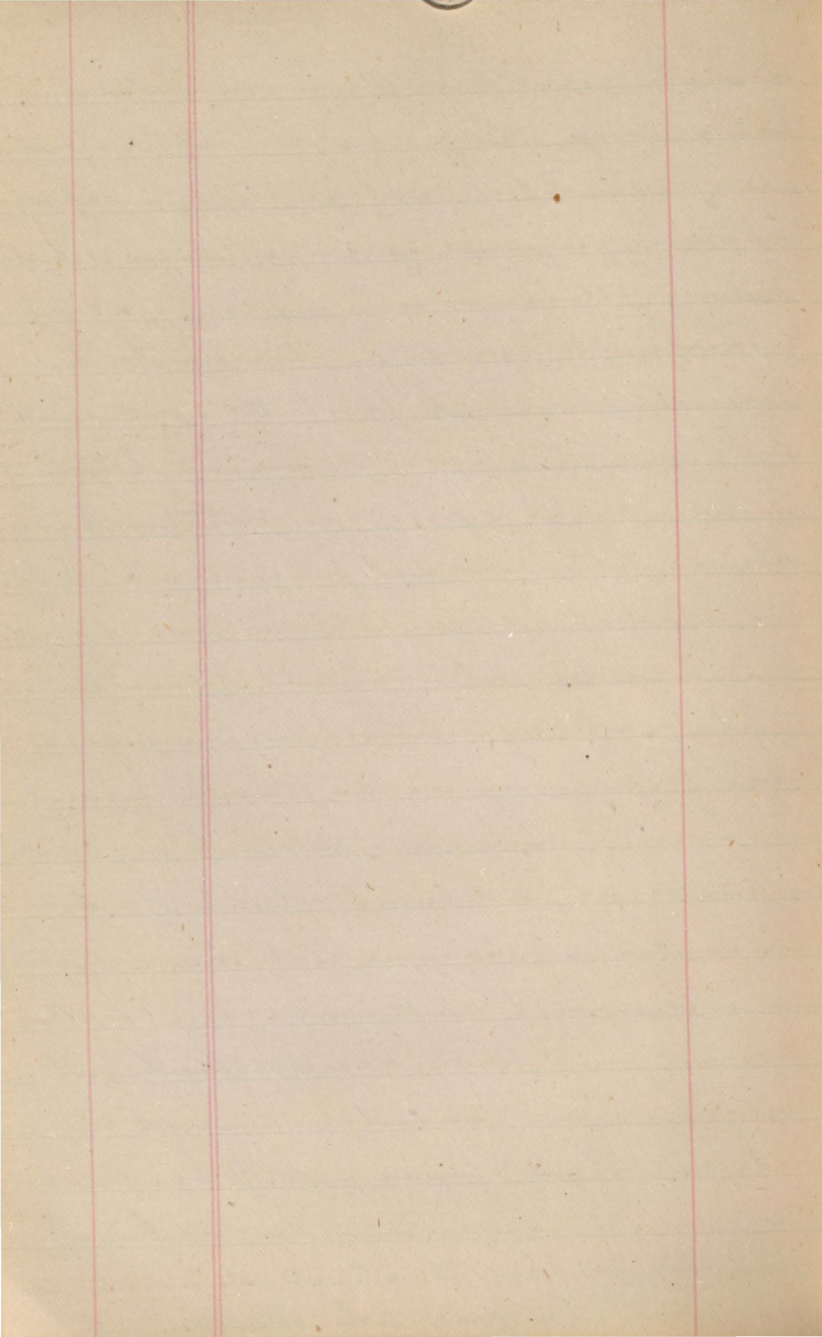
Pulse is apt to vary. sometimes does not rise
above 80 even in severe cases. There is a most
decent tongue. The pulse in this case is his
always on right or unaffected side. This is also
not a rule tho' some are able to lie down at
all the time on affected side. I shall
will be in this case on
amount of fluid in
the joint stage
fluid has
more
dull
all the
do to
from
it
same
efflu
of the
can be
that by
border
when



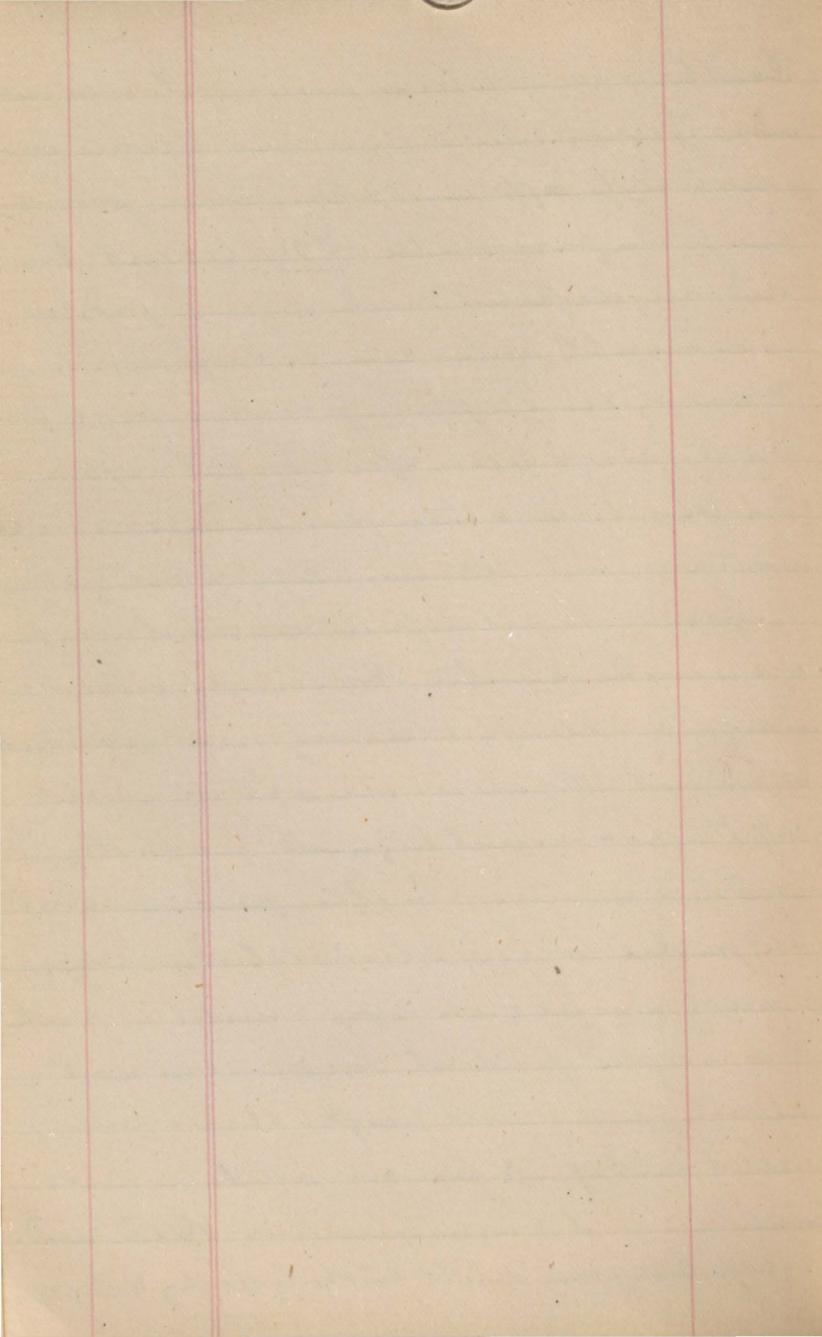
Examined moderate in quantity. mucus
will not be expected, dilated does not take
place unless fluid is much. friction
sound has disappeared. intercostal
spaces less hollow in act of inspiration
at upper part of chest the percussion
not clearer than usual or even tubular
some of dull altho with position of patient
Friction sound may continue to be heard abo-
ve of dullness in pleura & an alteration in
sound of vocal resonance. Agophony
Abnormal in 1 case in 15 & sometimes
palatable of character of pronunciation. Eff
of the mucus is abundant, poured
into intercostal space filled. then a dull
note from base to apex, on percussion
considerable dilatation has taken place
note intercostal space. bulge & per
& can often fluctuate. May cause dis-
placement of viscera. In left side heart
in to opposite side of chest. The liver
also when on right side is depressed
Dullness on pericardium note on whole of chest.
may be clear in intercostal space



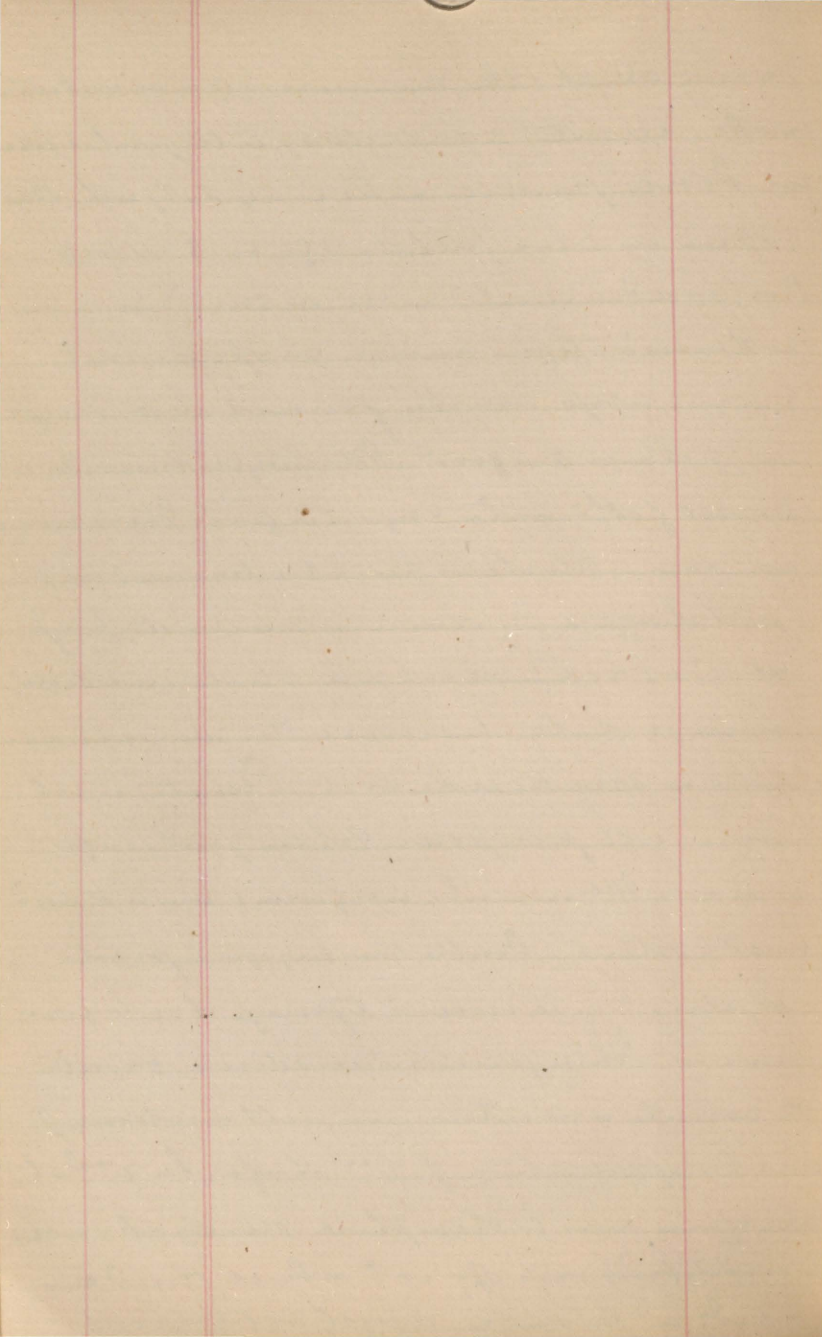
and at upper part common
but & camp. App much that with
along south of find a few signs of
as seen. super is seldom delated
none of these former signs of find
3 stage of fault in this find. when
found fault that the ex dent
at length disappears. movement of the
equal as per as & part of returns to
indirection & oval present can be
with vertical spaces hollow as natural
and the curve shows level of find dim-
in the, but length whole, disappears
line of deep river as find dimmed
in the lower it may occur. Above my center
by this point, & about of fault of
occurs. not common, does occur but
not in majority rather rare result. When
does occur find that side upper flat, not
cut of the main. should be lower of super
side not level lower end of super
with out. & even lateral curvature of
upon my follow The chest side to come with
a piece is a dull note. This as super



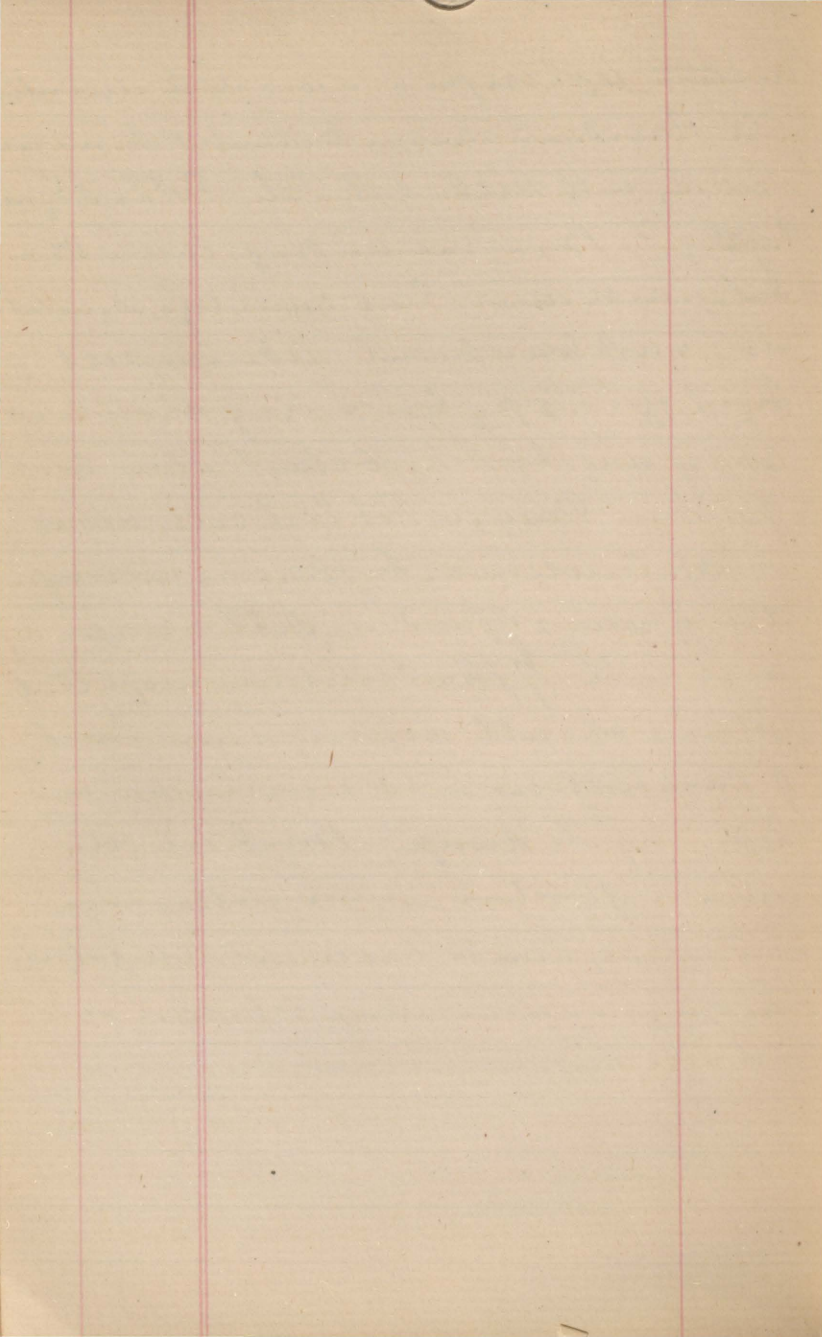
Death is rare when uncompl. & on one
side. Of course when it is second to some severe
unstable aff. as the dis. cause. progress
far from favorable. In treatment he
is in depend' much on your judgment
no invariable rules can be laid down
Formerly cure app. diff. in weight &
blood. purge leech. & put on cal & open
till polyuria & then put on aether and
water diet. This was of first stage.
Of course it will depend on what comp.
is a second aff. etc. In simple cases
was guided chiefly to security next to strength
of patient. Object in view is to reach
aff. stages & must be guided by pathology
condition existing. In these persons & must
be gentle & very bleed. Blood was
formerly a sine qua non - until he pointed
it is useful for about measure in ant
pleasing but it will next check & now
will it modify it some. while in weak
constitution it is an injurious. Blood mod
erately. When some doubt better by leeching & cupping



You may adopt the measures as operations
made. a count in full does till pulse low
is done pain in side is not by ed. But
if open in later full do 1 gr or 3-4 hrs
then, to diminish in the or morphe or by
poblemic. After having got open next
by local app. warm. fomentation. Puffs
are of them an good. Nemeses warm com-
presses of cold water & cyst is good. These means
are safe. Mercurials have also been used in
first stage & in occasion after the purp-
ose. But as a general use blisters are con-
demned in first stage, because the mercury in-
duces & makes side sore. Plaster will
answer all purposes. When first stage
is over, Mercurials are given, some & are
used by others; Duke has used 50 lb per
p, also. May be necessary to purge it by good
however. When pain in side does trouble
to a count & ventum and with uncertainty
until improvement of 2nd stage. In 2nd st-
age effusion has taken place our obj. will
be to reduce the inflammation & to induce fluids
rapidly as possible. apply with benefit



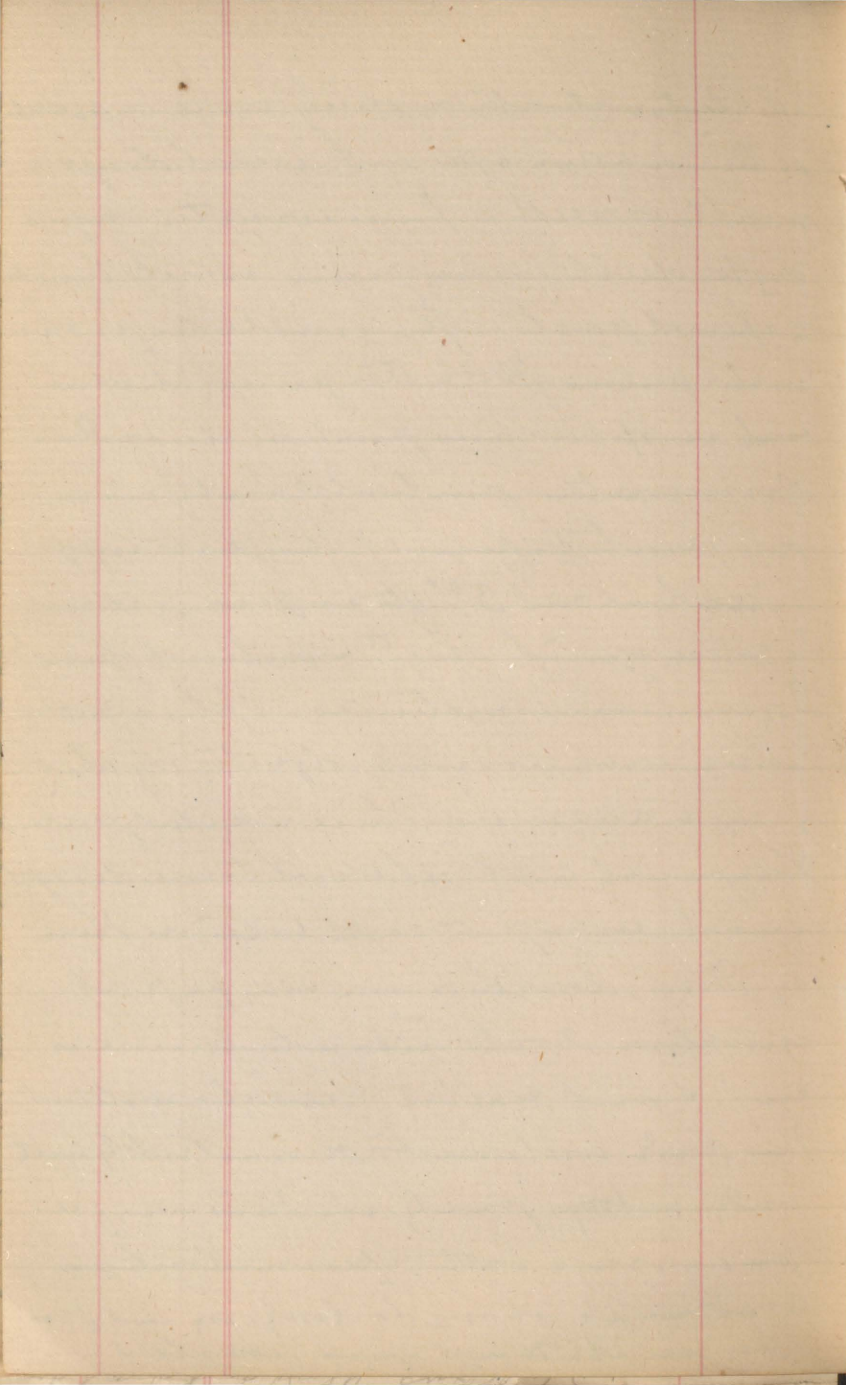
Waters kept on for 5-6 hrs. Gen dentin
wh. Raudner near Bertarb. Pt., as an
electing with Met. Nit Pt. Pt 200. Sgmt
Prof Dept. By some by drag cathartics
Lulap with durr. Elat. Saurtoze. in debit
dot, & not beautiful, Admno pill
Dept 1/8. 1 1/2 gr of Gen & 1/8 of Blumman
app of Aug. Lo Pt., it chest. Strong test
fluid. May gr Pt lid with alone
or with Carchona, In this way many
dim of excess of fluid in. It is very
much fluid of fluid volume in spite of
all new sheath running down. Inst-
of paracentesis is to be considered. Has been
deprived of its danger. Bon delch ple
cunula of fluid is some with a large
& any amount, can be let out. Chiefly by it
the operation is done away. The effect on
it will do it, with is in



Locomotor ataxia 11/2/71

See an elderly one, newly received at
description. The term L. ataxia means irregular
step in movement. Recognized as -
from the irregular gait when on firm
also power. Such as on feet pure movement
in deep snow. The Prog. of the
forward movement of the feet & apparent
paralysis with intelligent gait power
an able power as a whole with
of walking irregularly forward in
steps. If each put on back callings to put
in the air strong curved back. And find
of the legs be bridged thus incoordinated
in movement in marked care as in
in a few minutes can be performed
longer periods of walking. Do not
be on only could present marked
ambulation. Now come such a step as this
d. present at first seem correct in number
be words movement foot & in low power
diff. patient present upper leg description
disease is uncommon, certain prodrom-
ata. consist in pains felt in diff. part
peculiar in nature, sharp & rapid & cony

the electric shocks, may come on much
10 times in a hour & several deep
sweats or wells Pain sometimes varies
may be dull boring pains sometimes
to special parts The usual for them
are the pains, With the pains shal-
low resp. we have partial laceration
of innervation partial paralysis in
diff parts especially the parts sup-
er central m. 3rd after suffoc. & we
have equal or 6th central quiet
Inguenium sometimes Optic somnolence
and amaurosis, & olfactory myopia
& more to anosmia. There are also partial
This paralysis but at short time, deep
shocks perhaps to trap the laceration then
by Ptochis, double vision, single part
symptom note invertebral form is
resp. & great exaltation of sensibility
This under conditions remarkably with
under in some paralysis This we find
for a long with spermatorrhoea
as advances at my do long, my cut for
per month to one year etc all



Patient pulls he cannot land walk
comp. exp. of get out of bed at night tho
he may be able to walk well, miles &c. But
as soon as ground ^{becomes} more differ as path
spatially turns more difficult. The diff-
culty is increased on going down than
coming up well enough. Thus descends
along a ledge higher at foot than lower
ends. With this find that usually
find some weakness. The anomaly is
as that from knee is less flexible usual-
ly. More than one kind seen. 5 kinds
each kind more or less diff. Dactyle
, pamp. impressin, to. hilly, heat & cold
shall we have muscular sensibility
~~from a lateral~~ can that near these degre
or to last but that of muscle seen or it found
ed & other last. Anomaly in leg
- more marked in one leg, usually con-
fined to lower leg. When mostly present
this complaint consist of long duration
but from few months to several years &
as much as 20. in the same in few months

Case XXI

The thorax much distended above, barrel shaped
Cartilages ossified, extensive adhesions over
the whole of both lungs & the substance very
tough, no bulging out when the thorax was
opened but the lung did not retract at
all

Heart $12\frac{1}{2}$ oz. left ventricle filled with dark
blood & clots extending into the aorta - (colony)
clots in in the right ventricle & right auricle filled
with a colourless clot. valves healthy bases
little thickened, no hypertrophy of the right ventricle
aortic valve competent, thickened & subnormal
Lungs $3\frac{1}{2}$ lbs, soft & sandy, tum, good deal
of congestion (hepatic), one cyst filled with
pusulent - above the eye of marble

Kidney R. $3\frac{1}{2}$ oz, L $3\frac{1}{2}$ oz. Both cystic, one large
cyst in the end of the left. grossly affected in the
pelvis.

Spleen $3\frac{1}{2}$ oz, very dark & a conglomerate
mass on the upper part - 3 pieces in
the left margin, capsule thickened

Brain $3\frac{1}{2}$ oz & 1/2 ip about - $3\frac{1}{2}$ oz of the
in many quantities of serum under the
arachnoid. some of it of a deep blue colour

In late stages surely in as part he
is impotent. Intelligence not affected; told ab-
out of spasm. prominent. striking muscle
Seldom any loss of power in bladder retention
Muscle don't waste & as rule don't
lose eld contractility. Measurably with
febrile symptoms...

Explanation. It is needed, intensity & under
a Brown-Sequard. That part color of cord not
condemned. Separation but of a loss & mod-
ification. Not produce entire total in
impair by penetration, & loss of voluntary
power. Symptom will be to extend both sides
a little. when part side all in great part
Strength loss of cord power more happens
to be marked. Neuron. & the part with
not cond. & it most support new pairs
up for some distance up post columns
the great length with a dozen or so but loss
of pliancy or walk by & occur as 2, 17
part in pump then for there & what
the produce reflex movement - & as the
is necessary for the 2 course. after in
also in post columns descend amount

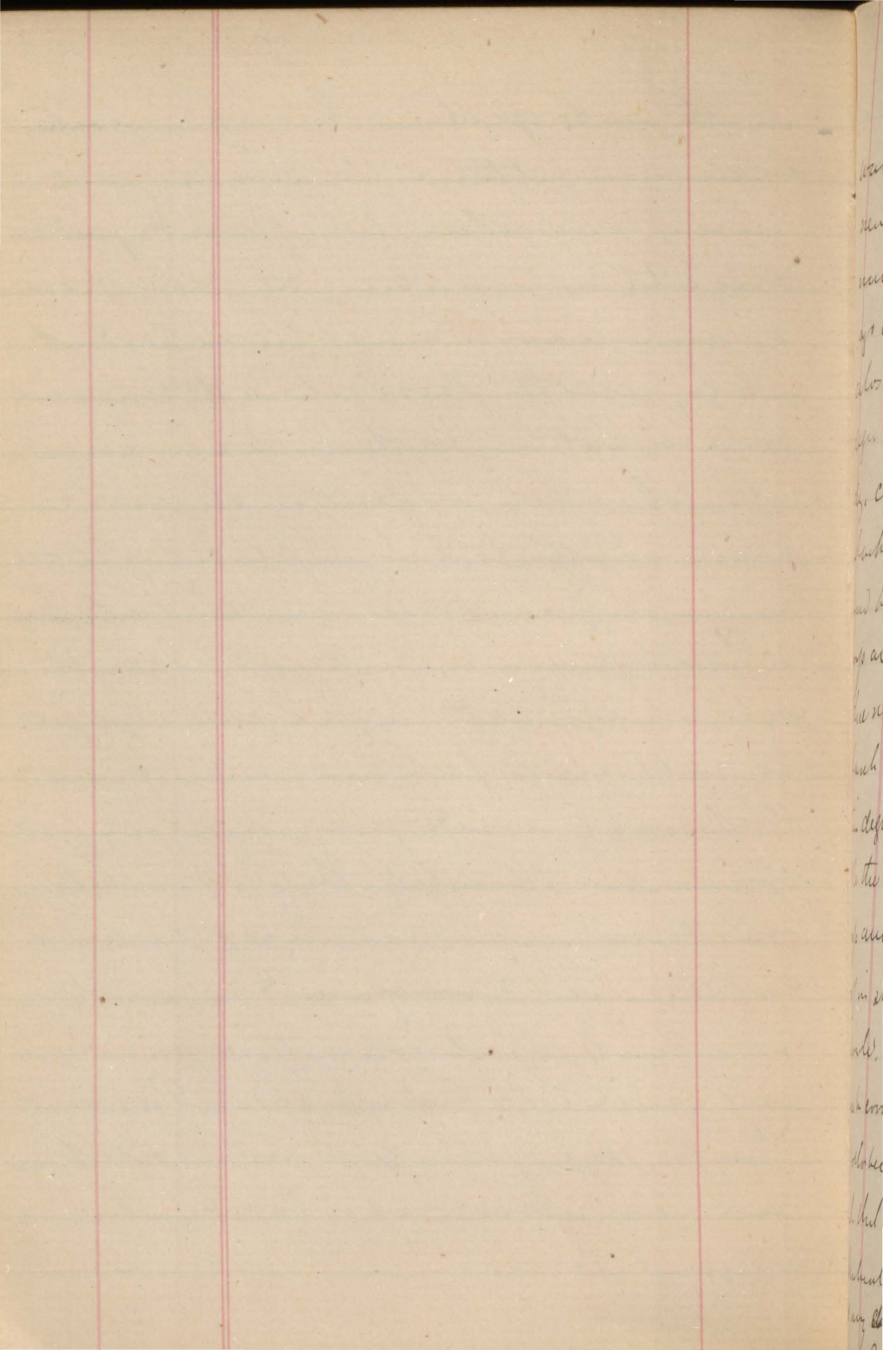
a good deal of infection about the vessel of
the pleura mater, bright red arterial. Puncta on
cutis a net very distinct, very little fluid in
the tubercular vesicles for they have run out
choked pleura by dissection

The convolutions are considerably flattened
considerably brown and

Lungs R 2 lbs 10 oz. L 2 lbs 10 oz

Emphysema in the upper lobes and
pre-meningeal, the lower lobes behind hyp
stasis & pulmonary adema secondary of
semi-reading on section, Lungs felt
soft & downy, Scattered portions of colly
rouled through both lung and surrounding
the inflated lobules. Solidification of the
lungs behind, in patches, gray & granular
specimen, making in water & a reddish
gray fluid reading on pressure, at the
upper lobe of ^{right} lung two or three patches of
appeared, & some tubular pneumonia
The bronchial tubes were in no place
dilated but the membrane was of a
dark gray color.

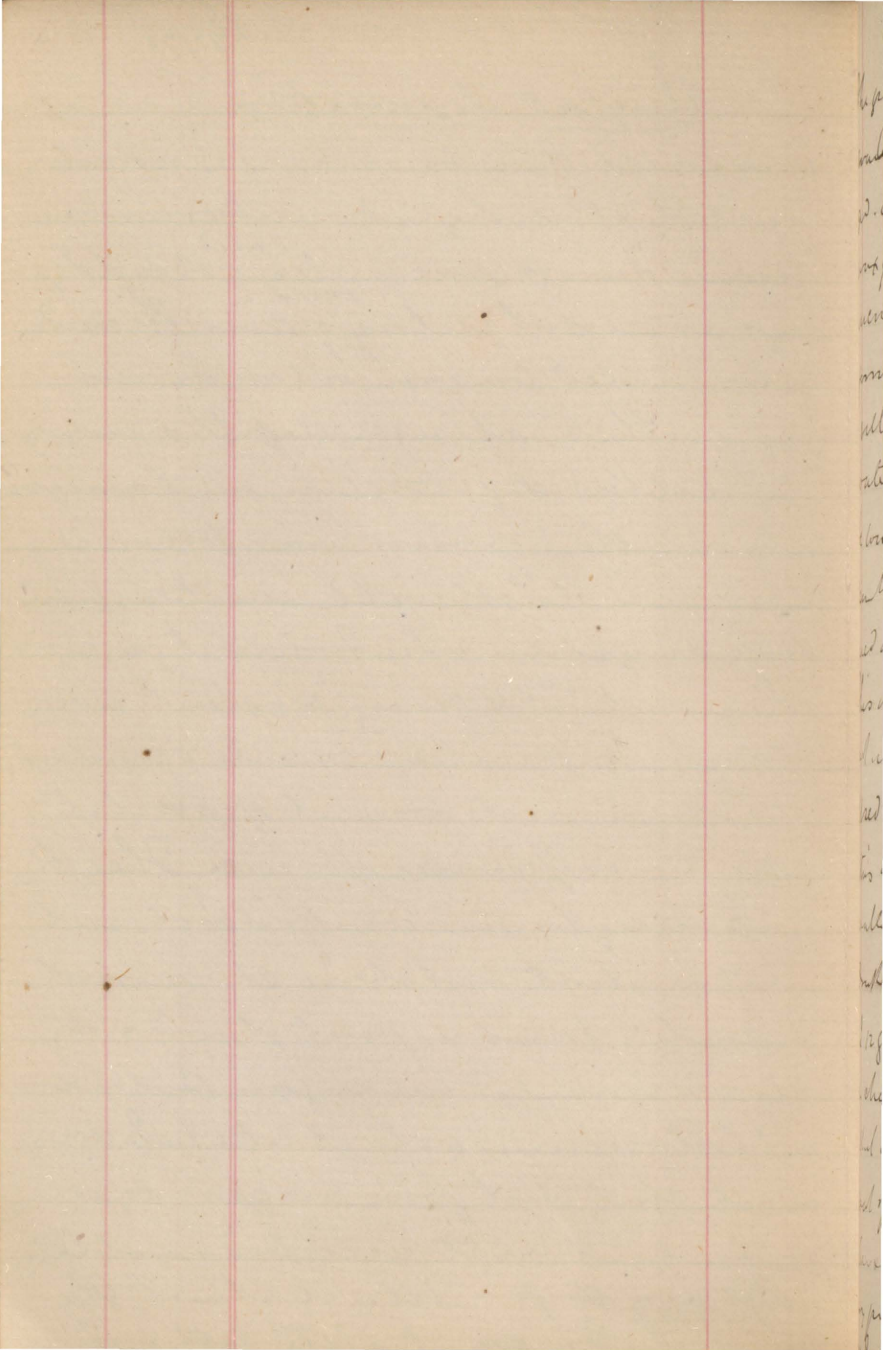
in the parts given. So long as posture
when unattended alone we have pure
case of loss of vol. loss of coord. power
in all in execution, when loss of post.
in our case no mistake is evident
in the matter of coord. it is the transient
full execution when we have case
of ab. with no form or un-poster
even unaffected. Symptoms will
vary in diff. case. In some central sup
a local pain in back. In the
case of agn. with upper case, symptom
is with. stage of disease, in upper part
that loss of words power in every loss
of muscular sensibility. The loss of muscle
and was argued as cause of the den
and the case ~~2~~ ~~3~~ in fact
it is under lab. when true paralysis
will occur. P. of head is better. P. of arm
P. of hand. Hypopharynx found useful
in our case. In diagnosis
is of great service



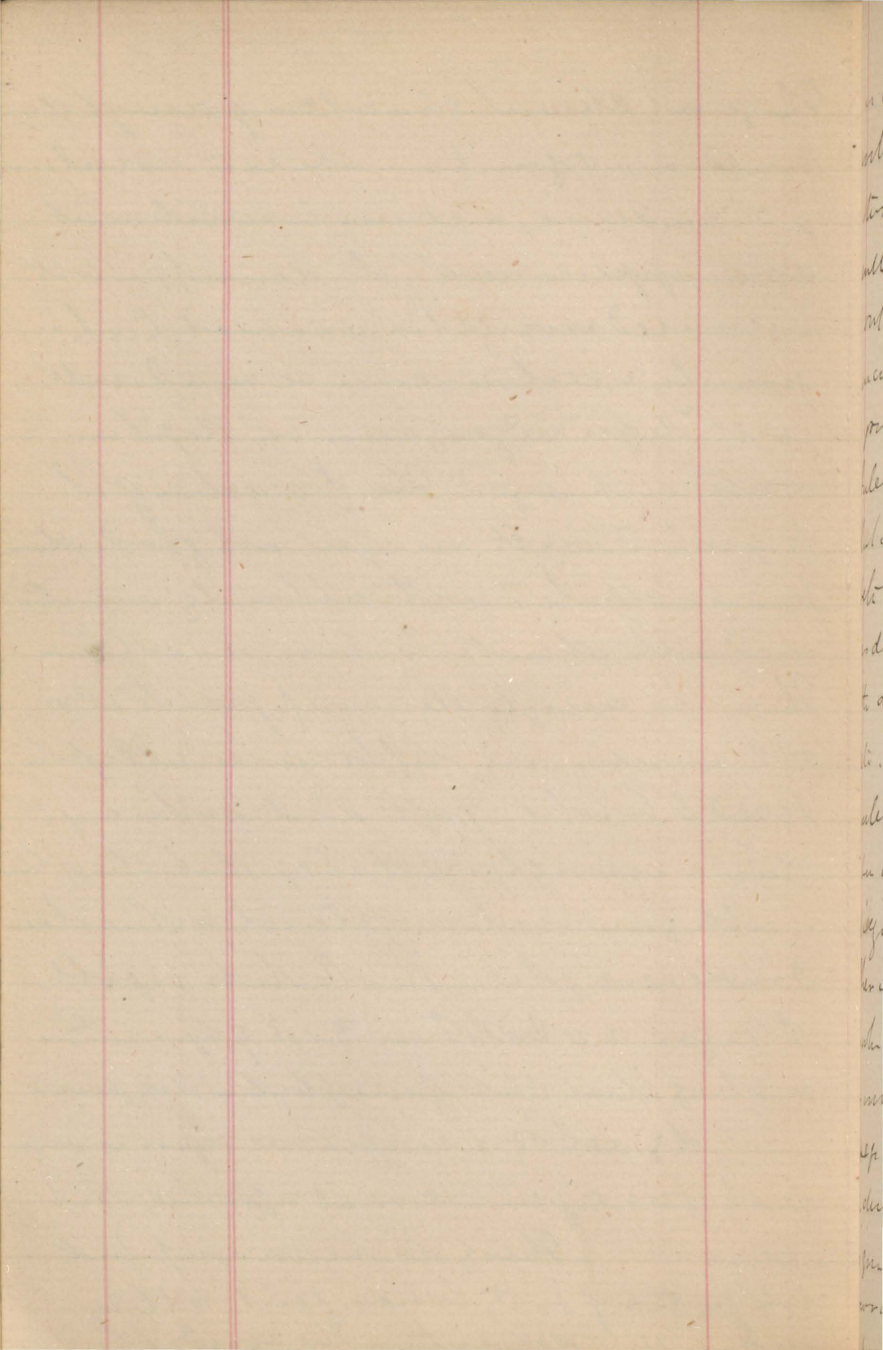
18/2/71

Amorphous degeneration

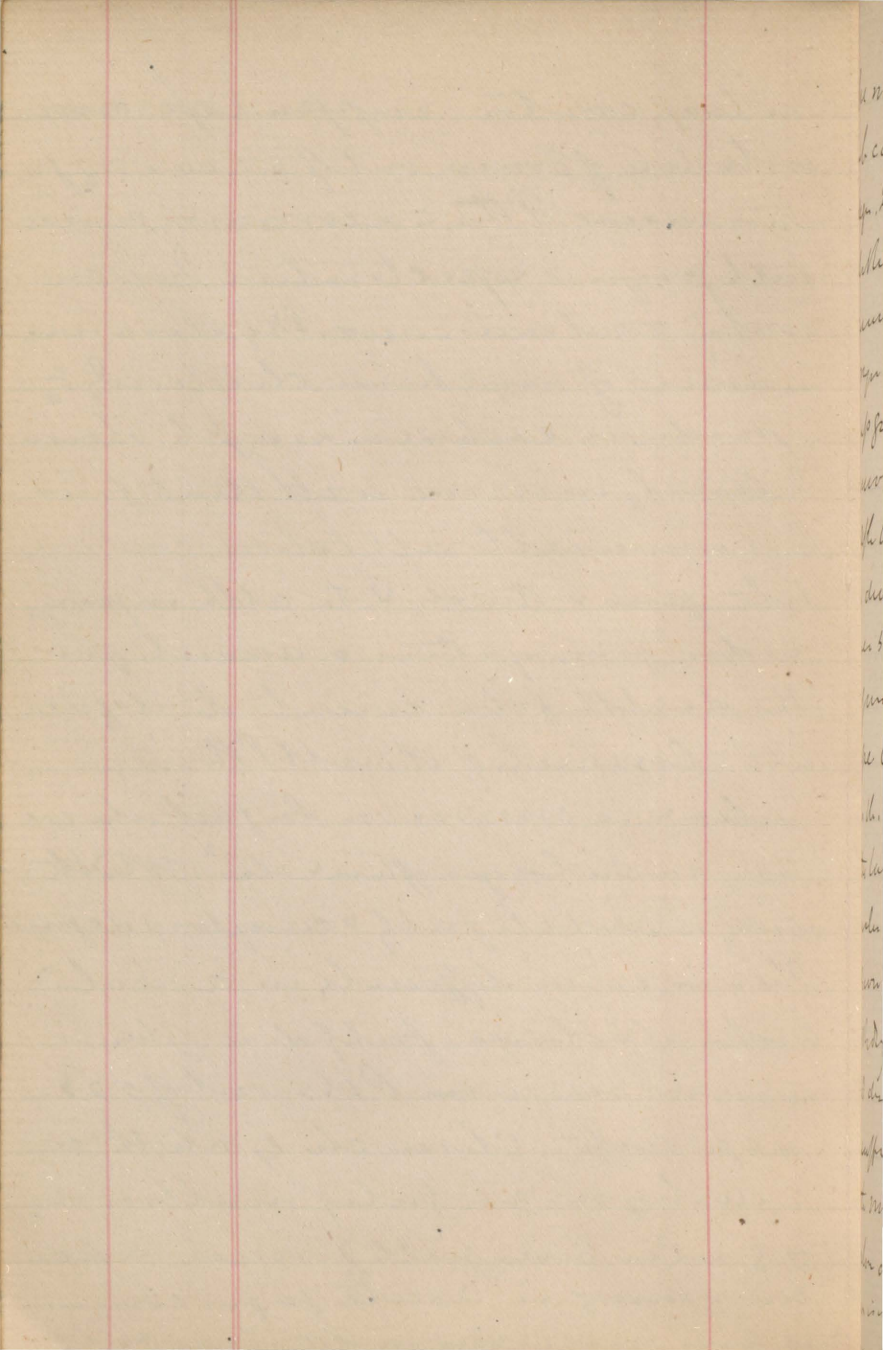
was called the becher. it is not inter-
 ment P_2 & P allolugent. under various
 name Amorphous ^{also} of Budden
 as a script inlay of liver. The cond
 also called bacon. or lardaceous
degen. Other, album in felt or waxy
deg. colloid deg. Bucher. my Amorphous
slack like nucleon. was follow. he
 had been slack with. nucleon. below
corp amorphous & In liver. it gave a
blue nation. & being. in slack like
slack. corp slack. he made to connect
 this degen with. format of a subst.
 like the corp slack. of liver. That the
corp amorphous. do resemble slack. not
in slack. but chem ch. connect
to double. found in proct gland. & they
can be convert into sugar. But it does
not follow because a slack like body does
not. that that form. amorphous. degen
is identical with amorphous matter
with any corp. but is distinct. The
most mode are As lets with a chem
form of album or protein degeneration



The great clinical character of amygdalitis
is... often has the etc. is enlarged.
anæmic, a semi-translucent
wooly appearance. Its density is both
increased & weight is increased. Cut-
turally & sections can be made into
well defined edges, can be kept in
water unchanged. The G section of it
be looked with an eye not good. These
parts affected with albu. dg are the
most with dark brown red colour
This the amygd. dg is only partial &
not universal, may only be in small spots
Used to be cold. of soft add. 2 doses, of
this a small or 2 or 3 of that the all
small gran water get into a blue stain
Drugs were got it. Best which is full
2 12 grs. 24 Lod Pt in 3 iii of apr. These
on chief char. chr. amygd. dg. we find
that dg seldom conf. bone organ or one
part of an organ, several affected. Kid
be infl. There is no meniscus, but
in parts of body bones, heart. all my
under the frequent. The condit. under



a long course suppurative course
with these bones. out of 51. cases 24 pro-
gressed cured. Pth. is a common course
with progre & pectoration. In 11 ca-
out of 51 it was cured. My also are we
in course of any chronic disease lead to
pneumonia cachectica as exph. the
In 11 cases in course with them to find
that some are with all the above con-
ditions present & the other with all the above
is due from system & accounts for
the death from course the degener-
ate. Connec. of it with Pth. is in-
frequent & is common. In fact when we
have an enlarged spleen & dis. of the
digestive system fully & any other degree
There is some difficulty in ascertain-
ing whether it belongs, fully due to the
or most common to Pth. out of 52 ca-
cases with, Chronic disease with the
a discharge. as. enlarged, in albumen
& granular, liver, spleen, pancreas, expe-
low margin, Ascites, peritonitis common
is how more common in this than fully



We might then even infer, not doubt-
less could ever loaded with fat in fully
degen. In album disease we have certain
disting char in vasc, Kidn we find
great firm unruined spots, per-
nymphonic frequently in vasc, the
sp gran. is not low, 1015. & total
amount from any will be diminished
after time when dise has going succed-
ed by disease, but never falls very low
over 50-90. Remark that find this in
quinn with anaemia. No tube cur-
spe ch of this disease. The main point
as the. lay out of quinn, high sp gran of
the tubes with the copy etc in, also
under from me or other of this course
known to be associated with this. Appr
of kidneys are ulcerating, find that any
had disease, even in arterie. of quinn
suffer degen in middle coat, in Kidn
the vasc left first. The kidneys &
also a few & undat of fluid & for this we
in inner. as degen from. the afferent
branches. & base not an afferent calaf

