

Practice of Medicine
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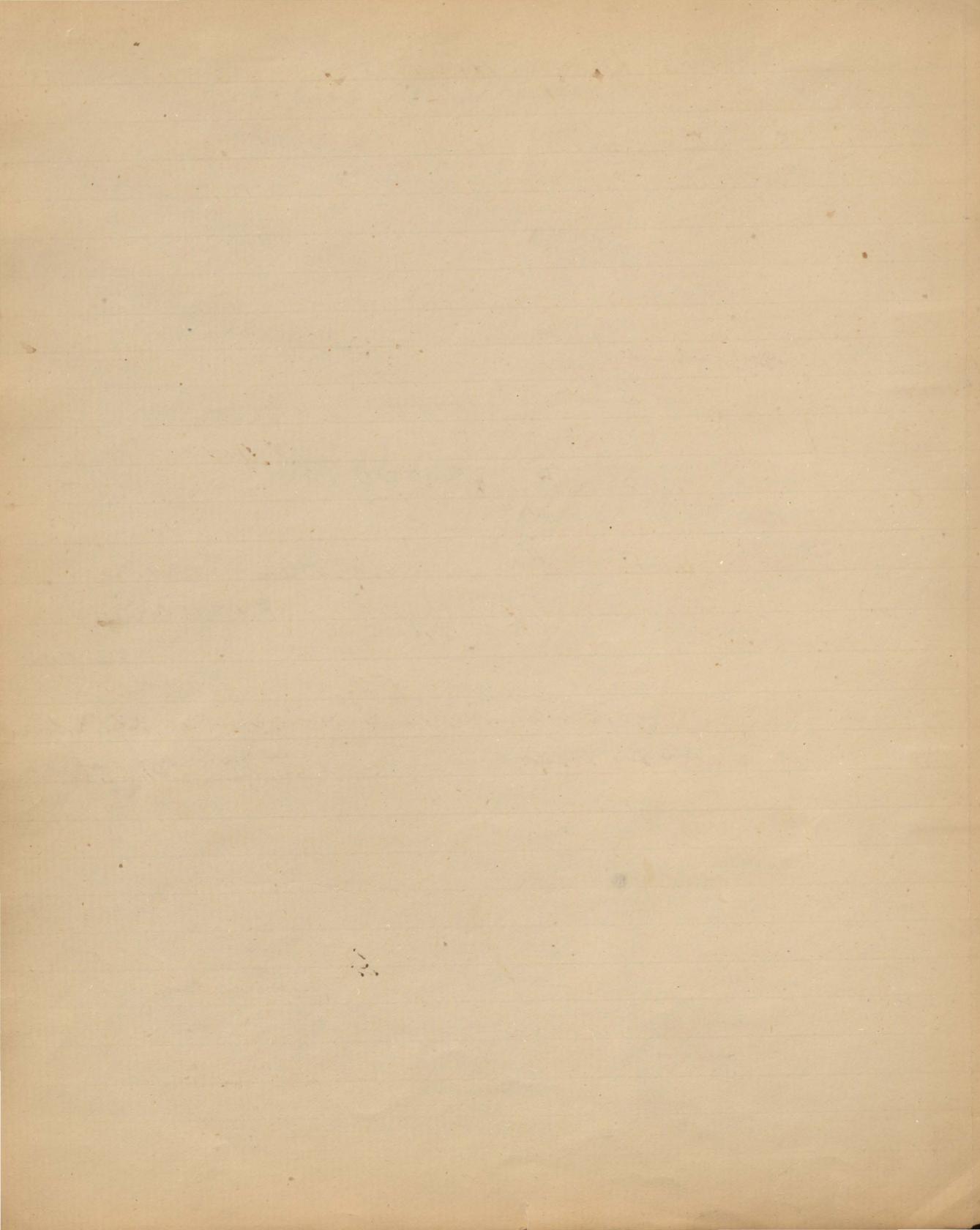
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Practice of Medicine. R. Howard. M.D

Diseases like every other objects we endeavour to describe must have names by which they may be known by "Nomenclature of Disease" as they are numerous they must be classified. ^{The} Systems will change with the progress of medicine.

(Nomenclature of Royal College of Physicians) they gave each disease an English name & in addition, a note explaining it. It is based upon anatomical considerations.

I General } affect whole body
II Local } particular or several parts but not the whole body

See A zymotic diseases involve the whole body & the blood. ⁽²⁾ is in a morbid condition, Attended by fever and many ⁽³⁾ by eruptions on the skin; they run a definite ⁽⁴⁾ course, many are ⁽⁵⁾ communicable apt to occur ⁽⁶⁾ epidemically; one attack ⁽⁷⁾ confers immunity from subsequent attacks. they are due to the introduction ⁽⁷⁾ of foreign agents, poisons.

Under this head we have all the fevers
Typhus, malarious fevers, some forms of dysentery, puerperal fever, Hospital gangrene, Phagedena, and

Sect B Constitutional Diseases

This comprises those which invade several parts of the body successively or simultaneously; commonly called constitutional and ^{many of them} are apt to be inherited; To this belong Rheumatism, Gout, Chlorosis, Anemia, Diabetes, Cancer, Lupus, Leprosy, Scrophula, Syphilis, Rickets, ^{and Crotonism} These are generally due to causes acting ⁽³⁾ within the body.

Local

- (1) nervous system
- (2) Eye (3) Ear (4) Nose (5) Circulatory (6) Absorbent system
- (7) Ductless glands (8) Respiratory (9) Digestive system and appendages (10) Urinary system (11) Generative system
- (12) Diseases of mammae (13) Organs of locomotion of cellular tissue & skin ⁽¹⁴⁾

The local diseases have been drawn up and arranged according to the

- (1) catarrh. (2) Inflammation (a) ulcerative (b) suppurative (c) plastic (d) pyæmic. (e) Rheumatic. (f) Gouty (g) Syphilitic (h) gonorrhœal (i) scrofulous. ^{(3) gangrene} (4) Congestion (5) ~~Hæmorrhage~~ (6) Fibrinous effusion. (7) Dropsy. (8) Diseases affecting dimension (9) dilatation, contraction. (10) Hypertrophy. (11) atrophy (12) Degenerations. fatty & calcareous. (13) fibrinous Desquamation (14) Lardaceous disease. (15) Syphilitic disease. (16) Cancer (17) Colloid disease. (18) Non-malignant Tumours (19) Cysts (20) Scrofulous diseases including ^{with or without} tuberculous affections (21) Parasitic diseases (22) Calculi & Concretion (23) Injuries (24) Malformations (25) Foreign bodies (26) Functional disease (27) Ganguene

age. Debility. Poisons. Injuries. these last four belong more properly to the state and were added for the sake of statistics

One sexual, adult, deform. & an abnormal cond of blood or of both etc of part or whole body includes all unusual changes in physical colour, countenance, voice, dilatation of pupils, excess of def of blood, or other qualities of the fluids, & unusual movements & sens. & derivate in points of general dept.

Zymotic diseases, due to a specific poison

They have been called miasmatic, the poison which produces the zymotic diseases has been called morbid, they may be separated from the body in form of vapour or in liquid form as a small pox pustule. It will dry & become solid & is ^{then} inert in this condition, yet it may if dissolved, again receive its poisonous qualities, these poisons may be carried by the vapour of water or in water ^{itself} & through ^{the} air, there is a great analogy between morbid & natural poisons the morbid ^{of} have a certain specific action, as common poison act on special parts of the system so, ^{also do} morbid poisons act on particular parts. 2nd ordinary poisons & morbid poisons remain latent, this stage of incubation ^{is} as it is called by some authors is well seen in many diseases

Reasons The effects are modified by the dose, the temperament, his habits & his existing state; size of the dose not an important point in all cases. More important than this is the intensity of the poison. It may be diluted, Intensity & concentration effect more than the poison. The state of the individual is ^{of} the most consequence. Mental excitement seems to modify their action; mental depression aids the poison; want of food favours; it lowers the vital powers. it loads the system with products of waste. Debility of whatever kind is a predisposing agent. the state of the blood vessels influences the effect of the poison the empty condition of the blood vessels favours absorption. Influence of constitution well shown in ^{the} purpural state, which is particularly liable to morbid poisons. Two poisons sometimes exist & run their courses at the same time ^{as} syphilis & small pox, men ^{des} who have even these may exist ^{but is rare}, one generally remains latent when two are present. ^{Point of difference between poisons, ordinary & zymotic poisons} Zymotic do not appear to be cumulative. 2nd Zymotic poisons in their power of production differ from ordinary

poisons & is probably the best argument that they are lowly organisms
3rd the morbid poisons exhaust the sensibility of the patient to another
attack. 4th Climate influences the action of morbid poisons.
The specific action even is modified by climate. It is shown in
the prevalence of certain diseases at certain seasons

Temperature has a powerful influence. either extreme will
suspend the action. Syphilis ~~never~~ exists with 100° of temperature
Yellow ^{fever} does not exist in low temperatures. 212° annihilates Mordant Po.
Exposure of morbid poisons to ozone destroys them as also does
chlorine bromine & iodine. 6th organic poisons lose their in-
fluence when they undergo decomposition. a ~~proof~~

Infection ceases when the body is dead according to B.W. Rich. Lasty
the conditions most favourable ^{are} 1st all ^{circumstances} which tend to introduce into the
body decomposing matter from without. 2nd Putrescent food, impure
water, 3rd air charged with miasma. 4th faecal fermentations

ii The production of decomposing matter in the body itself
violent exercise acts in the way, great waste goes on and effete
matter accumulates in the system

iii all those conditions which oppose the elimination of effete
matters from our body. a high external temperature acts thus
alcohol ^{also} acts in this way. &

Modes of communication. Some ^{are} inhaled & only in this way;
others require to be introduced into the system as syphilis.
Small-pox is communicable in both ways. Cholera & Syphilis are
taken by swallowing usually in the water.

Nature of organic poison. difficult & uncertain subject
Three theories ^{the} favourite one now is, "that the organic
poison is a low organic form such growing & multiplying
in the blood establishes fermentation. in this way Cholera acts
There is a specific form of fungus, peculiar to each disease

The second view, is, that it depends on an animal poison which acts catalytically and sets up the disease, especially applica^{ble} to rabies
3rd is Morris's Lionel Beales, a portion of living matter is convey-
ed from a person diseased & establishes itself in another per-
son, there it multiplies and brings about the change peculiar to the disease

Mode of destroying, The best is a plentiful supply of fresh air,
2^d free exposure to sun light, 3^d a high temperature, the vapour
of J. C. Br., is destructive especially Iodine, 3i of metallic will
volatilize in 24 hours, Chlorine is even more powerful than Iodine
Use a strong solution of chl lime, towels suspended over the back of
the bed, or a sheet over the door, For disinfecting faces Iodine chl lime
in dilute soln acidulated, condy fluid, the Permanganates
Carbolic acid, Chl Z, are not reliable, Clothes may be disinfected
by immersing the clothes in boiling water under a chimney to take
the emanations

Exanthematous Diseases

Eruptive fevers, the characteristics are eruption, Varicella Vaccinia, ^{Vaccella} Chinc
scarlatina & measles, & a hybrid Rubiola, are the different varieties

Small pox

Two great varieties described, "eruptive" & "confluent" rarer, V. concolora
V. nigra, V. sine eruptione, comparatively speaking ^{these} rare forms

Discrete the typical variety, divided into four stages

most, 1st incubation, the poison remains latent in the blood
It varies according to the mode in which the poison is taken, ^{by mouth &c.}
extreme range is from 5-23 days 2nd primary or initial fever
3rd eruptive stage, 4th secondary fever until the close

The second stage is usually ushered in by a chill, followed by a fever
temperature increases until it reaches 104, mucous pains in the limbs & back, vomiting
and gastric oppression, usually drooping, ^{headache} stupor & insensibility
In children the head & gastric symptoms are better manifested

and a tendency to convulsions and they recur. This stage
lasts about 2 or 3 days or even 4 days and on the morning of 4th day
the eruption begins. a small hard ^{pustule} ~~shot~~ like elevation, called
a pimple or papula, devoid of fluid, ^{makes its appearance} ^{it first appears on} the ala of the nose & roots of
hair, next on the wrist, then of the trunk & then the lower
extremities. ^{it takes} ^{the} whole days to spread over the whole body. Each papule
goes through a series of developments. ^{at first} it is surrounded by a
slight efflorescence, this fades away & when it is ^{two} days old a
pustule ^{or vesicle} is formed. The vesicle on the 6 day ^{presents} a central depression
is formed, it undergoes umbilication, which is completed in
2 days. About this time the lymph becomes opaque & in two
days more it is a pustule, an aureole forms around the
pustule. It becomes spheroidal ^{from the working of the middle} & loses its flattened appearance. From the
8-10 day a black spot appears on the pustule, the contents escape
through this, and the stage of desiccation comes; 11-14th day desquam-
ation ^{occurs}. After the desquamation a dark red brown cicatrix is left. 4th is
the stage of secondary fever it begins when the pustule matures
about the 8 day of the disease. the face swells, & limbs, ala of nose
the spaces between the pustule ^{or} inflame & become ^{of a} damask-rose
colour. ^{Temperature con.} It reaches a degree of development 104-106. Pulse frequent,
haemiphris. this lasts 2-4 or 6 days. a tingling of the skin
the appearance of the eruption on the mouth & fauces. white elevated
patches, milky white colour. Salivation occurs about the 6-8 day
Face does not swell. damask redness does not appear
perspiration & saliva suppressed. symptoms of typhus
or complete vital prostration

Confluent Kills half its victims. the initial fever is more severe
& short, erupc earlier. & is preceded by an erysipelatous appearance
of the body. the papules immerge irregularly. Pulse continues
after the eruption is out. The vesicles are flatter & coalesce

salivation always appears usually profuse. 8 day, roppy. Ichthio
diarrhoea replaces the salivation. Larynx & Trachea implicated now
aphonia an alarming sign. The 4th or second day fever brings new danger
if he outlive the 11th, the 14 & 17 days are to be apprehended. Fatal sym-
toms are, absence of address, absence of swelling face. Suppur^{ation} of Pyloric
cough, haemoptysis & great rattle. Extravasation of blood
apt to occur & occasionally the vesicle become gangrenous.

Signala tedious & protruded conoalveolar boils & abscesses, infla-
mation of the joints, destruction of membranes tympani pitting of face
An impost ^{in the} ulceration of cornea, 11 days as a mere & does
it silently perforates the cornea & allows the escape of the contents
of the eye & generally one eye alone is implicated

Complications besides inflm of serous sacs, a few forms of inflam-
of the glottis oedema glottidis, albuminuria, haematuria
haemoptysis, pneumonia, pleury not uncommon & dangerous
amongst the rarer inflam. of testicle & ovary, abortions in pregnant
women, V. composita that form of small pox in which it

appears in clusters about the sign^{the} of pale ^{the} hand, apt to
be dangerous. V. nigra appears about skin fold & in the patches of the face
in some & all, cutaneous eruption for 10-12 days. The vesicles do not burst
purpura haemorrhagica blood then, minute ex. & extravasation
hard small flat elevate ^{small} acuminat. for 4-5 d. pellicula. Vesicles do not
haemorrhage from the mucous membranes, sometimes die
on on face but not in mucus, a few pulse rep. & temp high 105-108, death
before the eruption comes out, V. sine-eruptione some who
5-6 days ^{we had seen previously}
have not been vaccinated present all the symptoms of small-pox
without eruption and subsequently escaped attack.

Cause it depends on a morbid poison ^{the primary source} great account of it in
Egypt, 5-69 AD in Mecca, ^{the common called for the} through woollen clothing apt to retain
the poison; the skin to suppose to throw it off principally
the lungs also, not known when a patient becomes infectious
person is strongest when ^{the primary source} the virus is passing into the
patient most infectious ^{days of making up} a little later, the disease is 4-5 yd

1. Pus not safe ^{when} at 8 days, but body must when odour ^{when} dead body will infect

Varicella is sometimes confounded with small-pox. Differences are
 1st the fever of invasion is slight & the eruption appears at 2-4 hours
 2nd it begins on the back. They are not elevated & become vesicled
 much sooner (6) it does not become a distinctly umbilicated, nor
 do they leave a deep cicatrix, nor secondary fever. Typhus sometimes
 resembles small-pox for the first few days, no vomiting & diarrhea

Then rises to high point on the first day & falls in the middle
 of the day in typhus. The eruption comes out much later. 5-10 days
 is a milky red discoloration of skin. In small-pox it then
 rises steadily till the 3-4 max. 104° & suddenly falls.

Temperature begins at erup. 2nd of 4 day 104° & sets up rapidly & then gradually falls of 2 1/2-3°. In severe cases
 prognosis is advanced & surface is unfavorable. 50 per cent die
 not fall to normal temp. 101-102° till the 11th day day then in 2nd then 104° & then keep maintain
 23 per cent betw 10-15°. Confluence of eruption, delirium, larynx
 natural a 100. full 2. exacerbat gradually full. If then keep up 104° is dangerous. If erup. goes up
 inflammation pregnancy, overcrowded rooms

Treatment they had been called self limited, cannot be
 averted by art, is tonic gall the eruptive and continued fevers
 and they differ in this from intermittent, they must run their
 course, we must conduct them, no specific for it, mild cases
 may be left alone, nature can manage them, we confine

them to a low diet, ^{milk &} weak broth mild refrigerating drinks
 medicine is seldom called for, in severe cases interfeverance is
 necessary
 it is well if the fever is long an active purgative is necessary to
 lower the temperature. ^{if any yellow or black draught, emma & casto} there give some refrigerant mixture
 Digitalis & nit potas gr x. & 2-4 m of Dig. in 2-3-4 hours according
 to the severity of the fever, or substitute for Digitalis carbonate, 18th or 2 hours

It may be given apart from the other mixture. Another ^{method} is by frequent
 sponging of the entire body with tepid water, if convulsions occur
 apply cold to the head, immerse it in a warm bath, give 10th. Bron
 4 gr doses ev 2-3 hours, a few leeches (if these fail) may be applied
 If delirium occur the same remedies may be given. if a weak
 weak pulse stimulate may be given. At this stage

3 of the Mordant Hydrous contains 1/2 of Mordant

we must decide whether the hair is to be severe cut off. dont till 4-5 day must come off. not done had After the eruption comes out the fever declines abruptly, and nothing can be done in this period. about the 10th day scatter sets in a dovers power 10grs 3p Mordant may be given One circumstance you would not give if he is secreting a lot of mucous saliva. If the fever does not abate then give an active purgative & continue the refrigerants. To allay the itching of the skin, gly. Olive oil & shine water allays the irritation. In the advanced stage, in secondary supporting treatment, beef tea, doses of wine or brandy, diffusible stimulants, combination of ammonia & bark 5gr Carb Amm, 3 continue Bark in xx. The Bark.

Mineral acids may be substituted. 3p & castil dil. (In many new forms as in v. rigna, stimulants are given from the first) Care we prevent Pitting? Invariable means, one of the best is to tap each pustule & touch each interior with Argon Nit.

Employ the following ointment. Merg out 2 5pt. yell. wax 10. black pitch 6 a thick layer put on the face. Hebra says he has no confidence in anything but cold water compresses from the moment the eruption shows itself. A soothing application soothes like prevent infection & cure. In J. Fox & Co gly 1/2 to 1/3 to 1/4 Recumbent highly spoken of Dr. Bell & Clayton of light anemic, part chewed up 6-7 day. Part the base of the nose. Complications for the pleura we have no but 4 cases. In pleura - emmett's emulsion not safe to interfere with the eruption means. relieve the pain by opiate in mouth a large blister over the side. ulceration of cornea, of a child, chloroform & apply nit arg. to the ulcer, order a poppy fomentation, place upon fine guine & wine, smear the lid with Ung. simp. when abrasions occur, open early. X incision on scalp, inflammation of throat relieve by ice a mild gargle VIII grs to 3 of chl Pot as 30grs rot ay. nit swabbed over the part

Print

Two modes

Preventive means. Inoculation was the first method
a mild disease was set up, ^{comp. spare, mod. less} but it always kept small-pox
^{alive} ~~always~~ in the community, ^{his} 1795 Jenner induced 14 persons ^{one} who ^{had had} had
cow-pox to be inoculated with small-pox ⁱⁿ & not one did it succeed
he then vacc. one directly from the cow. In 1798 he announced ^{need} to the
world the fact that vaccination would save from small-pox
vaccination is a safe & efficient protection, ^{incomp. equality} 27. It is admitted

that this protecting power wears out & be liable to take small
pox ^{intra-vaccinal} only in a small proportion of cases i.e. 10 probably
vaccination is necessary at puberty ^{when an epidemic occurs, or} or even earlier if needed
Jenner probably as well as ^{annual} ~~periodic~~
In Scotland the vac. act was passed in 1863, the deaths in 12 years
ending ⁱⁿ 64. 1054 deaths, in 65, 66, 67, 68 the deaths were 175, 200, 224,
25 deaths. Inland. Corn in 1863, ^{real} annual average mortality was
1272, in 64, 65, 66, 67, 68 it fell to 854, 347, 287, 207, 191, & just ^{per} 3 ^{per} 1000
^{in 24} not a death. In Inland it has been stamped out by vaccination
The mortality in ~~Brit~~ Eng & Wales 21 ^{per} 1000 ^{from small-pox} in 1000. In
Saxony the mort. 8 ^{per} 1000, in Bohemia 2. in 1000

The success depends on the case with which the matter has been
selected & the operation performed
Among ^{my} ~~others~~ a cent. 37. per cent. ^{mortality, annual} said to be vac. ^{but no trace of it} 28 ^{per} cent.
vaccinated ones, with one mark ^{only} 7 ^{per} cent. died, 2 marks ^{when} 4 ^{per} cent. in 100
with 3 marks 2 per cent. and 4 marks .55 died in 100

Does the transmissibility of the lymph through the human body
enable the lymph degenerate? ^{not a virus} Jenner derived after 25 yrs exp
2nd in Leeds & London ^{in decay} it ^{in front of Jenner} ~~is~~ In Leeton & Male deny it,
3rd the result, in Inland Scotland deny it. For 30 years not a
case in the small-pox hospitals ^{of London} has taken the disease
5th vaccination from the cow produces greater inflammation ^{local}
but it does not prove that it is more intense virus. Excessive
inflammation is produdicial. One argument on opposition

In Prussian army vaccination has to be resorted to, which
more can be successfully vaccinated than they could be formerly
seems to imply that the lymph is degenerating. Dr Ballard
says that our lymph is degenerating greatly. ^{we may have become careless in operating} And the important
question is, ^{in France} May we communicate other disease by vaccination?

In first place, the alleged epidemic of syphilis has been entirely dis-
proved. Not a tittle of proof that the epidemic in Piedmont was
caused by the vaccine matter. Further intentional vaccination
from syphilitic persons has been introduced and not one
of them has taken syphilis. Analogy disproves it. The contents
of the vaccine vesicle ^{taken from a person suffering from the disease} will not communicate small-pox

and all the recent dermatologists have never seen vaccineo-syph-
illitis. A child was presented to the Medico-Chirurgical Society, ^{13 Oct on child app. sent to 11 Oct of}
13 had virus on arm 5 weeks after which had healed like other cases (was present), a child
Mr H Lee in whose ^{office} he said vaccineo-syphilis & he admitted after
app. report 5 months after the vaccination, upon the 11th day of any signs of communicable syphilis
ward that it was false. Points to be attended to in vaccination
which prevailed all with it. I vaccinated just 4 child. 2 related vaccinee for child. in this case many
1st collect the lymph on the 8th day when the arola is around ^{new 24 hrs after the}
the vesicle. select it from natural looking pock, ^{never from animal}
the vesicle. select it from natural looking pock, ^{never from animal}
never vaccinate a child in bad health & do not select
There is some probability, but ^{never} by hand, that virus in blood will take. Not known that pure vaccine
your lymph from him 3rd vaccinee from above to arm when
any comment is. Don't vacuum matter unless then you'd any. An arrow mark. never take pure 1st or 2nd

The lymph is recent. Keep it in capillary glass tubes, & on
child. Taking vaccine
wool points in quills. Take no scabs but the best. The age
at which you should vaccinate - from 3-7 months, ^{it} beyond
subsequent 6th week. Make 3-4 deep spots, or only one, and 1 only. don't draw blood
Scratch the arm gently so that it will not bleed freely, or a few
light touches with a dull lancet. Vaccinate only healthy per-
sons except in epidemics. ^{Return says that when you fail once you will never succeed with him} The location is generally the outside of the
arm, will to insert on annule, left the best; vaccinate on two different
nearly parallel lines crossing each other in the wrist. does not prevent spread. Put in Cumberland
parts of the body. as modified by vaccination. Varioloid. Differs from
the natural pox ^{very} after the high & continuous fever a ^{slight} eruption
sometimes pox. high & acute 40° just before eruption comes out
time occurs 2nd. although it is high before the eruption yet on the appearance
(3)
it disappears & is not followed by secondary fever. ^{2nd} the eruption ap-
pears a day earlier, frequently preceded by a scarlet efflorescence runs a rapid

and is not as regular or uniform in its nature. rare & confluent, isolated
when ^{the} pruritus is confluent not beyond vesicles. no upper, but vesicles of up
with tubercles. her wart, alone. horn pox. all stage of eruption seen at same time
sometimes umbilical = a break of purpuric colour not met. Temp. abrupt not
day reaches up to 104° on 1st cent. on 2d & 3d of 105° the rash & exudate a pale complete eruption
of acute primary fever must be treated as primary fever of variola
intersequent elevated. keeps normal

Scarlet Fever

Four forms S. simplex S. angitosa S. maligna & a 4th S. latus.
S. simplex. Same stages as the other exanthems. i.e. of incubation, lasts
from 28 hours to 2 days, shorter than Small-pox. Pruritus, fever
sets in with chilliness pains in limbs & back, ^{headache}, then a hot skin. The ^{temp}
^{rapidly high to 105° & even higher, frequent pulse, 120-160 for children, purging}
^{may be} ^{Complex} On 2nd day the eruption makes its appearance. It comes
first as an immense number of red points on a white ground
in a few hours it is uniform & is compared to a boiled lobster
^{spaces become red} ^{for many days skin, papular form, & in few vesicle form.}
^{it is best marked}. Comes out more rapidly than small-pox
and the order is the same as that of small-pox. i.e. head, upper tr. body, & the
Most marked ^{deeper} on the flexures of the joints. This redness is some
sometimes enlarged as in papulose variety. & even now & then
vesicles are found. ^{is called} vesicular form of eruption. ^{The redness} disappears a long
time after passage, excessive contraction of the blood vessels. The
eruption having ^{been} out for four days disappears in the order that
it came. It is gone in two days. The pyrexia subsides & he is con-
valent in two or three days. Slight redness ^{only} on the back of the throat
the eyelids, lips, ^{margin more} are redder than usual; Tongue is peculiar it is injected
& the elongated papilla show through a white fur, ^{like raspberry after beefsteak}. The corac cle falls
off after the ^{fe} rash goes, it comes off in large plates. A few days after
desquamation albumen may be formed in the urine. Urine passed
for first few days it is ^{the} febrile. high density high colour, high acid bill
of the abundant pale & neutral album appears & fully persistent fimppts
(an excess of ureic acid & uric acid). Clouds are deficient. Mon urin

askable is the albumen. It is said to be present in every case examined.

S. angitosa It especially attacks the throat, ^{occasionally} it comes out at a late period, ^{usually when severe, but in whole about the same time.} in patches, on back of the arms flexures of joints. The rash is uniform however as a rule & as intense in colour as the ^{ordinary}. The pyrexia is non-violent, vomiting, headache, purging, temperature high 105, ^{on 2nd day} pulse frequent, ^{delirium} (The sore throat may precede or occur simultaneously or follow it) State of the throat varies from slight redness up to highest degree of inflammation possible rendering deglutition impossible. In milder cases small ulcers form on the tonsils, in severe ones ^{wallowing} a true ulcer will ^{develop} & ^{ultimately} ^{infects} the throat. ^{in 2nd day} ulcers form & lead to ^{increase} from day to day, in favourable cases the throat ^{stands enlarged} & ^{heals in} ^{days}.

is bad. A variety of sores occurs in which the colour of the throat when slightly separated the fever subsides, but if it continues then the fever will keep up, at ^{is dusky red} & has been called putrid sore throat. ^{close inspection & brown} & ^{typical symptoms}

S. maligna a frightful disease, two distinct forms, according to the ataxic and adynamic

In the ataxic form, ^{calent} great disturbance of the nervous system apt to be ^{delirious} & delirious, rash comes out well, ^{throat is sore} fever is high, delirium persists from the first & is active, ^{Coma or drowsiness} eyes bloodshot, pulse full & soft. In a day or two it takes a typhoid char. ^{Pulse} small & frequent, ¹⁰⁰⁻¹²⁰ face dusky, ^{delirium} low and mutter, tongue furred, & stupor usher in death.

In a dynamic prostration is the characteristic & the vital powers are weak. vomiting or purging, ^{clonretion} pale & faint anxious & delirious, ^{tingling of hand} in a few hours, great exhaustion. Pulse frequent & small, ¹⁵⁰⁻¹⁷⁰ surface cold, ^{at the} 105 in axilla, after this the child may rally, a faint rash may appear, & come irregularly.

the cold local sweating & death is ushered in by convulsion or stupor. It has proved fatal in 12 hours, generally 2-4 hrs. or over. ^{remed} emetics or toxic cases. Many intermediate type. Rash may be absent & S. Latens is that form of disease in which the child becomes dropsy ^{at first} to take soon mild red line and continues, ^{Rash} may disappear only to reappear & the urine contains albumen & tubercles ^{in water} no rash comes out.

This tends to show that the poison acts upon the kidneys as well as the skin

Temperature ^{mild little elevation} in scarlet fever high on evening of 2nd day but never higher than 103°-104° in males & 102° in females with rises daily till 05 or falls in 10th or 12th day. The tertiary symptoms are numerous & unimportant but eruption covered the body with this eruption gradually & chiefly declines 3-8 days before defecation begins. The eruption extends from Vesicularian tube to membranous lymphatics. The eruption falls off 2nd day from 26th minutes in 2-3 days. & even necrosis of temporal bone & facial palsy, sometimes stercora is due to inflammation of meatus externus. A form of sore throat may be seen.

The first form of which comes on with the eruption is not dangerous. The secondary one is the dangerous one. It is in fact diphtheria & begins like it with small grey patches on the tonsils. degeneration is painful. ulceration & sloughing, & foul ulcers form. In this stage extend into the nose, & the submaxillary gland enlarge. The eruptions of diphtheria arise & the child dies comatose. This is scarlatinal bubo, glands of the neck swell & become painful & have been called by Trouessart a bubo. another occurs by inflammation of cellular tissue about the neck converting the neck into a firm red brawny mass. Another occasional one is a rheumatic of elbow of the joints. about the end of the second week this comes on in some instances pus forms & destroys the joints. This is an evidence of pyemia. The other serious membranes the pleura more frequently affected when after the pleura is perforated, as usually the affected are not are sometimes attacked, scarlatinal pleurisy often ends in pus.

Endocardial murmur may be heard, Last & prob most important is Dropsy, this varies much in its frequency. In some it is the rule in others the exception, as a rule it is after mild cases & sets in about 22-23 day when desquamation is completed. The Dropsy is preceded by albuminuria or the reverse may occur. In severe cases it resembles acute nephritis high fever, general dropsy, high scanty urine, albuminuria, & effusion into serous sacs & anasarca.

In mild case, no fever, patient is anemic appearance. It is bloodied, a common occurrence is the appearance of urticarial eruption. In severe cases it is by death or convulsions.

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The cause of this disease is a specific poison, communicable from throat
contact, clothing, & fomites. very infectious & would most probably be conveyed by letter
& skin & has been inoculated like small-pox. This is one of the most
infectious diseases, and is not mild, but a very severe & dangerous, especially in epidemic
form of the poisons. & attaches itself with great tenacity to clothing
etc.

It is easily diffused through a house, disperse the inmates in school
etc. Bloxeth. tells of a letter infecting persons, It is occurs sporadically
or epidemically. Certain external conditions determine probably
why an epidemic should occur at one time & spora

Children under five are most susceptible, 24 per betwe 5-11. 68. ^{13/1070}
under 5-years. How long does the patient remain infectious? It is hard
to say, but it should be a month at least before he is allowed to mix with
other children. How early is it infectious. Hard to say, probably as soon as
the primary fever sets in. Scarlet fever is apt to be confounded with measles.

Treatment. Mild cases require no treatment, the disease is self limited

In mild ^{cases} in all cases, the first duty is to separate the child from others
place him in a well ventilated chamber keeping the temperature between
60 & 65; if possible have a fire-place in the room & fire. The Diet must at
first be mild - toast water, lemonade, milk and very weak broth may
be given. Cold water ^{ad libitum}. The evacuations should be desisted and
removed at once. If any medicine is necessary give ℞ Ammon acet. or Pot. Chlor
in small doses. In severe cases, where vomiting is present give ice to eat and put
sinapisms over the abdomen, if these fail give Soda Carb combined with
lemon juice. ℞ Ammon Armat, Acid Hydrocyan. If febrile symptoms are
present give ℞ Ammon acet. ℞ Pot. Chlor [℞] every four hours or Ammon Carb
(instead of Pot Chlor) [℞]. Sponge the whole body to with tepid water or vinegar
and water. When the fever abates give ℞ Ferri [℞] alternately every 2-4 hours with
℞ Ammon acet. If severe from the beginning ^{of alternation only} cannot be given
too soon. Ammon Carb [℞] - V-℞ - ℞ Ammon acet or in milk, Use coffee or
brandy liberally at the same time. It may be given in any state of tongue
where great prostration exists and whether delirium is present or not
Brew tea liberally & continue the stimulants up to convalescence

Malignant - ataxic, here the Nerv. System is especially disturbed as shown by the great restlessness, vomiting and diarrhoea, delirium, pulse is ^{inconstant} 106-109 temperature is high & more or less stupor is present. The treatment most thought of in these cases is cold water. Cold affusion, ^{with powerful means} sponging the body, put the child in a bath and pour cold water over him, ^{at 70-74} then take him out and wrap in blankets without drying. This is heroic and often objected to by parents. May ^{keep it 1 hour} then try packing, wrap in sheets with cold water at 70°, then wrap in blankets, ^{both the temperature and pulse are rapidly reduced by these means and the delirium becomes calm.} ^{neither objects to these means in severe cases and profess cold sponging.} Many other eminent authorities say it is the safest and most hopeful method. In Adynamic forms of malignant Scarlet fever prostration is the most marked symptom. Gee says that cold douching is the only thing that will do any good, Best to try first a mustard bath when if this fails use the douching, Brandy, beef tea, Anem Carb are given from the beginning in both malignant forms.

Local treatment of the throat - If much soreness exists, ^{is influential} good to eat ice freely. ^{is safe & per} The child seldom can gurgle, if possible steam inhaled is good. If on the 5-6 day the throat is not healing apply Arg. Nit in solid form. When on the lozenges apply acid. Muriat. either strong or diluted mixed with honey. In diphtheritic throats use acids and give as a gargle Tannin ʒii Sp. Ben. Rect ʒii. H₂O ʒvi. ^{Equal parts of each used in ʒvi} When an offensive odour comes from the throat, ^{is Sin. Ferri Muriat.} ʒii - ʒi in H₂O ʒviii. ^{3 1/4 of Muriat} or 1 oz of Candy fluid, Pot chlor. ʒij H₂O ʒviii, or 2 gr solution of Carbolic acid, or acid Muriat. dil. ʒii - ʒi & Ex. Larch. ʒss. Honey ʒi. ^{best} add H₂O to ʒviii. Do not have puffy swelling of the neck, hot poultices. If branny induration takes place, open as soon as matter can be detected. A branny condition indicates wine beef tea quinine &c.

Coryza ^{is of importance as} by healing early may save the ear. Inject the nostrils with Arg. Nit ʒss solution in the morning or with 11 gr solution 3 to 4 times a day or Tannin ʒi in old persons salt and water with the nasal douche. Do not in the pain in the ear, inject with warm water 5-6 times a day, apply leeches

In a night of fever in S.C. fever. of much pain. (each around mentum, for my stomach, or possibly on the ear
of chronic keep pup comulent but better by water or food. & ginger & the 204. by complaint, can prevent it
Pan

If it becomes chronic give acid. Sulph with Lime Sulph water.
How prevent, keep in bed for 3 weeks for mild & longer in bad ones. do not take them out. Hilder was seen
Dropsy the German method of rubbing with bacon not much used now, but

After drying the child, after sponging apply lard over the surface, it shines the
if child kept long enough in bed certainly flourish sure warm bath & yellow soap
imitation. Germans say it protects from dropsy, but it is not w. In treating the

Dropsy, give purgatives, warm bath & active treatment. For a child of 6 yrs
give Com Pulv jalap Co grs until fully purged every eight hours, give a hot water

or air bath every night & give Liq Ammon Acet, with Tart Antim, till temp. fall
Cup or leech the back in severe case. In milder cases where pulse is quick

and albuminous and the child only a little swollen, give diuretics
when then succeed often have to stop short. I prevent spread in school sc. wash children 3-4 times
by night. & it is all over. In S. later the severest dropsy may be expected. Is

there any prophylactic treatment? once used but not now. One good
way is to wash the whole body with Carbolic acid lotion or soap and make

the other inmates of the house do so too, suspend four or five towels or sheets
over the door saturated with Chloride of lime ^{ioda} or carbolic acid & sheet cover
the bed linen, morning & evening in disinfectant with fluid. It also has in mind in the spread
under clothes to a common cause of the disease, which is imperious in some cases, not worth the trouble

Morbille or Measles ^{or measles} ^{Some form.}
Three forms. Ist Mitious, II^d Gravous, III^d Mitious sine Catamb & M. sine Catamb

The existence of the last is doubtful as if an attack is experienced without the
catamb it does not confer immunity from subsequent ones

Ist Milson's. Stage of Incubation. In this the patient is quite well or may
complain of lassitude, it last from 10-16 days. The second stage of Prodrom

as fever sets in with chilliness, with symptoms of cold in the head, with
diarrhea ^{or emetization} and in the child with convulsions, Pulse is frequent, skin hot

103-106°, At the end of a few hours catarrhal symptoms occur, sneezing
husky voice, cough, eyes watery &c &c. These symptoms increase for
a few days & then remit in morning sooner or later ^{very before night}

At the commencement of 4th day temp generally rises to average of 104° just
before the appearance of the rash. The rash is at first consists of a number

of minute, ^{dark rough} red papules, the intervening skin of the usual colour. In a short
time the papules coalesce into ^{abundant discrete} confluent patches of irregular character

The rash appears first on the face then on upper extremities, trunk and legs
& head inflame most on the face

It usually takes one whole day to spread over the body, & at end of 24 hrs it
 begins to decline, & alters in color deep yellow. Comes on throat with face. ^{or faintly} On appearance of eruption
 the features often swell, ^{but the fever does not decline or the symptoms abate} when the eruption is one day old it begins to decline in
 the same order in it came. It loses the red and becomes of a dirty fawn color
 and disappears in four days. ^{& cut gone in 7. 8 days} After the rash leaves, desquamation occurs
 only however in small patches, ^{hair like scales} this lasts 4-5 days. The catarrhal symptoms
 generally cease at the same time. On the appearance of the rash, the Temp
 does not fall in Measles as in S. pox. On 5th day it is 104-106° after this as
 a rule it begins to decline, a variety of Inflam. Measles in this eruption's
 accompanied with more violent symptoms, rash more abundant &
 and becomes deeper on 4th day, ^{at outset} complications of blood & is a
 serious symptom, such as tendency to Inflam. of bronchi & larynx ^{is a} gastric
 form, nervous membrane of stomach & bowels, II Mor. gravior. in this
 the primary fever is less ^{is rare} than in it is more liable to be accompanied by
 stupor, gastric anorexia, ^{head symptoms, delir. & dyspnea &c} the eruption is apt to be delayed & irregular, it
 appears & disappears, its color is darker & of a purple color and in this
 distinct extravasations, ^{an seen} Hæmorrhages from bladder & bowels, ^{occur} the
 general symptoms resemble typhoid, ^{leading to internal organ} the rash ^{initially} disappears it is
 called retrocession & he is apt to be attacked with dyspnea, coma or convulsions
 & Examine the lungs & bowels & it is these complications which are to be feared
Sequelæ. Among the more common Inf. of Larynx & Bronchia, the capillary
 Bronchitis, Chronic Laryngitis, is a common sequelæ last for many years
 Pneumonia is a frequent complication, Pulmonary collapse, Inflammation
 of mesenteric tract are the most common complications. Acute & chronic
 Tuberculosis are complications & common frequently induced by this than any other
 An irregular Comp. is cancerous, ^{Norma} commencing on chest & extending
 & often attacks the vulva, & occurs in broken down habit, & poor children
 Catarrhal ophthalmia is a common complication ^{enlarged cement glands} & Anasarca is rare
Diagnose b/w Measles & scarlet fever stage of circulatory apparatus in Measles occurs
 in scarlet fever ^{2nd day} ^{2nd day} in Measles the rash is out on 2nd day, ones on 4th day

James South

and large patches are worst

size of papillate mottled

In scar fever, it is not regular, in measles they resemble stars, elevated
popules of a mulberry tint. In S, F the throat, In measles Catarrhal
symptoms. ^{Deserve in few scales in S, F in measles by humming & chills} the deep veins. Then in M. rises up rapidly, on 3^d day it is
in S. Fever it is on the 3^d day that maximum is reached, & does not rapidly
decline, then the sequelae are different. ^{look them up & learn} Causation due to a specific poison
which with S, F & M. at all times, all ages, most common in children. Cont. infect. inhalation or contact, is only when from
exposure & infections, one attack protect from subsequent attacks
^{which is the path of infection}

Treatment - again it is a self limited disease. we must guide, not control
They should be in bed in mild forms, room temp 65° ^{no draughts} open windows & not wrap
up about an stimulating weak broth & milk, mucilaginous drinks
linseed tea & respiratory acidulated. ^{branges} Usually mor or less Catarrh. In
act. S, F & Parvovirus suits the Catarrh & Br. Mit Pot ^{11-12 yrs or of den. not 4-6} may be used if no
diarrhoea of child is cramped by S, F spec. at & sometimes do. correct
of act. S, F & Parvovirus before ^{in 2-3 days & hot foot bath} Give ice, emetics, & give the smallest quantity of food, what of an egg
However Bronch & Pneum must be treated on Gen. Princ. they do not
bear smer Bloodletting. Stimulants are useful, ^{scarf} come and live at
the convulsion are seldom serious at the outset & will ease on the appearance
of ^{of parent - local belly} The rash, in the advance. stay they are dangerous ^{due to nervous heart or Pneum} & in the form support
by stimulant & give Pot ^{& Chlors. inhaled} if do weep & convuls. Medicant from my
these are given at once ^{among bank am.} wine brandy from outlet
of high temper. than cold water treatment is helpful
When a retrocession takes place. put the child in a hot steam bath
^{& hold the emetic dr.} but suppress the causes of the retrocession as emetic ^{flyng} & warm drinks

In Scar & Polio same as in S. F. Fever. The Scarlatina must not be suddenly
^{stopped of an stay power} stopped of an stay power ^{Don't} Pot. Examine when coming out of mea-
sles & it is always likely to leave damage in the lungs, give change of air, cod-liver
oil. Rosola an insignificant disease sometimes occurs epidemic form
& is often compound with Scarlet fever, 1st it occurs in per who may
have been S. or mea. 2nd it may be pre by initial fever for several
days 3rd the rash come out even all over the body, it is thick & cop-
and abundant & color is purplish, rash close packed to get
in many small patches. high corners of the but in ulceration

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The fever declines on the appearance of the exanthem. No importance is
after it. Not to be contagious. Treatment scarcely called for +

Cont

The fever continues. In this class ^{belongs} Typhoid, Typhoid, ^{from continued} Relapsing, [&] Filicula, and common
continued fever, also, ^{others} in these two ^{also} ^{var} Yellow & Cerebro-spinal fever
Typhus

Exanthema is ^{maculated, petechial typhus}
called by malaguez continued, spotted typhus. This is 1st a stage
^{may be mild or severe}
incubation, in some for 3-8 days the patient is usually at home feeling
well has malaise, depression, pain in head, sometimes in limbs, sometimes ^{or in} ^{some} ^{times} ⁱⁿ ^{the} ^{arms} ^{and} ^{legs} ^{and} ^{feels} ^{ill}
anorexia, & sometimes in some, chilly

Here the incubal is not latent, in many of his latent - & the patient feels
It may occur suddenly, amongst post ^{plims} chill & prostration. ^{some} ^{times} ⁱⁿ ^{the} ^{even} ^{ing}
sets in with chilliness or rigor, pulse weak & frequent. The chill ^{may} ^{last} ^{for} ^{several} ^{days}
a reaction, pain in back limbs & forehead, the chills hot - my ^{may} ^{numb} ^{ness}
When, 1st dyspepsia sym. tongue is ^{white} ^{brown} ^{thin} ^{the}

loss of appetite sometimes vomiting ^{is} ^{not} ^{confined} ^{to} ^{stomach} ^{dark} ^{stool}
offensive, pulse accelerated soft compressible run over a 100. not ^{less} ^{than} ⁹⁰
90 dorsal head aches, & ^{ringing} ^{noises} ⁱⁿ ^{ears}, sleep ^{is} ^{restless} ^{or} ^{unrestful}
or disturbed by ^{dreams} ^{delirium} at night. In ^{day} ^{part} ^{tired}, ^{depression}
is shown by tumor of arm legs & tongue, prostration is
a ^{change} ^{is} ^{distinct} ^{from} ^{typhoid} ^{even} ^{the} ^{convalescence} ^{is} ^{dull}
relaxed appearance, cheeks ^{are} ^{livid} ^{red} ^{flush}, ^{secretory} ^{symptoms} ^{of} ^{the} ^{illness}
dyspepsia - Temp 100-106, not less 104.4, deep rise at outset ^{is} ^{less} ^{than} ¹⁰⁴
by the end of first evening it continues in till end of 3rd day!

103-107 max. is always better found 5 & 6 days & in mild cases
there is a remission in mild case, in a week or 10 days the temp falls
gradually until convalescence. The heat of fever is ^{is} ^{persistent} ^{or} ^{intermittent}
orbital. Urine ^{is} ^{usually} ^{deficient} ⁱⁿ ^{chlorides} ⁱⁿ ^{severe} ^{cases} ^{it} ^{is} ^{absent}, Urine
albumen is ^{is} ^{excess} ⁱⁿ ^{first} ^{week} & in some albumen is found often

Stage of Eruption, ^{comes} from 4-7th dy the peculiar rash comes out. It
comes out from ^{upper} part of abdomen, ^{throat} & back, ^{shoulders may on face & legs} this rash has
a course of a dingy pink stain slightly elevated above the surface ^{in a way from spread to lines. out a deep red border} ^{subhead}
within it disappears ^{in 1-3 dy} & deeper ^{out clear}
in color more mulberry like. not elevated & is more permanent. In
some cases it goes no further than ev case 3rd or 4th dy. In
other is a purple spot due to ^{also} extravasation of blood. The small 3rd
each little upon waves from 1-3-4 lines outline indefinite, & blends
indistinctly with the surrounding skin in most cases from 20-30 to 40
heads. The dirt ^{with} rash a diffused mottling occurs, & subcuticular
or menial rash. This usually lasts out from 9-12 days, from 5-10 dy
after disappearance of rash convalescence begins. This eruption is ^{usually} absent
17/1/18 As the rash comes out the symptoms increase. 8-9th dy tongue is thick
coated ^{with dark fur} may be moist but tends to dryness. Sordes on gums; ^{slaps} pulse in some
cases ^{sweater} is frequently 120-130. In some ^{mildness} not 100 & it weakens in force about the
9-10 day. The most delirium occurs during the day. Other headache
sore (if it persists in inflammation of brain is likely). An occasional form is D. ferrox
he is actively delirious, requires restraint, pupils contracted ^{conspicuously}
usually heat of head throbbing, much more frequently a low muttering
form characterized by phus. he is like a drunken man. Countenance
dull, cheeks of a dirty crimson colour suffused, On 10-12
day a tendency to somnolence occurs, it may pass into coma & this
interposition sets in, he ^{lies on back} is "brown the bed, feet out side below
face more dusky & countenance more stupid & with difficulty can be
roused, feeds ^{with} difficulty sordes more abundant breath offensive
bowels usually ^{severely placed tubes} unconsciously opened, abdomen some tympanitic
Urine passed involuntarily or retained. Pulse 140-160 & hi
throat, easily obliterated. Respiration quick & ^{physical signs} ^{absent} of Bronch.
or Pneumonia, hearts impulse feeble & first sound resembles
the second and second is some ^{absent} ^{and vapour an} ^{absent} It is called the fatal
heart of Typhus

The surface is cool, eruption a dark livid red colour ^{or petechial aspect}
& ^{or fibrils} chymoses, incessant picking of bed clothes, grasping of objects,
movements & tremulousness of muscles, these symptoms increase
up to the ^{called Typhus miasmatic} moribund of death & the patient dies asphyxiated or he may
sink rapidly or it may be by coma, ^{or by syncope} in this Phudmia
small pustules are seen over the body, under the clavicles,
& severe cloughs form.

If mild, ^{in 9. months} amendment may show two or three days after the eruption
and all symptoms are milder, pulse not more than 120
delirium only at night, no ^{little headache} euphoria, eruption is bright, food is
taken & he becomes convalescent in 10-15-20 days or from 7-11 days ^{even}
Even in severe forms recovery takes place usually on 14-20 days ^{crisis}

The signs are gradually removed after torpor & prostration, after
a long sleep he takes the turn. The crisis is often suddenly by crisis
& this often ushered in by a profuse sweat or urine containing ^{ing.} lithates
or a profound sleep or an attack of diarrhea. Generally the
patient can get up in 3-4 weeks and can leave the hospital in 40 days

A malignant form, ^{is met with in which either} the dose of the poison, ^{or} condition of ^{patient} is such
that he is struck down by the disease. ^{death in 4-5 days or 24h} no action occurs, ^{the crisis is not by}

Complications 1st the Pulmonary, one of the most frequent is a low
form of Pneumonia, which attacks the lower lobes, it is latent & the
^{a sharp cough, low & face} physical signs are always present, dullness & coarse expectoration

Bronchitis occurs early at end of 1st week, you will find rouchi
& a lividity of face, this is latent also, ^{4-5 day} dullness over the lower lobes
^{& purulent & plugs signs} may continue in the Pneumonia for a long time. ^{They improve with the per 14-15d} Diarrhea is

not an unfrequent symptom is mainly caused by the liquid diet
^{not due to a structural change in the intestine} Dysentery is occasionally present, indicated by tenesmus & bloody stools
Ulceration does not occur. Another is tympanitic distension
of the abdomen & it is an alarming symptom. Hemorrhage is
rare from the bowels. ^{& may be fatal of last 2-3 days} Temperature in a typical case
^{is suppressed & falls due to all of time & rupture of principle}

It begins to rise ^{suddenly} at outset & on 1st evg ^{it may reach} 103[°] or 104.9 it increases steadily for 3-4 evening & on 3 day ^{such when empty, coming out} 105 or 107 the maximum is reached on 4-6 days. In mild cases a remission on 1 week

on 2 week an increase but it does not reach the former maximum ^{but less} between 12 & 14 day ^{in fever} always a remission. In bad cases about end of 2nd week the thermometer goes high & continues till death, when nervous depression occurs between 13-17 days & this is abrupt & rapid in 24 hours sometimes the normal temperature is attained

The morbid appearances, none characteristic of the fever, ^{disease} Passive congestion of internal organs with an altered state of the blood. Decomposition is rapid; on examining brain you find the ^{veinous congestion} membranes full, ^{coagulation} larger vessels of brain congested, increase in effusion in ^{the} ventricle, p^{er}ia^gia^gia vasculosa injected, Brain soft & flaccid; In rare cases Inflamm of meninges of brain, lymphatic

for any). Lungs Inflamed. tubes contain a thin profuse mucous, blood exudes from cut surface especially ^{from the} under parts occurs. true pneumonia more frequently it resembles the S. pneumoniae texture is friable & called ^{small not granular} ^{collapse} ^{presence of putrefaction} hypostatic pneumonia. Heart flaccid fibres ^{decomposing} much fatty degeneration, cavity contains black

thrombus semi-solid coagula slipping membrane ^{deeply} stained. Congestion of M. Mem. of stomach, & softening. Intestines are normal & congested in independent parts. Sludgy Peyer are never ulcerated, nor mesenteric glands involved

Spleen ^{enlarged} & congested, Spleen especially soft & the kidney ^{enlarged} are large congested & friable. The voluntary muscles, fatty degeneration

Etiology. The patient must be susceptible or the poison will not act. What favours the action? 1st all ^{circumstances} which reduce the vital power as hunger, ^{cold} mental & bodily ^{anxiety} fatigue, overtax of nervous system, & overexposure. Conclude which ^{is the cause, any degree of old, intermitting, or double, all are} 1st all which concentrate the exhalation from human body, buildy houses too close together

crowding of too many persons together ^{decreased} & a 3rd is by defective ven-
 tilation this is a common source of disease & 4th by personal filth
 The existence of diseases as dysentery, Bright's dis. purpural etc. &
 Patients just convalescent, Intemperance, age, Contrary to ^{of} previous
 opinion Typhus occurs at all ages, Children does not die as ^{often} ~~as~~
 as adults. It is a disease of the temperate zone, especially in the
 autumn. Exciting cause. A recent authority ^{schirron} says that
 Typhus may be generated ^{generally} by overcrowding, he thinks that ^{of being} ^{occlusion} ^{of} ^{the} ^{stomach} ^{is} ^{the} ^{most} ^{favouring} ^{as} ^a ^{pre-disposing} ^{cause}. The other view ^{that} ^{it}
 is due to a specific morbid poison. All admit it is contagious, it is
 reproduced in the sick man's body, close contact is not necessary
 not much risk in a well ventilated room, it does ~~not~~ spread through the
 air. A few minutes may be sufficient to give the disease. Late incub-
 ation varies from a few hours to 12 days. Thought not to be contagious
 before 8th day, it rises ^{when the poison} to the upper rooms. One attack confers immu-
 nity from subsequent ones, the origin of the poison is wrapped in mystery

19/10/90
 (over 60 years old)

Typhoid

It has many other names as abdo Typhus, Fleo-Typhus, Intene-Typhus
 & Pythogenic (Dr Marchison), three groups of clinical symptoms, 1st of the
 latent form, in which the gut & enteric symptoms remain ^{latent} for some time
 2nd in which ^{over form} ^{testinal disturbance} ^{is} the chief feature from onset 3rd malignant form, which
 resembles a case of narcotic acid poisoning. The ^{latent} ^{symptoms} ^{appear} ⁱⁿ ^{the} ^{1st} ^{group}
^{the patient} ^{is} ^{well} ^{for} ^{days} ^{or} ^{weeks} ^{is} ^{out} ^{of} ^{sight}, pains in back limbs, headache or vomiting
 & this ^{on} 7-14 day he goes to bed, non symp of gas enteric, tongue clean & moist
 abdon full from pain pulse 90 but small, latter marked symp of gastro-
 Intente arise, In a second class ^{the} gas enteric early, after a slight in
 he is attacked by shivering, followed by headache & diarrhoea ^{called gastric fever}
 soon pyrexial symptoms, pain in limbs speak. The most characte symptoms
 are pains in abdomen with diarrhoea, tenderness of abdominal walls. Skin
 maintains a more vivid tint than ^{in typhus} & a higher temp by 1° or

Temp range 103.5° to 104

mouth languid, countenance anxious, noct. ^{usual} delirium, conjunctivae pale, ^{more abundant}
pupils dilated, cheeks coral with a diffused blush, Pulse varies much at first 90-100 ^{or more} after this
(100-120 & loss in force, Tongue is red at tip & edge, & then a white fur coats the
tongue late it looks red clean & raw later still it is dry & cracked, the belly
enlarges ^{heat of abd.} & is tympanitic, gurgling & gurgling noises on pressure, Epi-
staxis in early stage ^{from} ~~in~~, About 7-12 day eruption shows, rose-coloured
or lenticular spots as they are called, the rash has peculiarities, each spot
varies from 1-2 lines in diam. elevated, margin defined, pressure
causes it to disappear momentarily, colour a bright rose red, these
are frequently few in number, from 6-20 not an uncommon number
they appear ~~at~~ ^{sometimes a redness precedes them} at upper part of abdomen, these come out in crops, last 1-2
days & new ones come out. The spots are occasionally preceded by a scarlet efflorescence
of whole body, usually as these groups disappear the general ones improve
& sweat vesicles appear, about middle of 2nd week the heat abates & some
delirium sets in, at first delirium is not curial & in severe case is continuous
is usually more active, ^{than typhoid} In 3rd week abd. is non-dilated & tender Diarrhoea
is apt more troublesome, 5-10 evacuation a day, they are liquid & ochreous
low colour & consist of two parts ^{thin} or thin fluid in which a brassy looking sub-
stance occurs green and offensive & reaction alkaline & sloughs of Peyer's Pat
may be found in 3rd week, blood not infrequently with this, within a stain ^{as much} or a point
blood usually red & not coagulating, ^{this happens when the sloughs are separating} At later period at end of 3rd week
perforation sometimes happens & peritonitis & prostrating fatal in 24-48 hrs
this is usually indicated by frequent vomiting pain, increase of temperature
Convalescence may occur 15-20 ^{in severe form} or 25-35 days & gradually & slowly
tends to relapse, During convalescence he is liable to Inf. of ^{characteristic} leucorrhoea
3rd group is the narcotic-acid form or malignant form
he is seized with headache vomiting, prostrating, high fever, active delir, dry red
tongue, and tenderness & tension of abdomen, & stupor & he dies in 5-8 days
Temperature ^{is important as diagnostic symptom} for 3 days a daily elevat. of 1/10 deg over preceding day, & the evening
is always higher by 2/10 than morning in early stage

This increase goes on gradually for about 3 full days over low The penultimate
 its maximum ~~stage~~ ^{stage} at 4-5 day & the ordin. ascent is ¹⁰⁴⁻ 103°, 2nd stage or the stage of
stages succeeds the ascent, the other oscillates from 7/10-1 deg at 104, the
^{invers} ^{balions} ^(this last 9-22. days)
^{invers} ^{balions}
 3rd stage of decline, in which the Ther falls gradually, daily oscillation
 of 4-5 degrees especially in late part of 3rd week even 8° in a night. This stage
 lasts 7-21 days. ^{Ther subsides about the end of 4th week} Two remissions are apt to occur, one at 7-8 day
 or at 4-5 week
 either on 14-13 or 17 day. In severe cases it does not occur. Approach of Death
 is indicated by a grave cleat of temperature, occasly a saddle fall to 98
 usual from hemorrhage from bowels. Peculiarities when a vaccination
 occurs on 15-day the prognosis is unfavourable, a temp of 103 is ordinary
 104 is favourable, 106 is senous, 107 1/2 is alway fatal. $108 \frac{1}{2}$ is alway death
Morbid Anatomy, all that occurs in ⁱⁿ Dyspepsis may occur in Typhoid, but besides
 these a lesion peculiar to Typhoid, an affec of solid & glands of Peyer but
 not settled whether the mucous mem^{br} is injected & covered with mucous mem^{br}
 used in the first stage. Murchy denies it. In next stage you find the glands of
 Peyer raised to height 1-2 lines firmer, hard & usually more numerous more
 congested than elsewhere. The cells in them are multiplying. In a later stage
 this raised patch undergoes change one ^{fatty} simple efflux & degeneration
 & no ulceration occurs, this in mild cases probably, absorbed stage.
 More frequently the mucous mem^{br} ulcerates at orifices of glands, soft raised
 patches studded with minute spots & reticulated appearance; Later stage
 it is lost they coalesce & form ulcers from ^{size of} pins head to half a dollar. Another
 is sloughing of the mucous membrane & you find them in stools. Peculiarities
 of the ulcer. The typhoid has its size shall vary up to 1/2 crown. 2nd where
 of spleen was enlarged & spleen sometimes fatty. ^{long & slender} ^{long & slender} ^{long & slender} ^{long & slender} ^{long & slender}
 oval along the ulcer corresponds to long axis is perpendicular. 3rd Edges are at
^{of mucous membrane}
 undetermined & these ed^{ges} are of a kind red colour, base is formed of firm connective
 tissue on the naked muscle. These may cicatrize & the scar does not pucker
Tubercular ulcer, they vary in size long axis need not be that of intestine
 edges of are not undetermined, usual thick & indurated, 2nd base is the

ulcer spreads by formation of new matter in borders & base. Typhoid
effects the lower 3 feet of small intestine & intensifies as it approaches
the ileo-caecal valve and perforation is always within a few inches of caecum.
Enlargement of mesenteric gland of sympathetic imbalances, they are
softened, the skin (A variety called Inflammatory Typhoid fever which ^{Harley}
says is not contagious, due to no specific cause but may arise in any
inflammatory condition of the body, this ought not to be called Typhoid
but it is not only in Typhoid fever that we meet with affection of Peyer's glands.)
Predisposing causes, age this ^{fever} occurring youth & adolescence. 52 per cent
occur 15-25 yrs, 20 under 15, 19 per cent 25-35, after 50 per cent 1/2 percent
2 It is mainly endemic in circumscribed localities, & epidemics ^{of it are} limited
3 season, most apt to occur ^{after} in dry & hot summers, scarce after wet ones
Most prevalent in winter in autumn in Europe & here. Those influences
of a depressing kind, intemperance, mental fatigue, or crowding & distribution
are held by Murchison not to be predisposing to Typhoid. Recent trials
demonstrate infected localities. Exciting cause, same theories ^{as in Typhus} I one school
led by Dr Budd, maintain that it is due to a specific poison, which
must be introduced into the body from another person, met with in place
exposed to emanations from sewers, with alvine evacuations. These may pass
through the air, or ^{be} contained in water used for drinking purposes
Impure water is a fertile source of Typhoid. In 1828 & 29 of August
case of Typhoid fever had been about & with 33, 350 cases & 250 in a fortnight
what was the cause? 1st on one day in Aug 330 houses had ^{usually} ~~except~~ obtained
their water from a new reservoir filled from a new well, & in these houses
the persons suffered. Examinations of ^{the} water should accompany organic
matter & it was situated near several sewers. When it spreads
in schools it is because the pupils use the same latrine, it is admitted that
it is contagious still it is not as infectious as Typhus. Some divide the
disease into a contagious & a non-contagious form. The stools
of the patient contain the poison in the greatest quantity

But I think that the person is ^{infectious} ^{in the} ^{fever} ^{calls it pythogenic fever (dist-generated)}
him in the hours is like that in the ^{fever}

The other view, is Dr Murchison's: he admits the contagion & he thinks it may
occur spontaneously, without the poisonous presence of poison. Conditions
which he thinks ^{most favourable} are decaying organic matters & especially faeces. sewage in a
^{state} of decomposition, filth undergoing ^{putrefaction} ~~and~~ generate the Typhoid poison.
He says, in 1852 it broke out at Croxden owing to the sewage matter escaping
& he says it is always Typhoid not Typhus, ^{3rd} ^{th^{is}} explain why it is endemic
not epidemic, & why it occurs in isolated hamlets in country. Now it
is difficult subject: Before it can be settled we must be able to say what these
organic poisons are, is it a fungus, or a germ? When sewage is contained in
our ^{then} water, we must look out for Typhoid fevers

Diagnosis often confounded with Pthisis & acute infl of Brain, & with Typhus
^{sub} in invasion, Typhus sets more suddenly than Typhoid, rigor & headache
In Typhoid it is gradual, longer before he goes to bed & rigors & head ^{ache} ^{most} ^{marked}
^{sym} ^{at} ^{onset}; In Typhus dusky countenance, cheeks suffused eyes injected
& pupils ^{enlarged} ⁱⁿ Typhoid bright red, less injection of eyes & pupils
dilated, ^{2nd} ^{ex} ^{per} ⁱⁿ Typhus is more stupid, delirium more muttering In Typhoid
it is more active & is ^{earlier} ^{3rd} ⁱⁿ Typhus, it is a hard thick ^{lean} tongue
found with thick ^{white} ^{fur} ^{on} dorsum, In Typhoid it is flat large redd tongue
glazed & has little ^{white} ^{fur} ^{with} persistent moisture & stool a In Typhus
they are dark consistence of mud, diarrhoea is exceptional, do not excoriate
patches of Peyer's glands In Typhoid, ochre-yellow, ^{stool} thin of granule substance
suspended in liquid diarrhoea is rule, alkaline reaction & growth
of Peyer's glands & triple phosphate, In Typhoid tenderness and
tenderness with gurgling are ^{more} ^{common} In Typhus they are rare, The pro

In Typhus pulse ranges high & does not fluctuate, Typhoid fluctuates
& softer falls, rises & falls upon ^{peculiar} ⁱⁿ temperature. 1st Typhus
more undulating & on the 1st day is 103-104 In Typhoid rise slow
1st each day, if on 2nd day it is 104 it is not Typhoid & if it be not so 102
it is not Typhoid, 2nd the oscillation of 4-6° in Typhoid are not seen
in Typhus

I lastly the defervescence differs gradual in Typhoid, in Typhus it is sudden, Rapid
 & slow decline is in Typhoid. The eruption in Typhus is out in 5-7 in
 oral lab 7-12 In both the number seen varies depends on time
 & is converted into petechia & remains out several days. Typhoid it is
 roseola elevated & no other than & in 2-3 days & is succeeded by fresh
 ones. The spots are more limited than Typhus than in Typhoid. After death the
 spots of Typhus are visible not so in Typhoid, diff in duration. Typhus
 is shorter. Typhoid is longer & not as regular. In Typhus convalescence
 is rapid. In Typhoid relapses are frequent & are
 prolonged. Typhus kills by coma & asphyxia. Typhoid by haemorrhage
 or peritonitis or exhaustion. Typhus is fatal in 2 weeks. Typhoid in
 3-5 weeks or later, Disease that of bowels is the
 Typhus at all ages, Typhoid of youth & all. Typhus epidemic Typhus is
 more endemic, Typhoid is almost the apex of poverty, Typhoid among
 the rich & poor. Typhus

Treatment of continued fever, Cause cut them short, yes & no. Two opinions.
 Those who think they must run a definite course say no. Others think they
 may be reduced by treatment, or are probably not sufficiently acquainted with the
 disease. 1st cold effusion, much used a few years ago, & given up. The N & B
 say that it reduces the duration & occurs. cut them short. Linnæus says it is
 now admitted. Emetics have been recommended, & it is agreed that at the outset
 it may cut short the disease, & either it is shortened & the severity is diminished
 give 1-11 $\frac{3}{4}$ grain Epsom salt with warm water & repeat once or twice a day for 3-4 days
 From Newberry say that 2-3 large doses of Calomel 9ss & well combined cut short
 How shall we treat a case? In that ordinary cases by diet & hygiene, we cannot do more
 must lead. Dietetic & Hygiene During fever waste goes on & is not compensated for
 by the food, kind of food liquid at first, mull and beef-tee, give a wine glassful
 every 2 hours, if rejected or much de 1/3 pt of Aque Calci, a variety in
 decision, & should be varied, 1st beef-tee, beef juice when much vomited

various broths, mutton, chicken, eggs raw or beaten in white ~~cream~~ whey
beef-tea is more digestible than milk, So valuable is liquid diet that Dr. Ch
bers has given 7 quarts a day. Starchy food objectionable apt to decompose &
produce flatulans, arrow, sago, baked flour from proper food in some cases
ground rice, Sometimes the rule is reversed in convalescence & solid food
sometimes needed, but return to solid food very slowly, sometimes for
Cold water may be allowed except Dia ad lib. It is a valuable drink
Soda water, Lemonade, Kump vinegar, Dilute muriatic acid.

Hygiene he should be in a large well ventilated room, windows open
temp. 65°, cleanliness to person and bed, change daily, wash with cold w
& carbolic acid. In later stages tepid water & vinegar. Above discharge put
a chamber or corker acid of chl lime condys fluid or ~~or~~ ~~or~~
from room, the dry earth closets are useful, another point is never allow
to get out of bed, save his strength, do not let him see many people, &
if treated on diet & hygiene we should have as good success as given drugs & med

In mild cases ammoniac acid vit-mur xxm, and sulphur xxx, chl Phos act-xx-xx
how they act is not easy to say, but they probably neutralizes the effete matter & pro
eliminates by kidney, the caline or cit of potash & goes in sweet water & prep
usually with sweet sp of nutm, they eliminate effete matter, diuretic. Generally
admitted that retained waste matters, takes place in fever & account for the con

ditions & hence we select drugs that aid in elimination. In severe cases, & less 106°
106° 107° fatal. New method evenable, 108.5° has been observed & in 24 hrs aft 107° 108° in 24 hrs
other means should be employed, danger of heart-paralysis, that a high
aft 108°. In setting spinal down 4-111. Rapid rise in temp fatal in 2 hours more or less
is dangerous, to reduce temper, none so good as cold affusion, but it is
comes out unless cold affusion
as it followed sometimes by prostration it ought only to be resorted to in
severe forms, as shown by high temperatures, we have a safer means & it is
by ^{new} steam bath. he is put in a warm bath 10° lower than his body & gran cool it to
68° by pouring cold water in it & keep him in 20-30 min. remove him to a warm bed

this may be used 4-5 times in 24 hours. 339 cases by cold water bath were treated by
4. plung bath at once into bath of 68°, not as a 88°
a cold German phys. Another method is cold sponging with water 68° or tepid
Cold wet sheet packing is available when water is not to be had
applicable to every case. In severe cases seen in 2 or 3 doses in hrs
Physicians speak high of cold bath for 15-20 min. Cold affusion to spine & injection of
water in the rectum will do good

a committee of London under the lamp of quinn

and digitalis is well spoken of. They reduce the temper & slacken the pulse
lastly, one other principle combating "the mode of death", they die by asthenia

by coma or by asphyxia, 1st Exhaustion, how prevent? use of proper food
stimulant to & lincii, "stimulant" when indicated? as a rule when pulse

exceeds 120 is weak & irregular or dichrotic, a weak impulse of heart
coldness of surface & hoarseness & dryness of tongue & cordes, low muttering delirium

tremulousness of large muscles, a combination of high temp & delirium, old age
and congestion of lungs. Erysipelas. of all stimulants, the most useful is alcohol

& is food in fever. & one of the best, it is used they are prescribed for the alcohol they could
in acute febrile disease whiskey & water will do especially in early stages offer a 74 plan

on the other hand the attental constitutions prove an valuable in later stages of febrile aff
in weak condition of heart. The best brandy and the of diet for the latter is thin

even brandy is not a substitute unless it is very old. 6-12 oz of cherry or 1 pm of Hock
or claret in the day. Those which are effervescing also have use in fever, Champagne

when violence of fever & derangement of digestion are out of proportion to the fever, home
respecting the quantity of whiskey 3 III-IV or 1/2 pm & same of brandy or 1/2 3 2 oz half hour

even children need some. Certain signs of apoplexy when the lamp falls pulse reddened
tongue mounts delirium coma subside. Another is by smelling the breath, & a amputation

where more than 1 gr is seen in 24 hours. Dose 1 pt of Bel of Pot. in 300 & half
of powder for be added to 15 dr if at first to emerald green, too much has been

given. Another stimulant is ammonia, it does not stimulate the brain, 1 gr in 3 hours
stimulant in certain cases with the alcohol, & the Chloric Ether, 13-20 in 2-3 hours

use in cases where much phlegm not able to stir it up, 1/2 pm in even 1 hour in
Tonic, Lincii in

begin when tending to death by asthenia, especially when a nervousness is present
Means of combating death by head symptoms, as a rule when much heat of

scalp, forehead have the scalp & put 1 pt up to 2 of water & change frequently
How shall be treat D. Ferox? apply ice caps, powdered put in oil skin

cup or a pillow of ice, if not suff dry cup back of the neck right & wrong
& perhaps 2-3 of of blood of leeches either from scalp or back of neck, especially

if palaeovigorous pupils contracted & influence along symptoms are present

Some will give stimulants in ^{is good} ~~the~~ ^{delir} ~~the~~ ^{delir} tends to coma then
cold effusion, hold his head over the bed & pour a jug full of cold water on
the forehead & head or a blister over the ^{neck} ~~forehead~~ ^{on the side of the} ~~neck~~ they are best adapted ^{are} ~~are~~
from coma. Examine the urine, alb may be present or ^{it may be scanty} ~~it may be scanty~~
give diluents liberally ^{& sweeten if not} ~~and~~ ^{not} ~~and~~ ^{not} apply emulsions, wrap hot air bath, act on the
The milliners & delirium seem to call for sedatives, as a rule do not hesitate
to give either opium to procure sleep in these circumstances. ^{Contra-ind} ~~Contra-ind~~
ications, great heat of scalp, dry hot skin, & contracted pupils, ^{hardly at all} ~~hardly at all~~
if ^{of any tendency} ~~of any tendency~~ to venous congestion or dyspnea ^{or lung emphysis} ~~or lung emphysis~~ if kidneys shut, little use
you would not give opium. When in doubt give xxx gr Bro P O twice
in ⁴⁻⁵ ~~4-5~~ hours or Hy. Chlorat xxx gr at bed time, ^{or perhaps necessary in 2-3 hours} ~~or perhaps necessary in 2-3 hours~~ or Indian hemp, 1/2 gr ex-
tract, Camphor in large dose for sleep & to allay tremulousness, 5 gr do
It usually yields to, nutrition, wine brandy & beef tea. Leading to death by disease
of lungs, ^{Asphyxia} ~~Asphyxia~~ ^{or} ~~or rule is that in the treatment, we pay our attention to the gen-
eral system, & treat the fever, not the local disease, do not neglect
to change the posture frequently, so that congestion of dependant
parts of lungs may not occur. ^{hyperstatic pneumonia} ~~hyperstatic pneumonia ^{of} ~~of ^{debr} ~~debr ^{transf} ~~transf ^{with} ~~with ^{emph} ~~emph
independent stripes, or clay cupping ^{most} ~~most ⁱⁿ ~~in ^{stable} ~~stable, these may be added to our saline mixt^{ure}, ^{with} ~~with ^a ~~a ^{little} ~~little ^{alk} ~~alk
stimula, internally ⁱⁿ ~~in~~ ² ~~2 ^{hours} ~~hours ⁱⁿ ~~in~~ ^{morning} ~~morning~~, ^{is} ~~is~~ ^{good} ~~good ^{op} ~~op ^{erment} ~~erment, & give them liberally
stimula, emulsion, turpentine, For ^{neumonia} ~~neumonia~~ the same ^{is} ~~is~~ ^{app} ~~app
licable, (occasionally copious secretion in bronchial tube, give an
stimulant emetic, a table spoon of must in water or 3p of Cal can
combine senega with Carb ammon if no diarrhoea, if there is give
squills, a valuable one is turpentine xiii in mucilage or milk
& gummie is valuable in small doses) Sulphites as the fever an-
drought to depend on fermentation the elimination of sulph acid
would be beneficial. they have however proved useless, they
have proved beneficial in purpuril fever. In Typhoid diarrhoea
is a common form, avoid irritating purgatives, give a mild one
one tea spoonful of castor oil, x-xx grs of Rhubarb, if much drank
milk & lime water or inject Sennam xxiii in 3/4 pint~~

the Sulph. acid mixtⁿ or acetate of lead^{III} & opium¹⁰⁰ or 1/4 gr of Aclum Morphic¹⁰⁰, Dil sulph acid mixtⁿ with Sulph of Zinc. 3p of dil sulph acid & old sup Copp pill 4p. 48 & 98 in
 Occasional vomiting, combination of Bismuth^{XV} with 1/8 grs each cod & 4-5
 min of dil prussic acid. or add a little chlorodyne. Sup^{III-V} m^{III-V} of Si^{X-XV}
 stimulate stop all food & give little pieces of ice, put a sinapism
 over the stomach as a rule stimulant an^{III}, as can^{III} called
 for in typhoid & especially in children^{III}, ^{Meteorism} food may be sent^{III} ^{Abdomen} deluded with
 a little turpentine, or St. Kerebuntt^{XV} drop & oil of olive^{XV}, or introduce
 along tube into the rectum^{or injection of urethra}, Another symp is Haemorrhage, if mod-
 erate do not interfere, apply pounded ice over right side of belly, cold
 drinks, ^{III} Fine of perch of iron XXme ev 4 hours, or lay dose of Galic
 acid Xgrs Xgrs of lead. Turpentine X D in a little milk or warm
 water & sugar of lead or bladder. of ice over the belly
 inject astringents per rectum, 3 of sequent of iron. When peritonitis
 when small injection of cuppy. pulch^{III} with milk, but in both the ditto
 occurs trust to opium 1gr doses 2-3 hours. A good rule is to watch for
 weeks after convalescence it sometimes light up P^{III} this if they
 sub^{III} slowly, give them change of air, feed well, cod liver oil, veg^{III} bill)

Bedsores, 1st cleanliness of patient's body, 2nd change his pos
 & propeuse of pillows, air cushions, & wash the red parts with
 post wine or L^{III} plumbic^{III} of inflamed part with 3rd of Mt. Arg^{III}
 & cor with Emp Laponis, if swollen spot dusky with Zinc or tartar out
 of slough is present give portices^{III} as a bad sign (Prevention of
 Typhoid, as it is due to matter from impure water^{III} we should
 be care of our water, wells & cesspools far apart & well kept, than
 cesspool & should be made water tight. In towns it should be got
 from some remote source lakes in iron pipes, In towns we should
 have no wells or pipes & our water closets should be connected with sewers
 & lastly our water should be filtered or boiled & the soil should
 be well drained, soil saturated with surface water is just the
 one to fructify these germs

a continued fever. Mild cases bear a nature, about that of a
purgative, calomel or X of the bowels, if urgent vomiting there for me
for typhus or for an emetic. Can we on decline of fever prevent the relapse?
our means is a quiet mode of conducting oneself on part of patient
low diet, genuine under do X or 4-6 h has failed, Arsenic XX 7 sol
has failed & by X Fe. In this is differs from other intermittent
Dumy convalescence general tonics, generous diet, change of air, the
word as to ophthalmia, the inter. or in bleedg & mercury 2-3 taken
from arm will cut it short, Ammonia resin tonic & support
Fabricula or Ephemeru

Last 24-36-72 hours & subdues
hot & then former pale white tongue scanty urine. Cause febrile
& prostr to cold & great heat & excess of diet, the ardent fever of tropics
is like this. Medicine hardly called for

Simple Continued

Old name under which all the continued fever
came under this, but now it is rare. Cases occur which you
cannot classify, there is applied the name Simple Continued

Cerebro-Spinal Fever

Till lately Cerebro-spinal fever was called Epidemic, with of the
and spinal cord. Definition It is a malignant epidemic fever
often of painful cont. of muscles, plex & str. of head
accompanied by profuse purpura & effusion in joints, lesions
of brain & sp. cord formed. Various names, spotted, purpuric
fever, Black Typhus, Plethical Fever, Thrombosis. 1st Simple of
in this group of disease of the Sp. cord, in dominant, prominent, eyes
sea, before it manifests its, pain in head, chilliness, nausea
or vomiting, pain in spine, limbs & chest, after the 5-7 days
a rigor comes on followed by pain in head or dizziness, vomiting, etc.
in all these very intense, pupil contracted neuralgic pain

parus in muscles. Temp moderate. pulse 80-100. Keep 30-40
Resilience sets in & nothing delirious & cries, he looks apathetic, in some
violent active delirium, tenderness of his body & retraction of head
pass down spine, tetanic contraction of thighs, head not
limbs rigid, legs flexed on thigh, an eruption of vesicles and a rose-
colored rash on body; as case advances eyes suffused, face shrinks
& pale, distorted, skin not very warm, 103°-105° & or more, pulse
soon rapid 120 upon large veins, bowels are constipated, belly not
sacled, urine retained little alter. If fatal, coma ensues, or exha-
ustion may come on. 2

from violence with which
the symptoms come. then by depression of vital power & blood change
as here by hemorrhage on surface & in men. Patient falls into a col-
apse skin blue & cold feeble livid eyes sunk, may be thrown in motion
by pain in head & coffee ground vomiting. Drowsiness comes on
Purpuric spots appear, in many small points or larger extravasations
sometimes in long streaks & occasionally gangrene, these may oc-
cur at outset but on 1-2 days. Temp slow pulse with exult or falls rapidly,
Urine albuminous, & death may be in 4-5 hours. Necrosis can

3 a kind of the active, Dribble of mucus with great production
Inflamm of pulmonary tracts. parotid glands, when rare, & some-
times detachment of retina, large joints inflamed, & is destroyed. May
becom complicated with the other fevers. It is most frequently fatal per-
hence at outset of epidemic, 20 per cent is milder & 80 percent is worst

Morbid Anatomy. He may die so rapidly that brain does not appear
on opening body w/ of brain spinal cord & chiefly the meninges, of
line from. The disease kills by destroying the blood. Necrosis the
spleen normal. Causes, predisposing children, adults, age 5 or rare
males more than females, climate in temperate zone 38. 48 (latit
Season a powerful influ chiefly in colder months. Family as the not
toxemic a influ over this fever, & it thus occurs especially among

barrels, jails in saw-wards, exciting cause not known, Falig
odd though to buy it on, Mad bread has been suggested as a
cause by P. Richardson, not ^{thought to be} communicable, but doubtful. 23/10/70

Treatment against all treatment has had but little good over the
operation is contraindicated, cupping & sweat has afforded relief to the
neuralgic pain some speak highly of Quinine & opium given freely follow
by 20 grs dose of calomel continued with castor oil, opium, & still speaks
or opium given in gr doses ev hour skin grew warm, & patient
was more hopeful. Favourable report of Quinine in large
doses. Another remedy is the Sweet-sageuch Ferri with Ergot. Local applic-
ation of cold, ice applied to nape of neck & down the spine, & which may
guard against nervous depression, if act thus apply external heat, hot
tts of hot water, pillows of hot rags, cover abd. & chest with wadding
if much collapse apply warmth vigorously. Mergner that, in an ord-
inary form, stimulents when called for by the condition of the patient
Mergner recommends antiphlogistics, local bleedings, ice compresses
and calomel internally, &c.

Contagious Yellow Fever, Fever not found beyond 48° north latitude X
Malanous Fevers Omit

called periodical to distinguish from continued, under this head
intermittent, Remittent, & Periodic yellow, these are all grouped
under Malanous because they depend upon territorial emanations
with qualities of climates & degrees of temp. Malania is Italian word
for that marshy emanations, probably an organic poison, this may
remain latent an indefinite time in the system, but in low
states of the system it manifests itself. Cause & propagation
There appear essential prod^{uct} ^{infection} a certain heat moisture & age of
the decomposition, 1st temp over 60° is necessary under this it is
harmless, duration of temp must be protracted near the Equator
the more violent are the malanous fevers. In cold climates

2
They do not appear till middle summer moisture is necessary
to the generation but excess is fatal to it, ground long submerged
evolves malaria, soil composed of stiff adhesive clay is favourable
sand, alluvial soils contain much organic matter, malaria
adheres to water & is carried up in its evaporation. 700-1000 ft. Pine
Marshes or 3000 in south America. If marshes are thickly covered
with water little miasm is evolved. In the night miasm ^{the disease}
& is contracted more at night than by day. 3 is vegetable decomposition
opening of virgin soil becomes a source, overflowing of lands by freshets
is followed by malaria. Mouths & delta ^{of rivers} are particularly obnoxious to the
aria. Has been attempted to show that vegetable matter is not instead
said to abound in rocky places & sandy deserts. Water has a powerful
affinity for marsh miasm & explains the danger of low flat ground
this explains that after heavy rains the atmosphere is devoid of malaria
hence a rapidly running river & a large sheet of water is an advantage. A
you may protect by belts of trees. Simple plan of covering windows with net-
blinds will exclude miasm. Among the other has under the practice of
building fires in hot weather during malarious seasons. The way in which
cultivation of soil excludes malaria is this, that it turns it up & exposes it

Intermittent or Ague.

two types, ordinary mild & Remittent or congestive intermittent. Character
of paroxysm recurring at stated periods & absence between the paroxysms
the period of intermission is between the end of one attack & the beginning of another
interval includes the fever and the intermission. Ordinary ^{paroxysms} quotidian, tertian or
quartan may others as section, quotidian, &c. & the regular types are
subject to diversities of quotidian is sometimes double, tertian may be double
if either occurs at different times or differ in their characters. Symptoms
a paroxysm consists of the stage cold, hot, sweating, first paroxysm
may set in with suddenness or with ^{the symptoms} those that precede fever, as usual
morning, some day he will have disturbances of health another he will

Legitimate will. Attacked with chilliness or rigor in this his teeth chattering
skin shrivelled, goose skin, lips & finger nails blue, complaint of cold
sweats fair yet the temp is a little subnormal, within 45 min he is
hotter than natural & the temp rises during the whole cold stage. During
the pulse is small & slow often irregular, tongue moist, pale
yet he is thirsty, nausea & vomiting, secretion scanty, pulse empty,
vires ophthalmica & pupa. patient has hurried breath & oppressed
th. syst. pain in back limbs torso intractably, wandering or dreamy
sandy comatose. This cold stage for last an hour, hot stage comes
on gradually, even when begins to be hot he complains of cold. at least
all chilliness passes away the complaint of being heat - temp 105°
pulse more frequent full & strong, mouth hot and dry, thirst, respiration
quickened & frequent, sweat, skin dry & hot. urine copious in ear
part but scanty at the close & deficient in urea. throbbing in head
& pain, distension, ^{etc} delirium occurs sometimes, the last
2-3 hours. Dur it herpes on lips sometimes occurs or pathological spots
Sweating stage. fever delirium sweat breaks out at face & back & becomes
generally in a few hours he is well, urine less copious, duration of
acute paroxysm will generally 10-12 hrs in grave, 8-10 in fast, 5-6 in grave
For slight cold stage, this is called dumb ague some sweating
is deficient or instead copious diuresis, in some dropped effusions
into serous sacs, Period papyric near per of disease ^{the profever} he is subject
of furious tongue impaired appetite languor debility, pallor, sickness
nausea, vom. in epigast. in few days fever, but of this quick pulse, rather a number
As duration of ^{intermittent} tend to end spontaneously, end after
4-5 paroxysms. ^{traces in acute duration as 10 weeks} ^{Sept of minute 2 or 3} ^{or 4-5}
Occasionally compl with ^{mild case} in of more or less
of ^{inflammation distinct} ^{type} ^{of} ^{kidney} ^{bowels} ^{brain} &c. It destroys its
intermission. It continues. Effects of ague are often of a serious character
& destroy blood globules ^{the profever} ^{does likewise}, various organs
suffer especially the spleen, in hot stage is enlarged & of long exposed

Signs of ang. cold to head cupping temples

-- or a cold bath

cold. sponging may be employed unless he is old & thus pulmonary

In curating does not require much do not allow him to walk about

In the intermurm we prevent if possible, by means near the close

of pyrexial period ^{as possible} My sine of purgation of arm is high colour and

tongue ^{amongst} ^{in 24} calomel & ^{Chart. XL or H. niger} sedative powder afterwards or 3 Cathartic

Pills. Gallack's serous sweats ^{or after 2-3} quin & purg at the same time

usually but one fit will occur if the proper use of Quin & Pur

method of giving, some do not tolerate, small cin pill for 1-2 grs

in 2 hours, or other hour ^{the small amount of cin pill is not tolerated in mild cases} in solution 65 grs by 3-4 hrs these

produce some of the signs of Cinchonism, if water is drunk begin

with a large dose ¹²⁻¹⁵ x x grs ^{especially in large sections of the system especially in the case of} when it is not obtained or when you must

introduce ^{the introduction of 2 hypoder} ^{or give it by injection} 40 grs in 3 grs 40m of ac but dist

filter. 18 hypoder = 4 grs by mouth. 3 of 2 in 3 1/2 after, Any cough

which renders the intermurm indistinct reduce the local inflame

of opening cap & give R Br. of mild ^{Paroles as we do} small doses. Next to 2 stand Arsenic which some

succeed when 2 fails ^{good when given in fruit} 5 m or more to P- 11 3-4 times of injection of

conjunction or unpleasant sensation, or edema of face, or cough of large

the suspend the use. Besides these all the vegetable bitters as

Sulphate of Berberis, Strychnin or ^{Piperin} 1/20 1/20 grs & Salicin is useful

Sulphate of soda ^{the same large doses & the fruit} ^{is useful} same, not at all as reliable as 2 do not

act as promptness. Relapses are frequent in acute & treat as an

acute attack Anticipate by a large dose of 2 6-12 grs, they often

occur on 14-21 days. Do prevent the relapse Quin should be given 2-3

months 1/2 or 3 times a day, we do not remove the poison from the system

for months 2 enables the system to combat the acute ^{of obstinate} ^{desirable to remove}

patient from malarious districts to a high dry diet

Remittent. Bilious Remittent; Benign

^{Silens fever. mepiteyana} Miasmatic Remittent is a good name. It depends on malaria

& it sometimes passes into intermittent & 2 it occurs almost

exclusively where malaria exists. we do not know what

... of the hand & ... another time ...
 ... shall have ... Types same as ...
 ... most frequent, ... double ...
 ... occurs every day, ...
 ... at any hour ...
 ... a morning ...
 ... has many ...
 ... hot ... & ...
 ... almost continuous ...
 ... all occur in same case. Symptoms ...
 ... two or three days. The most common ...
 ... & ...
 ... chilliness ...
 ... health he is attacked, a cold ...
 ... of cold stage of ...
 ... when ...
 ... pulse ...
 ... seldom ...
 ... on face ...
 ... in a few hours ...
 ... not always complete & variable in duration. ...
 ... occurs by like the first ...
 ... the same stages, when ...
 ... become less distinct ...
 ... symptoms, ...
 ... become black ...
 ... eyes ...
 ... headache & pulse ...
 ... without ...
 ... pulse ...
 ... pulse varies ...
 ... at 3-5 day

may be entire deep yellow
headache ^{disturbance of vessels, subject of eyes, drawn} delirium, occurs chiefly at night, stupor
or hemiplegia may come on, not present in every case, ^{Course of prominent thro} ^{End in 2-7 weeks}
either of crisis, by evacuating, diarrhoea or even in a que, or a low form
of Typhoid, when continued last 7-15 days terminate by gradual
decline or may change into ague, ^{may be fatal} ^{Modifications, differ in different places}
as intermittent fever, same alterations in the ^{as part of mal} ^{as part of mal} ^{as part of mal}
bowels congested, ^{liver} ^{spleen} enlarged, ulceration in
bowels, ^{has been noticed but is rare} ^{softened} ^{relaxation} blood attended & pyre-
tic matter abounding. Treatment - like that of intermittent
in Quinine in same doses as ague, ^{in the minimum} ^{in the minimum} ^{in the minimum}
if effects are not produced in the
minimum in the febrile period as well, in addition the various
symptoms that ^{in the minimum} ^{in the minimum} ^{in the minimum}
tend to ^{in the minimum} ^{in the minimum} ^{in the minimum}
sedatives of fever should improve ^{in the minimum} ^{in the minimum} ^{in the minimum}
but continue the Quinine. After convalescence ^{in the minimum} ^{in the minimum} ^{in the minimum}
as in ague, minor from the localities. A variety of claims & rep-
arable notes. Perniciosa form or congestive or Malignant; con-
gestive for congestion of internal viscera is common, ^{marked & the usual}
form north of Philadelphia chiefly in Tropics. It is most frequent
intermittent types & usually of tertian character occurring quotidian
sometimes ^{intermittent} ^{intermittent} ^{intermittent}
occur any period of day or night daily 2-5 para. Perniciosa
symptoms appear, ^{may} ^{may} ^{may}
in different cases according as it influences portion of system
apoplectic form, in this tendency to coma, ^{mental speech} ^{mental speech} ^{mental speech}
of stupor, respiration stertorous, pulse infrequent. Delirious
form either active or passive in coma. Convulsive form
of epileptic kind. Algide form resembles the cold stage in cholera
blue appearance. In this fever succession of stages absent not ex-
act order. Face shrunk & impurple or anxious surface livid
and cold fingers shrivelled, cold perspiration, tongue clean

Lames Boullé m Duck et

or humid
 release thirst, rucamies in epigastrium, nausea, vomiting,
 loose stool, frequent ^{cupimus} & like dish-water, ighing humors & ¹²⁰⁻¹⁶⁰ ^{oraked} ^{atly}
 Pulse small rapid, irregular, ^{occasional} suppression of urine, haemost
 from stomach. ^{stomach} Come symptoms ³⁻⁴ hours after the onset
 a reaction sets in, ^{but not proportionate} pulse irregular & feeble, if heat of surface sets in
 it is hopeful, if no reaction danger is great. Sometimes the attack
 without fibrile reaction, the second attack usually destroys ^{is more even}, some-
 times no reaction is established ^{the attempts occur} & he dies collapsed. Treatment is
 best - the ^{first} stage with active, carry him through the paroxysm &
 avert the return. In cold stage restore the heat, hot salt & c. c. rub
 back with Dr. mustard brand & pepper, diffusible stimulents ^{not less}
 Chloroform, ^{with balls or hot air ball.} of great value, soothe with Br Pot, Hy Chlorid
 & opium. If some cupimus & acrid relieve by a hot air bath, anaphro
 actin cathartic, ^{Calmagul H Niger} Pul Laxope Co, or Durrell, Digitalis & Aqua. If coma
 then sinapism to calves, spine, back of neck, cold effusion, ice caps
 & mouth to be ^{to be} necessary, necessary to abstract blood, cup or leech, active
 purge ^{if cold bath have exceeded when all others have failed} ^{These should be persevered in till he is out of all}
 pent, & then give ^{reaction comes on} Quin or iron at the outset in this form in large
 doses. Favonite practice give large doses XV - XX grs & repeat 3-4
 hours. ^{quid quid quid} Quin will soon inject hypoderm, some give small dos
 at short intervals. In some profound collapse cold effusion &
 cold baths have been useful. The Quin is continued after the paroxysm
 when he is out of the state of fern into ague treat as already told
 Remittent - yellow m m occurs. Dyspho. Mclania Eulen fever
 with malaria.

Mucous Fevers

Dyspho. Erupts ^{cough} Whooping, Dysentery, Drunken
 accomps with fever & mucous membrane is attacked

When epidemic slight forms of sore throat prevail as
in Chile diarrhea prevails

Diphtheria

in 8/18 metal ions & s-gy like melitragum

Antonnarius Diphtherie. Probably has occurred from 2 or 3
periods. The epidemics of sore throat in 16¹⁷⁻¹⁸ century were Diphtheria

Symptoms Four forms of it. Mild, Inflammatory or Severe

Insidious & Malignant. Disease is sometimes preceded by

constitutional symptoms ~~at other~~ as a sub etc. local constitu-

tional may come on together. Among earlier symptoms ~~of~~ lassit-

ude signing, pains in back limbs chilliness pallor, vomiting

& diarrhoea occasionally convulsions in children. Headache

obtuseness, muscular weakness, pulse rapid 120-140, feet

often fall on 2 day Tongue moist creamy fur, pale urine

& albuminous, slight sore throat redness of soft palate, tonsils & fauces

& cervical glands enlarged. These may be transient a few hours or

only until the sore throat becomes marked. Interval of two days

may elapse. Mild In these he suffers little has a appetite, slight

fever, no complaint ^{difficultly swallowing} ~~is~~ nervous about, ^{fauces} redness of tonsils & palate

enlargement of glands. These are overlooked. In other case Severe form

& symptoms are numerous, after chilliness, vomiting & diarrhoea

achy & back & limbs diarrhoea pulse 120-140, temp

104-105, restlessness, dizziness & prostration of strength, ^{may be unobtainable} ~~marked~~ red-

ness of the throat, polished ^{or} ~~or~~ red adenoid ^{small} white patches in

crypts of tonsils, when of severe darker colour, purplish hue

& in these the fauces are covered ^{with grey patches} in 10-12 hours. In short time the

constitutional ones become severe ^{when attempted to swallow} pulse frequent, surface hot

could & collapsed, deglutition difficult, food refused, soon a formidable

case. he is unable to swallow, harassed by attempts to swallow mucus

Take membranous spread & under grey like wash leather of film off old boxes from ⁱⁿ ~~in~~

offensive odour. Swallowing of neck increases in size, nervous in full action

quick, ^{bravely} ~~in~~ some it extends to larynx, this indicates of hoarseness

or extinction of voice, ^{dyspnoea} & signs of deficient oxygenation, lips & fingers blue

in some these symptoms are insidious. Insidious When he has

probably has an attack & has got well after a few days

he is out of danger, all at once ^{not only temporary} croupy symptoms set in & he is in a hopeless condition in a few hours & dies apnea in 4-5 hours

Malignant: with violence ^{sets in} that overpowers the vital powers, the constitutional symptoms kill, ^{they die with out the pelvic form,} sore throat first symptoms or running from the nose. ^{Course} Schendenian sneez ejected, intense fever heat of skin, ^{Pulse rapid & small, few large.} acute headache, in 2 hours false membrane, ^{is formed} offensive discharge from nostrils, Cervical glands ^{& cerebra membrane in the throat} & regional enlarged, the small ^{airways} difficult, ^{infect} in stricture. Child restless, ^{& agitated} livid paleness, low delirium, ^{in general} bowels falls pale pebbles & he dies profound & exhausted, & ^{and quick} in a few days.

Signs of improvement obvious, Expectorates cease to spread, gradually desquamates & is absorbed & glandular swelling, good down he can swallow, takes his food better, weeks before convalescence is complete. Duration varies, in favourable ^{cases} improvement 4-5 days, although sometimes kills in 48 hrs. When fatal in 1st week is through ^{Complications} croup when asthma occurs in 2 weeks, on average 7-14 days, there is ^{is slow} abatement in 50-60 per cent & often present at outlet, but but short time & is due to specific morbid action of poison on the kidneys, sometimes bloody, the rare tube casts, Urine not diminished seldom followed by dropsy, ^{or meningitis by infection} haemorrhage from M. Mem. may occur especially from throat, Epistaxis, haemorrhage from bowels, ^{Pellucida on skin} Purpura, Bronchitis.

^{Pneumonia} occasionally, A remarkable sequel is a disorder of the system, of grains from takes place with from convalescence, or ^{is} at night often, contact is paralysis of soft palate or pharynx, when soft palate & the flaps are ^{& anacathone of voice} needed through the nose, when Pharynx difficult in swallowing, ^{Choking} & may be touched & no action occurs, Inspiration of pharynx action, slow & weak pulse, heart's action feeble even 24 beats in a minute & in one case 16 times in minute. Muscles of Respiration partially paralyzed ^{by galopium} & you have to stimulate the muscles, ^{or in stricture} other symptoms in the stomach, & inconstant vomiting & last a general form of apoplexy about 4 weeks, ^{at the base of the} paralysis in the throat, or in lower extremities.

This thought that ^{often}
fibrinous exudation not more poisonous than other parts. Stage
incubation from 24 hours to 8 days, might commence as late
as 5 weeks from breaking out of disease. It occurs ^{usually} attacks 2 or 3
times but are mild attacks, certain other diseases predispose to
Diphtheria, scarlet F., Measles Typhoid & Erysipelas, Insanities and
illness. foul air ^{fatigue & hunger} & recent food & ventilation, predispose
to this disease in favouring the ^{development} of the disease in localities. It
is kept alive in this way. Youth is most prone 2-12 years. Girls &
women more obnoxious, simpler than robust. Family constitution
predispose to Diphtheria. Usually epidemic occasions & spreads, more
epidemically. It is especially must be distinguished ^{from} Diphtheria & Croup.
Diphtheria may be known by false membrane, by ^{enlargement} of
glands & by tendency it has to spread into larynx & by good general
debility. In Diphtheria little yellow chess excoriation may occur may
be distinguished by following, colour is yellow white, distinct circumference
& project above do not extend in size from day to day & of detached
& then a smooth the follicles not tending to bleed. Croup will be seen in
Treatment is specific, like the others I run a course & we
must support vital powers, marked depression ^{& blue hot} & weakness of pulse
& call for stimuli alcohol in small & frequent doses, large dose of Quinine
is useful for vomiting, ^{headache} ^{best for} ^{stomach} ^{the day} ^{morning} ^{at 3, 4, 5, 6, 7, 8, 9, 10, 11} ^{at 3, 4, 5, 6, 7, 8, 9, 10, 11} ^{at 3, 4, 5, 6, 7, 8, 9, 10, 11}
obtain. give 1m of Iron, Peracetate, or Esquichant in large doses 20-40
min. vehicle 3p glycer 3p age 3p in the day of Peracetate. ^{in the throat} ^{of children}
that is red, & menuractive from of iron amendment ^{act locally} in
an astringent cuts off blood & causes papularum, the general effect
is but topical action of stomach & bronchi as on the blood, membrane
brane ceases to extend, secretions diminishes & general quies improve
from sweet food time, when adrem, local treatment is called for
If you find a membrane apply a col Arg but 1-3 in or 5 pt of
Mullein and honey this will soften the inflamed part
Sulphur carb. Sulphur one cube with 7 1/2 of Sul can of the all

If no pellicles then a weaker sol 1 pint oz t 8 of wat, Pricks of Am.
 4 1 pt t 3 this is an excellent astringent application, of lightew
 without order a gargle 3 ^{of 7 or 7 1/2} t 3 VIII for steam throat with hot wat
 & vinegar. If quins in y & rd injud with lesq. 3 pt t 3 VI of 3 pt
 of Hyem. he is valuable as a local application, Common recentin
 gargles of chlorate of Potash VIII t 3 or Borax ^{of 7 1/2} strong solution of or
 like as lozenges. If for the Carbonic acid 1 pt t 3 a gargle Couly flu
 by pocho of soda 1 pt XI of acid sulphurous acid valuable application locally
 while this is going on maintain the strenght, if neglected the local disease
 will extend, lots of beef tea, turtle soup, milk & alcohol is necessary
 a tea spoon of whiskey 2 hours to a child under 2 yr. an adult in 4 pint
 of cherry in day. another remedy is Linnæus & in milder cases, ^{of 7 1/2} ^{of 7 1/2}
 and acid ^{of 7 1/2} Linnæus is doubtful, what do when larynx is
 implicated, desperate strait, if strong symptoms active, 3u. Turp. as
 as an emetic or Cup sub supply the col. ^{of 7 1/2} or turp. 1-3 with pu-
 bany. May be necessary to purge for calomel, no antimony, Iron cum
 the continued, other means as admixt. of gently spray. Sul-
 phurous acid spray, or lime water 1- t 30 in form of spray ^{of 7 1/2} & after
 this tannin 1-20, in young child in almost impossible time
 If they fail & symptoms of asphyxia in common, perform Tracheotomy
 do not wait till lungs are affected & patient is sinking. Complications
 of albumenuria, appears that mixed or water again as hot air bath
 hot blankets, fomentation scinapism over the loins & external
 diluent and acid drinks, reduce the stimulant. Heart in
 mineral acids are useful & cease the Iron. Hygienic means
 principal as Scarlet fever. Keep the child apart. Occasionally
 we meet with a form like common Linnæus & it is regarded as
 Diphtheria. It is with out the pellicle, in these cases both sides of
 throat are affected & more tendency to ulcerate than in Linnæus & is
 more prostrating, & nervous symptoms follow, they are rare case

chiefly in old persons & is less fatal

Constitutional Diseases

8/11/70

Involves several parts simultaneously & in succession are inherited
many are developed by agents generalised through the body, apt to be ep-
nodic. Names, four & twenty, Rheumatism (Gonorrhoea Syphilitic
Acute, muscular & chronic) Acute Chronic Gout, Gout Syrovitis,
Chronic osteo-arthritis, Purpura, Scurvy, Diabetes, Syphilitic
Cancer, colloid disease, Lupus, Rodent ulcer, Leprosy, Scroph-
ula with & without tubercle, Rickets Cranium, Anemia Chlorosis
General Dropsy

Rickets

an important medical disease, now admitted a cause of 4/3
mortality in sick children in London & as common as syphilis
1st Morbid anatomy, first change enlargement of growing ends
of bones all long bones especially in wrist, ankle & olecranon epiph-
yses thickened & epiphyses enlarge, & cartilage which covers it is
thickened, periosteum is thickened, excess of calcium in bones & a
peculiarity is that cartilage all an ossifying & is misplaced, then
the bones are softened & yield & form deformities. This is due to excess of
animal & deficiency of earthy matter, ^{in healthy} 37 pt of organic & 63 of inorganic for
rickets 74 of animal to 21 of inorganic. These when boiled of lu-
can crystallization, flat bones are thickened not at points of ossi-
fication - a ridge like elevation is produced as in sutures of skull, the
consequence of this peculiar deformation, the head, as regards size
may only appear to be enlarged & in many is oval. Square head is
characteristic but among a deformity ^{in form} corresponding to
each suture & a ridge on each side. Fontanellae open till after the
2nd year or until font-till 3-4th. Inferior the head is oval & frontal
suture is elevated, enlargement is occasion^{ally} due to hypertrophy of brain
or hydrocephalus but former is the most common, others

Natural curves of spine are increased. The child has only
two curves instead of three, one large dorsal curve ^{one curved} if it does not
come on till after 3 years & a third curve is ^{formed} the marked cervical curve
marked dorsaal, & a marked lumbar one. May be mistaken
for caries, lift the child up by shoulders & if it is necklets the curve
but go. deformity of chest it becomes flattened, rib at part where
backside meet is bend so that lateral & posterior surfaces are
flattened. At junction of rib with cartilage, they are drawn in during
inspiration & a lateral groove is formed on each side of sternum
begins at lower fold of Pectoral muscle & extend downward to 7th rib
where it joins the sternum ^{transverse} groove extends outwards & downwards
Bronchitis in extreme necklets is dangerous from imperfection of
respiratory act. The pressure of body in femur ^{due} proclination of the
pubes forward, sacrum inward, & promontory is driven downward
& dia are forced backward, long bones, humerus apt to be
bend on itself at deltoid then forearm are bent outwards & a little
twisted. In femur if white in mass the femur curves out & forward
if it walks the curve is not so marked. If before walk the Fibra bend
outwards & is bowlegged, Gable walk, Knock knee is the conse-
quence. In spine not always a bit apart may be lateral curvature
according to the arm it is carried on. Clavich like are ^{stake} &
attractions of above apex of heart a white patch of ^{attrition}. Spleen has a
white patch. Albumenoid or leucodaim degeneration in lymphatic
glands & spleen in Brain Kidney, some think it an accidental
occurrence in necklets. Muscles soft & wasted, stria indistinct
Symptoms seldom congenital 4-12 month or delayed 7-9 year
seldom beyond 2 year at outset malalterations are observed. or a
headng may be observed at junction of rib & cartilage. Disordered
digestion, health is faulty, febrile disturbance, rapp some
Courts irregular, stools laden, or brown, & offus small

A system, dullness, restlessness, 1st profuse perspiration of head
or neck only, may be accompanied heat of scalp. A common time the
habit of pulling off bed clothes, & 3 general tenderness of body, drowsy,
shifting, great pain & lastly avoidance of movement, as progreess a
staid person aspect, permanent, old, face broad square & spine
bend, sit all in a heap, head sunk, soon after this the bone
deformities commence she sits in one position for hours, head
thrown back & all muscles of respiration engaged at this time
appetite often good stools fatid or white, muscles weak & are
waxey, abdomen large due sometimes to enlargement of spleen
or more frequently to tympanitic distension of organ, drowsy hour over
Intellect is deficient, aspect peculiar, stature short, limbs cannot
grow long face square small, fontanelle open, eyes mild large &
staring & chest sunk in prominent sternum, Enlarged gland is
usually much developed, from pin head to pea, occasionally very
partial, may be confined to certain bones as head alone, or chest
or dentition may be delayed one of most reliable symptoms
dentition ^{begins in pelvis at} 7 - month & is complete in 2 yr & another sign is un-
ably retarded or walk before 18 months, suspect rickets, starchy diet
relaxation of ligaments is partial ricket. Urine in Rickets, usual
pale & uric acid and dimorph salts increased, earthy phos-
phate, especially at commencement of softening & a mis-
placement as they in the cartilage cells, Oxalate of lime & uric acid
calcium are common, excess of lactate not constant, when it
preponderates favor termination symptoms abate, pain, tympanitic
pulse, & intermittent febrile symptoms subside, stools not fetid
flesh firm even the crooked limbs may become straight, Modes
of death anvarious, General cachexia may destroy, more or
less bronchial catarrh suffocated, & 3 albumenoid degeneration
of important organs destroy the child, another is Laryngismus

Stigulus & is always in connection with rickets or nearly so, Exclam
or convulsions is a common cause, and should always in
convulsions look out for rickets. 57 out of 61 cases are rickets
& lastly is Hydrocephalus, seldom the cause, usually a second
as not an active disease, atrophied brain & a large skull
enlargement of lymphatic glands, Kidney inc. spleen, not album
infiltration ^{but} can hypertrophy of connective tissue in the organ, & in
liver & spleen the fibrous net-work is increased, & the centring cells are
sometimes in rarer, Mesenteric glands enlarged & indurated, but
as to size of lymphatic seldom larger than shot or pea; another fact
is that iodine does not discolour the diseased textures as true amyloid
degeneration nor have they the translucent appearance, blood vessels not
degenerated & lastly earthy matter is deficient in rickets, the alkalies
in cartilagenous degeneration. Causes not hereditary, debility of
mother anaemia lead to produce in offspring. 1st time or 2nd
may be faulty & subsequent one rickets & all external conditions, which
interfere with nutrition & lower the powers, want of food, good air
& cleanliness, long nursing of children & gives the child a poor habit
& allowing them the run of the table & 5th ailments which interfere with
nutrition as Diarrhoea &c. I remember neither syph. nor Rhe. can
produce rickets & doubt the influence of the father, Pathology No
certain knowledge, a disease of nutrition, involving entire system
induced by various cause, not able to say it is due to a material want
as oralic Phosp, lactic, & succinic acids, a constitutional disease
Treatment, improve general health, in early stage of disease all
and to stimulation diet & digestion, 4 under 8 month combine
milk $\frac{1}{2}$ ^{part} 2/3 of lime water & 2 dr of cream, without sugar, a little
farinaceous food, if not satisfied give sugar, oatmeal. If past 12 m
beef tea, chicken broth & bread, If at breast, either wean or
provide a wet nurse, feed at stated intervals, If over 2 or 3

raw meat finely ground in addition to milk. Medicine,
 cornel secretions & exertion, feldols officio & loose corns the per
 or gray pow. Khan Hoda twice a week. Sprinkle diarrhea a gu chalt
 with them, When fever subsides keep in open air & change his habit
 & give tonics. 3 most use Fe. bark & Cod-liver oil, a leaspr
 of Ben Zmi. 1/2 gr of Znc 2 gr of H. S. O₄ after meals, small dose of
 liver oil. If passes through undigested stop it, If found food un-
 digested, see that it is finely mixed &c. when lumps of coag-
 milk give a contact lime water or soda with prevent it, food
 measures seldom needed, Pulmonary cough you should
 support & use stimulating remedies, aconite & yucc. com &
 beef tea & continue the specific treatment, Laryngitis & em
 call for Brov of Pot actum

Inherited Syphilis

1st on fetus & on new born infant, When fetus is attacked apt
 to perish & abort, & often suffers other effects, Periphysis, suppurative
 glands & thymus gland. Inf. of liver frequently met with in Sph.
 illiged fetus. In child when born, it presents 3 stages as follows
 1 secondary symptoms. 2 a latent stage. 3 tertiary symptoms
 may show no signs in early infancy show at 15-20 years of age
 one of two things, either quite well or presents some characteristic symptoms
 at birth, most frequently without this, freq 15-40 dy years may delay
 for months or for years, a peculiar appearance looks withered & the
 undeveloped. old fashioned, colour of skin, looses the way that get
 a clay tawny or ruddy hue, this most evident on cheeks chin &c
 & when early birth preceded by a general pallor & is common stubly
 . Presents a wasted look, hair thin, eyelid absent, nails indistinct
 suppurate sometimes occurs in matrix, syphilitic orchitis, Common
 on & early is a chryza at first a serous discharge soon becomes
 thick & the snuffles come on, this swelling of the neck, &c

interferes with vision, is curable at breast, in few days puscular
pressure from al maxillary process & up septum nasi, rounded bones
increased, around angles of mouth radiale outward, these generally
white streak covered with desquamated exudation, mucous patches in mo
with & spaces. at first white elevation round, soon ulcers a cent
of small crusted ulcers as heal turn red. Owing to swelling of
vocal chords that the voice is altered, rough hoarse, similar patches
around scrotum, around vulva, inguinal folds in depression of
folds off at anywhere, behind ears, various forms of cutaneous diseases
all kinds may occur. Among earliest are bright copper colored patches
of Noxola on chest & later a papular eruption comes out Syphilis
Lichen still later, Lepra & Pilonis. on palms of hand & soles
of feet & yet later many have moist rash. Erythema Eczema
of Nupia ^{Eczema} the first of them, Acne & Pityriasis & Nupia last, when they
had have a discolouration which persist for long time, It is destr
buled in a symmetrical manner, Tooth pain in buttocks when erupt
Dirt is unattended with ven & with an abundant secretion of lymph
apt to attack both eyes Chronic attended by effusion & prom
nence of parietal bones, Nodes are seldom seen. 2 stage, this extend
from end of 1st year to end of 2nd dentition or puberty, free from active sym
ptoms, Flat nose, white lines on gums, fringed nails, deformed
teeth decayed, forehead protuberant, frontal ridge projective, often hair
dry thin, skin thick & opaque, General growth arrested sometimes
Tertiary, a second dentition or at puberty or later. In this stage the
Physi continues or shall, malformation of teeth is characteristic
The incisors, the tooth is small & has a deep central notch & rounded
angles. The two central ones most affected. Another alteration is the
lower dental tooth, smaller, narrower at point than the base, another
is interstitial inflammation of cornea, produces a profuse or nebulous
opacity, called aqua calcitris is a squamous, other inflammations

as Syph units, catarrh, or atrophy of optic nerve, opacity in vitreous
humor. Nodes, not painful at first & occur on upper extremity &
affects whole length or 19/1/70
Summation tumours under the skin
Liver is apt to present, rather common patches of disease of diff
inclination & lardaceous degeneration Partial deafness with to brain
or auditory nerve, not due to external disease. In this stage Phageden &
Serpentignous ulceration then dependent as apt to be symmetrical & in the
same spots may be attacks, no paralysis of single nerves. Children seldom
propag. to their own young unless the has probably acq. the virus
Hutchinson says that it does not p. to Phthisis or Tubercular die
as lupus & says that if survives specific included may live long
Duration varie, death not infreq in child may be sudden. more
for yield to treatment & even 14 years danger is lessened. When
a woman nurses without any external cause inquire for syphilitic
What are sources? 1st father is subject & supplies an infected ger
mother who healthy or common 2nd mother may supply
the infecting virus 3rd Mother may become Syphilitic during preg
nancy & child suffers 4th both may be Syphilitic, & one may acq.
after birth. by mother's genitals, gonorrhoea ophthalmia or nipple of
nurse & milk. Possible that a woman may through her milk com
municate it. Do of eruptive of single probable to
do. more recent patient has had it more likely possibly will suffer
even if disease be latent in father & say 3 a parent may legit
a lamed child 20 years after disease. Whatever stay in part
child will present secondary symptoms Treatment, If mother
ought not to nurse her child. If allowed exhibit being up artificially
by healthy nurse. Remedy is permanent of the various methods but
most agreeable is rubbing in the ointment 3 spread on flannel band
around the flannel band which child wears. Next mode in form of
Syr powder 1-2 grs combine with creole camp night & morning

3 is Bichloride 1/30 of grain & add a pot. this every three days
& continue till it yields. If remarkably suspicious habit Iodide of Potash
1/2 - 3/4 gr may be substituted & increase according to effect. Assume
them support general health, course of Cod Liver oil, Quinine, & general
tonic. Some trust through the mother Local treatment, icterus
was, chury clothing & laithe Corn Zinc out. or Corn Citra out.
or 5 gr of sub-ox of H & V of Sulph of Hg in 3 of fluid & as a rule in syph.
ton & eruptions by preparation are useful. If exists remove by point

For mucous tubercles wash with col of Hyge chl of lin. Pussee
aut. Nitarg, Black wash, most suitable for them

Viseral Syphilis, John Hunter said that no organ is attacked
in 1849 Dietrich drew attention to the subject. May attack every organ
in the body. Second & tertiary eruptions have been seen in organs imp
ticated & tertiary in bones muscles & tubercles viscera, Halldan divide
out anatomical characters & in Prina, & seem we have to well Inf
suppur & ulcerate. Tertia, a considerable cachexia is present
& tendency to growth of peculiar matter in form of gummatous tubercles
nodes an ording type, & may occur in all tissue, Disposition to vary
diffused interstitial influr & creates like loose granulation on
surface of organs, Held that even matters modifio 2 & 3. symptoms
than tendency virus attack fibrous & fib-cerous, & in their
in joints & bacula subject. Arter & joint an affected & degenerate
ous of internal organs. In Tuberc Syph attack those which Tub
is most apt to attack is throat lungs, &c. This law not fully
established. Lesions begin as nodes of gummatous or crust, which
hard & often or ulcerate or both or suppur of necrosis & comes
or hypertrophy of bone & thickening the capsules, adhesion, & format
of cicatrice on surfaces. Sarcasmosis deg is often formed
as an accompaniment of Syphilis, probably depend on the Cach
axia rather than to the specific poison. The gummatous

lymphatic in the skin or peritoneum or connective tissue of organs
Virchow thinks that it is caused by the proliferation of connective tissue
cells, oval round or out shaped & beside these a fibrous matrix is formed
and a good deal of granular matter. In growth a glue like mucous film
forms it is this with solid cell which gives them the gummy feel. If near
surface may be easily ulcerate & suppurate, thus an active form of en-
demia. In internal organs not apt to liquefy remains solid & in
changes which granulate under 1st fibro-cells may be covered with a
cheesy deposit or fatty deposit & removal by absorption or leave
a cyst or fibrous bands may replace the nodes or may calcify
Pneumonia which Syph attacks internal organs is a late one 10-12 yrs
sometimes attacks within 2 yrs after primary disease. Course is
slow & latent - relapses frequent & death may occur either from
deduction of important org or syph cachexia may be too much
for him, or he may be carried off by pneumonia or some other acute
contagious disease. In internal organs 1st gummous system may
attack neuro-centres, the membranes of nerves or all together
may produce alterations or fail to do so. Anatomical all
may become ^{as gummous} or displaced & extending over a large area &
then apt to be irregular at the organ. The dura mater is in-
dissoluble by syph small gummous may be formed in its
substance & may be adherent to bones of the skull or adhere
to softness as Pia mater & arachnoid & a mass of yellow
deposit at point of adhesion extend into brain. In the form
in most epileptic symptoms. Next comes substance & the brain
next to be most liable, may affect cere or cere bellum & the gray
most frequently, granulate are formed, centres of them soft & look
yellow & darkly to be confounded with abscess or degeneration
These masses apt to be confound with other than known by being
surround by a distinct fibrous capsule & contains connect

tissue. Diffuse induration & softening are rare in brain more com-
monly hydrocephalus, mental disease from Syphilis sometimes occurs
The vault of skull or frontis & petrous portion of temporal bone are most
liable to Syphilis, & the convexity of brain affected in Syphilis. In the
Spinal cord & envelops mucous cone, granular membrane of cord
& Syphilis canis of spine. Rare in the cord, Nerves with atrophy or Hypo-
trophy or atrophy & granular in & rosettes, chiefly at the origin of
the spinal cord affected above the 8th vert. Optic nerve with atrophy or con-
white atrophy is not uncommon, Hearing also aff. Respiratory
also attack especially larynx meninges common
secondary deep ulceration in testis, same small supply to
bronchi. Lung substance rarely is diffused in it sometimes a 3rd
lobule lobe in children, produces induration apt to end in soft-
ening & abscess. Usually with it circum granular scattered
more often they exist without the diffuse form size of pea
to a wall nut. yellow firm, tend to soften in center & surround
by a capsule of connective tissue. Decubitus from Tubercle
structure, nor fibrous tissue than in Tubercle. 2 nuclei are larger
more fat, and more round in form & above all surrounded by
dense fibrous capsule. May soften & give abscess or ganglion or abscess
& calcify. Heart common seat of diffused interstitial cyst etc
circum granular muscle disappars spindle patches replace the fibres
Arteries apt to suffer either diffuse or circumscribed granular between ends
& carotid and branches most liable. "Veins and capill"
Liver most frequently attacked. Tubercle Hepatitis a large
portion of inter liver, at first enlarged, smooth at first soon
granular & takes a nodular aspect, shape attend, borders irregular
& nodules can be felt. Existence of numerous isolated granular
ata yellowish white & c, & may break down and calcify & adhere
between capsule & the nodule inside & will be seen by the eye

Lardaceous degeneration may be produced less by the Syphilis than the Cancer has more to do with it. Capsule may be the seat & is adherent to the diaphragm. Spleen liable to the same change in diffuse whole organ enlarged, congested at part then rules & the same summata as in other organs. Paucenas diffuse or small granulated. Kidneys not exempt. Diffuse may infiltrate the whole cortex, or now frequent the disease is in patches. Granules more common small in size rounded & white. Tubercle begins at apex of real cone, Syphilis the cortex, supranatural capsule enlarged. Intestinal tract does not escape, stomach has been found seat of ulcers, Lardaceous disease, & the same found in the colon, & the Rectum is especially liable. Intestines suffer from both kinds, usually at periphery of organ in crescent & extends inward, increase first the size & may be followed by atrophy. May be symmetrical usually confined to one Ovaries also occasionally attacked, not known whether uterus is one Placenta also. Mammae may be of both kinds. Muscles granular occur in the Semispinalis, masseter, Superficial muscles of arm & leg & all the glands lymphatic, Thyroid & Thyimus. Figures 1st below, granular disease 2 existence granular disease lymphatic glands gran, behind ear & cecum in granular disease, or presence of scar result of old ulcers, eye, diffuse cerebritis ulcers with diffuse base. Perforation or destruction of hard part nodes on superficial bones, the teeth &c. Paralysis of single nerves, most common is 8 nerves & its branch supply by 5th pair posterior division comes next, 3-4-5-6 most frequent. Pains nocturnal complex on fallow, order sequence suspicious & preference for mucous membranes & glands. Treatment to divide off. & by him 1st does it influence the cure? Yes, in indurated it gives at & healing of gran & in second of granours wash quickly & in into promote absorption of lymph. Is it an ant

not ~~also~~, cannot say it lessens the severity, secondary an most all
 The general commission agree the it was not create capable
 modifying the effect, on the other hand it has not be for that even in
 our day with complicates or aggravates, opposite is true, it might
 & course, worst forms occur without it. In treatment, given
 early under the course milder, In sp int's & vitriolic demands it
 comparatively, for tertiary symptoms, Iodide of Pot most suitable
 of not great caustic combine it with J. mercur purification of
 mouth an excellent course Iodide of Potas ʒ The Chopt, gr
 ʒss of man of am, xv m of sicut lod, inf cloves ʒviii, the near
 to rush approaches the early type the better is it borne, ʒ of
 of Lod of Pot ʒ x v m xx-xxx a day with advantage, another
 remedy valuable viz Sarsaparilla in large dose 1-2 pint in 24 hours is
 an efficient remedy in those tertiary case when in an about weeks end, after
 all other means have been tried, a three months course will be good

Rheumatic Fever, Acute & sub. acute Chorea
 which is distinct from acute rheumatism, acute articular, which is usually affected
 without any derangement of health, after exposure to cold, from in part
 recent cause, & attended with fever. In the he is out of spirits
 chilly, pallid colour, digestive organ out of joint tongue coated brown
 & irregular, ^{unelected} he is exposed to cold & declares self, ^{margin} may return with
 rigor & followed by pyrexia, ^{Early here is} heat of skin, thirst, ^{of pain} neuralgic & pain
 in large joints, ^{dist thick} pulse large bounding and hard, 90-100-110 ^{Early} temp
 loaded with white fur edges red & moist, Saliva acid, ^{perhaps in our} bowels empty
 stools dark, ^{difficult} high febrile urine & i scanty high color & demul.
 chylous acid, the demul. due to excessive inflammation especially of urea
^{as at some} ^{#2584} coloury matter & H₂SO₄, Chlorides diminished & at high often album may
 appear. Skin ^{thick} cover with ^{highly} acid perspiration, ^{when} profuse. rather benefited
 in early stage. Temp occultate. sun is high as 104, 102-103 are
 at onset of day high & falls considerably if more 104 in by reg
 Earn James Earn Earn Earn Earn

not divide spines

Brain affected in acute coma, no disease, ment. by no
evidence of any disease, some, some eff. in Traumat. proper
from injury, in few cases rectal nerves, haemorrhagic
146-68 in Rheumatic meningitis syncope

prolonged by pulse, syncope, occasionally duration or
convulsions as comas 7 hours or usually 2-3 days. A milder form
a chronic course, sleep is excruciating in fatal cases & see 104-110

suggested that brain functions become paralyzed, or that influence
of one action on brain exhausts it, another for is, Rheu coma with
out delir. attack of coma or collapse & may die in periton. Rheu. in Chorea

may first point out the between acute Rheu. and Chorea, a young person
has an attack of Rheu. in
sup. for Chorea

2 a child has one or ten attacks of chorea and
has acute Rheumatism & Chorea is attended with Endocarditis & per-
icarditis in adults, Spinal system deranged, convulsions & epileptiform

Post mortem, brain not trace of inflammation, some congestion per-
the ganglia & under humors & neuritic of the brain, accorn. or purulent
in vascular & more common, membranes changed, style is not the
cause of head symptoms, what cause of accorn. by delirium, I see acc.

the they occur in persons generous disposition, 2 more frequent in
intemperate habits 3 more apt in several cases of them in which

sardonic inflammation are present or phlegmic, lastly about time
when he is exhausted 12-44 day, may occur without any complication

the rheumatic poison obstructs the nutrition of brain, occasional
inflammation of brain may occur, other organs, Pneumonia & pleurisy

occur. Rheumatic meningitis, some symptoms of true in an abscess
of the brain, some in the head, some in the chest, some in the abdomen

meninges of white fibrous tissue especially ligaments and sym-
ment & capsules of joint, tendons fascia, Fibroses, meninges, pene-
or diaphragm & pleura sometimes. When in joint, prods. synovial caps.

injected sometimes deep moderate effusion of synovial, Synovial
not usually present, Pus is a rare termination, In encanum is of pro-

ulcerous effusion of synovial comparable fibrin & pus may
be found, but except to produce pus in pleura. Ulceration a rare

sequence, little tendency to does & is distinguished from pyaemia.

status of Rheu. Pathos a night for open it
Tabern. album urine, in all act. does body muddled & confused & all
respond. Rheumatism, rare in

excess of lactic acid not proved, not found in excess in body nor
 in urine, supposed check perspiration & lactic acid is
 due to blood poison. I all pervers has been attributed to a poison
 2 symbols dist. of the disease, the artless, all affected are in
 the simple internal organs as heart & lungs, 3 form of the disease,
 the artless inflammation. Erratic nature flies from joint to joint
 favourable to the view. Lastly acute gout has been proved to depend
 a blood poison of formic acid. Blood contains 6-7 pt in 1000 of ph
 substance, all sections highly acid. ^{Causes} Hereditarily transmitted
 Full of it 29 percent is a. When death, great ^{malic} ^{acid} ⁱⁿ ^{the} ^{urine} ^{at} ^{last} ^{change}
 2 urine is usually highly acid with lithic deposits, perspiration & ph
 disease dead life from 15-30 frequently diminishes with adva
 years. men more subject than women, ^{causes} ^{after} ^{climatic} ^{periods}
 any important function disturbed of eye or of skin or digestion or
 hepatic or menstrual disturbances seems to predispose to it, no doubt
 my case attributed to suppord ^{menstruation} ^{was} ^{not} ^{the} ^{cause} ^{nor}
 the real cause is exposure to cold & combined with moisture, cause
 at equator not at poles of a perhaps any other which lowers the vital
 powers, may induce an attack. Lastly Prognosis seldom fatal at least
 only 1- in 1000 from all causes, not in more than 2 percent
 A rapid one ^{to} ¹⁰⁵ ^{is} ^{usual} [&] ^{dangerous}, 100 ^{is} ^{as} ^{proved} ^{fatal}, none over 106 ac
 of the lungs formidable for impaired heart & often death & disease
 of heart, articular seldom enough arranged by the attack or ne
 are perfectly unlike in goat. If joint is damaged doubtful if it be an
 attack of inflammation. 1st When several joint attacks, 2 out of 3
 to me & that the big toe, 2 age joint, 3 acute when, 4 out of 5 smaller in
 2 occur in infirm middle aged or in advanced life 3 When, the joint
 & the exp. to cold Gout the luxuriant lives, 4 Rheumatism not
 preceded & general derangement & is accompanied by a high type of fever
 gout due with derange of stomach & liver, no high fever, 5 Profuse perspiration
 does apparently in a ^{men} ^{joint}, not in a ^{men} ^{joint} in a ^{men} ^{joint} when occur ^{afford} ^{which}

now as Kidneys, given diminished
 Norreas glutic acid & plenty of urate, I give an excess of uric acid
 depending on urine, then in the mud, tending to heat & emphysema, sent
 toward stomach, then may come on any time of day, sent & mud
 apt Pyemia, different to dactylis sent from Rheumatism, for the
 points py... I give in Pyemia is at first irritate ⁱⁿ ~~in~~
 & subseq in ^{fever} ~~fever~~ ^{hyper} ~~hyper~~ ^{advised} ~~advised~~ ^{normal} ~~normal~~
 common in ^{fever} ~~fever~~ ^{advised} ~~advised~~ ^{normal} ~~normal~~ 3) then in Pyemia local suppuration in
 pt of body, multiple abscess, or visceral deposits, lungs & liver especially
 Local inflammation is somewhat different, apt the diffus inflor
 in ^{atq} ~~atq~~ ⁱⁿ ~~in~~ ^{circum} ~~circum ^{scribed} ~~scribed~~, another Py is not so acute & remains in
 the joint. Inflam is destruction & destroys the cartilage & pus is
 present, then fatal character is usually put a ^{acute} ~~acute~~ ^{sent} ~~sent so
 condition that precedes ^{local} ~~local ^{suppurat} ~~suppurat ^{abscess} ~~abscess~~,
 abscess somewhere, recently delivered, some operation, ^{abscess} ~~abscess~~ ^{at once} ~~at once ^{call} ~~call ^{of pyemia} ~~of pyemia~~
 has in ^{some} ~~some ^{times} ~~times~~ ^{pyemia} ~~pyemia hissing helps, but 1st attack preceded
 by gonorrhoea 100-200 days, several attacks may be without disch
 re pursuing a course, ⁱⁿ ~~in~~ ^{the} ~~the ^{joint} ~~joint ^{will} ~~will ^{grow} ~~grow ^{to} ~~to ^{phalagmia} ~~phalagmia~~ 3 more attacks
 of joint tending to stiffen & ankylosis, ⁱⁿ ~~in~~ ^{the} ~~the ^{joint} ~~joint ^{apt} ~~apt ^{to} ~~to ^{involve} ~~involve ^{all} ~~all
 joint usually one ^{the} ~~the ^{of} ~~of ^{the} ~~the ^{joint} ~~joint ^{with} ~~with ^{the} ~~the ^{joint} ~~joint
 or cordis complication, some of these cases are undoubted Pyemia
Treatment, as exceedingly unsatisfactory one of the guard was sta
1 alkaline (fully) of Fuller, he undert ^{at} ~~at~~ ^{me} ~~me~~ ^{1 1/2} ~~1 1/2 ^{oz} ~~oz ^{of} ~~of ^{iron} ~~iron ^{alt} ~~alt ^{cut} ~~cut
 in just 24 hours, ^{with} ~~with ^{some} ~~some ^{alkal} ~~alkal ^{then} ~~then
 firm is after he ^{induces} ~~induces~~ ^{it} ~~it~~ ^{3 III} ~~3 III, at end of week he was in tender hours, he
 on 3jss Code Ce 3jss acet Pot, in ^{alone} ~~alone~~ ^{glass} ~~glass ^{of} ~~of~~ ^{the} ~~the ^o ~~o
 of XXX-XZ granular acid ³ ~~3~~ ^{hours} ~~hours of bouls an ^{to} ~~to ^{take} ~~take~~ ^{the} ~~the ^{on} ~~on
 & Rochelle salt & used Larlane acid ^{to} ~~to~~ ^{produce} ~~produce ^{effusion} ~~effusion of serum
 able about 4 days he got ² ~~2~~ ^{grs} ~~grs ^{of} ~~of~~ ^{iron} ~~iron ^{with} ~~with ^{the} ~~the ^{alkal} ~~alkal~~ ^{then} ~~then
 as long as the alkal is gran ^{dimin} ~~dimin
 In the attack regulate bowels by coloj with calomel & opian ^{is} ~~is~~ ^{not} ~~not
 give unless great nervous irrit ⁱⁿ ~~in~~ ^{or} ~~or ⁱⁿ ~~in ^{mad} ~~mad ^{drunken} ~~drunken ^{Diets} ~~Diets~~ ^{is} ~~is ^{refused} ~~refused~~

Comp. durat. of a mile exp. in dark under all latine tralun. Dur. unnumbered in
6-1 cent. all in 6.75 day, und. lumen 6.8. Upper 9.110. Fr. 5-1/2

I under. feet 2 7/10 in Hosp and fullers 2 2 7/10 in Hospital

Can we protect the heart? This is the question. Bull. Sutton conclude that
mass of Noto & other that heart is affected 1st case with in late weeks
161 cases with card. 36 cases
that these persons had no tendency to heart die. In 36 case Dr. Dickenson
in 12 affect in 1st. 9 in sec, 5 in 3, 3 in 4, with that it does not follow
that after first week the heart is not affected. Of 41 cases left to nature
66 case 40 had card.
amputation p. 60.6

27 has signs of cardiac disease in one some myocarditis, some in spec
2 not stated. Dr. Fuller claims that in 439 case in only 9 did car-
diac disease occur in 6, 24 hours after treatment, Dr. Dickenson reports
numerous card 24 hrs
of 48, only one has cardiac disease of 113 Ca. of other with 30 per cent
had. Full alkaline treatment is the best to protect the heart
A comb. of tenor in the treatment about the quantity the full is the treatment

Local treatment. ^{lunecid p. 106}
Lunecid p. 106. 1/2 oz of 1/3, 3/11, 8/8ly to 3/11 of 1/2, 0
Lunecid p. 106. 1/2 oz of 1/3, 3/11, 8/8ly to 3/11 of 1/2, 0
Lunecid p. 106. 1/2 oz of 1/3, 3/11, 8/8ly to 3/11 of 1/2, 0

Delirium in coma. In adman stage when exhausted. In coma
stop dieting at once, change old clothes, food liberally beef tea short
Scaps that expect to wait till temp is 107 before cold + 20. The near after 108.6 and the 110.
by stimuli: cautiously whiskey. & by lumine in large doses in antipy.

dose 4-5 grs 6 hours heart acts, not out of bed, if sport water for alcohol
Cannabis indica, Pot Bromid & of these fail Opium. Cold wet sheet
is a good remedy heqny, recommend it. Fructus bath is good. Coma
calls for same means minus Opium. Mercuritis little tripling of opian
as a rule be careful in admin. it, never allow him without a nurse
or sometimes collapse may come on for further of heart action

Chronic Arterial Rheumatism is an Opobrota Medu. a ch. dupab
usually attack only one joint, with structural change in a joint
Cause. Occurs in infants, is induced by joint attack of acul rheumatism
most part primary cause long resid. damp cold habit
Real cause is exposure to cold & atmospheric changes, moist and
poor. thickening of synovial capsul ligaments, exposed nerves

Bladder. asop. strum. anti

that involunt muscles are affected as uterus, stomach, heart is not. Pallid title is known doubtfully related to rheumatic art. Myalgia is often mistaken, ^{pain in muscles of pressure} follow on character of this I of myalgia is the cause, sudden muscular effort. the pain comes on in the morning after

by policy over use of muscles as in poor the pain is worse at night
2 pain hot & burning, ^{in myalgia} of a distinct muscle or its origin. The
muscles most used are the ones most frequently affected, often find that
pain is relieved by bandage, ^{applied} & rub ^{plus} in no present. No certain
use of Malva ^{ent in muscle form} large dose of Eod of Pot ^{is} pan x : 3ii ^{& some} by act
7D. If gauri colchicin & an alkali. Large dose of unit ^{is 4 lbs}

pan of great service; a doz powe. a hypodermic usage. Local
pot. formulations. The same belladonna in use with chloro, or camp
with ^{1 of Bell to 7 of acetum} chloro & in acetum ca 3ss. Best often necessary. Wine chloro the
act on them as arsen sulphur & guaiacum. ^{& Turpentine} warm baths. insphum
in it. Electro may be used with advantage, & shampoo frictions

Chronic osteo-artthritis another con dis ease for
called chronic gout supposed to be a hybrid between gout & chronic
or rheumatoid arthritis. A significant name is Arthritis deformans
is not is

is an acute disease usually chronic. arise with unhealthy
person in wh is character an al fault. a best dec. upon. The
report when lowered, apt to attack children of young & their mat parents
most common in girls at menstruation about aged women who has
menstruation or lengthen prolonged ca clab is pl clab
men may be seen in men re ence. They follow in var

& form less, prob ly py emic dist ruption of joints and to follow
of is occurs at all ages most common after 35. most com
in women than in men im prove than rich Arthritis ca mp is sym ptom
joint form & is neg ating, is const less er the in acute the
less best has freq uent of pus less per is less acid less white
the is re duced inf initely on oth er and apt to be ac com pan ied
& dim pl our stom is yellow, face pale. Local is un diff er

Lues adama

eruption of pustules, but the tenderness due distended. Tenderness
 of joint, less tendency to spread & more obstinate in its persistence
 Small nodules in the heart-pipe ^{cut} the eye some brain splenoma
 some doubt whether it is not a form of joint-acute rheumatism; ^{often attacks of the disease end in}
 from more common will succeed the acute or the from outside
 complex of pyrexia, loss of appetite, fever, chilliness, pain
 stiffness of joints, some swollen, will die if ^{acute} effusion; joints tender
 more some pain & a circulating noise is audible, due to dryness
 of joint, ^{with} ~~is~~ ^{no} defect in couple fluid & therefore urine
 clear. Urine of ^{very} low color & ^{it is} ^{often} ^{seen} ⁱⁿ ^{the} ^{urine} ^{of} ^{the} ^{patients}
 general dyspepsia, as in acute is present, morbid anast
^{of joints are enlarged,} ^{of organs} thickened & stiffened, may be formed gut dry
^{of emphyse} at the time of eruption, ⁱⁿ ^{fringes} ^{on} ^{the} ^{ends} ^{of} ^{the} ^{bones}
 joints the appearance ^{of the bone} ^{as} ^{hyperostosis} ^{of} ^{the} ^{bone}
 true joint loss, consist of cartilage, bones allend in shape cartilage
 worn off, ^{and} ^{is} ^{velvety} ^{or} ^{course}, or completely worn off
 & bone is polished like ivory, hence porcelainous deposit, & excess of
 open of bone which condense its texture, ^{and} ^{its} ^{shape} ^{change}
 as found may become flattened & spical, new bone osteophytes or black
 actyion processes, these produce the anchyloses found in the disease
 frequently the no of pyrexia spots of urate of soda ^{or} ⁱⁿ ^{the} ^{blood}
 deposit in hand & feet as found ⁱⁿ ^{the} ^{blood} ^{of} ^{the} ^{patients}
 of phalanges & fingers are drawn toward the ^{ulnar} ^{side}
 hand shall deduce ^{with} ^{firm} ^{grasp} - ^{until} ^{joint} ^{does} ^{not} ^{open}, ^{heredity}
 2 inch of ^{the} ^{men} it all ^{with} ^{the} ^{chief} 3 ⁱⁿ ^{the} ^{joint} ^{occurs} ⁱⁿ ^{old} ^{men}
 a young person, this occurs ^{at} ^{puberty} 4 ⁱⁿ ^{the} ^{joint} ^{occurs}
 in paroxysm follow ^{of} ^{paroxysms}, this has ^{not} ^{there}, the attack is
ⁱⁿ ^{the} ^{interstices} ^{of} ^{the} ^{bones} are involved, joint attacks joint to smaller ones
 but this attack all joints ^{is} ^{not} ^{caused} ^{by} ^{rust} ⁱⁿ
 In joint blood has vice and excess the has not, deposit of urate

This is incomet - it is a vulnerability of whole body. First of
mould anatomy. 1st is the Scroph inflammation, here no peculiar
kinds, ^{local} character by which these alterations can be distinguished from
the inflammation. The only feature abundance of young cells
tending to rudeness caseous transformation, yet same happens as
simple inflammation of it is to move in the persistence. When lymph
atic glands in Scroph patient become inflamed, ^{acute} ^{or} ^{suppurative} ^{or} ^{abscessive}
as ^{an} oteraa, bronch catarrh gland undergo a chronic enlargement
sometimes it takes an active form & active hyperplasia of plasma, the
milk indefinite. This is called hyperplasia, a tendency
^{acute form} gland enlarges rapidly ^{or} ^{inflammation} ^{in the}
it proceeds to inflammation when the case connects tissue in
degrees inflame process & pus is the result, & the fluid breaks
down, an abscess is formed, & a thin pus escapes into
masses of dense caseous looking solid matter composed of new
cells. This is the acute form. Chronic more common & is char-
acteristic. In this form I count solely of hyperplasia of lymph cells
but new cells are badly organized, do not pass into pro nuclei
but form large typical lymph cells of white blood globules trans-
& granular looking. ^{Next} ^{is} ^{the} ^{most} ^{capacitated} ^{vessels}
along, colour red at first then dead white due to new formed cells, ^{partly} ^{degenerating}
partly degenerating. Never is possible now, these cells may
degenerate & absorb & gland may become flat eye this is cure
& resolution, ^{unfavorable} the chronic hyperplasia extend to connective
tissue about periphery of gland & it hardens the gland, ^{it} ^{becomes} ^{fibrous}
fibrous to touch. This is second stage. It diminishes the supply
of blood & under it an anemic & prode atrophy, now find it tough
& firm & soon when it passes into caseous matter. These differ-
ences may occur, I can't seem to transform organic
matter of solid with of lime deposited & undergo softening a cheesy
like the in clots of blood in heart or in vein as in a thrombus

is inflammatory, softening, is exal around as well as in it. The gland is disorganized & broken down & forms a serofulous abscess
angles. Glands most liable, cervical, axillary, mesenteric & bronchial

Symptoms First signs held that a peculiar habit or constitution typical of scrofula follow are characteristic. They have

hunched like gait, alar nasi expanded & thickened, a tendency to crack & fissure. Forehead low jaws prominent & broad jaw. Face somewhat large & unsymmetrical. Throat contracted smallness of hyphen joints large chapt skull & extraneous. The cutt thin or soft or thick opaque & complexion muddy development of body arrested in ~~the~~ ⁱⁿ form immature, they resemble the lower types. Scrofula is also indicative of pathological tendency as respects cutaneous affections of mucous membranes nose, throat, vesical & sternal. affections of eyes, etc. ^{ocular}

obstinate affect of lymphatic gland, cancer bones, fall these most prone & characteristic vulnerability state of lymphatic glands & often follow by indolent inflammation. It has not been shown that a true primary hyperplasia of lymphatic gland, it is ^{always} secondary to some local irritation, not true white leucocytes they can undergo hyperplasia, rather a limit than a corn disease.

Can gland when enlarged vary in size from pea to almond or egg form firm smooth round tumour movable, & several from eye irregular masses. Skin is healthy over them, when not inflamed no fever or heat of skin upon feet, an indolent swelling, when acutely inflamed, swelled fever, pyopulse loss of weight & emaciation.

Often by a weak debility, & like symp of consumption generally an when inflamed attack is of an indolent form. Local signs ~~are~~ ^{at first the signs are natural at last fluctuation is noticed and the} gradually ~~the~~ ^{becomes} ~~it~~ ^{it} opens & spreads cursor line, matter forms slow in quantity, under microscope, & out of a large part of the is in the it ulcerates

Pus is seen like a heavy fragment of broken down cell
These ulcers left by suppuration are slow in healing. As it eff eye
is the infection of meibomian glands, ^{Sphulhalinea Tarsi} conjunctiva & cornea
& lacrimal sac. Skin fungus suffers first, eruptive on it belongs
to Eczema or Impetigo, with vesicular pustules about face and
orecils, with other scrofulous affection. At later period of life
occurs Lupus, in the a deep in crumpled skin & afterwards ulcer-
ation, ^{and a form of Scrofulous Lupus as described} mucous Membranes Catarrh nasal membrane
one of the most frequent & naso-pharyngeal ^{scrofulous} Catarrh's frequent suspect
obscure of bronch & ulcers of this nature. It is cured
and is cured by ether in open fold Catarrh of scrofulous
Catarrh. These Catarrh when severe result in enlargement of bronch
glands & the mucus same change as other fluid & form abscess
which open into the bronchi & thus, tubercular Catarrh induces
hypertrophy of mesent glands result in Tubercles & excruciating. Sometimes
Lupus of scrofulous takes form of ^{or simple Symplic of scrofulous kind} Hydatidiform or more profuse of tubercles with
a pulpy thickening of viscum or enteric disorganizing of ^{arteries} bones by & cavity
of it. And Scrofulous which attacks bones produce a tendency to cancer or
necrosis. Progress of scrofulous ^{is rapid} ^{was} ^{and attended} ^{attenuate} ⁱⁿ
it is equitous may occur with great severity or old affections
get well & a new one replace it. as suppurative ulcers heal & heget
a Catarrh. Necrosis is the rule unless some important part is diseased
or bronch gland has soft opened into bronchi, or when important
bones as bodies of vertebrae, Or pro parte ludely as Cardiacous
degeneration of spleen liver & other organs consequent upon long use
of lymphatic glands, or it may die more readily from other disease
as miliary Typhoid, cerebral meningitis. Cause, perhaps
most frequently congenital than acquired. Very particular scrofulous child
though that child by getting aged parents of suffer from
Diseases as cancer, tubercle like that of a scrofulous child

above the sup. Epistern pit above the skin
 on side, the inter axillary supra axillary. On Back, scapula
 & the sub scap. & sup scapular. Interscapular one on each side
 joined Below the border supra scapular, all scapular & in number
 Extent of lungs, edge of lung in front reach to top of 6 rib or incl. up
 the 11th rib on side in other lower in side. & 1/2 in & behind to up
 margin of 11 rib behind. This results from concavity of diaphragm
 was to measure one space & a full inspiration. Trunk of line extends
 from 6 in to low margin in front, in superior dulness. The supra is low
 than deep line. It extends to 4 inch deep, asp. ^{ect} Spleen comes to same line
 in other end line of 6 inter costal space does not extend below margin of
 ribs. Point when intercostular pressure occur, in right on 11th
 1 in right in chest of 4 cent. with stem, taken up & back 2 in other
 higher posteriorly as base of spine of, sup. Other part lung begin at 5 cent
 when chest up & back course. Phys. means are viz Percussion
 auscult, measurement, inspection, Palpation, Dissection

16/1/72

Deacises of Larynx

not like trachea a cylindrical tube - neck an hour glass & at bottom
 inverted cones the narrow aperture constitute the rima glottidis.
 Dimensions, in adult cart. post. 1 inch in boy 1/2 inch, in female
 2/3 inch in infant 2/3 as long as in woman. ^{4/9} Trachea 1/3 in males, 1/4 in
 females. There are four membrane reflected & of importance
 1st inferior vocal cord, 2nd sup or false vocal cord & a long broad fold
 the aryepiglottic or fold. ⁽³⁾ Cause of ...
 Angina Laryngea & trachealis Group = Laryngo-Trach^{ectis} = Angina trachealis
 proper of a die of 12 die of ...
 Angina laryngea or trachealis. In various cutaneous ...
 Cutaneous ... of ... of blood of any ...
 & above ... small ...

of various development of young cells. Membranous croup is that
 in which a filmous pellicle is formed & is not to separate layer
 this is most point. Catarrhal Croup, begins variously may
 be preceded by catarrh of head nose of throat or catarrh
 in bronchi on very ^h & in few hours 24-36 hours. In 24 hours all
 at once with no prominent of sup. occurs due to 1st day child
 has sup with hoarseness & cough. each follows low stage
 does not progress to dyspnea, voice rough & hoarse, usually
^{fever at first} this attack lasts for a few hours when it abates. In
 4 days as follows, at first face flushed hot - feet purple & full, skin
 a deep red colour hoarseness hoarse, lips blue small deep
 Pulse weak & irregular extra cold & chills in profuse perspiration
 as Dyke subs the constipation disappears, in 2nd day also
 same de. next day a similar attack at same time. If this would
 & in an hour or so sup of throat is added, hot skin, purple
 on cheek in cough & hurried breathing. & a shortness of breath
 now apt to see more ^{early} when he is put into or is excited, & child
 may die in one of these, more for it runs a few course, 1st fit
 may be the last or after 2-3 fits it abates becomes looser, perspiration
 less noisy, child expectorates all clear or trumpet or more profuse blood
 7th day sup. abates, hoarseness seen 3-4 days course
 In spite of above cough child has ^{Relapse pneumonia} success Bronch or Pulmon
 collapse. Membranous Croup is typical form, this means
 the last form or set in de novo. In other mode it comes on
 the following peculiar, 1st voice is low hoarse & hoarse,
 & hoarse, cough not common but flat usually stifled in
 the ~~throat~~ in syllabic inspiration to follow not stertorous, more
 more diff. & expiration ^{the} & breath is like a saw, child will be
 open of constriction at throat. Countenance anxious eyes dull conjunctiva
 pale & hard of eye in, Pyrexia may be absent at first

It becomes granular or become like mucus. "Smaller Bronchi" are filled
with viscid secret. contain little air & mottled mottled appearance
Fine adhesion to the vocal cords as epithel is stratified. not to prime above
Cobular collapse found. In severe case sub-mucous tissue infiltrated
and below this as basement membrane ulcers. In lungs collapse or lobar
with serum & pus. May be minor as in Inf Cause. ad-
Premorade. Death by asphyx
but in cold damp climate & endemic in the west are adjacent
less encl & ulcers that of that ^{Corv. Lycales. Overgrowing} Mucosities condition occur only in

The prodromal case is age. 1-5 years in 100 case 13 in
1 year 25 per in 2 years, 22 in 3rd 16 in 4th & 11 in 5 years died. 87 in
first 5 years Most common in Egyptian guinea. Tendency hereditary
a family trait. not an epidemic occurs sporadically, when
spread it is diphtheria. Prog. in cat far in membrane ^{with 7 years} unparox
Each of them or true approximates the danger. Dist. betw Membr
& Catarr. Cobarr. length of course is sudden abrupt not
piece by piece of voice nor per. When not piece by course but
unparox. is accom. by per. 2 unparox of flat unparox
voice still cough clear ringing, when paroxysm pass voice is
natural & is well comparatively. in Membr unparox is
stuffed throat cough is harsh & suffled. voice whistling or whi
suffl parox he is ill. breathing labor. a rum.

3 No exudation in Pharynx in Catarr. in Membr often may
see it on tonsils & pharynx. Difference of opinion on this point
in history of unparox in Catarr he has had similar attacks but true
of membranous group. Treatment. When run to a cure
consider it a formidable affection. Order Catarr with yeast
& hot bath. stop & put in at 9 o. run to 100-102 ¹⁻³ ^{all reds faint} ⁷ ^{subdy & put}
ie. locally spasm. emetic for quid 2 y. specac ifarrate
a leaf of fern up in 20 min ^{till vomit} ^{over thin} ^{de brigue} ^{opulivion} ³
tongue of yse with 3 py ^{will} & in 1/2 at one & more in ho. In or to
be in quanta run or 1/4 - 1/2 in wet. Syz of skulls is good
& reliable. When vomiting either apply cold compress to the

or warm applications there best a little later. This relieves
before we probe, as follows for cataract. 10 m of
gr of chlo or Bic of ~~st~~ ^{or Panax} ~~secreted~~. add by ann act a little. in 3-4
hours Hygiene, not let up. Keep in bed till disease is over. 2
pnoon at 65, 70, moist. Thus soothes. Low diet. smelt
best with milk & cream. to quiet, do not let it cry. Suppose
they fail & membranes cross, comes on. Most active vision a
Emetic & vomit but at out. but repeat emetic frequent ^{2-3 hrs} & p
lowm phent actin, same a just ment. Ant & Com Syr Scill
as far. Alum emetic a teaspoon full of in a little yr em half
hour with no sleep. ^{Sup Cupri} ^{whale} ^{1/2 gr} ^{ev} ^{10-15 m}
whale employ in this keep cold compress ^{change ev 5'} & emmes adm of calor
1/2 gr & 1/4-1/2 of spec or less 1/8 of an 1/4 in ten hours & repeat
all occur into 2p but add. Iodid of Potas ^{R Cl₂ vs Panax} 1/8 grain dose
Now then omit calomel to give emetic. But barely water smelt
Abduction of blood, some say useful in follow up. when
child robust. disease can ease. before asphyxia comes on, while
pulse is strong. Child of 2 yr might lose 2 oz of blood per ann. or pupil
min, or by leeching wh is preferable. wh is to allow ten for 1 yr & one
for each additional year, apply in neck of larynx or mastoid
process or ten, but on larynx. alum stop 1/2 part of Fe spirit etc
or you need & cupress. As protracted of emetic do not use
emetics at long intervals & this wh do not sleep ^{or Senega & mth Co₂} Cup but & calu
Use local applications, smelt with arg nit or perchlor of Fe & spr
line wat 1-30 by spray apparatus ^{or Arg Nit XL gr} ev 2 hours. If spirit of
asphyxia comes on, ~~as~~ then stimulant. Ann Senega ^{add the R 3 m} a mean
dose as expecto ^{Caraphor 1/2 - 1/8} vomit bag tea, ^{Seneparin} (flying) sprinador
body, use eye rope of neck. Continue thg, rub in ann pit of groin
If the act in earnest. Pracheotomy must be performed. Plan
of Nemeyer is excellent. It is an the throif pulber w 2

James Typhoid

(James Bozell)
James Bozell
James Bozell

... & aff. arg nit or men acid shony. 2 he kept up cold
compos & open bowels by inj of honey ^{1-3 1/4} in 6 or 8. Spruce dyence
actu eme Cup sulph. x-18 gr in 23 ^{2 1/2} & len upon until vomiting
of vommission try ruptum he ends out with Mt. Scl ~~3~~ ^{line & day} ³ ³
a le can. & neome ^{men} Colon ^(2 1/2) 1/2 g at that inst. Next night if reu-
rupt same total cold compr not changed as pyru & emid w/it
flame. Small soft 12-14 hon exupt. from urine. Tracheotomy
one peculiarity is when he is thro with suffocation, the mode to

rouse the brain. he runs in warm bath & pour cold water
on head. it rouses the brain & Cupri sulph will vomit. now
of the fact Camp 1/4 - 1/2 in 1/2 hour or gr of muck 1/2 hour

+ Tracheotomy, given open is a prop open & should be
performed earlier than is usual. Follow rule of affluency
formed sign of def ^{2 1/2} blood paper open

2 open is more need of any th of Branch or Pneumonia
As regard succ near mid one year & rarely under three. ext. mlt
of it or trachea is too small. If tube is not of 1/2 inch it will not sus-
tain life Hence, keep open with child or a stopped speculum. One point

before undatable. read & museum account of difficulties in Sydenham some
publications. Never open the trachea until bleeding has stopped. Slow
& deliberate. take plenty of time. Secondary Croup like croup of

unde as Meas Typh fever at trach is not home alone Cup sulph
each ^{7 or 8 min} ^{early} ^{pull does} bleed not come & it is doubtful. rather give it of membranous
croup. Give Fe. perchloride & cup strength in remove phlegm when

Spasms of Glottis = false croup. child enrouy
open cirfor not croup Laryngem strigides. or child c
ann aft mury or sleep seized by spasm of muscles

which close the Glottis, struggles for breath ^{spasm. gives way} & air such things
the larynx. ^{Get symptoms signed} May last longer in severe case & may be almost
suffocated. blue. unspasmodic efforts to breathe. head back

grasps the neck & after a time the ch. is relieved. May
 extend to other muscles cervical & pedal spasm, spasm of throat
 and toes flexed on foot. In 3 spasm is general, more
 convulsive. In crawling inspiration ^{causes of abruptly} may be but seldom
 or never more than or very frequent. Among exacer cause
 teething indigestible food, fright, any mental emotion falls
 multiple has proved fatal may in 2. minute; disengaged
 for cramp & an abey of febrile sympt. ^{on's cough or 4 pectorals} suddenness of all
 & 2 absence of convulsive symp in intervals, & 4 the
 manifest convulsion mature & part of gner convulsion
 seldom or never after 3 year. Pathology. Seem the that
 in ch. it is always a symptomatic spickits, proba the
 a ne a product - exact gner cent axis send
 due liable to spasm on slight irritation, an instance of
 the reflex action gner center. In teething rot of 5-ner tissue for
 down to medulla oblongata & is reflex along the vagus & infere
 as the sup the larynx & ^{Thymic asthma} causes a spasm of the muscle. It
 may be from another nerve as gastric nerve may cause it in
 same way. This explains too the different names given to it, some
 and that it was due to enlargement of thymus & both glands great
 & called by Semmians Thymic asthma or mullers. altho used
 in nearly it is also a symptom of Hydroceph (Chronic) & in Klems
How treat - ^{relieve the spasm} in inf. dash cold water ^{with a little} flour in ears
 plunge in hot water. ^{dash Colca 40 or a drachm of chloroform} or a drachm of chloroform
 of the feet & produce vomiting. Affair whole chloro
 of the feet tracheotomy; in interval find out cause, may be
 improper food, an emetic in that case or purgation, if with
 cathartics. Examine the gums, & scurify effectually them, on
 a crucial occasion, apply a hot sponge to make bleed. If
 the emetic & dash for recovery. ^{of child ill ped. took up the, some 40 + milk}

of R. Rheum if habitual?

In these child complaints and flatulence are especially to be avoided
Beside aloë oil when, Belladonna &c you will often correct the
flatulence. How allay the spasmodic? Brown of Pot & Bell ^{admix}
^{under} Starch. For the 2nd & 3-4th of Nov Pot 1/2 Drop of Theriac Bell. 4-10
or of the 4th Valerian, Camphor is also useful. Frictions of opium
Bella ^{in 96 cases but 4 grains would be} on spine, Treat for redlet periton
Dow on the new ton. Lime & Iron sulphur & Iron. A change
of climate is the best thing. When a eruption of Scurvy, Eph treat
arsenicum in the eruption. ^{James Worth}

Inflammation of Larynx in adults

Two vari^{eties} of Laryngitis membranacea & crouposa. differs in its course
from croup in child & is a rare disease. Catarrh form common
et of two variety mild & severe a good name. Mucous &
Submucous Laryngitis. Mild catarrh. common affection
for when we talk of it. An uneasy sensation in larynx
& roughness of voice hoarseness or extinction cough. Trouble
& incessant ^{new} spasm tickling sensation in larynx, or may not
be ^{new} but hoarseness & hoarseness, not accompanied by much secretion
which is brought up by hawking. May last a few days may cure
entirely if hoarseness gradually resolves. May extend
to Bronchitis, as before. Severe in which suff is action of the entire
thickness of membrane. a chill ushered in followed by fever. moderate
heat of skin pulse 90-100. Local signs characters hoarseness
& extinction of voice cough violent & hoarse, convulsive, & respiration
pulsing & difficult. Stridulous inspiration, noise raves. very
a hoarse & hoarseness. ^{also} Expir not impaired at first but breathing
becomes ^{also} curv. fluid expectorated, mucus or mucus on a spit
of frequent. Expir ^{also} diff of ^{also} tr that he is ^{also} tr, throws
windows open & uses all resp in ^{also} tr as in a ^{also} tr
puffant comes on. In ^{also} tr ^{also} tr of ^{also} tr

epiglottis erect & red & reddish flung membrane of larynx.
May terminate by coma or asphyxia & coma combined.
rapid, may be short even than mononema 30-40-72 hrs
appears ^{one} various congested general slight edema & swelling
in severe infiltration with serum or sero-pus, Pat. resp to
a *epiglottidea* fold. ^{entr} sup. vocal cord curved swollen, ventral
may be swollen. True vocal cord not much swollen
Alcanton rare, lymph gland on clepr. & larynx.

Caus cold & damp combined, small attacks the more
chronic & strikes the larynx. Remd. cold access ure from
intercurrent, direct injury of larynx, too hot drink, acid
introduction of instruments. Often secondary, as to *Dura* ^{ure} inflam
of tongue, measles, diphtheria, erysipelas & small pox, in this
it is a low form & is called a denuation laryngitis. A denuation
of bright disease is a secondary form, peculiar as peculiar I consider
& consists ⁱⁿ of small absent & tenderness on pressure
little pain & of low form & you will see epigl. & erect & swollen
& open of lay almost closed of two cushions, bladder like swellings
local signs dyspnea is greater, voice altered, hoarse but not robust
inspir. ⁱⁿ difficult on account of adhesion. One or two affect may be common
a foreign body in larynx or tooth or stone of fruit, always with a
of sudden inspiration, comes on at once & ends when they are taken
when falls into trachea. No fever, long intervals of cure. voice not altered
& laryngoscope may show foreign body, Absence of uric acid may indicate
A but in ch. Treatment, fever & apply leech 8-12 over larynx
let him swallow ice continually, must in absolute silence
In open for wetting mouth all day warm, in small doses, Antimony
in 1/2 annular or water order, 74 gr of ant 31-2 of glycer. 108 of pot
Poh 15 min of Sub. Digital. Colomough 6 tegu in severe
case, room warm & moist, inhal of stea^m is useful & soothing

Epyglottis may be all round shape & edges serrated. Even in the ulcer
by the count ^{ulcer} does not suffer much, speaks deep no hectic
or quick pulse is high event, It may never in person of some even
ulcers heat & thickened membrane becomes natural,

Tuberculous

This in adrim. It does not prod
any ^{infection} in the duct. From other always accom by tubercle
in lungs. In some cases sympt trifling little uneasy slight alter
ation of voice. In many cases tubercle presents severe & even rapid
involvement paroxysmal decas adrim with pulmonary
then are deceptive remissions. voice very impure & again relapse
all these cases of consumption accom by layers of mucous unapp
able cough. Cough but ^{vocal plaints} severe referable to pulmonary dis
eases of chest. slow secretion. prof of phlegm, persp, elev of temperature
79.5 84.5 with sweats, dyspnea in the general. In many
even of pharyngeal disease occur, just in part comes of tubercle
family of tubercle habit, or he for ^{or bad habit & highly} cerebral symptoms of pharynx
then use ^{absence of Syph. fungus & bleed tuberculous.} occurs in adrim & it. softening, absence of pharynx
usually or ulceration of tonsils, or soft palate. most common form
& by well done will discharge. in case a sign of
catarrh. larynx putter of infiltration may be seen & still later
ulcers of various depth ^{in front of aryepiglottic folds. may be excruciating} & papillary growth. ulcers
apt to be ⁱⁿ deep and favor ⁱⁿ situation on out of aryepiglottic
cleft. ^{thickening which is medical of tubercle form. if a more transverse lumen in a little of} when vocal process are attached & in sides of larynx & in
cavity of epiglottis. seldom attacks vocal cords.

Syphilitic Laryngitis

Group in carcinoma the larynx
when a cancer attacks in ep. It is Syphilitic larynx which
occurs. usually epiph is from by disease of throat from di
pharynx & tonsils. It seldom occurs except as a part in severe
usually a tertiary symptoms. disease can begin in epiglottis
extending to other pts up on true vocal cord & in some pa
lf

Ulcers present follicle edge jagged very small, base sloughy
 dry full mass, usually discover a perforation in hard palate or
 upper nasal, oblige to local treatment & promote when skin
 under epithelial remedies, long period of disease & locally
 refer to syphilitic symptoms in lecture, Anatomy pit. effects occur
 eff of the infl of inner surface of all red, or pale, mucus
 thickened & rougher spread ulcers, small extent sub-
 mucous tissue & infiltration, occasion ulcers extend to cartilage
 & an abscess form betw. skin layer & hard palate opening bet-
 larynx & outside, or may extend back into larynx & oesophagus
 & may lead to death of cartilage, this in connection with Diphtheria per-
 & lephemia & Syphilis, may split up portions of it

Causes acute containing soft repeated, an unusually causes
 of chronic laryngitis, ^{of the simple laryngitis} cold and damp weather
 neglected sore throats produce it, occur
 the follow the acute, see variety of larynx by mucus membrane
 of cotton fluff of particles of pit in stone cutters, in person who
 work in mines & in axgrinders, Excessive use of abuse of force in
 public speaking, ⁽⁴⁾ sudden powerful effort of voice, usually
 followed by temporary weakness. Especially the prolonged use of
 in at stated & in other ^{of tobacco} men with uneducated voice
 Excess in use of spirits causes sometimes, Excess in use of tobacco
 may cause it, Extension of follicles ⁱⁿ area of pharynx is cause
 of it, It appears that some forms of dyspepsia ^{pepsia} in callus of stomach occurs
 of it, Morbid growth ^{case 25-49, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100} acute inflammation, tobacco may be

Nervous loss of voice. An adenoma in tumor of
 can then be seen may not. Epithel-

Nervous aphonia, set in sudden & rare suddenly
 a fright may cause it, & an absence of local symptoms, no in-
 demes etc. ⁽³⁾ no dyspnea ^{or dysphagia} nor pleurisy. Voice is lost not
 likely because cannot speak at all, some the reason may be in a

will often make effort

cold douch or place under chloroform, mental emotion will
lead to sudden cure (7) finally the larynx or diaphragm is altered
but vocal cords are perfectly still seem paralyzed. When cure
is made the paragon & compressor & it excites rather
spasm or acute paralysis. In this an absence of pain in
the diaphragm is constant. seldom ever not paroxysmal

voice is not attended, husky, weak, a feeling of obstruction in swallowing
of food, a rasple at tumor is felt when swallowing & lastly
careful exam will discover in crura, pectus, diff in
radial arteries, pupil contracted on one side, local dulness
& larynx discover an absence of disease & chords are not
partly confined usually to one side. Treatment of general

rest is of first consideration, talking in open air should be avoided
In giving out a respirator should be used & should in place
of all food & drink cups of stim^{ulating} should have
alcohol, highly warmed dishes, mild tea, bay water, cocoa,
drink warm water in morning often ^{change of climate} better bears

to grow. Medical treatment 1. emphysema ⁱⁿ infen care
necent. a little blood of ^{the} coughing come in the of use over larynx
of white size of corns once a week, or more, or Lin. iod
applied. Internally in simple form small dose of Hy. ext

Plan full. Protoiod or Reichleind, Iodine in full of Pot. mag
L corns with Hy. Mure. of Fluor is useful added to Soline
In ¹⁸⁴³ Emma. Mineral alkali mineral water, sea water
in ^{Wilmington} use, drink largely with warm milk, Sulphur water
pure in Phthisis. Do Tubercles treat is that of Phthisis

come out is useful & best treatment in all the forms
Local. In by use warm & diligent with sugar & flour
Colon. or

Sulp. Coppe put in gull & sudden drive in the throat

I prefer application by means of sponge of Inacule ment cases
 find not silver in 4-5 gr t³ or Ch Pt or Mer of Mer, or salt
 2-10 gr t³ or particula useful in Chronica inen stry of
 2 acut 8 gr or 20, if much use Sup zinci & Plumbicet
 s mic, when still more ch strong with 10 gr t³ & sup 31-311
 by with 3p-3. Copious secretion then lauri or Alum or Cott
 2-10 gr t³ gentle, Instruments sponge probang or cumulu
 Arch or sponge ^{1/2} ~~one~~ part of all mixed is best of all, only an
 adequate solution, too weak usually it's 311-3 t³ or 30a by
 311-3111 t³ and benefit will follow. Probang not readily applying
 flap probang is useful & improvement on ethalbone, by heaty th
 the patient will make a severe any case. Spray is useful, though
 much in trachea and bronchi though where probang can
 not reach. As you prefer, may be nec. Supp'd by the
 2d of small twice a week, open mouth & protrude tongue as
 far as possible & throw up epiglottis & expire slowly, & pass
 instrument over tongue & in the glottis. Nervous aphonia
 sound of electricity, that produce a spasm of muscles
 from the neoplasm produce symptoms as Chronic lary
 outca certain by laryngoscope & only remedy is removal. As to laryn
 goscope, consist of mirror placed on forehead, patient should incl gph
 head on level with with a little thrown back. & place your hand
 12 inch from his mouth, lamp on either side on level with eye
 tongue out, heat mirror, don't touch tongue or pharynx press
 & up against the uvula, throw the rays at center of uvula & object
 will be seen in mirror. Throat may be edue, with a little ice
 benumbt recumbity, 20m of chloroform will allay the hyperaesthet

{ A A Browne B.A. M.D. (paired)
 H. A. Oler M.D. (in embryo) (resided)
 Robert Howard M.D. (plucked)
 referred to a further period of 12 months

Rob. Howard M.D. (Birmingham)
 Arthur

and opaque. Child^{ren} have usually no inspection in the matter it
gradually signs of ~~de~~ apnoea, lip more blue ears just nail blue
jugular vein swell, if adults ask to be propped up in bed. chest keeps
same posture ala naci dilate, all muscles in bold relief. Chest
possibly elevated. Pulse rapid rate in dis pulse 120 in in
wall. Resp 40-50 in in & become slower & gradually the
efforts subside. surface cold. low mental delirium. Arou
& per convulsion not in adults & then coma. Feet face
may become cyanotic. This gener. from traumatic & delir
in children. in adults 10-12 day may in 48 hours. When more
benignant in 10-20 days. Morbid Anal In fact stage
congest red slight bluish cast & relaxation of membrane
& little rough & dry secretion arrested later secretion takes
place on membrane. This formed in all pts of tree & all
as in descent. more profuse & viscid in & with bunching up
full thro to air cells. In addn a sub-mucous infiltration
and allan of calyx of tube. Virid see lead to myshol
to collapse of post opening. Collapse affe post sup in the
lower lobes. usual lobes not whole in. of dull purple
colour in lower level. less respirating or absent. If inflate
the tubes into the collapse you can return them to original size
only time of recent standing not flow, becomes camouflaged with
degeneration. If section it is mahogany red & smooth not
green like Pneumonia. How long about, but simple way
expir alr than inspiratory & tube conical in shape. If plus
of mucus is in tube what effect of expir alr cancell full of
an expiring & forced out ceat-ge & spike movement with
pt & the insp came it down & black. It up & expir alr is
not return & in this gradual way all air in air cells is pushed
out. the tube filled & mup would be just the conduit

for collapse. Thea lobules then will become real puffed
Lobes Pure & contain part called a purulent ground. Brown
stained swollen, Physical Signs, Insecl... loose
& chest-peculiar breath a powerful elevation enormous
& lower portion is retracted. Percuss for a clear note, being
not depressed gain, except on a shade of dulc on be ill and dry
put as due to granulation of small & dependent parts. Occur
a shade of dulc from collapse, not of flr for adjacent lobes
under gr detection & mark the dull note, 3 on up & left
then sound, vesper weak, 2 ripe in base of lvs 3 new con
in dry stage you hear whistling rales when, if puffed from i
into a large bronch (as case) it to retract if m by tub
a common rale if small, a whistling rale. Colatory
but determine quality of note. Empir of these indic m
is less exact. In 2 bubbling, air passing thro' bust the
size of bubble will depend on size of tube. If in large tube
large bubble heard in upper pt of chest. If in small then the
small bubbles mucous & submucous rales. Small at base
of lungs seen in capill br at base of the fine. Bubble an
fancy eg liquid in charate, do not occur in puff. seen
in expiration & expiration, vary in size & number
Causes prodop of char br age is one found - very ripe ^{2/11/70}
in child hood from dust & age is common body fed. nearly per
propert in irregular & rickety chil. allied to this is the receipt
& dim defic nich power of system & one atleast predispo
sable on 1 expen to add exp with moisture, may be possibl
any pt of body the mechan^{ism} irritab of membrane, cum. Chl
ven healed ar. Much water is cause of declinuch form, all tubs
lude expose the to inhalation of foreign matter subpt to gran
nsh. close cuttes Phthis. colour workers in hale the flue

and collics, with the well known, those observed at any, & tell us the
cause the disease, often according to localities in lungs, especially pneumonia,
apop cardiac disease & aneurism, obstruc
of valvul des can, produce Bronchitis & probable an effort of nature
to clear congestion of lungs, same in char after rhegtric catarrh
is present, often & fever, dyspnoea & hyper. in measles, in Bright's disease
not tuberculous urine is thin is common symptom, Ours is
to be des. in Pneum not des. in adult but in child & d
als acut P^h Acute Capillary Bronchitis in L. King's Coll
I have not often met with it, for does not run so high, not purger
but of skin, not as rapid, allans etc, & defecus is not as rapid
& B's absence of local pain, not expectorab. signs of acut are ge
in Brown the P^m while pulse is present retro is not much disturbed
In children great pallor of face a comm symptom in Bⁿ. Physed by
des in B's not local dulled dull. the bloody breath preceded the
fore expectab. In Bⁿ while sales & scales, bulky all bases of lung
Uniform diffused over both lung in Bⁿ, localized in Pneum one lung.
Treatment. Pneum heat should be protected, same means
as in Bⁿ, spongy with cold water. cold baths Exercise warm & place
at next skin, broken down in abortive & curative, cancel short-
to a hot drink at bed time, bathe feet in hot water & in addi
on a drap. 10-15 gr of Dover or 3 gr of Parag & Sp. Mendenis, & hot gum
& admitted that this will often stop an attack. If full the use of
Pan & local bleed, seldom needed, inhalant in aut acrom & dys
cancer has long been the favorite aile sedate & diaphorite, in a per
able sedative & diaphorite, & also acts on mucous coat of bronch
& aile. & on mucous mem of Bronchi, & renders less viscid the sec
tion, just what we want, it also act on mucous acid & muc. of blood
dose. 10 gr or 1/4 in elon pare & 2-3 in with con sal ut Pot 5-10 gr d
at bed part useful in Bⁿ cat of Pot 5-10 grs in cat de of Pan Ev

my combu digt al x m of smt to each dose at or bet deca, and
dny not suff used acornite (appl. al. t. erup. & layn) Incl in m
dose 1/2 gutt of N. T. m for ev 1/4 hour & then continue 1 hour give it
itself. As regard edativeness early ity generally give thin, op is obly
a it will over the see, but keep is good & a m y p r u e a d 1/8
of Cup of Pot. x-15 in of Suct. Hyozymum 5-10 an of Suct. of Canab India
in each dose. In very acute deep utalatio of warm vapour used
delicats p r u e, when acornite act, reduced but. aut. to 1/4 of acorn
Speac. & is g used in child for 2 ad 3 m, alkalis cal. usif. acety
Am. & Kalar of Pot, when see is ph
autimony. Opule nor in y b e g n of cough is tr u e no signs achyria
a does p r u e at night or to cough mixture, apply smooth. extend
but l u e e d p o u l t a e s p b e h e d. a little milk and cornel or butter
stoup or humect. Sign of aculination g r u e o u s n y p r u e b u l l y al t a
2 chart dep. expecto. signs of l u e h. g r u e o u s n e t i c u n d e t h e e u e
of l u e h t c h r o n i c. chuy e g e s t u e n t. Am. & s e g. m e e d a c
L u e. Wine and brandy, In asphyx a Bronchitis, in a suffoc imm
nent, of suff p r u e l e t f o r h e a t d e c e s e. a n d e r u p l y e d a t u r t o t a
g r u e c a l. a m m o n. in comb with Spe. s e e n e g u. l o n e s b r a n d y. & o
c u e r n e d e m e t i c s p r u e c h l x o. a l u e. S u p 2 & . . . F l y m e m a p r u e
h o t l u e p s t o u p s a s b e u g u l a t i o n. Chronic Bronchitis L u e a c
d u m m o n. Bronchorhea ^{Pulcatay Calante} b e t h e n c a s e c h u a c t y p a y o r o f d y p n e a
c o u g h o n c e a d y a t e v e n i n g. s e l d o m p y r e x i a. l u e a r a n a b l e p e r u e
u n d y e x p e c t o r o f f l a n y m u c o u s. 4-5 o z m a y b e e x p e c t o r a l e d. o f t a
p a r o x y m. a p t b y p r o d u e v e r i c u l a c o m p h y z o n s & d e b a o f b r o n c h
e n c a l l e d h u m e d a s t h m a. C a u s e i s o b r u e. L a r t h o u g h i n o l d
p e r s o n s e n t h e n d e b i l i t a t e d y e x e r c i s. h u d p y r u p a t a l p o r u e i n
s t a b l e e x p e c t o r. S o m e t i m e s a c o m p e e f f o r t o p r u e t u e b r u e c o m p e t b y
u n a c o m p e t s t a b o f f m. S e c o n d s t a t e i s wild acute Colic
e l y g h c o u g h m o d e r e x p e c t o r i n d e p e n d e n t. w i t h a m m o n o f t e n

occur in winter & sometimes in spring to return again in the following winter
last few months, sun heat does not suffer. Common in cold people
Senon from Chiron Mucosus Caltant, cough violent & frequent usually

worse in evening & upon every expiration is of a mucous-purulent
when colour varies from yellow or green, each secretion is isolated so
not run together, ^{mucular smells of pectus} sometimes is thick white purulent, may depo at times
glue fluid due prob^{ly} to recent inflammation ^{no is a cough}rafted on old. Pass
salut expect may be met with ^{these matters are the result of inflammation} & is called false bronch, may contain
tubercles in the body and Gamber suppose that ^{metamorphosis} tuberculation they are
tubercles and found with miliary tumour. Not to be mistaken in this
sore is secretion not bloody or gangrenous, due to tubercle acid

ferme & active being diminished by lungs, Pulse has only slight per
a first at even pulse for rise but slight. loses flesh & tubercle in the
symptoms after a year or two may pass to advanced stage ^{of cough} for expector
frequent ⁱⁿ pulse hot skin, & moist. Calambal phthisis dubious name
by your person terminates favourably, common in old persons may

occur in delicate children, ^{4th} stage from Dz Catarrh ^{= Calambal see} ^{of bronch}
cough ^{bad} ^{of chest} ^{depression} ^{no} ^{of pector} ^{or little} ^{transp.} ^{pleurisy}
grey pullet rub miliary ^{occurs in young} ^{of hypochondriacal} ^{pernicious} ^{about}
safe means obstructive in my pure field ^{of Phthisis} ^{of chronic} ^{bronch}

att^{ended} by which thence, soon in by expect in small ^{tube} ^{by large}
small, perussion is not altered unless exceptor ^{accumulation}
operation ⁱⁿ ^{is} ^{dry} ^{rough} ^{shard} ^{rough} ^{strenuous} ^{condition} ^{of}
Morbid anatomy ⁱⁿ ⁱⁿ ^{med.} ^{of} ^{the} ^{prodr.} ^{slight} ^{thick} ^{ness} ^{of} ^{plastic}

not walk hindered strictly, inner of muscle ^{cont.} ^{thor}
sup ^{like} ⁱⁿ ^{large} ^{change} ⁱⁿ ^{size}, ^{with} ^{cont.} ^{or} ^{cellular} [&] ^{an}
cells dilated empty ^{as} ^{cony.}, ^{with} ^{edge} ^{of} ^{chest} ^{suffers},
see Relate ^{to} ^{cony.}, ^{and} ^{perussion} ^{is} ^{growing} ^{that} ^{the} ^{bronchitis}

and in corruption there is here that is old of the Ch Bu is follow
& under & softer of lung, Treatment: in this is the common ^{of} ^{tubercle}
& valuable, a Cider oil liniment, Lin Sodi, ^{to} ^{be} ⁱⁿ ^{use}, ^{called}
Lin Sodi action, is excellent, ^{that} ^{the} ^{Sp.} ^{liniment}
when ^{bronchitis} ^{due} ^{to} ⁱⁿ ^{use} ^{of} ^{the} ^{liniment}, ^{the} ^{same} ^{is} ^{also} ⁱⁿ ^{use} ⁱⁿ ^{the} ^{form} ^{of} ^{phthisis}
Uner's Phthisis, Uner's ^{not}

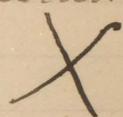
sub several cases, shiny like beads, & cylindrical, whole tube dilated. In globular form you find walls attenuated. Membrane smooth & thin like serous men. Cortical layer is white membrane pale tho some red. In cylindrical form center of tubular structure more than thick & spongy. Mucous paper top walls found thick. Sclerous fibrous sheath surrounding the tube. The cylindrical variety usual occurs in middle layers of bronch. of 3 & 4 division. Membrane supra mucous occurs sometimes rapidly a well capillary tissue or when

Globular form in base & upper parts in common in the soft tubule & chronic pleuritis & in bronch. Tube in cystic nature as it need from bifurcation & in globe it emerges from tube. Consider of being substance around the size to give natural surface collapsed & atrophied, or indurated & hepatic in condition of fibrous in rare cases gangrene may attack it. Mechanism is per the cause as that by. A cell or dilated, one common one is collapse of some portion

of the in cap bronch, a partial collapse & space is left. Spaces are expanded to occupy the space left by collapse. Acute is by sudden expansion of walls when increased by inflammation & distended by influence secretion, wall of tube by respiratory efforts, the same way & are distended, & expansion in of child & whooping cough. Symptoms when dilated bronchus added & chest is allaying an aggr. dyspnea but dual unproductive of blood more marked. When of type & chest more abundant of solid, greater tendency to consolidation. High acute pyrexia & white to dilated right side of heart. Physical signs I what is it percussion? more etc. resonance not as clear as in other. It is tubular as tho you think the lung & also thin near the surface & lung heaped

you feel the hollow note of the tub - which lies below the under-
 lung, or a small-pit sound, then the case is severe & large old
 tubes. Or may since chest come flattened or lung when
 tube exist in expansion deficient, come a fullness when
 full the pleu must be adhesion, flat & need less the
 healthy side, Or partly ear you will hear harsh ruff
 sharp dry ruff blown esp dur expiration, very in
 blowing time by success blow but ear & draw from it in
 inspirat. very metallic a character & then the aff. may be
 In few cases signs of cavity like globular dilatation exist
 by cough or respiration & gurgling, I run up into the chest
 on spec durm expirum durm volume & excess
 sound of rattl soon. harsh ruff blow border, harsh
 vocal resonance runs least notable full physical sign
 may be no vocal resonance just when bronchus is partly,
 one durm diff to dist that is Chronic Phari; the main
 in chronic form. Fraktur is that of the bronchi
Plastic or Crupal Bronch in the a false membrane is form
 in tubes is rare that it may be passed over

Asthma



Dem for Azmody confusion, anply to sign any per
 ory durm durm hemicadria with bronch with hemicadria
 fulm asthma, Dem is notic^{ed} non to specific form of
 paroxysm depend on spasm of bron tubes & muscle
 Full Asthma is a neuritic affection like Epileps character
 of paroxysm, ^{at & nervous} dyspnea & depends on tonic spasm of
 atory muscle chiefly of muscle of smaller bronchi but occurs
 in deep on spasm of diaphragm & ^{of all the inspiratory muscles which the ad}
^{are given} asthma per comp^{licat} with char^{ter} of tubes & air cells or spasm
 what symptoms? I made of patta my set in all at one
 from often Sunday to disease as Ch. Bronch. Emphysema & durm heart-

in tubercular gland pressing on tube, if all pale while but
- to, but 3-4 days they disappear & when again
cause the whistling again, What cause & remedy etc?
Occurs in infants & aft enough fit my beloved & with eye
for another, but if never you open eye produce the effect, I
can come lead to dilatation right side of heart, flow is
stunted & in same way of the vein leads to dilated of aneurysm
emphysema is ingrafted on the asthma, does seldom
disappear spontan. when some other evil replaces it, per
suspectly affe of small part, neural may replace organ
or other affection, Causes & early cause in general that will be
general, divided into central direct reflex, in case all
mental another excess joy, direct - peric. of tumour in men
as pleurisy & vagum, reflex muscular, any int. in any part
my arms are affected, in this way disorders of stomach act, a
of spirit, cheese, stoned kidneys etc. so in bowels, simple emphy
flatulence, tubercular glands small green hay, or in spec
peculiar odour, Modified in almost degree of moisture & dry
ness, stale precede stomachs favour to asthma excites it, Probab
that tea & coffee produce the direct reflex in, the fluid is absorbed
into blood & enters to capill. while the minute fil^m of vapor & expe
of pain in muscles. The rest of the skull under the hair
be perhaps must exist at. cannot excite of pain non
system of bronchi, others each lasting course as em. med
could induce violent spasm. Nature of peds not known to
connected with some chills as party, or steam at the Prun.
held the down as with, calculus diathesis with haemorrh. &
haemorrhama & other diseases, The due to d. cause do not
set in before adolescence 17-20 yrs, another mode of in child
some organic origin of bronch. more advanced form to men

7/2/70

hoop cough. Suffering 80 per cent in any date from all of form of the disease. In old persons pre a course of foreign air of heat or dry
emphysem & Chronic bronchitis. as regard age, at any, in young
& middle life in connection with diathetic disease, in old age in connection
with Ephy. &c. Diagnosis, one affection to be distinguished
with degree in spasm of diaphragm, an any change of the
respiration

I respiration act impeded. abdomen
cannot pass up the diaphragm, & with it abd muscle
contract powerfully & sometimes expelled involuntarily
the belly hard, involuntarily seized or seat of contractions
return lividly exist, blood impure, usually sup induced in per
10-12 in minute, 4 per 3 times as long as resp. insule of 1/4
duration. During fit no respiration heard, now wholly
stomach & lastly after expiration percussion of chest ^{low} heat & dia-
phrag downward diff

Prognosis favour as to life
may last for years on other hand that who attack is old per-
sonal runs a rapid course, as regard cure unfavourable
most benefit. Prevalent avert fit, shorten & relieve
but in intervals. Averting fit, if patient only seen coming on
he should get up early a differ atmosphere, if cold water immediately
etcetera or water introduced, Powerful mental emotion will
assist sometimes, break up Neuridly. Ept hyster & Catarrh
of abraded stomach, emetic, if bowels cost a purgative, if
chill. immerse part in hot water or hot drink. Treatment
Nervous exciting cause, if patient threatened with gout he should
take a dose of colchicum & alkali or blue pill. 2 named with clear
ner irritability, Narcotic sedative or amblyopain, allay with
opium. Stramonium results first, best method is 6 gr
stramonium cigarette & is efficient mode of relief. or 10-15 gr of opium
or. One per Salvia labula most efficient in all cases

then see, as smokers collect smoke under a glass, that table
inhale the smoke thus produces nausea & headache & often on
Chloroform about & during, some points, good has been
that if you cut down sharply upon larger doses will produce trem-
ulousness, for small doses, inhale through a pipe or 10 in at time
a handkerchief will continue to produce its effects for ~~long~~ long
time. Another remedy suitable at time is Belladonna next to Stim-
in allay spasm given at night only and at onset of fit. One mode
is use of hyposcote in 3-5 in of dilute solution or 120 grs of sulph
of atropine & allays spasm promptly. Opium not simple but when
hyposcote is 10 grs & more to the last, other substitutes less val-
uable heat 1/4-1/8 of 1/4 Tinct of Scutellaria 2-3 15-20 in 2-3 hrs of
2-3 class of remedies are resorted to as they are more nervous
& more power. Tobacco ad nauseam, ~~and~~ pruritus opium
valuable remedy in non-smokers. Ipecacacanthina & cinchon
Tinct of Lobelia is most certain 5-10 in. Punct of 5-10 in
Another class 4 Household exaltation centers stimulant to
brain & by sedating centers reflex act, strong coffee, hot punch
etc in summer. Specifics Fumes nitric paper most prom-
ptly pass drops in 4 ^{grains} of paper between bed room will relieve
the attack. May make into cigar, or pipe. Arsenical cigar with
prompt agent, add 1/4 gr of pure acid to nitric cigar. Men-
strual pain reflex action, use feldspar in cold water & cold over head
& swabbing water with ammoniac water equal pts, drops
voluntarily use mutton rapidly. In in to relieve one of
acute change of air, one remarkable the use ~~is~~ of food also eggs
and with asthmatic patient dust, atmosphere, dust, room
another point is regular diet. All asthmatics are dyspeptic
I believe asthma apt to come on at night, reflex from more acute
by night the day hence should not go to bed with loud

Stomach, use early, neat-digestible breakfast, less liquid than
latter, state, bread, meaty, pot, cheese, sauce, baked fruit as porridge
to them. As a rule fermented liquors objection, then amount of drink
is present, if spirit of wine, colch. alkal. indic. If of stricture
as arsenic sulph is indicated. Williams' rose fruit of salt
in asthma & disease of kidney. A course of solid of Pot with other
medicines has proved beneficial. If arsenic Iron and
is dead with peculiar excelsibility of nervous system & for the
nerve force, best calbopile zinc. but then Fe. & Cu. Sulph oxide
^{1/2} 3 time a day in the whole gastric with & set in sudden
zinc in this case in the wall of the stomach of sleep, Brown 5-15g
had hours of rest in the vacancy in stomach when attack
comes on in empty stomach. Fe & Zn when debilitated arsenic
pappah. Nux vomica in 3-8 in of Suet - Strict. 1/32 of 3 in
a day useful in asthma in those who expectoration is prolonged
while for these combine a redal at night, Pell of 5 Star 1/48
2 or 3 pills one pill in 1/8 of 6 Bell & 1/6 of 5 powder root &
2 in night & 3 in night & go for 10 consecutive night & then 3 of the
of good in & the body arsenical cigar, or whole nerve
or a pill of pellador 1/2 - 3/4. Corrupt air bath useful in
in case in the empty & the bronchitis in present. Thorough
bath, spray, & shower bath sometimes
Hay ash. Certain persons who bear at per centual new
hay get less than be more from more & cough in expect
inflammation from I pers must be sent from court to sea air
& internal arsenic most useful. Fe & Zn to Muxton may
be used, Local treatment, in the arsenic cigar, stramine which
galomys flume slum, enar te se is good.

Pneumonia.

Div^d in acute & chronic, & acc to texture at seat - thus ord
involve vessels, in vesicular Pneu. another var^{at} involves
vessels & cellular tissue surrounding lobules, ^{called} interlobular pneumonia
the extent of dise. Lobes or whole or part of lob & Lobules
or whole or severe are inflamed & become solid. 3 Kinds
accord to pathol var. Croupous or membranous
in which cells are filled with exudation. Catarrhal pe
in which exudal abundant form of cells use to the form of gray
spots, Interlobular or inter alveolar chronic
Order 1 vesicular pe or Croupous pneumonia Stages
Div into 3 stages 1. stage of engorgement, 2. of red hepat &
3. of gray hep or purulent infl. In 1st follow a ply
lung darker of some shade of red, dark brownish, lung much
in weight by blood at it contains esp granules increased, lung
exudates, not as natural. floats on water, & dematens, infl
in with seen, an abrupt & early escape lung with blood
of being out, In 2nd stage hepatized, non color pale, non
engorged has the soft of exudation, blood vessels flattened &
emptied to exudation, ~~the~~ organ cells solid like liver, does
not collapse, when chest opened, line of ribs on it, see villous
in men in weight & dense grey much weight with rad in val
no exudation can be replaced by lymph of catarrhal, not spongy
but rough & granular, vessels filled with lymph, after torn does
not pour serum out - no fluid escape now. In 3rd stage of
purulent infl or gray hepatized, corrup bloodless, soft un
fiable. If square put that pus can be solid & sinks in in
this is a rare stage, maggoty set will. When solid is under
it pe this same the also, soft solid, grey & pour it a thin fluid
when pus got out - pus can be squeezed out, by raised fully by infl

(In bright disease & emaciated deeper often reds in capillae suppuration)
 & all cases pleurae inflamed pleuritic pleurisy, rather dry & formed
 in lung, seen often seldom accompanies Pneumonia. The stud is
 for outburst as cell soon its bronchi also & filled with acute
 & air forced from artery. & often occurs in sub-acute cases
 of pneumonia, the colour of sputum of? Rapidly up to capillary
 & the pleura from blood vessel of lung cap. become solid, in a few
 or short time liquefies & absorbed. usual change in recovery
 sign of fatty degeneration, this facilitate by accumulation of
 this asserts. In this stage the lung is grey-yellow, or brown
 a new change soon to occur & caused by caseous transfor-
 mation of the abscess organization, ~~becomes~~ ^{becomes} ~~termites~~ ^{termites} to except this of
 by caseous is considered a slow form of fatty transfor-
 mation, very suppurative even poor out to facilitate rapidly
 degeneration & on this account the fatty deg. so on slow & solid
 emaciate small numbers, ... An varietal ^{in acute} abscess. Quae
 had seen but 5-6 examples and of 4. At 2 on for almost
 a hen's egg, minute the nut milk in soft lung when moved
 roughly, this formed a soft fluffy lung bleed with lung around
 contains pus & blood pneumonia. These do not occur & with
 as cap as tubercle, common with bronchi. If line are abs-
 ory become lined & has been formed in days, may contain chro-
 form for long time or may cicatrize & collapse, you will then have
 ulcers & dullness on percussion. Bronchi about their dilated
 another rare is gangrene, peck do not occur as often
 as blocked up with coagula or bronchial asthma or obliter-
 ated, simple putrid sloughs. Spot usually limited in size
 occupies small part of grey black colour, terrible odour
 & slough by time is found white. Look not unlike the town
 when been weather for a long time in

This infl is differ from suppurat inflammation. in course
Symptoms begin one or 2 to 1/2 year from eye
for 1-3 days an chill cold pains, in limbs & ears In 4/3
to 5/6 due red in sudden, with rigor called the malar ag-
gration is followed or accom by cough, pain in side in or less
of perspiration. & soon or come of alcohol. often great prostration
of the system headache & vomiting, when secondly in course of the
disease. sudden onset as not noticed, times in unaided medi-
cine, humed, the general clear, in with head of the. color
redness. temp rare up 104-106 pulse number of full or very
80-85-140 to 160 in severe 100-100 average, soon become small
& soft not a good sign may be accom by swell of eye veins
face anxious, man prostrated, headache continues several
d. emollient, cold not come except in part of upper respiratory
tract edematous white pur. that loss of appetite with correspond-
ing. more highly febrile. excretion urine acid. pigment
at 2/3 or 4 soon deficient in chlorides or absent in hepatic
& putrid a large excess of bile. Jaundice not an uncommon symp-
tom in former of right than of left not due to lesion of liver
from left. In some due to accom color of bile duct
in the due to enlarged circulation in lung, produce congestion
of liver; some of local signs, due to embolism. Pain in side is also
present due to pleurisy with effusion, & present in pleura may
affect any part. may be slight to severe, sometimes severe when pleu-
ra has escaped. In old persons & feeble persons not present,
seldom last beyond 24 hours, as soon as an cell or filled, inf-
lection not present in distal end pain, Cough, & shortness
not present or equal. after 4 days soon a second temperature of
mild color in the eye, in some orange in the malarial in
these shades of orange of blood mixed with the

have been read and more about the left side even
numerous, resp w/ expiration & cough about too. The cough
is in blood glob. & . Resp accelerated. 24-80 in min
Pul resp ratio mon distal in of 4 1/2 - 1, as 3-1.1 but time
time in puer cuts frequently, although this is due to fact that
system suffers macule puer & kidney suffer also. When we
chlorid etc - Imperio, is but more often seen as a distinct
case, high from invasion. on 12th, 102-104, in the 104-106 we
had a slight rise of 1/2 deg in morning on the 13th
5-7 deg an abrupt fall of temp in the 9-14 in evening, the
with the part of reaching highest point, Defers to rapid
in 24-48 fall, to natural. In children like place of pt
starts still it is rapid, this sudden elevation about 2 days
as two character facts, Cour. of the acc is
was a definite course, for 2 or 3 cases as up 12 23 days
less 5-7 deg in mid case 9-13 use when all about the
sudden improve temp falls, this improve & falls come with
occur of complete hepaticization, so soon a comp dull & comp
blow with fever case, the patient. It is quite that a pro
& adate has heard the influenza pro, may be compa
to a critical revivification as learned. This of of ording, ca,
occurs does return as rapid or fast come, being for temp
around of it were it then extend to another patient, few with
& change type to typhoid type. by day & strong, sharp or del. part resp
may all term well & defers to rapid, in unpar strong give
to death. Physical signs, & a novel is a hard respiration
the east of respiration, the rest phy, & rest consist may be
faint weak resp in min, soon after find following a shade of
della on pears. second of exudate in air cells now cold in
role of the bottom, amorphous or be culture.

occurs when air is out of suppurative portion of lung. Infl. tubule
note around gr. bronchi due to presence of them. I on appearance
hem. pur. exfoliation. this is a pathognomonic of pur. pur. of sup-
dy character. a pur. crumbe. gutter. head at end of suppurative
crust. to burst a vessel of hamper close to ear. under pres. of fluid in
attaches air cells. In pur. cases no exfoliation. because cell
too full of secretion in air cells enter them. at this stage
you may notice that affluence does not expand - much as the
vocal resonance is aggravated or intensified on respiration
in situ of red hepatic etc. altered. still def. expansion not signifi-
cantly of full value by the of weight etc. Peculiarly a dull not
wooden dulness. rare air cells full of pus. when upper
lobe of l. lung is open in a tubular note or an amphoric note. On
tube & you find cupulated some blowing breath with diffused or tubal
(crust tube by blowing into or slutter) How produced? by air in
whipped unless been both conduct. ground & more far is easy to
believe as more readily. voice attend in same way as the bell
of shell or possible. bronchopneumonia. Coexist as in same ch. than a nar-
row way. slash of hand placed on lung when put over vocal funnel
if found increased. may be absent. & pub. only when tubes bend
to reach part is filled with mucus. When diffuse cup. over one
new physical sign added. a moist sound, heard pass for me to
bubble. fine bubbles, air passing through the liquid pus, high pitched
amelanchic in the note, become surrounded by solid lung

Pendant infestation - not under of each group of tubule charac-
but peculiar offer in 2 week & aggravat. tub. in chronic. a high temp. in
in 2 week. rigors. expector. requires piece when current of diff. pur. just
curable. Under pulse. dy. tongue. low small. clear. tender. to lungs
symptoms from by phlegm etc. When this occurs not neces. fatal
abscess rare termination with hem. & pur. signs of fear,

of bronchial tube enter into cavity, grunting, hollow bubbling, cavernous, rattling instead or both especially when two tubes exist
this may be mite, if hear no tube or if do connect & full of fluid, then
no cavern rattling or hollow bubbling, do count at time local sep
No. 2. local following purp. seven rigors, middle of purp. ex-
pulsor of pus & purine into plastic tissue and expect being pectra
a still transparent & sanguine when occurs under intense collapse
extreme hyplored group. expector, putrid dust & by tissue mite
folor intense, Physical signs same as above heard over larger
area, Fortunately could expect for terminats favorable but
moderate. The sign I middle deference, after per decline
middle of group purp. pulse falls, ch lungs return turning
arg not appropriate this dor, vice or al flm some def dia & sev
at sometimes physical sign, could so alteration, as dullness
is noted & by purp breathing dor, I sharp tubular ^{not} become clear
& to harsh & the natural or renewed, Note which was wooden
becomes less so purp above dor would, 3 capillary heard fine
tuba red & expect coarse, than fine, ~~and~~ confined to inspirato
replace bronchial breathing, At last expectation disappears
of the and expectation on account of purp working again.
Diagnosis: may that may be conf, in conjunction 2-3 expect
I capillary bronch, 2 pulmonary collapse, 3 adenoma, + collapse
greatly dark & tissue ^{was} under what I occur, in & occur over tube
occurs when feel small unable to expectorate the natural ex-
cretion of purp. Follow dark clapper, collapse not attend by purp
unusual fever, not only expectoration, if account of sub-mucosa
rule, this occur by tubular bronchi bronchitis, then as rule no dull
on the collapsed portion, under general, when few tubule, 1 ~~the~~
small size, with parts distended & could a clear note & obscure
dull, dyspnea ^{in purp} & dullness, usually collapse post ideas

no hoarse cough, or rarer vocal vibration, then adenne. rapid open
out an cells, common cause is death for puer. follow facts.
1. often not a febrile aff. in sign or high fever, or pain in chest. rare
 seldom of fine equal charact. Dis head in upper 4 parts. 3 throats
 present, heard in both cases. bloody breathings absent. Expecto-
 r diff. club in each than of rotty substance, & adenne is a
 part of general dysp. anasarca elsewhere, for best dis a bright
 sometimes due to sudden translocation of external dropsy. In stage
 of hepatic to conf. with pleurisy in stage of effusion, & acute pneumonia
 in upper lobe may be confounded with Phthisis, & it is not a chronic indolent
 not such in 4 signs or high fever, expector not rusty & phlegmy
 does not run through rapid series as in pneumonia & lasts out
 26-38 hours, in course duller 37-45 weeks or months. Asthma or
Dyspnoea pneumonia, comes from asth. from relief. after
 years broken down. aged & who die occur in course of some fever
 or dyspnoea or even or erysipel. Dyspnoea sign same as in them by
 of lower type & phlegm sign run a more rapid course, consp. more delir.
 chills, petechia found on surface, pulse more force & matter rapid
 tongue dry brown. mucous pain. low mental delir. frequent
 expector not simply rusty but more blood. & often foetid. usually
 much less rapid, & runs more frequent. Causes one great
 L.S. Exposed to putrid & even cold. slight not sufficient. injuries
 Rickets & blor. traumatic. cur. of the uterum & secondary. for
 cramp of the ribs. continued fever, pyemia, in many chronic
 tuberc. cancer gummat. heart disease, aneur. or of liver (supp.
 & abscess) certain poisons, light disease, poisoned wound, burning
 few apt to be implicated. croup, measles, diphther. whooping cough
 & in newborn child. accounts of leucoma. Prognosis when uncomp-
 liment. favour. runs a definite course. may point out in
 to prognosis. which in. & age, for which latter is more field than at

under 2. or 70 fatal de be 6-40 raul. Consider the usual
abit nur apt 12 fatal, previous build up & dicit. sentience
severe mortality. Extent affects. more extensive nature
double pneumonia more fatal. Dype. low asthma more fatal than
secondary than primary. Certain complications, most important
dyspnoea. de. often proves fatal. since the both diff supp & you can
request. another is delirium tremens, pneumonia. esp in rheumatic
heart disease. renal regulation. Ague in ague distinct
influenza is periodic type. many other complications. Pott's
omete com on. Treatment Perhaps come along
as been gn of anlyst has been possib. some ad. antiphlogistic &
stimulatory plan. 1st place no single plan adapted to all
cases. 2nd may require little or no treatment. could cure left
inter. do no app to pneumonia out but all die, but patient resp
in cut shot? cur about? good use we may cut shot if seen at
ulset before adulation in an cell. bleeding at commencement may do
thru. advice to cut shot & power diaphoresis assisted by persil
in hot bath or cuts pack him in wet sheet & surround with
rags of doors open. John the the small de of ante of you will occasionally
what shot. I suppose do not see in first stage: we have used the men
he may only of cases in this stage suppose you would persil
low of rats Pul sac Co. or castor oil. 1/2 pint or 10 or 12 parts
of sugar. small dose of ant. 1/4 gr or 2 lb & add digit. In 1/2
2 account undiss dose in hour. If any troubled, smell the
open my head to ant & run hand. open see in side hot point
be in part. is flamm. in poppy fomentation. or four leeches. or
apply to 3 or 4. In middle cases when puls not so rapid use
the treatment is not all ^{for you as} 4-3 x in of ben of lip. account also
Green wool. powdered ice & chest or cloth way out of cold
Green tea. admit more succed de cutting shot & seldom reduced

few or where pain. Neerage, speaks unfavourably, this is
to in eye of conjecture to give bleed till the case is clear of congestions,
may or may not be useful, a few exceptions showed one of the 1 when
seen at night just after night, bloody with a great deal of red
in the spleniferous in 102° & of pulse etc. 2 when marked by
of the Syst. dull & lethargic 3 when dyspnea was marked, as in
able to beamed by strong condensation. Neerage says, men
with dyspnea, who go for, of great at common, can, to be tried & for
a pain in side or extent of inflammation, as soon as second part
of pleurisy is removed of 40-50 per min, & rattling ^{was} not relieved
after coughing. Blood should not be for except in various habits.
Ad pers. felt & don't give it up. When hepatic, let alone
it does well generally, some while more hepatic & extending in course
as long as need for bleeding, sedate diet of St. or acorn or digest. few is well
ing, or if with 4th of acute, I suspect best to give resolved in
alkali. by the 4th of acute & promote secretion 5 11-12 of pre-
sent of polych. Comb with by acorn acetab. not except
unless severe, It is not needed. Supp. by imp. not about rapid
but health or 20th Pot & g. de 5-4 times a day. & ten. mean by
still to be employed, jacket of miltice. or hot formic acid by sponge
it, or oiled jacket, as a substitute not heat. If hepatic redness
lessen sleep. Diet low, but not valmed grain, 3 stages
when hepatic has little place unless, allow more milk & so left to
found etc. allow liberal diet. As there men in old world
don't but & acute pain in pain itself, begin at one with
stimulant beginning & left. & so ad vomit, Meds
by anac. or cat. v-5, or comb with x-x in of low 7 & of Neerage
of land time of by bowels & in of land & tract & night, Stimulant
needs extra unless sleep of flying in vapours. Lastly of gang
occurs, but but-5, pain in liberally an & bath. Gell but 5 11

2 In & since acid or alluab

to allow wine & bread, 3/4 of lb & 2 lbs, good port wine. Do
allow to get by soda chlorate x-x with bark mixture in
all cases, should intake creosote or carbolic acid or chlorin
or perfume of spray, inhalation of turpentine successful 13/12/70

Results of Howard's experience for 20 yrs cure, in adults & in
children a safe disease. but all cases which he has seen he has
tabulated the results. In 170 cases unequivocal. First result
is that freedom of the day convuls. An per. of 13 cured
& anti & H₂ was 11 1/2 days. of 7 cases mild. time to
be seen no H₂ 7 1/3 days. An in 22 cases in H₂ & St
in 1/2 day without bleed 14 days. In 63 cases cured by H₂
1 1/2 days. Second result is that bleeding less short duration
An in 10 cases bleed etc an H₂ 11 1/2. 22 cases in like
in not bleed 14 days. Case in which not H₂. An in 7 cases
bleed & St 1/4 day. 7 1/2 days. An in 63 cases so bleed 11 1/10 days
under of 48 cases in by An in act. & anti of 1/2 per. was 13 days
An in bleed 7. days. An in 1/4 day 11 1/10 days, and some in an case
13 days. A third conclusion is that treatment less frequent
with hepatic occurs and amount of exudation
of 2 cases bleed & St 1/4 day with an case of H₂. Prescribes hepatic
in 1 in 2 1/2 escaped. of 141 not bleed 312 cases on 22 percent
of an case 141 not bleed 85 by anti case. 21 cases 48 by 1/2 day an
a second dose of St. 8 escaped 1 in 6 & of 1 in 8 on an case
state on one escaped. Dist shows that bleed & lose dose of
St. been tendency to hepatic shrink it. About notable
of of 161 cases 7 cases on 1 in 22 & 7 cases not bleed 1 died
Diphtheria Pneumonia & per in stage of diphtheria & pneumonia
should be treated. an & eggs & bark. & - 8 1/2 of 1 in. xx cases
of 1 in cases. & should be liber. beef liver & oil of liver

comes in the night of June & lasts 24 hours, acts on
pulmonary capillaries, the arachnoid. At same
time see will see in alkali. Recal Potash, to be
absorption, & come out from legum. In few days, by
ingurination, an important part is change of posture
not along on back. In side bed 2-4 hrs. nor allow to
get up on any case. Latent Pneumonia in infant before
death in adults subject to fever, or surgical operation
or surgical disease or any exhausting disease, it runs
a latent course, always drawn by phlegm & sputum
affected to be expectorated, severe upper trachea, phlegm
in few days, cough, acute or chronic.

Catarrhal Pneumonia ^{broncho-pneumonia} is also called lobular
& does not invol. a lobe, or broncho-pneumonia coexists
with bronchitis (a rare disease in adult common in
children, usually no allusion what disease, supports the
pulmonary collapse (commonly); Dull & collapse per
lobular pneumonia, two forms described, all
isolated lobes, & generally when contiguous parts
are involved. I described lobular pneumonia, nearly
always a sequel of collapse, deep lobule arteries, & below in
open, the congested nodules, wells & necrotic level, at
same time most remarkable and on cutting appears
out a bloody serum, & purulent mucous, come from bronchi
the first stage. You find an cells filled with corpuscles
a catarrhal secretion, some epithelial cells. In second stage
lobule clatters dull red, mottled white for yellow spots
prophylactic, circumscribed, in outline such in spots
& cannot be inflated, on cutting tho, does not p. granular
appear, but is on with a frothy exudation fluid sub
may be use for pneumonia.

magnolia

Sp. grey yellow suppurative, suppurate lobe
a yellow grey hue incompressible pus exudes, a nodules on
connective distinct abscess, & small abscesses of py. fluid
and piled with pus. wall of unsoft & commenced
branch, Bronchi on periphery inflamed, inner thick
and swollen, or a severe induration account
for previous collapse. product frequent under case
transformation. Heavy thick it tough. ^{& more common than we see} ^{inter} ⁱⁿ
For soft & translucent in rare cases. From amount. tubercle being of the present
of fully transformation & this in us of previous produce
of soft yellow pit. Has found type pale in the nodules.
collapse consumption. occasional generalised

involubility for lobe. Lobe begins on one centre &
or at base, & extends from that centre. On other
lobule begins ^{in several centres.} spots in different
stages, these are isolated patches separate from each
other. ^{delated bronchitis gland enlarged. & pylo. & pneumonia matter}
^{relapses in place, or purged in the case}
Symptoms ^{of when succeed capsule bronchi}

exp. aff. meninges, it assumes an active course &
usually lobe present. ^{in delated bronchitis gland enlarged. & pylo. & pneumonia matter}
puls. exp. acc. ^{pr 14-160. up 40-60. 2 months}

in which exercise also much expended. Paroxysms constant
at short frequent intervals. cough. coughed sometimes
& more, dullness at right. pallor ^{concurrent} ⁱⁿ ^{lungs} ⁱⁿ ^{two}

of blood. ^{at base} ⁱⁿ ^{the} ^{periphery} ^{of} ^{the} ^{lobule} ^{is} ^{the} ^{most} ^{marked} ^{part}
collapse ensues. the slight dullness on left periphery
of bronch. ^{at base} ⁱⁿ ^{the} ^{periphery} ^{of} ^{the} ^{lobule} ^{is} ^{the} ^{most} ^{marked} ^{part}

of vocal prinitus. noticed in vomiting, respiration
only faintly bronchial. of ten or more that one lobule
at end of 2-3 days ⁱⁿ ^{the} ^{periphery} ^{of} ^{the} ^{lobule} ^{is} ^{the} ^{most} ^{marked} ^{part}
in dullness, & extent of larger area, lobules as well
as h. & distinct vocal prinitus. & bronchial breath

5/2/72

Euphysema Pulmonum

Hence desc. ^{ites} 2 fam. sericular sublobula. ves. con-
 dilit. if an cells "sawped fluz". sublobula of trachea
 atq. quar out ide an cells, ^{is of} little consequer. rare excep-
 in unqued practice. Drical or true inflation is a
common disense. ^{acute} ch shunt pad general sudden
child h in two hours aple with. acute dilat of pucc
occurs. as a acute attest of bron. comp. let oop cong.
cele euphy occurs. this acute fr concent of dilat
of the sacs. no atrophy. is a tempary incorven when
disense is reovered from. not an unp. Chon is
agru serious epennureti. Sub genent. constitula
erum in firm. Morbid anatomy in tracheic air
cells rule not of d of 1/2 or 1/3. corte of size of heaf
seed a pea. or is large as a darn in phub. when on
ext is made a pleura conchile or two called sub pleura
sacculi. then vesicle not on over chilend but in walls
are atrophyed new openings exist. in this way 6 may
be dilated int a single vac. sin pro ports to the are blood
vessels are obliterate. reflattered by one dilat of ment
then oblite ated. this state is normal in amphibia. On
Exam extra found that struc ture has undergo fully or fibro
degenent. On open ing chest. by see only th chest org
to fr that but then char acter. on take ing it volume is pr
they are light. float high on rate. crisp ulated ves steu
blood is. See my in vol ue wh. Stumps in a single
lobe or a few lobules or a few veicles. What of imp tion
of base of pipe. also port put in the trachea. enter.
of fr aple gradual dispen a comes on in elouf. the
rapid walk ing he feel short winded. this become
habitual in dis. become stom. Spa acti

of banded, congest usually present, is paroxysmal
act. Expecto further returns, or even mucous, may possibly
In adult, & these general alterations of the system, present
a peculiar & peculiar feature tinged & combined with en-
larged condyle, also nasal thick, & dental lips full thro
convulsa sad, general flesh fails, seldom of force lose
tone, strength, not with to spare, incapable of loud speak-
ing speaking dulness, extreme cold surface cold blood
he stoops in walking & occasional whee of the lungs
chest assumes a barrel shape, bulging in all aspects, shou-
l-ers round, & scapula form an acute angle, not often seen
except in persons who have had it all their life, no
fever accompanies, pulse suspiri slower than usual
more visible pulsations without aortic regurgitation
pulse small & feeble contrast with heart impulse, $\frac{2}{3}$
heart hypertrophied, such persons have good digestion in dry
sep. bowels constipated. urine watery especially paroxysms
walk or sugar often oxalate of lime, the di^u in^u in^u is
urine acc with oxalate of lime, when it has been
-ced to it prod second eff. 1st venous condense of
blood, loaded w CO₂, habitually leads to ditto of high
heat, capill. redness in eye of flat in capill. cells
& causes this, & leads to menipus exquirit, 3rd venous
stagnation or venous current disrupt, the set
this eventually in disj. when the curax & currie of
occurs blood coagulate in right heart & may die from emb
usually die slowly of asphyxia, what physical signs
& inspect & measure us in fullness or bulg of
front of chest, esp in parasp. cl. & man regions or occ
in back, rare, In the cost space not much come

effort or vent. and. or depressed, on watch movement
achy etc. more exaggerated, yet up larynx re little exp-
ansion, not 1/2 in extent of 1 1/2 or 2 in. while up for
day up base drawn in. due to effort of diaphragm to an-
ticipate a do not date in sufficient quantity. Find of up
on side it will be larger than fellow & occur of 4 p.m.
in inspiration. On percussion of upper ^{inlet} resonance, con-
lympant. low an anisimote, on all 6 in. the out ten
full p.c. extend below normal limits to whole space
ample reser. low splen low down, chest down & toward
median line, quick pul. heart to 20 sth percuss. in
which no. cease, all will fill his lung. he can hardly
alter the limit. Reason simply that the lungs inflated to
full "is a ^{nearly} full at end of expiration as inspiration cannot
collapse. On app. ear, notice weak respiration, why? in
well in center & goes out, & cause little sound is given out
somewhat harsh or hissing respiration some type of history
due to acute bronchitis. More suggestive is alteration in rhythm.
In 3-4 to as long as expiration, increased in effort
upon shock as expiration. Cause unpaired chest of
lung, incapable of contracting on itself. Also note the
cough is deepened, chest more before sound called deepened
respiration. Of some emphasis on left lung. A very over-
heart & cardiac dullness diminished. Noth. clatter in
vocal resonance & pinnitus, absent, increased or normal
Pathology, 1st mechanism, in two ways seem as two
subalab. 1. smothered, by collapse of some part of upper
res. advance one or over distended, this called accident an-
ph. or occasional emphyseum, or compensatory
In group with collapse in plenty collapse of upper when at

Inspiratory there
cannot expand as fully, when tubules in smaller bunch
& collapse of one & adjacent one compress. Other mode is
equally, or expiratory method. As for ⁱⁿ apparent non-
ing, as above clavicles, ribs, or much, hence a pressure
sat base of rigid diaphragm. Then other part along cavity
folds & is more elastic hence fire & deflung, during ex-
piration the chest collapses but blood is pushed & these are
part. What happens in cough? 1st is to lift upper
2nd is you close glottis & expire with it closed until tension
is obtained & you open glottis, what happens to air cells, all filled
with air for an instant, it does not through which are least
supported, above clavicles &c, along free edges of lung in the
way it happens that cut portion more liable to be distended,
with only a cough, left singly, straining, high body
be the others, upper expiration. That form called emphysema
or compensatory plain, a mechanical disease with one part
in lung is distended to occupy up left & collapsed part. I regard
a constitutional disease, called subcutaneous emphysema. It
seems to be a malformation of lung tissue which renders it ha-
ble to give in violent expiratory efforts. Thus we born not
comes on insidiously, no marked sign, it occurs in ad-
vanced form not preceded by severe cough, & 3rd it is pro-^{ven} heredit-
ary 4th air cells found suspended an important change
in partly degenerated or fibrin, & this condition which precedes
5th fact that the disease involves both lungs equally indicates
some general affect, general tonic pathology. Causes, bronch-
itis, catarrh, aculeation, Whooping cough, common, the
upper & swarting, Pleurisy & adhesions, all powerful
expiratory efforts as etc. How more you or involve the hold
of breath & strain the air cells, & pressure on them

In treatment. When established ear vessels dilated
care out of question. no means of more mal-matter
where decided early in active stage, we may retard its
progress & alleviate. An attenuative tonic course is best
as in Ch Bright disease, tones as a class most useful
especially Fe in small doses. Pure oxide of ferric as per
sulphate in the system. All parts of body maintain
a health condition & keep liver, pericula, cold baths
warm, spraying. Diet nutritious, of emaciated. Of weak
starchy food. General principles, In all cases we may
palliate, take moderate exercises, avoid all Wg quaker
excitation & suppression. A diet like, spars as a thin
dry but nutritious, light meals eat in day, no heavy
suppers. Liquid avoid or increase mass of blood. If
urine should, called for, allow it. The usual agent
for Broussais' treatment is acet. in capsule, a few
or ante in small dose, with big cam, acet. or Mercur
of copro respect stimulant & spavon. Legum & cat on
Mineral waters good, seldom see a pure case of simple
neural always accompan by M. Ch. Ext apt. sinapi
turpentine timent. One neat remedy, promotes good
compressed air bath. Put out hollow chamber
& embolled portion of $\frac{1}{2}$ alcohol or $\frac{2}{3}$ at, he in
es for ear hour the air. It retards, heat & act & respiration
also promotes venous circulation & secretion and
absorption & creates appetite. Many have been cured &
all attended by it, when dropsy is present. It is of great
value in promoting the venous circulation & guiding
the arterial & venous circulation. In relief of dropsy
sumes as cardiac dropsy it is very to be tried in

diuresis & purgation are the best means,

Pleurisy

or Pleuritis. Infl. of serous memb. w^{ch} covers lungs
& thorax. Divid^d int^o acule & chronic. Int^o 2^d degree &
Double pleurisy. Morbid anatomy same pathological
changes in all serous membranes. In earliest stage
the whole membrane reddens & swells as cartilage
sublin. capill^{ar} enlarged in size & close & are
project as little tufts from sub-serous tissue int^o the
serous membrane paper. Often the vessels & vessels
& hyaline are seen. At same time membrane becomes
rough & opaque & milky looking, owing to the proliferation
of epithelium, a little later, the 2^d stage, further change
in mem^{br}. nuclei begin to proliferate, in this way each
cell become a mother cell, these multiply in their turn
& we have immense development of cell. Some fall
off & oth^{er} become elongated, & adhere by sides and ends
& form non-papillary granulations, in each an en-
larged capillary. This occurs in all forms of pleurisy.
Sometimes this goes no further, the outgrowth consists
of morbid growth, this causes latent pleurisy. often in
a cloud subject, 2^d form is that in which a serous effusion
exudation added, by sanguine transude & vascul^{ar}
int^o a thick layer, constituting a membrane. May be
scattered in large masses or in small grains. often
called plastic pleurisy. This undergoes fatty deg^{er} in
lymphs. absorbed. common. in healthy Pneumon-
person. in ch^{ild} tuberc^{le} also. In many cases we have
a serous effusion from vessels an amount of thin
lymph turbid serum in which are suspended flocc^{ul}

or large masses. As opaque & cloudy like whey, it has
been called serous effusion. From eiferbin, t 8-10 part, at
an abundant exudation of pus cells. From
open tissue exuded lymph. It contains much alb.
31-77 per cent. ^{of fibrin} enough to cause it to gelatinize
when removed from chest. or can be circumscribed, held
by adhesions & called circumscribed effusion. This fibrin
is absorbed & called absorbed effusion. This is resorbed
by vessels & lymphatics. ~~It is~~ Solid portion of lymph
lymph. & the pleural surface are capable of coming together
& an adhesion is the cause by new tissue is formed. and
of some light granular matter. occasionally large
masses of unabsorbed fibrin remain, or may under
go caseous degeneration. In this way adhesion as for
which limit action of lung & special case large. & they
are known to become, tubercular cancer, or ossify.
Another range is that in which products of pus are present,
called empyema or suppurative pleurisy. See next
of empyema. have those doubt on suppuration, he says that
blood cells migrate & escape from blood vessel in infl-
ammation & they coagulate & exude pus cells & ex-
udation pus. About pus. in pleura is usually absorbed by
be the usually absorbed. It may perforate chest wall
form a subcutaneous abscess, form a pleural fistula, or
perforate pulmonary pleura & escape out an cell and
a from pleural fist. or it escape into the bowels the diaphragm.
Stokes thinks that a recurrent ecchymosis by bronchi
What condition of lung? in pueri as often is found ~~it is~~ as
suppuration collapse, hence ^{the chest} is completely filled by clots
of pur lymph close to vertebral column. like a thin flat

membrane. the size of your hand, upper of lung, recalls
a mass of felt called cambric, or canvas. This may be
inflated at any stage, but later in cells unit, & you cannot
inflat. Usually of oblong color. bloodless & mucous texture
is smooth & will sink readily in water. What symptoms
most common Pleurisy with attended effusion. Seen all would
only a year may occur, when it is severe & acute, but less
marked than Pneumonia, it is more insidious. Use of the
inflated felt in with pneumonia, follow, peace, or conceal
should therefore, not receive heat. prevent pneumonia
at each 110, some hard work, usual diet of diet
found long. Comp. of head a week or so. Temperature
of blood gradually decrease. Albumen may be present
4-5 of pleurisy to 4-5 of pneumonia. Pain is a sharp
sharp stab like, like of knife into side. This is
of insupportable, constant & pressure of fingers. & pressure
wherever of steady support of hand. Several refer to, man
any use below nipple. or down a flank or lower
this diameter is 48-60 lb or occurs of effusion or may
continue through it, perhaps because effusion is paroxysmal
, when nurse it is in morning & evening. Along with
sometimes cough & is dry no expectoration. Usually shallow
it is shallow, he holds his breath involuntarily & holds his
chest with his hand. Each inspiration is attended with
an ejaculation expression of pain. In pleurisy with
effusion pulse upon ^{at} ribs not as much elevated as
in Pneumonia. or is 3 to 1. Pleurisy with fibrin is indistinguishable
in the same local symptoms as other, but not accompanied
with as much fever or disturbance of breath unless
complication of Pneumonia & Pleurisy. Pleurisy with fibrin

usually latent. Physical signs 1st in early stage called dry stage, in which no respiration. On looking at chest, not affected side does not expand or elevate as much as other side, percussion is normal. On ear applied, crackles does not breathe as strong he holds it in & rhythm is jerky, instead of uniform, caused by stabbing pain, & lastly you may hear a slight friction sound, caused by roughening of membrane, a mere grating, membrane does not have habitus, cause the sound, or it may be rubbing. This often not heard for often slight in dry pleurisy. In pleurisy with plastic exudation, may hear in addition a crack of dullness. If layer of consolidation thickens or more to have a rubbing sound. Then stage of effusion (serous). This forms gas in the number of pleural signs. 1st Moderate effusion lung is slightly collapsed 1-2 inches between ribs, know expans lower part ^{of chest} being filled up with fluid. Then another with pleural space completely filled. lung entirely collapsed and drawn back against the spinal column. when sound on one side, complete intention no expansion. intercostal spaces in level with ribs, if very great, in addition it may measure more than the other, actual bulging & intercostal spaces widened & intercostal planes may even be prominent. Percussion, diminished dullness a lower part: less marked ascend. In upper part a clear note & in 2nd case a tubular percussion note under the clavicle. The lung partially collapsed & better conductor of sound & on percussion of large bronchial tubes at upper part you get this tubular note, sometimes amphonic, due to large number of bronchi. I should think that where

lung partially deprived of air, in get this amphoric resonance
In extreme case, no clear note in any part, might be just
at back but this is rare, for lung is like a mass of
Auscultation, on lower part, absence of vesicular mur-
mur. As ascend, to upper part, breath sound more audible
& at upper part above fluid it is intensified. When very great
you may have bronchial breathing, especially behind
on listening to voice, it is not over effusion of but a thin
cough. If at any part of capsule, the ego or a tracheal
bronchopneumonia with a nasal twang, the blating voice of the
goat. The lungs must be moderately thick else not heard
By palpation, place hand in corresponding pt of
chest, over fluid vibration is not. When very extreme
in addition, displacement of organs, mediastinum is
pushed over to the other side, heart far over even
under right nipple, spleen is pushed down. In the
case where effusion moderate, not complete full, ausculta-
tion infallible. kinds of dullness, attended with
change of posture. Pedunculated tumors are rare. An
exception to physical signs, where you adhere to a let-
ter lung & chest wall may ^{collapse} collapse, you have fluid ab-
ove & below the attached portion, & you would meet with
bronchial breathing at one part, vocal resonance, &
vibration at that one point. One remark, resp in
children, you seldom have complete absence of the
vesicular murmur, even if effusion extensive & more
pronounced bronchial breathing in children over dull
region. Course Physical pro evolution enlargement goes
down. 2 dullness diminishes per above down. 3 respira-
tion audible, ego or a may return, again & at last

indur. punction. & oval punctus. Coere varies. is sp
infl. mild. & and plastic. & thus liques & absorbed
& involucent in 3-5 days or 7-5 days. In majority seen
& effusion takes place. pain subsides on occurrence of the
effusion & the fever also, & Howard thinks that the effusion
relieves the pain & fever. Dyspnea with increase or decrease
he lies on affected side or diagonally. This fluid is
absorbed in 2-3 weeks. A tubercular vacuole diam. or
cystic abs. or a splen. or epelasis. or cyst of blood. It may
run a more prolonged course. may gain flesh & may
& but no serious signs. weak. dead pale. short breath
slight pain inside. & in this case even it may be absorbed.
In another a chronic course. especially when fluid is
sero-flocculent or purulent. sometimes chills from
begin. Temperature raised, but 4. pulse 120. loss of
flesh. pallor especially eyes. tendency to night sweat
dyspnea & cough. dry or mucous-purulent. no blood. Face
becomes puffy, & congested. face almost edematous
No enlargement of veins or enlarged clots. or dyspnea
or diff. in radial pulse. or contraction of eye pupil which
would lead you to suspect a tumor in chest. These cases
of pyemia usually result fatally. Acute pleur
extends sometimes to adjacent part. pericardium or peritoneum
& occurs followed by tubercle in lung & unabsorbed
Causes. idropath. usually due to cold app. to some
part of body & apt to act more certain if healed
& traumatic injuries, blows, broken ribs, entrance
of air into pleural cavity. & blood with produce. 2^d or
secondary due most common form. Some hold the
inf. pleural membrane are with secondary to other disease.

to death disease a Bright's, then, gout, pyæmia
carlulem, pump fur. it is apt to be attended with
pusulent effusion, hence in Bright's & pyæmia only emp
gan. Or second to local irritat. in lung a tubercle or
pneumonia, hæmorrh. appoplexy, hydroth. or in
the organ, pericarditis, disease of the stomach, Intest
in pariet. of chest as many abscesses & cancers. Or
second to local irritat. apt to be plastic, not serious, dry
pleurisy. In partilage. Diffuse. It may be conf. with
pleurisy, myalgia, it may be known, it is absent of
fever & serious illness, pain not preceded by rigor more
apt to be aggravated by slight pressure, rheumat. pain
is most even all at once not gradual. may be pain
in other parts, in joints. A careful exam. of chest find
an absence of physical signs of pleurisy. Intercostal
neuralg. common, it occurs in anaemic & hyste-
ric patients & no prominent eruption, no chill or fever
& may present signs of nervous disease, elench. tic or
attacks of hyst. pain in paroxysms, or periodic. Local
is per betwe 6 & 9 it intercostal ne. & 3 tender point
in course of the nerve one at middle line behind other at
side in axillary region & 3 at termination in front. A
fact resp. ^{relief} paroxysm, when in those hyperæsthesia apt
subsided it is numb, formicator, finally aural
& occurs due absence of phy 4. Pain from algia ph
signs previously mentioned. origin for occupatio. In
many pain in women connected with leucorrh. or
some uterine disturbance. Diagnosis. In large eff
one apt to be conf. in stage of hepatisation. Pain
to attend to follow p. in

1 suspect when the pleu. involves the de not
case in Pne. 2 affected side in pleu. lay smooth & open
in level with ribs, not so in Pneumonia. 3 Palpated
in pleu. while ^{pal} count an absence of vibration, in Pneum
this is unexplained. At roots of lung you may get this
vibration as the collapsed lung is there. Percussion
map out effusion the limits of dull & exceed the usual
limits & beyond middle line & lower. Pneumonia do
not do this. Effusion when are displaced heart to right
side. Cover & place down Auscultate gently for
an abs. of fine rila tubul & slow rather. In pneum
cuff at audible in some part, or blowing breathing.
Even if you have blowing breathing in effusion it will be at
upper part of chest or under axilla space when col-
apsed lung is heard. In pneum. it is heard wherever dull
ness is, or when to voice over effusion dullness heard
over hepatised lung exaggerated. In many case
agophony where effusion is limited. Usually auscultatory
phes ^{normal} change in pleu. with effusion with posture of
patient, but does not obtain if pleu. a full but
not completely it will hold. In pleu. which will
you follow by rapid movement of chest pe. 2 Semp
as high as in Pne. 3 in pleu. such a prominent sign
4 an abs. of cough & much expectoration in pleu. & high
gen ^{not} symptoms not proportionate amount of disease
disease. Prognosis Simple in healthy subjects
is favourable seldom death. when fatal this occurs
to be seen in a bright, cancer. or Pul. tuberc
& double rare as primary change, usually in connection
with bright, cancer. pyemia; great of double

apt to be fatal with them. When death is simple
due to collateral congestion of lungs, usually sounds
fully equal, dyspnea & chest asphyxiated.

Treatment. Emen bleed not necessary in simple
case yield to bowels by leech 8-12 leech. or wet applica-
tion. Germanns found of local applic^{alt} of cold, powdered
ice not usually pleasant to patient. Begin treat-
ment after adu^t of each paroxysm. & immediate com-
mence opium with caution. Op in grs or 2-3-4
hours all pain relieved, at same time a liberal
sedative. 18 grs of Op & Ac in a count or $\frac{1}{2}$ hour for 2-3-4 h
& the very hour, some prefer digital 3 grs by 3-4 hrs
& combine it the with anti or Linnæus power $\frac{1}{8}$ gr of Op
with $\frac{1}{2}$ of digital or with opium, or 1-2 grs of Linnæus
occurs which blood may be taken from arm in
strong person in first stage. pulse strong, face flushed
& it where the pain & lessens the severity of attack
In mild cases content with less ach means opium
of Op of Dove x grs by 2-4-6 h & a count as before. Local
means, valuable, is strapping of affected side with
straps of adheves plaster, from vertebra to sternum
over this (3 strips) apply anodyne & Lin Bellad
Narcot. fomentations. A release occurrence of
integrity which is supplied, some new as plian
Some get the yet, not usually called for, in 2 stage
when effusion has taken place, fever does not abate
no bleeding now. limit to a liberal sedative $\frac{1}{2}$ of Op 3 grs
& 8 of Pot nit. & 1 gr of Pot Lodi in 4 or 6 hours & continue
all time has fallen. Effusion is upon, dyspnea
remains must to ducte cathart & diure. face is
warm

(Addison's Pills)

15 Dg. 1 Skull 11 of calomel 3 times a day, while
during this external stimulant blisters, narrow long
one on each side near spine. Leave for 6 hours & cover
with cotton wool or soap plaster, at end of two day it
heal & then repeat for same time. There was hope me
od. If it is contraindicated, see Inf Dg³ with xx-xx
of Pot acet & 3p of p Att. Melb. Brown lip is good in
cancer 3p added to the dough. Pot lod or Iuncted
xx in the in dg. Instead of blisters iodine tincture
or paint chest, or iodine ointment. It should not
yield, belt the top the chest at once with fine tubes
as rule in stage of effusion when it becomes absorbed
author's chemotherapy & you may relax your efforts,
& at this stage diminish your diet & feed your pa
ar. Diet in early stages low, milk cold water, gr
& the as per abato. keep tea, & effusion no liquid diet
dry, solid food. See egg curd & fresh meat
Chronic Pleurisy & Empyema. If you p of hectic & p
emaciated & pallor. less of the p of effusion, you may
Empyema. How low, bleed by out off. full p to in
act. promote absorption & minute pore. So ab
use blisters, chemotherapy, purgatives not so good, unless
we are sure that tubercle not deposited to imitate
my produce in bowels. These should not be used too
long in empyema & ch pleur. suspend use & use ton
treatment, use Lu & Fr. Dyr. Lod Fris, St. Mark
Mme at acid & bark. Wine port & mullets. ch. If all fail
fluid persists, he is in statu quo & travelling will do
good now, & if these fail tap chest, as soon as possible
rather done better & even in acute, & see you show

taps, & in Empyema taps in, object is to prevent adhesions
which will bind it down... As soon as dyspnea ceases
& even in absence of it if health failing, & sometimes
with great dyspnea or pain of heart, the chest enlarges, neck
& face, & if suspect pus, the thorax ceases to expand
operation, I select most dependent pt. in line with
low arch of scapula or 10 space, avoid, when adhesions
are known, & follow superficial tendons there, voice loud
palpation does not 2 inches at space of 1/2 flat at
points, & do not tap there, attend to these points, Method
a simple plunge through boldly & rapidly through the
chest, if you do not do it quickly it may show plain
point of it. Draw off all pus that will come, use
a siphon with tube so that no air can enter, Good practice
to pass a drainage tube, If patient weighed with 100
lb 1-113 to 1 pint of water. Empyema sometimes destroyed by
septicemia

Tubercle.

Phthisis pulmonalis till recently ^{was} regarded as true that Phthisis ^{rodus} ^{is} ^{the} ^{same} ^{as} ^{the} ^{old} ^{term} ^{applied} ^{to} ^{many} ^{diseases} ^{attended} ^{with} ^{distinct} ^{spungy} ^{substance} ^{even} ^{if} ^{del}
tubercle, ^{now} ^{is} ^{not} ^{present}, ^{gangrenous} ^{pyo} ^{single} ^{pos} ^{pre} ^{und} ^{gray} ^{changes}. ^{met} ⁱⁿ ² ^{forms}. 1st ^{gray} ^{miliary}, consisting
of minute ^{gray} ^{con} ^{solid} ^{nodules}, ^{firm}, ^{vary} ^{from} ⁱⁿ ^{size} ^{and} ^{number} ^{of} ^{them}, ^{are} ^{usually} ^{found} ⁱⁿ ^{groups} ^{of} ^{lymph} ^{cells}
embedded in fibrillated matrix, little larger than
white blood cells, this is admitted to be real tubercle. ^{second} ^{is} ^a ^{yellow}, ^{cons} ^{of} ^{small} ^{masses} ^{un} ^{like} ^{of}
heap seeds softer than gray, yellow, opaque, ^{either} ^{mo} ^{ist} ^{or} ^{dry} ^{cr} ^{umble}, this when examined

in shape

consists of abortive cells, angular & per fat & no matrix
 Lencae thought grey ~~was~~ later could yellow, ~~the~~ aggre-
 ated may be scattered as milky, or agglomerated cells
 aggregate tubercle, seen in yellow & sometimes so close
 but ^{is} infilled with it, Mice depos ^{ter} ^{it} under changes
 of I change transform, rodid tub ^{rule} changes of grey
 turns to yellow, friable, fat in it, caseous, & thick the yll
~~ex~~. Tissue softening, tubercles ^{some} ^{times} ^{are} ^{found} ⁱⁿ ^{parts},
 parts, it is loaded with fat, they break down & ^{is}
 reduced to liquid, begins in oldest portion of tubercle, in
 centre of mass, if on flat surface at proximal part,
 never peripheral except in agglomerated, not confined
 to tubercle but involving tissue, Obsolete, fibrous, soft
 grey when under this it is clay & heavy & remains a hard
 as object, & is confin^{ed} to milky, Calcare aff^{er} grey ^{is} ^{absorbed}
 animal absorbed & salts deposited, this in old age &
 such it is though it may be absorbed without any
 destruction of living tissue. Other changes, Hood ^{2 1/2} ^{of}
 of a part under tube suffer, walls loaded with fat & tub
 cle & fully degen^{er} can be occluded & in the way ^{of}
 a ^{rapid} ^{degen^{er}} ^{of} ^{living} ^{tissue}, & non occurrence of
 on stage, New vessels are formed in part & are connected
 with bronchial arteries & walls of chest, a secondary circula-
 tion, Bronch tubes soften and break down & com-
 mune with cavities, traversing or terminate in their
 walls, ^{are} ^{very} ^{impor^t} ^{changes} in young lungs may
 may be health, or congested or hepatized, or grey in
 situation Lencae described ³ forms of infill^{ing}
 I present, gelatinous infill^{ing} ^{the} ^{part} ^{of} ^{the} ^{cell}
 cell, purplish, ⁱⁿ ^{colour} more transpa^{rent} ^{with} ^{under} ^{micro}

dull smooth on sect. the solid component. Many hold it is a recent stage of the ^{nonic} catarrh pneumonia, 2 fine gray tuberculous infiltration, in the lung indurated, reduced in volume, gray in color, sometimes soft, & other as hard as gray tubercle always tough. occurs in patches, & blending with adjacent lung, though it indicates a chronic inflammation, may be surrounded red hepatized or capillated lung 3 is a yellow infiltration in the patches, yellow opaque & friable & unctuous in structure, caseous degenerating nature, being the gray undergoing change transform ^{also} occasionally an acute inflammation of a low form, peculiar, ^{it} tends to rapidly break down granules, scrupulous pneumonia & adhesion, pneumonia phthisis. The play ^{part} is important, accounts for its tenacious & blowing breath ^{the} rapid again that cavity are formed. Gray indicate chronicity, yellow, a rapid softening difference of per a nature of gray & black. Since black is ^{also} ^{the} ^{only} form of real tubercle. It is given that if one want Neque or other advice ^{also} ^{two} ^{forms} that ^{on} ^{yellow} ^{part} ^{of} ^{which} ^{is} ^{due} ^{to} ^{low} ^{form} ^{of} ^{pneumonia} ^{the} ^{product} ^{undergoes} ^{caseous} ^{degeneration}, & has been called, caseous pneumonia. Pruning when it occurs. Of all organs lungs & lymph glands, next in order, urinary organ & female sexual mucous membrane & 3 medulla of bones, testicles, prostrate gland & many found ⁱⁿ ^{it} ^{is} ^{called} ^{scarcely} ^{tubercle} & is thought to be by infection as cancer or chancre. Organs found ^{after} ^{death} ⁱⁿ ^{order} ^{lungs} ^{intestines} ^{lymph} ^{glands} ^{abd} ^{thoracic} ^{larynx} ^{serous} ^{membrane} ^{pericranial} ^{brain} ^{spleen} ^{kidneys} ^{liver} ^{bone} ^{pancreas} ^{bladder} ^{spinal} ^{cord} & urinary organs, can of blood vessels

In children lymph^{atic} glands spleen. Miliary tubercles may be acutely
 develops. & as ancient tubercles like typhoid. more
 frequent, chemi^c & forms first in lungs. Usually ^{acute} differs
 as to. In su^{per} tissues in lungs in alveolar walls
 or in minute bronchi beneath epith, capillaries here
 beneath epith. In inter coat of arteries, the favorite
 habitat for grey tubercle & lastly in interstitial fibrous
 in between lobules. In conjunctive of body & legs. Seat
 in lungs. for some reason, especially in apex & extend bla
 usually deep seated in centre, both affected in the
 lobules. runs a circular course in l. but more rapid
 in right. Occurs in crops, a crop form & under change the
 a second crop, sly series of purp^{le} & reddish. It is acute
 cavity may return by deep in walls & soften, or inflame
 surround. Occurs cicatrized & set up. fake ment
 lies it is inq. soon collapse & cicatrize. Clin^{ical} symptoms

Phthisis div^{ided} into two forms acute & chronic, and rare. chronic one
Chronic. Pre tuberc, stage, stage of deposit
 stage of softening, stage of cure. 1st Pre tuberculous
 i.e. the stage preceding deposit. admitted. often can be ^{over} impo
 consist^{ut} of sup^{pur} before it sets in body. In ten tuberculous
 appl^{ies} to say of in pred it. earliest group ^{trans} ^{ence}
 ancient fever. earliest progressive steady, not
 upon ^{all} any obvious cause. Pre tub state cha^{nges} ^{markedly} accel^{erated}
 pale. uniform to purp^{le}. not towards evening ^{with}
 & small. & there is a permanent elev^{ation} of temp. Chills
 occur. & some perspiration toward morning of the foregoing ad
 a descript^{ive} of fever. sunburne. & more, white. a hume
 out in ^{uns} ^{altered} cap^{it} ^{cont} temper^{ature} sharp, feature. Other sym
 present. not const^{ant} ^{some} ⁱⁿ ^{ment} decrease of digestion & appetite

miliary & it is of different colors. 1/2 pint in day, struck
 of blood, if you are in case of gelatinous tissue which forms an
 cells, ^{may be formed} collect ^{of} 24 to 30 with the soda & set in covered
 glass & take some gel from bottom. In this there is struck
 indication. Runge. ⁱⁿ ^{very} ^{met} ^{into} tube act, deposited temp in in
 day of less act elevated in some part of day. If slow de^o
 temp increased 99 1/5 - to 100, when act it is 103 + 104. In this
 stage low. Spurgh is struck in. An over 120 W + 5 fell 25 to
 add in the. In this blood of a few eruption small
 more for in this than any other animal vari^{ies} small tep
 or less occur a few cases & not the much. Some is not
 by with text or ^{low} man, when count ^{may come} of ^{from} conyected
 ment of throat. Only other is a pale coloured margin of
 not peculiar to Phthisis

End of 1st term
 Inflammation

Inflammation is a state of altered vitality attended with hyper-
 aemia, & a kind of local strength. Recent description is, a kind of
 of heat, which is making tissue when injured, of not being in state
 of health about 4 changes of temp^{erature} & infection, or nervous influence, not necessarily violence
 is identical with local irritation. All may be in the head, & from & intrinsic, that
 is an injury in the system, cause of morbid process, but from an idiosyncrasy in which case
 is a d. ^{inflammation} but not for that there dependence on the part of matter & prople
 is infective ^{inflammation} & some think tube the original it an intrinsic inflammation

James Lambert

12
15
16
90
120

Tart arbor grs IV
 Ly am arbor III
 16 P. S. arbor III p
 Suckly arbor III
 Agave arbor III
 3/4 arbor 3-4

P 12-
 CMOB 12
 Aart 12-
 Mat Med 12-
 Chemist 12-
 Pract Chem 12 \$72

James Lambert

5-7

120
 35
 155

Wm Osler
 Wm Osler
 Wm Osler
 Wm Osler

Robert Howard
 James Dr. & Co. Bay
 Arthur A. Braine
 Du Roi, Meigs
 Harry Hetherington
 James B. C. Hamming
 John L. Ritchie
 83 St. Urbain Street
 Secun of 1841-72
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Wm Osler
 Wm Osler
 Wm Osler

