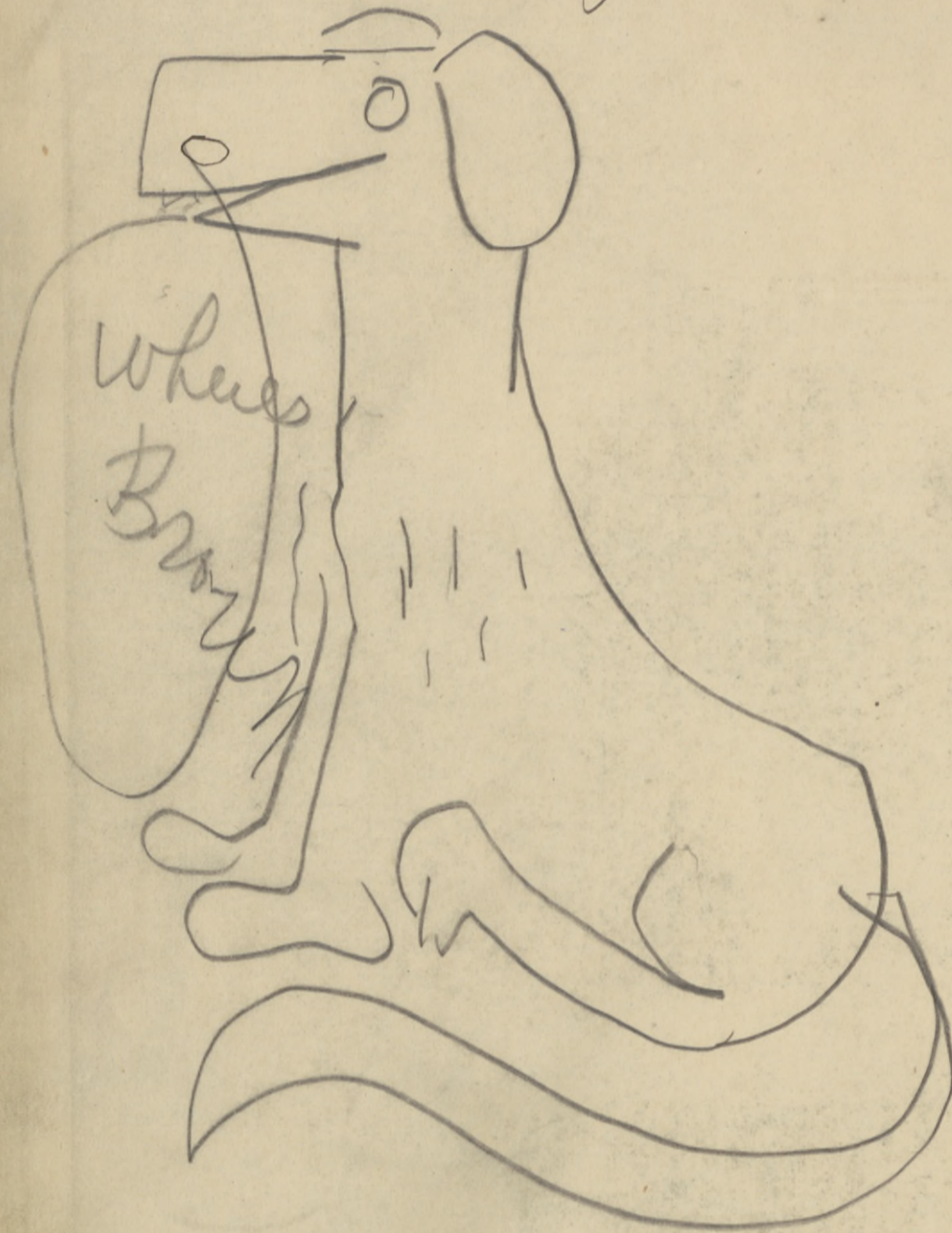
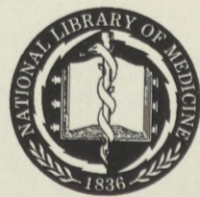


J. H. Brown. '05.
J. H. Brown 05.



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Therapeutics. (Prof. Friedman)

Typhoid
Fever.

First thing put the patient to bed and keep him there constantly & get up under no circumstances, keep a nurse by him continually, who shall administer food, medicine etc. Keep him perfectly quiet only move him about & change his position occasionally to avoid bed sores. When first symptoms appear give him alcohol, always watching the pulse. This is given in form of whisky, Brandy or wines making them pleasant to take. Beer is to weak.

Diet.

The Diet should be absolutely fluid throughout the sickness & for ten days after the temperature has become normal. Milk is good, Bacteria Typhosus grow well in meat Broth, tho' it is recommended. Avoid any solids whatever in the Broth.

Chocolate is good, in form of drops or otherwise, to satisfy the hunger. Some give Soft Boiled Eggs.

There is no remedy for curing the disease other than nursing.

Some recipes recommended:

Recipe (a) Dilute HCl. & Phosphoric acid for antiseptic properties.

(b) Acetazone. 15 gr. in pint of water & drink when wanted.

(c) Salol = Salicylic acid + Carbolic acid, in 4 to 10 grs. every 4 hrs.

(d) Salofine may be substituted for above as it does not affect the kidneys.

Quinine should not be used only at first to help diagnose the case by chimerating Malaria if fever does not subside in a few days.

Temp. During first week temperature ranges from 99 to 102.3 & second week is always highest being from 102 as high as 105°.

Antipyretics should not be used.

Cold Bath is best treatment to be used when fever reaches 103° the water used from 68 to 75° Body & extremities should be rubbed & cloth kept on head.

In children opposed to the bath a pack may be used or a sponge bath given.

In some cases Quaycol is used externally by rubbing 10 to 15 drops (dose) on the abdomen. In using this watch heart effects.

Acetanilid may be used where there has been no sleep for two or three nights as sleep is required in the disease. dose 1 to 3 gr. for children.

If Heart Failure accompanies Strychnine 30 to 60 gr. may be used but don't use Digitalis.

Diarrhea. Many cases begin with Diarrhea while beginning with constipation is not infrequent. for Diarrhea we use opium in form of Tincture & may be used with Acetate of Pb.

R.

Puls of Opium gr. X

Pb. Acetate Sub.

Mfr. Pill No X

One every 3 hrs.

A Tablespoonful of Paragoric may be used.

Tympanitis

Take hot water & add one teaspoonful turpentine dip in cloth & lay over abdomen covering with oiled silk to prevent evaporation. Beware of irritation. Turpentine taken internally 10 to 15 Drops.

Syrup of Acacia with Tincture of Asafetida
every 2 hrs.

Extended Abdomen use Salicylate of Eserin
30 gr. every 2 hrs.

Constipation.

Calomel $\frac{1}{4}$ gr. every hr. 3 gr. generally act
within 8 hrs. Use mild cathartic.

Hemorrhage of Bowels

Use opium or combine with Pb. Acetate.

Adrenalin Chloride is used.

Ergot is used.

\mathcal{R} Gallic acid ^(sol. in alc)

Alcohol q.s.

Mf. sol.

℞ II

Add. Dilute Sul. Acid

Aqua Cinnamonii q.s.

℞ T

℞ IV.

Sig 1 tablespoonful every 3 hrs.

Apply ice bag over hemorrhage.

Head ache & Insomnia.

Alivir of Br. of Sodium $\frac{1}{2}$ table spoon
Compound Acetanilid for sleep.

Opium good for Dilucium
 $\frac{1}{4}$ gr. Hypodermic of Morphine.

Perforation — Surgery —

In Perforation have excessive pain, chill
fever suddenly drops.

Bed Sores.

Remove pressure by water or air bag.
Wash with Alcohol

Iodiform powder with equal parts
of Oxide of Zinc

Convalescent

Never out of danger till 10 days after
temperature has become normal.

Dry Mouth, tongue + bad taste.

Clense teeth every day and wash the mouth with an antiseptic solution. Bromic acid is good.

Equal parts of glycerine + water plus a few drops of lemon juice relieves dryness + bad taste.

Bronchitis is a complication the Bronchial rales may be heard over front + back of Lungs.

Pneumonia is a serious complication or form of hypostatic results from keeping the patient in one position.

Pneumonia should be treated just the same as if no Typhoid was present. + Where Typhoid complicates Pneumonia Vice Versa.

Treatment should begin with stimulation from the start.

A relapse in Typhoid is not a serious thing + should be treated the same as in the beginning. Relapse is due to improper diet.

Malaria Where Quinine can not be given any other way it may be made as a suppository giving 10 to 20 gr. per Rectum every 3, 4, or 5 hrs. given with Cocoa Butter.

Arsenic is used as an adjuvant or when a tonic is wanted maximum dose is $\frac{1}{2}$ gr. given as pill or powder + usually with Iron.

Rx	Adult.	Fowlers Solution
Quinine Sulphate	ʒi	given Children
Arsenios acid	gr. i	2 or 4 drops
Dry sulphate of Iron	ʒi	which is
2 1/2 gr. Pill ʒi xxx.		1/4 gr. Arsenios Ac.

Malaria Fever.

A specific treatment for Malaria is Quinine. In form of Sulphate. Bi. Sulphate more soluble. Quinate still more soluble.

It is given in Solution, Pill, Capsule, Powder.

It is absorbed in the Stomach & should be given that way & not in any form for it to pass thro:

Give in solution when possible. Quinismil is good to disguise the taste

Rx For Children

Quinine Sulphate	ʒ i
Comp. Acetanilid Powder	gr. xv.
Quinismil	q.s. ʒ ii

Mft Sig. Teaspoonful every 3 hrs.
(Shake well.)

Dilute H_2SO_4 + Quinine may be given
Calomel is used for a purgative.

Rx To ^{young} Children. - Ointment

Quinine Bi. Sulphate	ʒ i ss
Lanoline	
Spts. Turpentine	

Sig. Rub under arms ʒ i

The Quinine Sulphate & Bisulphate is very irritating when given Hypodermically & Carbonate of Quinine 1 to ʒgr. is injected in one dose

Rx Children.

Quinine gr. X.

Lactopeptine gr. XX.

Mft. powders No. X.

Sig. One powder every 2 hours.

(This has little taste).

For grown people where taste
doesn't bother.

Rx Adults.

Quinine Sulphate ʒ ii

Comp. Acetanilid Powder ʒ ii

Mft. Capsules No. XX.

Sig. 2 Capsules every 4 hrs.

In cases where the disease
can't be cured a change to
a high altitude is beneficial.

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Cerebro Spinal fever.

Epidemic in New York in '04 & success in treatment was poor.

Extraction of fluid from lumbar region between two vertebrae with a sharp needle & cover wound with an antiseptic bandage.

Diphtheria Antitoxin may be tried was successful in one case by Friedman 6000 units being given to a child.

These accompany the disease, Delirium, restlessness, want of sleep etc.

for this we give

℞ adult.
 Chloral Hydrate ʒ ii
 Bromide of Potassium ʒ ii
 Syr. Lemonis ʒ ii
 Aqua Distil. q.s. ʒ iv
 Tablespoonful every 3 hrs.

Cold applications to the head & spine are beneficial.

One good man would shave the head & apply.

Grippe. Introduced in 1889.
May come on as a catarrh, there is weakness of joints & patient feels very weak & extreme headache & sore throat which is of a characteristic red color.

The patient should be put to bed immediately & apply cold bath to head.

Cold tar preparations are used here & acetanilid 4 gr. (grown person) every 4 hrs.

R adult.

Salol.

Puto acetanilid Comp. $\bar{a}a$ $\bar{7}$ \bar{ii}

Mf. puto No \bar{x} one every 4 hrs.

Mf. Capsule. No \bar{xx} two " " "

Dovers Pouders are used by some but quinine is little used

Accompanying grippe we have sore throat, - Purplish red & may have a membrane resembling Diphtheria.

Benzoate of soda best treatment for throat, give large doses in solution. It is more of an antiseptic wash.

R. Benzoate of Soda $\bar{3}$ \bar{ii}

Dyr Tubul $\bar{3}$ \bar{i}

Aqua. Dis. q. s. $\bar{3}$ \bar{ii}

Tablespoonful every 4 hrs.

Gargles are used H_2O_2 irritates if not dilute

Diet - anything -

For Bronchitis give a cough mixture containing Benzoate of Soda

R

Benzoate of Soda ℥ iii
 Syr. White Pine Expectorant ℥ i
 Syr. Tolul
 Glycerine aa ℥ i
 Aqua Dis q.s. ℥ vi.

Give tonic containing Strychnine
 as he.

For Ear trouble consult a specialist
 for the Mast cells may be involved
 & operation necessary. This is a slow process.

Cardiac Weakness. Strychnine 5 times a day.
 Compound Syr. Hydrophosphate
 For Anemic use Iron & severe
 cases are sent South.

Croupous
 Pneumonia.

Bicarbonate of Soda in large doses &
 Tinct of Digitalis

There is no Specific treatment.

Patient should have absolute rest.

& Hot applications or cold action is same

A glycerine Poultice made by taking
 a large piece of cotton & adding here
 & there a few drops of glycerine & cover
 with oiled silk & cloth make a
 jacket & keep on 4 or 5 days & remove
 Wash with alcohol & Put Back.

Many deaths are due to Heart failure
 so Stimulating treatment is recommended.

Critical day is 5th or 6th day after Chill.

& should be prepared for & after
 Crises patient is not out of danger.

A hypodermic injection is good for
 the excessive pain & will relieve
 the Dyspnea.

R Strychnine Sulphate gr. $\frac{1}{2}$.
 Lig Ammon Anisatum $\mathfrak{g} \text{ i}$
 (Ger. Phary)

Syr. Toluca

Aqua Dis $\mathfrak{g} \text{ s.}$

$\mathfrak{z} \text{ vi}$

Mf. Sub. Sig. Teaspoonful every
 two hrs. given throughout disease.

Dyspnoea is treated by inhalations
 of Bryogen.

Don't give antipyretics for fever
 treat by cold applications.

Insomnia treated in same way

Cod Liver Oil is good in that it contains
 fat + small quantities of Iodine.

Diphtheria.

An exceedingly contagious disease, &
 does not occur in children alone.

Immediately isolate the patient with
 nurse + other children should be sent
 away or immunized by 500 units of
 Antitoxin.

First the attack is localized to throat +
 tonsils + Tr of Chloride of Iron is used.
 for ordinary sore throat:

R Kali Chlorat - Dissolve in H_2O .

Kali Chlorat $\mathfrak{g} \text{ i}$

Lig Ferrus Chlor $\mathfrak{M} \text{ xxx}$.

Glycerine

Aqua Anisi

" Fennel aa $\mathfrak{z} \text{ i}$

Teaspoonful every 3 hrs.

Swabbing throat + spraying is
 recommended.

R. Hydrog Bi Chlor gr. i

Hydrogen Peroxide $\mathfrak{z} \text{ ii}$

Aqua. Distil $\mathfrak{z} \text{ vi}$

Mf. Sol. teaspoonful every 4 hrs.

Used as spray may be given internally.

H_2O_2 May be used alone.
gargles do little good only to keep
mouth clean.

Antitoxin specific treatment &
sooner the better.

give immediately 3000 units & wait
15 or 24 hrs. & if necessary repeat.

Inject in right side of Back may
form sore.

Give plenty of Whiskey

Laryngeal
Diphtheria Laryngeal Diph. : Membranous Croup

Give 6000 Units Watch closely give
again if needed in 6 hrs.

Incubation is used.

Tracheotomy not used any more.

Externa may follow antitoxin &
will gradually disappear.

Give Pilocarpine $\frac{5}{6}$ to $\frac{7}{6}$ gr. dose

Paralysis may follow & patient
^{not} may be kept in bed quite a time
to prevent this.

Fever Stage of Scarlet Fever.

No Antipyretics. Use Cold Water.

Itching of skin: Camphorated Oil.

Carbolated Vaseline with = parts Vaseline.

This also prevents Extension of Contagion, in keeping these Bran like substances from flying around. All Books etc should be destroyed.

Sore throat Complicates. Red throat, membrane, may be Diphtheretic.

Treated as Ordinary Sore throat.

Tr. of Muriate of Iron. 1 drop for each year

Rx Sodii Benzoat. $\mathfrak{z} \text{ ii}$
 Syr. Simp. $\mathfrak{z} \text{ ii}$
 Aqua Dist. qd. $\mathfrak{z} \text{ iv}$
 Mfr. Sol.

teaspoonful every 3 hrs.

Glands may swell. Iodine may be used externally. mild, - Starch is antedote. -

Ang-Todine

Ang Petrolate

aa $\mathfrak{z} \text{ ss}$.

sig. Externally

When Pus occurs, open up.

acute Inflamm. of Middle Ear.

Hot applications or syringe.

open for Pus.

Inflammation of Kidney at time of Desquamation face, reds etc. swell

Urine full of Albumin

Child should be kept warm

But no meat or eggs or nitrogenous food.

In this case little urine is passed, give a

Dosette, plenty of Water

Rx Kali Citrat. $\mathfrak{z} \text{ ii}$ Syr. Lemonis $\mathfrak{z} \text{ iii}$

Sig. ammon-acetatis Aqua Dist. qd. $\mathfrak{z} \text{ vi}$

Mfr. Nitrosi Pulveris $\mathfrak{z} \text{ i}$ Sol sig. teasp. Day 3 hrs.

Rx Child 5 yrs old.

Syr. Ferri Sodii

Tilden's 10 drps.

5 drops in water every 4 hrs.

6 or 8 wks may take during Desquamation.

Arthritis: Cold or not application.

Icthesol externally.

R. Sodii Salicyl. ʒ III

Syr. Semonis

Aqua Dis. q.s. ʒ VI

Mfr. sol. teaspoonful every 4 hrs.

Nov. 2, '05 Measels. - eruptive fever. -

eruption accompanied by Catarrh.

Crescentic eruption. - Cough accompanies. -

Keep in dark room.

Cough mixture which is good expectorant to relieve cough.

Aerom. new for cough.

Belladonna where phlegm is coughed up.

Bromides & Chlorides are good.

Chloroform used as sedative in cough mixtures.

Ammonia good Stimulating Cough mixture

Ammonia Muriato " " = expectorant.

Dry Irritating cough in Measels:

R. Sodii Benzoat ʒ II (child)

Syr. Scillae Comp ʒ SS

Syr. Toluol ʒ II

Aqua Dis. q.s. ʒ IV

Teaspoonful 2 hrs.

For sedative Cough

Brown mixture.

Comp. Syr. of Locheise

Rx

Child

Ammon. Murate ʒ ʒss
 Tr. Opiv Camph. ʒ ʒss
 Syr. J. Smeaga ʒ ʒss
 Aqua Dis. q.s. ʒ ʒss
 Teaspoon every 2 hrs

Syr. J. W. Pine Expectorant

Stimulant & sedative (Adult) Consumption

Rx Carb Ammonion ʒ i
 Morphine Sulp. ʒ i
 Glycerine ʒ ii
 Syr. Prun Vng ʒ ʒi
 Aqua Dis. ʒ ʒii
 Table. sp. 3 ms.

To hasten Expectoration

Rx

Heroin Muriat gr. i
 Kali Iodid ʒ i
 Syr. Prunus Vng ʒ i
 Glycerine ʒ i
 Aqua Dis. q.s. ʒ ʒii
 Table. sp. every 2 hrs

Codem good in sedative Cough Mixture,
 Diarrhea.

Camp. Tr. Opiv. — Paragoric —

Rx

Child

Bismuth Subnit. gr. ʒss
 Pute Dover gr. ʒi
 Lacto peptin gr. ʒss

Mfr. puts No ʒss
 / every 3 or 4 hrs.

Chicken pox -

Not serious - Itching -

Bath with hot water with Carbolic acid.

Morphia 4 grs. for adult. outer part
of arm not injurious. Be aseptic
1/20 gr. of atropia given along.

Small
Pox

Vaccination - 1796 - Jenner -

Should be vaccinated at 3 months must
be successful, & repeat every 6 or 7 years

Pain in Back Low severe headache.

No Specific.

symptomatic, hot application for
Backache etc.

Hot Water 100:1 Carbolic acid for eruption.

Yellow
Fever.

sick, fever, slight jaundice, chills, Black Vomit.
4 day Black Vomit Death.

No Specific. Mosquito Carrier. Immune after 1.

Protect from Mosquito.

Treat Indications, Champaign,

Whooping
Cough.

Two stages to treat

Catarrhal: cough mixture.

Convulsive Stage: Paroxysms occur frequently.

Do not cure lasts 6 weeks.

Pertussis for external use

Belladonna large dose, Bromine forms heavy liquid.

1 to 6 m. dose. Guinine has some action

give large doses. Bromide of K. & Na.

Alum may make vomiting.

Chloral. at night.

Best

Antipyrin in day.

Rx Chills during day

Antipyrin ℥ 55

Sodium Bromide ℥ 155

Ex. Tr. Belladonna ℥ 15

Syr. Prun. Virg. 3 1

Glycerine ℥ 1

Aqua Dist ℥ 15

teaspoon every 3 hrs.

R 5 yrs. old.

Chloral Hydrat. $\frac{3}{4}$ $\frac{11}{16}$

Sodium Bromid $\frac{3}{4}$ $\frac{11}{16}$

Syr. Tolol $\frac{3}{4}$ $\frac{11}{16}$

Ag. Dis. $\frac{3}{4}$ $\frac{11}{16}$

Teaspoonful at Bed time repeat if necessary

Erysipolis

Inflam. of skin, external injury
subsides in about 12 days
specific Muriated Tr. of Iron, till
interferes with indigestion
give in water thro tube.

Don't use antipyretic, quinine may
be used. Antistreptococcus toxin serum
Niccough. Creosote on Sugar
 $\frac{1}{4}$ gr Morphine.

g Trichloroacetic acid for warts,
(place crystal on the warts.)
Vinegar for fat people

External
application

Ambulatory shifts position.

Ictheol on account of sulphur.

H. Ex. of Ergot

Use Diluted Ictheol with vasoline.

Cranberry poultice

Internal

No Specific $\frac{1}{2}$ to dram Dose of Muriated
Tr. of Iron with water thro tube
wash teeth with Bicarb Sodii.

Disease lasts 10 to 14 days.

Cold applications. for gangrenous skin
use antiseptic washes.

Tetanus

Germ Disease, introduced thro minor wound.

find injury enlarge it & clean out &

give Tetanus Antitoxin ^{6000 units.} in large dose

Repeat in 6 hrs. give rest, give chloral
or opium to prevent convulsion

Injection of Carbolic Acid $\frac{1}{2}$ to $\frac{1}{3}$ gr. every
hr. or 15 gr. in 24 hrs.

Nov. 21, '05 Cherry wine with Iron - it contains no Tannic A.
 " " good in Convalescence.

Moselle wine has little Sugar for Diabetes
 Tokay sweet for women.

Cherry 30 Rum Distillation Molasses
 Port. 22 Gin " Juniper Berries
 Rhine 12 Beer ferm. of Hops & Barley
 Champaign 12

Acute Not certain about cause
 Articular Intense inflam of joints accompanied by high fever.
 Rheumatism Put joint at rest by starch bandage.

Optheol may be used under bandage.
 Salicylic Acid is Specific
 administered in capsule or wafer.

Salicylate of Na. Strontium Am.

" " " 15 grs. 3 or 4 hrs.

If irritating to Stomach change.
 Salicylic Acid or Salicylate may cause Deafness.
 Do. of K. or Na. for Chronic or tertiary Syphilis
 Rheu.

Calcium may cause Diarrhea.

Poke root has been used.

Give antipyretics for pain & fever. Salicylates
 usually do.

Application of heat for pain.

Liniments no good.

Aspirin contains Salicylic Acid.

Rx

Acidi Salicyl. - gr. 150.

Mft. Capsules No XX

2 Capsules after eating.

Rx Sodii Salicyl. ℥iv

Tr. Phytolacae

Virii Colchici

Sig Amomiae Acet

Spts Nitri Dulc. ad 3 i

Syr. Saponis.

Aqua Dis. qss. ℥viii

tablespoonful every 3 hrs.

1 or 2 gr. of Morphia may be added to foregoing will relieve pain & prevent bad action of Diarrhea.

Strontium Sol. is less irritating.

Iodide of Iron when Disease is drawn out.

Nov. 23, 05
Mumps

Mumps on one or both side swelling behind ears, contagious, fever is high.

Secondary inflammation in Testis & should be treated as any abscess.

Apply lotion = pts Subacetate of Pb. water fl. Et. of

Camphorated oil on cotton for Mumps.

Disease runs course & gets well.

Diabetes Mellitus

Large amt. Sugar in urine of nervous people.

Large amt. uric acid with high Sp. Grav.

Diab. Exclude foods which are sugar or are transformed to grape sugar.

Dietary List: allow Soups or Broth of Beef, Chicken, Oysters, Bacon, Mutton, Veil, turtle.

Fish all kinds - no dressing containing Flour Eggs in any way.

Meats: fat beef, Mutton, free from flour, Bread, potatoes, flour.

farinaceous foods exclude entirely.

Vegetables - String Beans, Spinach, Lettuce,

Cucumbers, Peas, Tomatoes, Asparagus,

Celery, Pickled Olives, Beet tops, Chickery,

Muchroom, Cysto plant, Dandelions, Radishes,

Cress.

Desserts

Custards - no sugar use saccharine or glycerine yellow, creams, Walnuts, Coconuts, Peanuts,

Drinks

Tea or coffee pure water, milk

Avoid Liver, Sugar, sweet, Starches

Combread oatmeal, rice Barley Rye bread

Macaroni Tapioca Vermicelli Potatoes

Peanuts, Beets, Turnips, Parsnips
 Melons, fruits, puddings, pastry
 pies Sweet Des No Honey jams
 wines, Cordial, Peaches, Potted, Lager Beer
 Chestnuts or Peanuts, Potatoes

Obesity

Wheaten Bread or Biscuits. Tapioca
 give Moselle Wine has less Sugar
 Cut out Breakfast for such foods
 make fat.

Eat Meat for Dinner baring fat,
 no bread or butter but some of Vegetables
 before stated. take little water after
 meal sip one glass slowly.

Watch urine

Diabetic Opium dose increased till man may
 take from 3 to 5 gr. a day usually in powder.
 Give Saline Purgatives with opium.

Codein $\frac{1}{2}$ gr. 3 or 4 hrs not bad affects
 combine Alkaline Carbonates for thirst etc
 " Bromides for sleep.

Salicylic Acid & Preparations in gouty
 patients with Diabetes

Bromide of Arsenic 4 to 5 drps. 3 x day.

Ergot ^{Ext.} $\frac{1}{2}$ teaspoonful doses.

Constipation

Treat as treated alone.

Sticking & test urine.

Diabetic Coma put on Milk diet & alkaline
 drinks. & Normal Salt Solution injection.
 & Rectal injection. Gangrenous Diabetes
 fatal.

Cod liver Oil makes fat.

Yeast cake divided in 6 pts. 1 pt in milk
 3 times a day

Gout Inflammation of Joint usually Big toe - Rich People -
" between Phalanx & Metatarsal.

Chronic Muscular Rheum. Colchicum - Wine of Root - 10 to 15 drops. 3 times a day
may give with Salicylate of Soda.

Sodii Salicyl. ʒ IV
Sodii Iodidi. ʒ ii
Vine of Colchicum ʒ ss
Syr of Sacchar. ʒ IV
Aqua Dis. ʒ VIII.

Tablets every 4 hrs.

Colchicum may cause Diarrhea may give in this Perseput. 1 gr. Morphine.

Colchicum sal

Ictheric Salve Hot. Application etc.

Soup. Veg Broths, Fish Chauders

Rare Eggs, fresh fish - meats: Fat Bacon

Ch. Game all Spicing, Prunes, corns, food

Rice, Bag, Oat meal, Ryb Graham Bread

Macaroni, Cracked Wheat, Hominy

Biscuits, Rolls, crackers, Toast.

Vegetable, Potato Mash, Green Pea St. Bacon

Spinaal Cabbage, Cucum, Cress, Lettuce

Celery

Dessert: Plain Malt pudding, Rice Sago

& Milk Stewed fruit, Drinks,

Weak tea, Milk, Butter, toast water

pure water.

Must Not Use,

Veal, pork, goose, Diet, Turb, Salt, Digt

potatoes, preserved Meats, eds, mackerel

Crabs, Salmon, Lobster, gravies, soups

Sweet Potatoes, asparagus, Mushrooms

Rhubarb, Spiced Pies, Cheese nuts

Dried fruits, Tob. Coffee, Seder

Malt Liqueurs, Champagne wines

Chalk Deposits:

Piperazine 10 to 15 ^{grs.} drop in water.

Salts of Lithia

Pleuronimia Acet. applications Blister

Chronic strap & bands.

Rheum. Use of Massage & Electricity Hot air Bath

Lumbago Salol

Com acetanalid Pate

Arsenic - Fowler's Sol.

1/20 gr. Pernicious Anemia

Chorea Arsenic is a specific. Child bears best. begin + drops Fowler's + increase till comp. arise.

Diseases of Skin. not all.

1 1/2 to 2 will kill. excessive acts as its antidote.

Severe Burning, cramps.

Fe Cl. + ammonia will give hydrated sesquioxide of Iron is antidote for arsenic.

Most readily detected

add HCl to st. contents + add piece of copper. + metallic substance will form on copper.

Arsenious + Nitrate of Silver

Dec. 19, 05.

Comp. Syr. of Squills

Tartar Emetic 1/4 gr. in Squills for False Croup.

R Sodii Benzoat.

Syr. Guaiacae Comp

" Toluid.

Aqua Dis.

Teaspoonful. 3hrs.

Tannic Acid is Antimony Antidote.

Glossitis. Antiseptic Wash.

Pharyngitis. Remove cause

Tonsillitis acute

Fallicular T.

Quinzi PostTons. Abscess Swallow ice

Tr. of aceto internally.

Chlorate of K. + Perchlorate of Iron Internally.

JTI
JT
JII
JII

Funicular Ton. Strept. C. infection.
normal areas between follicles.

Salicylates of Na.

Benz. of Na. & use gargle.

Run a course of 5 days.

Inflammation of Esophagus.

Sweet Oil, acid drinks when burn
by Caustic Potash may cause

Stricture of Esophagus.

Jan. 4. 06

Indigestion is symptom to many diseases. Remove cause

Hyper & po. acidity, atonic cond. Dilated stomach

Give alkali or acid for hyper or hypo.

Mix Vom. for atonic Cond.

Retention of food - wash out

Acidity causes Pyrosis, Heart Burn. give

Subnitrate of Bismuth neutralizes acid

+ coats mucous membrane of stomach

give with Bicarbonate of Na. with Digestive.

+ with Papoid

R Bismuth Sub nitr. ʒi

Papoid

Sodii Bicarb. an. ʒi.

Codene Sulph. ʒi

Mft. Pils ʒi.

Before eating 3 times a day.

R for Subacidity

acidi Hydroch. Dil. ʒi

Tr. Nux Vomica ʒi

Mft. Sig. 15-8-20 drops after eating 3x

Change Diet to relieve Constipation

Have Regular Habits.

Aloin, Strychnine, Belladonna.

Creosote & Dipdore. Carbolic acid for Belching

& Gurgling in Stomach. fermentation.

Acute Gastritis, over eating, Poison etc.

Empty Stomach by wash or vomit.

Give Hypoderm of Morphia to grown people.

Jan. 9, '06. Flank steak good Diet well Broiled & exercise -
 give no greasy food - baked potato, toasted Bread
 no Pastries, Lamb chop, Roast Beef, Regulate Bowels
 Gastric Ulcer. Severe form of stomach trouble
 Blood from stomach is blackish. increase
 Hcl. Put to bed at rest Nitrate of Silver
 1/4 gr dose. No Diet except per rectum.
 Milk 250 gms.

yolk of 2 eggs
 2 grs salt. } Enema
 15 cc Clarified Wine
 15 grs Baked flour

Peptonized milk & Boiled Milk.

Jan. 11, '06 Cancer of Stomach. Excessive Vomiting. Pyloric Ex.
 feed with food readily absorbed. fluid diet.
 Bismuth Sub Nitrate.

Carbolic Acid or Creosote. Hydrocyanic Acid.
 Laurel Cherry Water. Chloroform in Water.
 Carbonated Wine - Champaign. Washout Stomach.
 Muriate of Cocain 1/4 gr.

Vomiting of Pregnancy. Oxalate of Symplic
 Hot applications. Blisters
 Bleeding. (Haematomyses) Tm Cl. f. Grov.
 absolute rest by Morphia. 10 drops Adrenaline 1-10000
 Peroxide of Hydrogen. Fl. Ex of Zynamum.
 Condurango Syr. f.

R
 Acids Murat Del ʒ III
 Ex Fl Condurango ʒ SS
 Essence Peppin

teaspoonful 3 hrs. ʒ II

Rectal Suppository with Opium.

R Puto Opium ~~SS~~
 mfr Suppo Rectal No. 5
 One every 3 hrs.

Jan. 16.06. Acute Diarrhea get rid of irritating material.
by laxative. Opium

R.

Bismuth Subnit. ʒ II

Tr. Opii. ʒ II

Tr. Catechu ʒ

Aqua Listerin ʒ ss

Aqua Menth Pipal grs. ʒ II

Teaspoonful.

Boracic acid Enema to wash out
Bowel.

Tanagin, Tanalbin. pass thro stomach

R. Solol	grs. ʒ	child
Bismuth Subnit.	ʒ I	gr. 20
Puto Doveri	- gr. 40	gr. 7
Lactopeptin	gr. 30.	gr. 10

Mfr. Puto No. 7

one before each meal

Milk diet. (Boiled)

Bottle fed babies. (Summer Complaint)
Milk of Cow best substitution. Sterile
bottles & clean nipples.

Clean out intestinal canal Calomel +
castor oil. Withdraw food - give a little
rice water. Children do not take Opium well
Wash out stomach for vomiting.

give lime water with milk to neutralize acid

Aromatic Spt. ammonia 3 drops

Brandy 3 to 5 drops.

give frequently in water.

Jan. 18.06
Dysentery

Change of climate is good

Begin with 1 mg. Castor Oil or Salts.

Specific treatment in Camps used with Morphine.

Antitoxin used in Japan

Small & repeated doses of Sulphate of Magnesium

Magnesium sulphate ʒ I

Tr. Opii ʒ I

Aqua Menth Pip ʒ II

Tablespoonful every 3 h.

Enemas may be given
1 to 3000 Bilelids & follow with Water better
is 2% Boracic Acid.

1 to 5000 of ferric injection for anaemic Coli.
5 or 10 gr. doses of M. Pymol. Santonin 3 gr.
wash out with antiseptic sol.

Diet same as in Diarrhea.

Dysentery of Liver abscess remove abscess &
Diarrhea will disappear.

Dilute acid.

Jan. 30. '06.

Rectal Diseases. - Surgery

Hemorrhoids. (Piles). usually in male
Wash clean. & place in proper place -
Bleeding Piles.

Come from Chronic Constipation.

Ext. Ap. p. Goulard's Sol. With Hazel
(Laudanum & Sub. acc. of Lead)

R. Ext. to Piles -

Tannin gr. xx

Buty Opi gr. xx

Cocaine Muriat. gr. x

Ung. Stramonium

May be put in Suppository

Application. Hot Poultice or Hot Water.

Feb. 11. '06.

Diseases

Liver

Relieve Constipation. Epsom Salts.

Jaundice in Babies frequently - usually
disappears. Serious when Bleeding occurs.

Biliousness - means constipation. relieved
by Calomel 12 triturate $\frac{1}{4}$ gr. each very br.

Followed by Purge. prevent sour foods -

Of one dose 3 to 5 grs. at night & m. follow
by Sulph & Magn. Soda

Feb. 6. '06.

Sclerotic of liver - Caused by Syphilis.

& by drinking whiskey

Epsom Salts $\frac{1}{4}$ gr. Elixir in Capsule.

Don't tap early Cream & Tartar.

Alternate Cathartic to Demulents - Diuretic.

Feb., 8.06 Treat. of Gall Stones: Cannot be dissolved as yet.

Colic & pain R. Hypoch. Region.

Morphia Hypoderm. for pain.

Following Paroxysm. have chill then high fever & jaundice usually follows -

Withdraw from fat. Starch. fats. sugars

Cold water injections. Sweet Oil has been given. Hot applications. Removal.

Tapeworm.

Milk diet. Herring.

Begin with good Purgative.

Chloroform / Grown person
make emulsion or use Chloroform Pearls

R Rad Granati (Bark) ʒi

Pumpkin Seed ʒTT

Crush in mortar skin & all.

Mf. Decoct. enough water to make ʒTT
add when cool

Ether Ex + Felix Mess ʒTT

Ol Tiglii ʒTT

Mf. Sig. at a dose. 15 min after
taking Chloroform.

For Chlor. poisoning Morphia Antidote.

Respiratory Tract.

Spasmodic Croup, Laryngitis,

Vomiting patient. child 2 or 3

R Hydraz. Subsulph flavo gr^{ss} II.

Mf. P. into No. I.

1 every 15-min until Pat Vomits.

give only 3 powders.

Ext + Int Heat.

Comp Syr of Squills, teaspoonful for emetic.

R Sodii Benzoat. — ʒTT

Syr Sallat Comp — ʒss

Syr Gold — ʒTT

agua Des. — ʒTT

teaspoonful every 3 hrs.

Feb. 13. 06. Asthma Bronchial.

Mustard plaster vinegar exaggerates action
Hot application. Amyl. Nitrit. inhale
fumes of Pearl. Bromide + Chloroform
Morphia. 100 gr. Nitro glycerine.

Potassii Iodid. 5 gr. to 20. 3X Day.

Pleurisy. Relieve pain by Heat or cold or
Fly Blister. + adhesive rubber strap.

Hypodermic $\frac{1}{4}$ Morphia. May have an Exudate
into Pleural Cavity. Paracentesis withdraw
from between 6 + 7 Rib in Back.

Comp Jalap Powder. Catharsis. Diuretics,
Cream of Tartar.

Erysipelas. Fever present.

Mar. 1. 06. Do. of Pot. for Pleurisy.

Tuberculosis: Prophylaxis. Curable in
early Insipient Stage. Send to Colorado.

Abundant. N. C. Pine forests. S. Cal. Ariz.
San Ant. Texas. Creosote capsule or Drops.
1 drop 3X to begin. in milk or whiskey.

Special Symptoms. Cough. Codlins Mix
Chloroform + Chloral of Morphia. Quinine.
Bleeding. Keep quiet, Ice Bag. 1 Hypo. Morph.

to stop Cough. Ergot, Iron, Hydrastine, Gallia.

Night Sweats: Camphoric Acid, Atropine, Sagitta.

Fever: Sponge. Diarrhea, Sub Nitrate Bismuth +

Trog Opium + Catechu.

Puto Opii gr. xx

Plumbi Subnitrat ʒ i

Mft Cap. No XX

every 3 hrs.

give Boiled Milk. Enemas Starch Sol^y Opium
Edema: Nourish.

Mar. 6. '06 Diseases of Heart.

Pericarditis similar to Pleurisy.
follow case of Rheumatism Typhoid
Rest. Blister for pain. Digitalis may be
used

Mar. 13. '06. Tr. of Digitalis, best.

Digitalin { Stimulants. used in water
.. Talin { sol. in alc.
.. tonin { sol. in water, not alc. Depressant.

Constrict Vaso Motor Digitonin.

In accumulative action Patient becomes
narcotized. Antidote Turpin, Tr. of Aconite.

Acute Endocarditis follows Rheumatism.
Absolute rest. Sod. Sal. Digitalis.

Chronic Endo. Stableness Promotes
Hoffmann's Anodyne. Don't over-act.

Tr. Digitalis. Palpitation.

Myocarditis. latter part of life.

frequently associated with Angina Pectoris.

Hyp. Morphine $\frac{1}{2}$ gr. Nitroglycerine $\frac{1}{100}$ gr.

Nitrite of Amyl. pearls 3 to 5 gr.

Aromatic Spts. Anomia. Hoffman's Anodyne.

advise patients not to go out in Winter. & at night
light meal in evening. Heubner's Bath.

Mar. 20. '06. Acute Bright's Disease

Put to bed, keep warm. Absolute rest.

Hot bath, Purgative, Pilocarpin, $\frac{1}{4}$ gr. Cliterium.

Diuretic. R.

Kali. Acetate.	$\mathfrak{z} \text{ii}$
Liq Ammon Acet.	$\mathfrak{z} \text{i}$
Spl. Nitri Dule.	$\mathfrak{z} \text{v}$
Syr. Lemonis.	$\mathfrak{z} \text{iv}$
Aqua Dis.	$\mathfrak{z} \text{viii}$

teaspoonful. every 3 or 4 hrs.

Poultice over Kidneys Flax Seed & Mustard.

Diuretic. 10 gr. Dose. Little water, no meat, 300
4 pints milk. Mountain Valley Water is good Diuretic.

Chronic Nephritis. Casts in Sediment of Urine
 indicative probably. Climate: equitable
 Take away nitrogenous food Milk good
 Diet: Spinach Unsalted Tr. of Bone &
 Lig Am. Acetatis.
 R Mistural Besham.

℞ VIII
 Tablespoon in water 3 times a
 Day 1 hr. after Meal
 Strychnia ^{sulph.} 30 gr. may be given with above.
 For Heart Complications.

℞ Diuretic. Kali Acet. 3 TT
 Comb.

Lig Am. Acet. 3 TT
 Spt. Nit. Dule. aa 37 2
 Syr Lemnis 3 TT
 Inf. Digitalis 3 IV
 Aqua Dist. 95 3 VIII

Kidney stone (gravel). pain. $\frac{1}{4}$ gr. Morphina
 Hot application. Diuretics.
 Nervous Diseases.

Cerebral Apoplexy. bursting Bld. vessel
 in Brain. forms clot, pressure, paralysis.
 Croton Oil Calomel. Br. & Ka.
 Keep head up. feet warm. head cold.
 May clear up in a few weeks. after ^{8 weeks} prognosis
 bad. May happen a second time
 Ka. I. o. internally. Third attack severe.
 Results in Hemiplegia.

Electro-Therapeutics. Born.

Oct. 9. '06. Inherent power to return to health.

Therapeutic Diagnosis

1. Etiologic Thera. Diag.
2. Pathologic
3. Symptomatic

(a). .. may have to be considered first as hemorrhage.

(b) Pain or functional distress.

When to intervene. why. when. where. how.

First consider Specifics.

Oct. 16. '06. Electricity peculiar state of matter. amplitude &

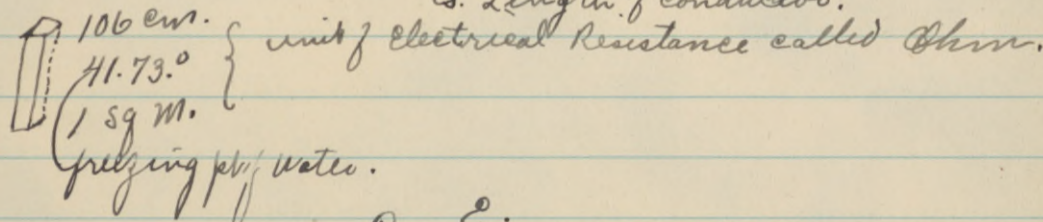


- Oct. 23. '06.
1. Electro Physics
 2. .. Physiology.
 3. .. Therapeutics.

1. Pressure. called Voltage, E.M.F. Potential.
unit of E.M.F. is Volt.
Coulomb certain amt of Electricity.

Ampere rate of flow of certain amp per sec = unit of Rate of flow.
A current loses pressure by passing thru conductor.

Variations in Resistance { quantity of Corp. material.
2. That of cross section of wire.
3. Length of conductor.



Nov. 13. '06.


Ampereage. $C = \frac{E}{R}$

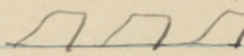
Current flow = $\frac{EMF}{Ohms}$.


Character of Current flow.
for body wd want low ampereage of high voltage.


1. Connecting in Series increases Pressure not volume.
2. " " Parallel " " 1 Volt + 2 amperes.

good in use for body.

Direct current - galvanic current. 

Interrupted direct current. 

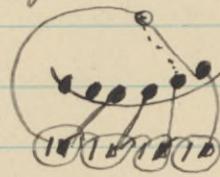
Direct Pulsating current 

Alternating always interrupted 

Nov. 20. '06.

Ohm's Law

$$C = \frac{E}{R}$$



→ increases Current strength

Rheostat an instrument to increase resistance.

Carbon, German wire. & Liquid Rheostats.

Resistance increased throws current further thro' Body.

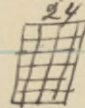
Current Density. ~~current strength per unit~~

The ~~unit~~ ^{is} Current strength per unit of cross section area of conductor Density varies directly with the current strength. Density varies inversely with area of Transverse section $D = \frac{C}{A}$ Density. C - Current strength.

A - Cross Section Area.

$$D = \frac{C}{A}$$

$$D = \frac{24}{24} = 1$$



24 m.a.

Normal skin will stand 2 ma.

Electrodes - are Terminals of Poles / Battery -

1. Protected Electrode.
2. Bare Metal. used mostly as cautery.

Felt avoids electrolytic action. Coverings are substances which will absorb fluid water + Bicarbonates warm Sol work better Na. Cl. + Bicarb. Sodii.

Nov. 27. '06. Medical prop. of all currents alter in propor. to the their relation to their voltage & amperage.

Amperage is predominating in galvanic current.

Galvanic used in 2 forms only. Continuous & interrupted.

Continuous possesses Polar properties which are at Poles.

Interpolar goes on within body between Poles.

Physiological action of Polar action ^{continuous current} are 4 in number:

1. Cathodic is when chemicals are carried into body when placed between electrode & body.
2. Electrolytic is chemical changes which take place at poles.

3. Catalytic: Interpolar affect: changes within body.

4. Electrotonic: affect producing changes in nerves & muscles.
Tendency is to carry fluids from + Poles. used in congestion.
+ Pole is anti congestive & denutritive.

- Pole is just opposite. Bare metal applied to semi solid compound we get full phenomenon of Electrolysis at + Pole of cl. C. S. & P are set free & attracted to the + Pole we have the acids H_2SO_4 , HNO_3 .
Tissues become hard & acid makes it stick.

At - Pole H is given off & Oxygens are attracted which are H_2 , Ca , Mg . tissues become soft & congested.

Increase amperage with Bare metal & battery action may be broken. slight amperage is a styptic.

3. Catalytic action is on Lymph. Blood?

+ Pole is soothing & sedative - Pole is irritating & stimulating

Dec. 12. 06 Positive Polar Action with Protected electrodes.

Sedative nerve irritability. tonic to nerves & muscle fibres.

anticongestive. Osmotic pushes fluids to negative pole.

Stronger current. produces counter irritation, heal. pain. beneath electrode. & will finally vesiculate.

Negative Polar action with protected electrode:

increases nerve irritability, relaxes fibrous tissue, attracts fluid from positive pole. Congestive.

General interpolar action Nutritional, electrotonic, sedative.

anodyne, alterative, warming, refreshing, vitalizing.

Positive local polar action with nonathaskable, bare metal electrode (Platinum). within soft tissue.

with mild current. sedative, tonic, nutritional, anticongestive, astringent, hemostatic, Muscle Contractive, mildly osmotic, cataphoric & electrolytic.

with mediate current: styptic, coagulating, drying, shrinking of tissues, muscle contracting anodyne, denutritive.

antihæmorrhagic, antiseptic, osmotic, cataphoric, electrolytic

with strong current: Blanching, drying, denutritive, coagulating

hardening, muscle contracting, antiseptic, germicidal

Cataphoric, Caustic, rapidly increasing to cauterization

with gross destruction of tissue. scar contracts.

Quiz. Work.

Nov. 23, '05 Aloe given in form of Pill is a cathartic
acts on lower bowels.

Don't give to Pregnant or in Piles.

given 1 to 10 gr. with Strychnia

R. Aemenic Women.

Quinine Sulp.

Ferri Sulph-uric - aa gr. \overline{xxx}

aloes. (Loe) gr. \overline{xxx}

Ol Labini $\overline{gtt \text{ } x}$

Mft. Capsule No \overline{xxx}

1 three times a day.

Given in Comp. Cascaria tablets.

Aloin, Strychnine, Belladonna, Cascaria.

Aromatic Spts. of Ammonia - stimulant.

Oil precipitate by Water

Am. Muriate Expectorant.

" Water for fainting, irritant.

Alum. used as emetic & wash. used injection

$Al_2(SO_4)_3$ for Paristalsis of Bowel.

K_2SO_4

Apiol. - parsley - oily fluid Menagogue properties
Don't use in pregnancy.

3 to 5 drops.

Oxide of Arsenic. Arsenious Oxide As_2O_3

Does Derminatives for Baby Colic is acifidity
for Nervous Ladies, for Typhoiditis,

Belladonna Oint for Pain, sore nipples & breasts.
dries up secretion. milk etc.

Sulph. Iatropia - dilates pupil. antidote to Opium Poison
Hypersensation of Lung Bronchorea. Colic & Cramp
 $\frac{1}{2}$ gr. Hypo. maximum Dose. aloin, Stry, & Bella.
(Cathartic Pill.)

Bismuth Sub Nitrate. - Disorder of Stomach. 5 to 40 grs
B. " " Gallate.

Elixir of Bromide $\frac{1}{2}$ to table spoonful in
water to grown person.

Good in Nervous a sedative Br. of Strontium

less irritating. Nervous people. & congestion of
Brain. Emissions at night

Bromide of Camphor for Passionate etc.

Whooping cough.

Bushu acts on Mucous Membr. of Bladder

Fl. Ex Dose 30 m. & gr.

Canibus Indica powder drug. New M-n Hay

Fl. Ex. 10 to 20 m. Puto forln.

Hemp root

Sedative Relieves pain

Cough mixture for Tickling sensation.

does not constipate.

Depressed patients. Melancholia people.

R

Canabis Indica (Powd Drug) gr. XV

Papoid

Sodi Bicarb.

aa ʒ ss.

Mft. Puto No I

one before Meals -

Salicylic a. in Alcohol. with Canabis
Indica relieves.

Cantharidis. (Spanish Fly).

Used in Old & control water

in form of cerate most irritating.

in Pleurisy Blister used only -

Cantharadin - Collodion - for Blister -

Feb. 100.

Papeicum Tr. & Puto. mostly used.

used to increase absorptive pow. of Stomach.

Prescribed with fennine.

R Quinac Sulph. ʒ II

Puto Caplic. ʒ I

Mft. Cap. No II

2 every 4 hrs.

R Delirium Tremens.

Tr. Nuxvomica ʒ II

.. Capsici ʒ II

Sub Mit. Bismuth ʒ IV

Elx Lacto Peptis ʒ III

ʒ 1 spoon every 4 hrs.

Carbolic Acid - distil of Cold tan.
deliquescent.

Disinfectant, somewhat Poisonous.
Used internally to prevent fermentation.
12.3 drop doses. also for Tetanus &
pyoderma for tetanus.

Lime oil, Lime water, & a little
Carbolic for acute Burns.

Is poisonous when given for any length
of time. Poison recognized by odor,
by mark on Mucous Membr. raised & white.
Weak pulse, sweat, Paralytic affect on Rest. M.
alcohol diluted antidote 1/5 + oz - give
then Sulph of Soda. or Mag.

Itching in jaundice, apply 2% alkaline
solution. also itching in Piles.
for quercus.

R Acidi Carb. m x
Kal Chlorat. ℥ i
Aqua Fennel.
... Anisi aa ℥ i
℞ 3℥ i

Cascara, Powdered, fl. Ex. Solid Ex.
Pill. Lactis.

Castor Oil, applied to cracked nipples.
Lead Shields for cracked nipples.
for beginning Diarrhea.

given with Lemon juice. Orange juice,
Beer & best is with Whisky.

Chloral Hydrate 15 gr. 10 gr. antispasmodic.

Strychnia Antidote

May be used Ext. with Camphor for facial
neuralgia. (Pleuritis. Lanaline 30 to 40 gr. to ℥ j).

Chloroform. Gastrointestinal disturbances
for tapeworm not given alone.

Chlorate of Potash. mouth wash. 1 gm to 2 oz. water.
for Stomatitis. for sore throats.

~~Cocain~~ 1884.

Cocain Hydrochlorate. dilates pupil (Mydriatic)
for Mucous Membrane.
antidote for Opium. Poison treated symptom
atic. Ammonia Deigatalis etc.
for Relief of Pleg. Vomiting 4 to 1/2 gr 3 X
may be used for cough.

Codine.

R Codin Sulph. gr. \overline{ii}

Putoacetanalic Comp. $\overline{3ii}$

Mft. Puto No. XII.

one every 2 or 3 hrs. till relief.

Cod Liver Oil given with Whiskey, contains
some Iod. given for insipient T. B.

Copaiba - Oleo Resin. Balsam. 10 to 20 drp. doses
gonorrhoea. Bronchitis.

R Zinci Sulph.

Plumbi Acetas aa. gr. \overline{xxx} .

Tr. Kino $\overline{3ii}$.

aq Dist. $\overline{3vi}$.

form of injection for gonorrhoea after
about 2 wks.

Ergot. Fl Ex 30 M. & 3. Uterine Hemorrhage.
was used to paint Erysipalis before Ichthol was used.
Contracts Uterus. Should not be used during
labor. may be used after 1/2 teaspoonful. Give
for Hemorrhage in Fibroid tumors of Uterus.

Ergotin 3i

Hydrastinine Hydrocl. gr. \overline{v}

Mft. Caps. No XX

every 3 or 4 hrs.

May be used for other Haemorrhages more
especially Uterine Haemorrhages.

Euterium Hydrogoue Cathartic for
 robust people with Ascites (is Debilitating)
 R. Euterium gr. iii Jalap. used when prod.
 Mft. Pul No XVII.
 1 every 4 hrs. till acts.

Euphorine - Prep. 20. used instead of Iodoform.
 good in Soft. Chancre

Formaldehyde. gas sol. in Water.
 Antiseptic. used as disinfectant. Sulphur
 good disinfectant. Chloride of Lime + Sulphuric
 Acid good. Urotropin formed by treating
 Formaldehyde with Ammonia.

R. Urotropin $7\frac{1}{2}$ gr. } for Cystitis.
 Tablets or Capsule. }
 Mft. Cap. No XX. one every 3 hrs.

Cystogen a form of Urotropin.

Dissolves Uric acid

Hydrocyanic Acid (Prussic Acid) 2% in Drug Store.
 Ammonia Antidote.

used for tickling Cough. 1 m. dilute.

R. Acidi Hydrocyanici. M. XVI
 Syr. Toluol ʒ ii (not Proming.)
 Teaspoon. every 2 hrs

R. Stomach trouble.

Bismuth Subnit. ʒ ii
 Acidi Hydrocyanici. M. XV
 aqua Ther. Ambrutii.
 aqua cinisi aa ʒ i
 Teaspoonful before meals.

Hydrogen Peroxide. Used in Surgery. good in
 Nose Bleed. Don't use in cavities.

R. for Spray in Diphtheria.

Hydrag Bichlor. gr. i
 Hydrogen Peroxide ʒ ii
 aqua Dis. ʒ ii
 mft. Sol. use as a spray.

1 to 4 gr internally for fermentation in Stomach.

April 17 '06

Icthol distillation of fish fossil. 10% Sulphur.

Chronic Bronchitis Pill 5 gr. 3x a day.

Erysipalis, painting. Inflammation of
equal Vaseline & Icthol

Iodide of Potassium. Syphalis

& Antidote for Metallic poisoning. & Bronchial Trouble.

Chronic Rheumatism. Renders Mercury more soluble.

3 to 400 gr. 10 gr. 3 x a day. for Syphalis.

R Hydrarg. Bichlor. gr. i

Kali Iodidi. ℥ ii

Syr. Sassa.

Aqua Dist. ℥ss. ℥viii.

Tablespoonful. 3x daily.

R. Chronic Rheumatism.

Sodii Salicyl. ℥x

Kali Iodidi. ℥i

Vini Colchic (Red). ℥ss

Syr. Sassa. ℥ii.

Aqua Dist. ℥viii.

Tablespoonful every 4 hrs.

Asthma 5 gr. Do K. stimulates Expectoration.

R Asthma.

Heroin Muriat. gr. i

Kali Iodid. ℥i

Syr. Prunus Virg. ℥i.

" Senega ℥ii

Aqua Dist. ℥v.

Tablespoonful every 2 hrs.

April 19 '06.

Iodine sol. in alcohol.

Iodoform - treat so with ~~H. S.~~ Caustic Potash
& alcohol. obtained from seaweed. ash.

Fin. So. is counterirritant.

Do Ointment

Iodoform. Stimulates granulations. good
in burns.

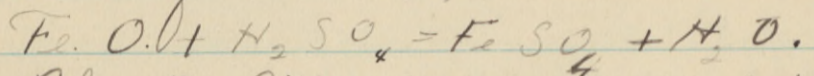
So. Ointment 1 gm. to ounce Vaseline

April 24/06. Iron + its salts. tonic & foods.

introduced by foods. Taken up in Duodenum.
in Metallic & Non Met. Salts.

Quercus Iron by Hydrogen. (Pure).

Carb of Iron. $Fe_{2}O_{3}$ more readily absorbed.



Bland's Pil. $FeSO_{4} + K_{2}CO_{3}$ } 1 to 3 every 4 hrs.
In intestine $FeSO_{4}$

Use with $K_{2}CO_{3}$. Bicarb Sodii!

Muriated Tr. Fe. Siqui cl. of Iron.

Tr. Chlor. of Iron. Same doses

20 to 30 drops in water 1 hr. after meals.

Rx Sore throat. adult.

Kali Chloratis ʒi

Liq Ferric Chlor. ʒi

Glycerinae ʒi

Liqua Anisi ʒi

Teasp onful every 3 hrs.

Busham's Mix.

(Liq Am. Acetatis Acid slight.)
Tr. Chlor. of Iron

Tablespoonful mixture. for Nephritis

Dialized Iron antidote for Arsenic Poison.

Hydrated Sesquis Oxide of Iron. must be
freshly prepared. $Fe_{2}Cl_{6} + 12H_{2}O$

Na Carb + $Fe_{2}Cl_{6}$

Green Vitriol - $FeSO_{4}$

Monsel's Sol. as a Styptic.

Iron Alum

Iodide of Iron. Sy. Anemic Children.

Phosphate of Iron.

Lactates, Tartrates, Citrates.

Valerianate of Iron for Hysterical Women.

May 1, 06

Mercury from Cal. Blue Mass for purge.

Blue Ointment. Mercury & Chalk

used as antiphlogistic, antiseptic, Syphalis.

with So of Potassium

Protiodide of Mercury.

Gray Oil Bichlor

Calomel Salicylate of Mercury | 4 Hypo.

Hydrag Protiodid gr. XXV

Mft. Pill. No. 10

Pulv. Opium gr. XII

One pill 3x after eating

Dec. 20, 06

Born.

Negative Polar action, bare metal, with any metal
in soft tissue. With mild currents, increases
capillary circulation, nerve muscle excitability.mildly electrolytic, alterative, relaxing, dilating
nutritional, healing to ulceration.with medium current: more actively congestive,
softening, nutritive, electrolytic.Strong current: liquifying, haemorrhagic, eschorative
soft pink scar. Very light current: caustic affect.Positive polar action, with bare metal attacking
electrode. Zinc, copper, silver, nickel.Medium current decomposes & deposits, by clouides
of the metals within the tissues surrounding + Pole.Antiseptic, germicidal, anti haemorrhagic, drying,
styptic, astringent, tonic Nutritional, alterative

Curative of Catarrhal inflammation of mucous membranes.

Dec. 20, 06

Reaction of Degeneration:

Electric Irritation causes altered irritability of
Muscle + contraction.gradual moderate application to nerve there is no
contraction. Stronger causes contraction tetanic.

Sudden Make or Break causes contraction.

+ Pole is anode.

- cathode.

an electrotonus under anode.

Cath

Cath.

(Electrotonus is
change in irritability
of M. & N.)

1. Testing at anode irritability is diminished.
 2. likewise testing Cathode after irritation the irritability is increased.

{ anelectrotonus diminishes irritability.
 { Cath .. increases ..
 { Disappearing anelectrotonus increases ..
 { .. Cath .. decreases ..

{ Opening anode causes contraction.
 { Close Cathode (this is greater).
 { Anodic closure .. no ..
 { Cathodic opening .. " ..


Tissue immediately under Pole is Polar Region
 .. around .. " .. " .. Peri- ..

Normal formulae.

C.C - 2 mA.

Jan. 3, 07.

Muscle contraction is manifest by rapid interruption or sudden change of density.

Polar zone charged with same as Pole 
 Peripolar unlike as ..
 nerve being away will depend on its position.

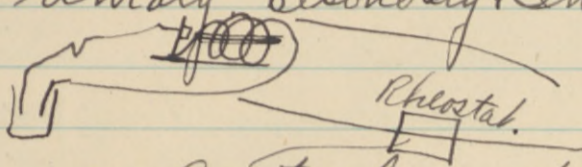
In testing muscle with galvanic don't have both electrodes on muscle.

- 1 M.A. gives no contraction.
- 2 .. R.C. get ..
- 3 MA. An C ..
- 3.5 .. A.O. ..
- 15 .. C.O. ..

Testing Muscle action is on Peripheral Neuron

- a. Reaction of Deg. the muscle no longer gives any action of Faradic or Static.
 - b. 1. Contractions of muscle are not so marked.
 - 2. .. Become equal of Dif. Poles.
 - 3. Complete Reversal of Polarity. R.D of Erb. (ae. ce. co. ao. R.D of Erb.)
- Stimulus of less than $\frac{1}{40}$ Sec. will not contract Deg. M.

Jan. 10. 07. Faradic Battery: current is an induced current.
 At make flows one way continued comes back to normal. at open flows opposite way.
 Change in position brings about a change also
 Primary Secondary & Interrupted.



controls amt. of current.
 galvanic ^{Large} amperage. low voltage.
 Faradic smaller. larger. . . .
 " has no electrolytic action.

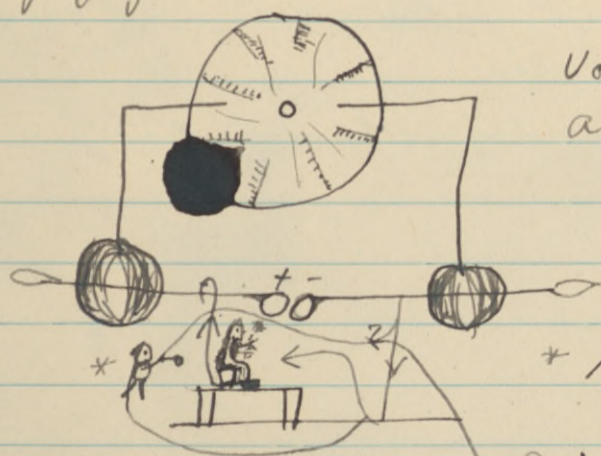
Actions are on striped & unstriped muscles.
 60 to 125 Per M. will contract muscle & rest it sufficiently. No affect on unstriped muscle.
 20 to 30.000 Per. M. does not affect striped but the unstriped muscles of viscera etc.

fine coil for fast current.
 Contractions with coarse coil & slow currents contract muscle & are regenerating.

fine Interruption fine coil produces Contractions to non strip applied in direction of artery in os increases ^{4 pole} Metab. old. supply serous fluid. relieves congestion

High frequency current on mucous surfaces.

Jan. 17. 07.

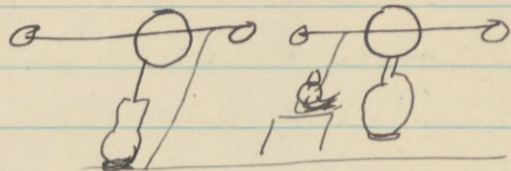


voltage high.
 amperage low.

ground less irritating.

neg. insulation where P is charged negatively.
 Pos.

Jan. 31. 1877 Morton Uave is a constant charge & discharge
of Patient



Morton's induced current. by Leyden's jars.

Physiologic action:

No electrolytic or Cataphoric action.

A regulator of function.

Regulates Temp. Pulse. Resp. Sleep. Perspiration
Excretion. Secretion Increases Metabolism
by stimulating to absorb more O. this is good
in gout. Rhen. Anaemia. Diabetes.

Spark produces strong Musc. contraction
gets rid of swelling about joints. Oedema etc.

+ Spray is sedative. - Puff irritating. on Ulcers etc.

Feb. 7. 07. Diabetes Mellitis. Sugar from Starch also some
Proteids are converted. Restrict starch & sugar. Exercise.
Codein. As. & Antipyrin. Electro-therapy.

Static treatment is best. Regulates function.

Counterirritating⁺ spray along Vertebrae.

Morton Uave. + Frictional spark with roller over
abd. & legs. Local + Counter Irr. Spray to base
of Brain for headache.

Gout: Sodium Bicurate deposit. in Con. tissue

Feb. 28. 07. Endometritis Catarrhal. septic. gon. Senile.
Memb. Dysmenorrhoea.

Subinvolution. & Haemorrhages.

Metrorhagia between Menses.


Mens. v. Haem. during Menses.

Mar. 7. 07. Tibromata. Clectrode in uterus B.M. 0-50-150 every
3 or 4 days 5 min at a time. galvanic current.

+ Pol. stops Haemorrhage.


Catarrhal Salpingitis, usually chronic:

Exposure to cold. Excessive Menses. intercourse. constip.
symptoms / acute Peritonitis Local.

Relieve Pain. use Bi Polar Vaginal Electrode. 

disappears hyperemia. oil with glycerine. Start at 0
& increase. Use Ball electrode & cotton cover.

April. 4. 07. Xray tube: Geissler's tube out of which some air
has been pumped. gas in tube becomes illuminated.

 Plat. mirror. small particles
remain attached cause less heat. also focus
rays. Copper back of Pl. to absorb heat.

Some gas must be present & regulators are used
to sustain presence of it.

Osmolyg. = Pt. heated & H gas passes in.

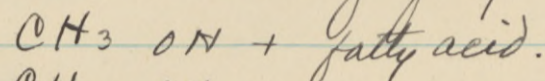
Automatic Reg. = add. tube also where Chem are
put to generate gas.

Compound ethers or Esters.

Prepared by union of acid + alcohol.

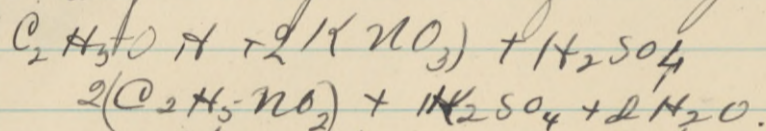
Saponification.

Fat is an ester of fatty acid & glycerine.



Ethyl Nitrite:

(Methyl Salicylate: oil of wintergreen.



Sweet Spts Nitre is a mixture of ethyl nitrite in alcohol. 4%.

Amyl Nitrite. $\text{C}_5\text{H}_{11}\text{OH}$.

Aldehydes:

Acid ald. $\text{C}_2\text{H}_5\text{OH} + \text{O}$ which has passed over heated Plat. Spual. $\text{C}_2\text{H}_5(\text{CHO})$.

Formaldehyde. Dist Ca formate \rightarrow oxide &

Pass air into methyl alcohol. formalin 40% sol.

Paraldehyde. is $\text{C}_6\text{H}_{12}\text{O}_3$.

Trichloroacetic acid, acetaldehyde.

$\text{CH}_3\text{CHO} \cdot \text{Cl}_3 \rightarrow$ Chloral. heavy oily liquid.

$\text{C}_2\text{Cl}_3\text{OH} \cdot \text{H}_2\text{O}$ Chloral hydrate

ketone - acetone $\text{C}_3\text{H}_7\text{CO}_2$

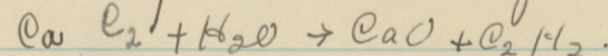
Mar. 13. 07.

HydroCarbons.

Paraffins C_2H_6 saturated Comp.

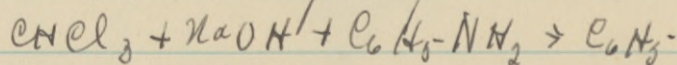
Olefins. C_2H_4 . un. . . .

Acetylene C_2H_2 . Inflam. gas. prepared by



Test for chloroform:

1. Odor Phenylisocyanide



2. Reduces Cu Sol.

3. B. Naphthol + KOH + heat \rightarrow Prussian blue.

Iodoform: CHI_3 . Ethyl alc + Iodine + KOH.

Ethyl Chloride Pass HCl into alcohol.

Mar. 26 '07.

Benzine a mixture of hydrocarbons from distil of Crude Petrol.

Benzene C_6H_6 colorless liquidToluol. $C_6H_5CH_3$ = Methyl Benzene.Xylol $C_6H_5C_2H_5$ = Ethyl. " "

all closed series hard to oxidize.

Phenol C_6H_5OH Prep cold tar } light oil.
middle .. $\rightarrow 150-200^\circ$ large quan. Phenol.
Acetone ..Phenol + KOH \rightarrow K Phenate + HCl $\rightarrow C_6H_5OH + KCl$.

Cresol

Resorcin-Hydroxy Benzene. $C_6H_4(OH)_2$ Pyrocatechen $C_6H_4(OH)_2$ Guaiacol methyl Pyro- $C_6H_4(OH)(OCH_3)$

Creosote - mixture of Cresols Ortho Meta Para.

Lysol. 50% creosol + oil + KOH. saponify.

Anilin $C_6H_5NH_2$ or amino Benzene.Benzoic acid (crystals). C_6H_5COOH renders urine acid.Prep: toluene $C_6H_5CH_3$ + heat $\rightarrow C_6H_5COOH$.

Salicylic acid.

1. Oil winter green.
2. Synthetically.
3. Dest. Dist. Wood.

 $C_6H_4(OH)COOH$. Heat C_6H_5ONa in CO_2 .

Salol.

acetic acid:

1. Oxid of alcohol.
2. Vinegar Fermentation
3. Dest. Dist.

Dec. 5, '05. Test Meal.

¹ Ewald Breakfast, ² Boas B. ³ Kiegel Dinner.
gives 5-6 Lactic acid Elmer B.

Give 2 meals.

Getting Meal - Hold breath + form
pressure on stomach, Irritate Pharynx, Use
Aspirator + Bulb.

Stomach Tube

a kind B technique. C Obtaining Meal. D. Expression
syringe tube, Suction, Boas Bulb, Water Suction

After getting contents, Inflate Stomach.

Wash for Diagnostic, Therapeutic + to obtain
Remainder of contents.

Next begin Examination. 1. Macroscopic.
Stomach Anal.

I. Macroscopic

a. quantity. normal Break. 30 to 50 cc.
" M. 40 to 80 "

Abnormal

Increase Motor Inact., Hyposecretion

Decrease. Hyper Motility.

B. Color. 1. Bile, with Bile may have Alkaline secretions
which modify acid test.

2. Blood coagulated Dark Brown Color.

Coffee ground vomit. Cancer

Bright Red may be Ulcer.

May rupture Vessel of Esophagus.

From Serosa of Liver we have varicose
veins along Esophagus -

Erosion of Stomach, Streaks from Vomiting.

C. Odor. Normal has little odor.

Rancid odor for Buttery Odor

Vinigar " " acetic "

Foetal "

Poisonous "

D. General appearance solid, Liquid, Identify
Solid give Malleability

E. Division or Dig Normal is like Corn meal.

F. Mucous signifies Catarrhal Gastritis

Stringy appearance signifies Mucous amount.

G. Chemically.

Acidity Test acid or Alkaline Litmus
Diverticulum of Stomach

Kind of acid.

Free Hcl. D. A. Apo Benz. Congo. Red.

Jan. 2, '06.

1. Urine

1. Quantity. 1000 to 1500 cc. 24 hrs.

take evening urine for examination.

Path. Spec. keep 24 hr. in separate bottles.
when doubtful.

chloroform

Thymol, Boric acid, Salicylic Acid, Preservatives.

2. Specific Gravity. 1010 - 1020.5.

Indicate amt. of total solids. multiply
last 2 figures by 2.33 (Passers Coef). no. of gms.
in 1000 cc.

3. Acidity or alkalinity.

Acidity due to acid phosphates $\frac{1}{2} \text{NaH}_2\text{PO}_4$ alkalinity ... Carbonates $\frac{1}{2} \text{Na}_2\text{CO}_3$

Carbonates formed from Vegetable food.

g. * Transformation of Citrate etc into Carbonate.

Salicylic & Benzoic acid.

* acidity in urine of oxalic acid.

4. Urea.

Normal 72 gm. solids. 30 gm. Urea (2%).

formed in liver mostly.

g. * No. Hypo bromide + Urea. qualitative tests
for Urea, Sulphides, Phosphide etc.

Read to Sediments. Chemistry of Urine.

Albumin.

albumin g. acidulate with acetic a. + NaCl. + Heat.

Test. 2. Hellers. Nitric Acid Contact Method.

acid urates may make turbid.

Heat when urates come down & they will dissolve.

Notice for Indican. Bile etc.

Red. green.

Mucin ring higher up & Nuclein Proteids.

* Albuminoses. Disappear on heat & reappear.

2. Potassium Ferrocyanide & acetic acid.

Serum Globulin.

Sugar. { Dextrose { Aines. boil to see if there is any reducing
body in solution.
Levulose
Lactose

uric acid if too much will reduce.

Don't boil too long may reduce uric acid & Creatin may
reduce with long boiling.

Bismuth Subnitrate. does not reduce uric & Creatinine.
Albumin contains sulphur which may cause a black sp.

Fermentation. Urine + yeast decant upper portion put in fermentation tube. Make a control of yeast.

* Acetone, Diacetic, Beta Ox. Butyric, Indican, Bil. Pus, Mucous. Sediments. = outline.

Jan. 6, '06. * Guan. tests for Sugar & alb. (Phenylketozine).
3. Blood { Blood Corpuscles
Haemoglobin.

Haematin Test. Evaporate Salt. add urine add acetic glacial. Teichman's Crystals. Quayaquin. Tr. Guaic + Oxidized Temp. Add Blood (Suspected fluid) layer it on & at junction we get a blue color.

Heller's Test: Urine + KOH. precip. Phosphat. which are white & Blood colors.

4. Indican (Ka Indol Sulphate). Proteids
Urine + ~~Alkali~~, + $\text{HCl} + \text{Fe. Cl}_2^o = \text{Blue Color.}$
Obermayer 10 cc Urine 10 cc HCl 5 cc Indican shake.
(FeCl_3 2 grams
100 cc HCl. 1000 cc.) Indican.

5. Pus. - Cloudy. settles to bottom, don't disappear on heating, mucous like, stringy.
Heller's Nitric Acid Test. Precipitate.
Add KOH to suspected fluid & there forms a gelatinous mass by breaking up pus cells.

6. Bile. from liver & absorbed from liver
Gmelin - fuming acid Nitric.
Ways - flowers of Sulphur.
Ruplet's - $\text{Ca Cl}_2 + \text{NaOH} + \text{H}_3\text{N}$ greenish color.
filter X

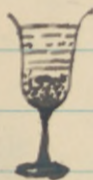
7. Acetone $\text{C}_2\text{H}_5\text{CO}$ Dimethyl Ketone.
 CH_3
Distill & test Distillate

Urine + NaOH + Lugol till sh. yellow
 Warm slightly - odor Iodoform cool
 get so. crystals - alcohol gives same.
 Use am. OH instead Na + Tr. of so.

~~Diacetic Nitrous Prusside + alkali. NaOH.~~
 acid. Fell₂ drop by drop to PP. Phosphates. Red color.
 *Gerhardt's. filter + add few drops. Red color.

Beta Ox. Butyric acid. more β Oxy in urine
 more am.

Sedimentation.



Macroscopic.
 Micro ..

Microscop. { Bact. { TB.
 Pus. { B. ph.
 Blood. { Gono.
 Epith.
 Spermatozoa.
 Parasites.
 fibers
 foreign Bodies

fungi:
 Casts: are moulds
 of Tubules of the
 Kidney.

Pus looks like Leucocyte

- Casts { 1. Hyaline Casts { 1. Pus Hyaline.
 2. Granular Casts { 2. Nony
 3. Fibrous
 1. fine
 2. Coarse
 3. Pigmented

3. Epithelial.
4. fatty.
5. Blood.
6. Pus.
7. Bacteria.
8. Crystalline.
9. False.

Tot. ac. 25cc in Beaker +

(10gm. Ka Oxalate
 take out drop on filter paper
 No of cc of NaOH x .0063)
 NaOH + urine test for pus.

- | | |
|---|----------------------------|
| 1. Amount. | 8. Total acidity. |
| 2. Color. | 9. Albumin. |
| 3. Odor. | 10. Sugar |
| 4. Consistence. | 11. Pus. |
| 5. Transparency { Bacteria
Phosphates - Urates.
Pus | 12. Urea. Na Hypo Bromide. |
| 6. Reaction. | Acetone. |
| 7. Sp. G. Total Solids. | Indican. |

(125 Soxh)

Diabetes

Jan. 11.06.

Sugar - Naines

Albumin - Hellers.

Acetone - Am OH + Tr of Lo. or Distil.

Diabetic A. -

B. Dry Butyric

Jan. 13.06

Sediments.

Chloroform water 1-200 Preservative
add 1/3 volume of water to urine.

Crystals Organic, or Anatomical Sediment.

Epithelial Cells. { Plain or squamous.
Round cells. tubules of kidney.
Elongated " Pelvis of " Deep layers. B.G.Pus { acid urine - clearly seen with granules.
+ acetic acid on side of cover slip. see Nucleus.
alkaline urine - breaks up quickly. No. O.H.Casts { Hyaline { Pure.
Waxy
Fibrous
granular { fine.
Coarse.
Pigmented.

1. For Hyaline shut off light are semitransparent, translucent amorphous, cylindrical. Waxy edge. if not straight. from size of 7 to 3 times size of R.B.C. drop of Acetic Acid will dissolve Hyaline cast.
2. Waxy Hyaline more translucent. some larger. occur more often in Pyramids where tubules are larger. indented edge. yellow with Iodine red with Hcl.
3. Fibrous Casts.
4. Epithelial Cast. may change & become coarse granular or further fine. may have fatty change & next Pigmented.
5. granular round edge. surface covered with granular
6. Blood cast - Bld cells on outside may be hyaline form. found mostly in acute congestion.
7. Crystalline amorphous Urate or Phosphate on Waxy or hyaline. Cylindroid Cast more transparent than false casts. Watch for foreign bodies.
8. False Cast
Crystals
acid & alkaline

Accentuated Second Ht. Sound, Enlarged Heart.
Arterio Sclerosis, High Bld. Pressure.
Sugar indicates Diabetes tho does not mean it.

Diabetes

1. alimentary glycosuria.
2. Brain Lesion. (not Pth).
2. Medicinal - Chloroform.
3. Pregnancy. Lactose.

Pathological.

1. Lesion in Pancreas.
2. " " Brain.
3. Diabetes

Diabetes Path Cond of Kd. & have Sugar in Urine.
Ability to oxidize & use of Sugar in Body is destroyed.

1. Source of Sugar - Carbohydrates.
2. Proteids in food & of Body.

I. Mild - Sug. comes from Carbohydrates.
II. Middle Severe. comes from " & Proteids of Food.
III. Severe " " " " & " " Body.

1. Acetone

2. Diacetic Acid. { may be found in certain Cachectic
3. Beta Oxy Butyric } conditions. Acidosis

Acidosis. Determines Amt. of Ammonia.

Ammonia 1 gm. Normal.

Jan. 25, '06.

Quantitative Calc. of Alb.
Eschbach. tube.

.. Reagent = Citric + Picric Acid
set aside corked & alb. will settle.

graduated & grams are determined for 1000 cc.

Sugar Quantitative.

Haines or Fehlings.

" Quan. test.

Reagent 8.914 grams pure $CuSO_4$
dissolve in 400 cc. Dist. Water. Add 40 cc. P. G. eff
+ 500 cc of Liquor Potassii (5%).

Add Water to 1000 cc.

Take flask + 10 cc Haines. + 30 cc. Am. + throw in
Put urine in Titrate. Boil solution
& add urine drop by drop till Blue color disappears.

Dilute 5 or 10 times if solution is strong.
 Am. added to have atmosphere with no oxygen. + to keep Cuprous Ox. in solution.
 get rid of Albumin first acidify boil & filter.

10 cc of Haines is reduced by 1 gm of dextrose
 It took 1.8 cc of Sug. Sol. to decolorize
 10 cc Haines.

18 cc Sugar Sol corresponds to 1 gm Dex.
 in this case.

Dr. Lewis.

Feb 7 '06.

Bladder: Serous. Muscular, ^{con. tissue} Arolar or interstitial,
 mucous Membrane. size of fist to much larger.

Muscle Ex. Long. Int. Cir. Serous coat $\frac{2}{3}$ Post. Summit &
 $\frac{1}{3}$ Ant. Bladder has summit, body, & base or fundus.

Trigone in inferior part of Bladder
 not in folds or rugae. cause: it has
 no arolar tissue. Here ^{are} openings of Ureters.

Post. of Trigone is 'bas fond'. Interureteric
 fold an elevation from one Ureter to another.
 bas fond somewhat deeper.

Testes secrete Sperm. sent thro Tab of Epid.
 thro Epid. Excretory organ. then thro Vas Deferens
 around bladder? to Ampulla of Uterus. then
 into Seminal Vesicle (reservoir of Semen).

Urethra. Mucous. Muscular
 8 or 9 in. Open 3 min in 24 hrs.

Prostatic portion, Membranous. (compressor Urethrae).
 Bulbous. Cavernous.

Physiological Div. Ant. & Post. divided by cut of Muscle.

External Sphincter at Base of Prostate.

Meatus Smallest portion 24.

Fossa Navicularis 32.

Isthmus 28.

Cavernous Sin 30.

Bulbous 35.

Membranous 28

Prostatic gradual increase 30-35-

Oct 23. '06. Mucous Membrane of Urethra is same continuing to the Hilum of the Kidney. Mucous layer composed of 2 layers Epithelial & Subepithelial Base of Bladder Epithelial is pavement. Glands of Urethra are Littre's & Morgagni's
 Anterior of Urethra is Spongy. Post part muscular - erectile tissue
 Prostate gland funnel shape $\left\{ \begin{array}{l} \text{muscular} - \text{Base.} \\ \text{glandular} - \text{apex.} \\ \text{supportive} \end{array} \right.$

Irritation of Prostatic urethra causes desire to urinate.

Pudic Nerve supplies anus Perineum, Urethra, Prostate. Sympathetic Base of Prostate.

Dorsal Vein empties into plexus around Prostate. also sup. Hemorrhoidal Veins. & Veins from Bladder.

Blepharitis, Tripper, Gonorrhoea, Virulent, Contagious, Inflamm of Mucous Membr. Specific disease. Gonococci develop by a process of segmentation in two parts. Stain by Gram & decolorized by after stains. Epithelial & Subepithelial (Cortic) attack cement substance. Connective tissue acts as a barrier. 4 stages. 1. Incub., 2. proliferation, 3. stationary & decline.

Dec. 4. '06. Bullhead Clap. fore skin swells & is caught back of Glans Penis. - Periphymosis. - lodged behind Glans. Infection gets behind Cut of muscle 90% of cases. get back thro lymph. & Continuity.

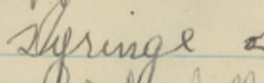
Dec. 10, '06. Post. Urethral Infection. stationary & Decline stage.

1. frequent Micturition 1. Double glass test.

2. Urgent. " 2. May be blood.

Phosphates clear up with acetic acid.

Urates " " " Heat.

Treatment: Kill causative agents without harming tissues. Local & Internal. Silver Salts locally. Argrol. 2 to 10%. Permang & Potash $\frac{1}{10}$ to $\frac{1}{5}$ %. Protargol $\frac{1}{5}$ to $\frac{1}{10}$ %. Apborin 5 to 5%. For Ant. infection use Penite Syringe  good year No 23. holds $\frac{1}{2}$ oz which fills Ant. Urethra. Moderately warm. inject 4 times a day. Relax Body & Mind. use

Dec. 17. '06 a little cocaine & Panesthesia. Urine is barometer.

2nd glass clears first. Palliditis Inflamm. of Glans Penis.

Jan. 7. '07. Stricture { a. Congenital. } organic { Traumatic. }
 { B. Acquired. } { Inflamm. }
 Inflamm. { gonorrhoeal. }
 { Chancroidal. }
 { Mast. bra. }
 { Chemical. }

3. { Linear. —
 { Angular. —
 { Tortuous. —

Stricture is an abnormal lack of dilatability.
 Compressor Urethrae seat of spasmodic stricture.
 gon. Inflamm. Organic Stricture most common.
 Urine tries to sap into con. tissue & there is
 deposition of white cells & lymph cells.
 this may organize to tissue then to cicatricial
 tissue. Bulbo Membr. site of $\frac{2}{3}$ of cases.
 Gleet: Chronic deposition secretes mucoid discharge,
 indicates stricture.

Jan. 21. '07. Stricture may be caused reflexly by Smegma under
 foreskin ant. Stricture. Remove cause for treatment.
 Narrow, twisted stream, urine-mass force.
 Change in Char. Stream

freq. of Urination.

Gleet is subacute disc. from urethra, mucous
 Pus. Corp. resistant. Over supply of Mucus. is a
 symptom of Stricture.

Must examine. Sound. Bulb.

Deeper stricture the narrower. begin with large sounds.
 Don't pass Bulb sound beyond cut off muscle.
 Cut off muscle does not obstruct steel sound. but if
 stricture is there it will stop large size.

Per rectum absence of Prostate in Str. there.

Feb. 4. '07. Don't go below 18 French sound.

any size stopped by cut off muscle.

use steel sound to pass cut off muscle. next use soft
 silk catheter then fill with bougie (whalebone)

Different strictures differently treated.

Young stricture may be removed by massage. older
 one not. Location is considered in treatment.

Meatus must be cut. Internal urethrotomy

in well established stricture within 4 in. of meatus.
 In forming stricture use massage, caustics,
 Don't cut deeper than 4 in. or protect with external
 urethrotomy. use cutting of Meatus more than
 size wanted. or floor in isthmus & meatus.
 Internal urethrotomy on floor roof with atherethrotome
 use anaesthesia local. Solution of Cocain or Alyssein.
 in same strength 2-5%. or tablet by Depositor
 Assistant holds penis & instrument & Operator
 dilates urethra & when tense or to proper Diameter.
 then incise once or twice use bulb sound to
 see if properly incised. Loosen slightly &
 withdraw at same time. Keep using bulb sound.
 Wash with hot water Keep on using bulb sound.
 at first every 3 day - 4 days. 7-1 mo.

Mar. 4. 07. 3rd lobe of Prostate of Post Commens usually is
 pathological. corpus. Senile Hypertrophy
 Fibroids. glandular & fibroglandular hypertrophy.
 form of growth: lobes grow up to Bladder. Laterally
 & makes a narrow slit of urethra. Cigarette form.
 Barberg. of Post. Comm. large not Projected stream.
 frequently of urination at night usually.
 Residual urine favors infection.

1. find out if gland is enlarged.
2. " " " there be ~~constriction~~ obstruction
3. form of obstruction.
4. Diag. ^{with reference} to other organs.
5. May be contraction without hyper of P.

- Why. {
1. found out by palpation per rectum
 2. Urinate then pass Catheter & get residual urine.
 3. Cystoscopic examination. retrospective view.
 4. Exam. Urine. Catheter urine.

Feb. 1. '07. Dietetics is the science & arts of choice & preparation of food. Science includes 1. a knowledge of Metabolism
 2. Hygiene sufficient to show effect on normal individual.
 3. Therapeutics diseased ..
 4. Physics & Phy. Chem. digestibility of food stuff.

Metabolism: is the science which teaches us the process by which food stuffs are built up into living tissue & protoplasm. or process by which we oxidize food stuff to give us heat & energy.

Digestibility is the process by which foodstuffs are changed chemically & mechanically that they may be absorbed.

1. Kind of food. 2. Preparation of food. 3. Condition of individual.

Absorption: is process by which food is taken up by walls of canal & passed into blood. depends on.

1. Filtration. 2. Dialysis. 3. Hydrostatic Pressure.
 4. Osmosis. 5. Due to chemical changes.

Food Stuffs:

Carbohydrates, fats, Proteids, Mineral Salts.

Digestion of Carbohydrates: 1. Starch, Dextrin, gums are changed to Maltose by saliva & Pancre.

2. Dextrose, Levulose, Galactose,

3. Disaccharides 1. Maltose. 2. Cane sugar, Lactose.

Carbohydrates:

Absorption must be as normal Dextrose 0.1

Metabolism. 1. affected by liver so that excess of Dextrose is stored up as glycogen.

2. affected by pancreas 3. affected by nervous system.

What becomes of Carbohydrates? 1. changed to CO_2 & water $\left\{ \begin{array}{l} \text{heat} \\ \text{energy} \end{array} \right.$

2. Part of Carbohydrates are laid down as fat.

3. Pathologically. Carbohydrates are not oxidized.

Fats: Stearin.

Oleam, Palmitin Buterin $\left\{ \begin{array}{l} 92\% \text{ Buterin} \\ \text{stearine} \end{array} \right.$

Butter has 92% Vol. 8% nonvol.

Oleo. M. Oleam, Caproic, Capryllin, Capric 98% Vol.

Digest of fats 1. Mouth no changes 2. Stomach but little.

3. Digested in intestines split up into fatty acid & glycerine are absorbed. $\left\{ \begin{array}{l} \text{glycerine} \\ \text{fatty acid so soap} \end{array} \right.$ reunite in passing thro' intest & exist as fat in blood.

Feb. 8. 07. Fats: Metabolism.

1. Heat generated.
2. Energy liberated.
3. Excess fat ingested stored up.

Proteins. I Simple. II. Compound. III albuminoids.

- II. 1. Mucin. { Sug.
 { Glycer. Proteids.
2. Haemoglobin.
 3. Nucleo Protein.

I. Albumin.

1. Serum.

2. Egg.

3. Lact.

globulins.

1. Serum.

2. Lact.

albuminates. { acid
 { alkali.

nucleo albumin - Casein.

Albumoses

Peptones.

III. Supporting tissues of Body.

1. Gelatin.

2. Chondrin.

3. Keratin.

4. Reticulin.

Digestion of Proteins:

Mouth - Masticated. - Mechanical.

Stomach - 1. Native Protein by acid gives acid alb. or syntonin. then Albumoses then Peptones. Peptones are absorbed. others pass on.

Intestinal: Protein to alkali alb. - albumoses - Peptones. Amido Acids - Hexone bases.

Absorption of Proteins: ?

Mouth - None.

Stomach - Peptones. Must be transformed is poisonous

Must change in mucosa. Pep. | Serum alb.

Intestine - Some Peptone is absorbed as St. | Serum glob.

absorpt. Amido acids & Hexone Bases.

amido acids } to Serum alb.
 Hexone Bases } .. glob.

Metabolism:

1. Some of Protein is built up to new tissue. Protoplasm.
2. Part of Protein is oxidized at once. 1. Heat. 2. Energy.
3. Proteins some transform into carbohydrates.
4. Possible some may be stored up as fat.
5. Part gelatin never built to Protoplasm.
 .. oxidized at once.

End products of Protein Metabolism.

1. Broken down cells.
 2. Oxidized Proteins.
- urea. Uric acid. Creatinin. Creatin. Ammonia.
 Water. CO_2 . Sulphates. Indol. Skatol. tryptophan
 Leucin. Tyrosin. Amm. Carbonate. NH_3 Lactate.
 Xanthin Bases. Many end products contain
 C_6 & are converted into Carbohydrates.

Nitrogenous Equilibrium:

Body Equi. is state where ingested food
 & Excreted Products are the same.
 is that state of Met. in which ingested N. is the
 same as the Excreted N.

Mar. 107. Income of Energy.

1. To determine energy must have amt. of intake.
2. Must know amt. of food which can be absorbed.
3. Must have certain unit to measure energy.
Unit is calorie. amt. of heat necessary to raise 1 gm.
Dist. Water 1°. Small Cal. 0° & 1° large is 1 Kg.

Heat value of food stuffs in Calories.

1. Proteins - Change to urea 1 gm. Dry Protein = 4.1 Cal.
2. Carbohydrates. CO_2 & alcohol. " CarboHy = 4.1 "
3. Fat. " " = 9.3 "

Isodynamic value of food stuffs.

100 gm. Proteins = 100 Carbohydrates.

100 gm. fat = 227 gm Prot or Carbohy.
natural.

7.6% water

15.1% Protein

7.1% fat. 410 Cal Calophoric value.

68.2% CarboHy.

2% Salts.

Mother's milk.

Water 87.

Solids 12.6

Proteins 2.3%. 1 lb. gives 319 Cal.

Fat. 3.8%. 1 .. Cows. 318 ..

Milk Sug. 6.2 ..

Ash .3 ..

Calories required in 24 hrs. 70 Kg.

2240 Cal. for starving man & ordinary work
add 11% 14% = about 3200 Calories.

118 gm Pr.

57 .. fat.

500 .. CarboHy.

} amt. for 24 hrs -

Mar 8. 07. 5.4 gm. N. in 24 hrs. $\times 625^{\text{C.F.}} = 3.3.75$ amt Protein.
 40 gm. Protein by Chittenden. in 18 mo. instead of 118.
 In all he took 1500 C.

For good nutrition. 1. Proper Diet - mixed -
 2. Proper number of Calories.
 3. Regular periods of feeding.
 4. Frequency.
 5. Variety.
 6. Appearance.
 7. Temperature 98° .
 8. Highly Seasoned -
 9. Rest before a meal.
 10. .. after ..
 11. Emotions.

Mar. 15, 07. Milk. Water 84-90.
 Solids ⁸⁷ 13. organic & mineral
 Casein - Lact alb. org } cows.
 6 - 1
 1 - 2 - Woman's.
 Fat. 4% Cows. + Woman's.
 Lactose. (Gal & Deab.) 3.8 or 4% Cows. 6% Woman's.
 Mineral M. .7 Cows. .2 Mother's. $\text{Ca}(\text{PO}_4)_2$, K_2CO_3 , NaCl,

adulteration.

1. add water. Sp.g. 1030.

2. Removal of fat.

Preservation:

1. Cold. - freezing. Denmark.

2. Heat - Boiling - sterilized. - Pasteurized.

3. Preservatives. Salicylic A. Boric. Formaldehyde, alcohol.

Digestion:

1. Curd. { Rennin.
 { Hel...

2. Casein is digested. acid alb. albumoses & Peptones.

Barley water P.P. Curd in fine flakes.

Oatmeal

Sodium Citrate 1-3 gms to pint.

Predigested milk: - Peptonized milk. -

1. Pepsinized.
2. Pancreatized.

Carbonated water or fruit juice for taste.

Fairchild's Tube. 5 grs. Panc. Est.

10-15 grams Na_2CO_3 . } for 1 pt. milk.

Humanized milk:

Condensed milk. Sweet & unsweet.

Normal Variations: - Mother's milk. -

first wk. fats in excess. others small.

3 wk. is 6.7 C. 40 fats 2% P.

7 Mo. Decrease Proteins & fats.

Modify Mother's milk:

1. Increase fat. -- increase protein.
 2. Decrease .. - Reverse.
- other elements not changed by diet.
3. Increase Proteins - decrease exercise.
 4. Decrease .. - Exercise to point of fatigue.
 5. Carbohydrates remain constant.
 6. Increase quantity - increase liquid.
 7. Decrease .. - Cathartics & decrease liquid.

Mar. 22. 07. Clinical method to determine fats & Proteids.

1. Carbohydrates remain constant.
2. Inc. fats. decrease Sp. G.
3. .. Proteids inc.

Determine fats grad. t.t. 100 cc fresh milk set in cool place 24 hrs. this graduate gives amount of cream the ratio of cream to fat is 5:3.

Normal Sp. G. & norm fat. eq. constant milk is normal.

Normal Sp. G. 1029-33.

Scanty } Rich. modify by inc. liquids. beer.
 Poor. } Inc. lig.
 Inc. Proteids.
 Less Exercise.

Baby feeding.

1. Breast fed.
2. Wet nurse

3. mixed feeding. Breast. { alternate.
Bottle.

4. Artificial or Modified.

Reasons for modifying Cows milk.

1. Fats are same.
2. Sug. is low.
3. Proteins too high.
4. Casein to alb. 6 to 1. 1-2 in Mother's.
5. Casein Coag. large & compact.

Ways of modifying milk.

1. Diluting.
2. Peptonizing remove all or part of Casein.
3. Adding Botanical water. Barley & Citrate.

Nursing Periods:

1st up to 3 or 4 Months.

Sug. 5% fat. 2-3% Protein 1.5%

2nd up 4-9 Mo. Sug. 7% Prot. 2% fat. 4%

3rd " 9-12-14 " " 2 1/2-5% " 2 1/2% " 4%

April 5, 07. Of 1000 children 430 more die than those fed on mod. milk.

Requirements for Infant:

1-3 Mo:	fats to Proteins 3 to 1.	3% fats.	1% Proteins.
3-6 "	" " " 2 to 1.	4-5% "	2 1/2% "
6-12 "	" " " 1-1.	4-5% "	4% "

Carbohydrates constant 4 to 5%.

Baby 3 mo. old. fats 3%. Sugar 4-5% Proteins 5%. Lime water 5% total. 8 feedings. Aint 4 oz.

Jerseys: 1/4 Water to milk.

Not. & Short horns: Poor add cream.

Gravity cream: 16 to 17% fat Carbo & Proteins same.

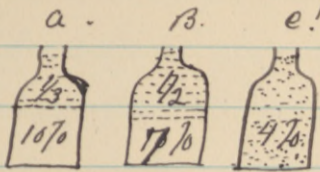
Centrifugal " 16-40% " " nearly "

Top. milk cream.

Method of removing Cream.

1. Pouring milk.	} Use upper 1/3 for 1 Period.	
2. Siphon.		" " 1/2 " 2. " "
3. Chapin cup.		use all " 3 " "

April 12. 07. Home or Country Style:



a. - first trimester. syphon off with glass syphon.
 B. second
 c. Third

Mix 20 ounces for 5 feedings.

1 oz of lime water.

6 $\frac{1}{2}$ 10% milk.

1 $\frac{3}{4}$ milk sugar.

Water q.s.

$\frac{1}{2}$ of fat from 'a' = $\frac{1}{2}$ no of oz. taken.

2 oz milk $\frac{10}{100}$ fat. 1% Sug 5.5 Prot. $\frac{1}{3}$ %.

4 2 2 1%.

Barley Water or oatmeal gruel may be exchanged
 for lime water or 1 gr. to oz of food of Na. Citrate.
 Sodii Bicarb has also been used.

Physical Diagnosis. Prof. Summa.

Physical Diagnosis or Diagnostics is the application of our sense organs for detection of Disease.

When Patient enters things to be observed are:

- Inspection
- 1st Gait. comparing it with a healthy person, manner, position etc.
 - 2nd Condition of Nutrition under 3 heads.
 - a. Skeleton. whether his make up is of a coarse or finer nature.
 - b. Musculature. always examine when muscle is at work as have him contract his biceps etc.
 - c. Adipose tissue under 3 heads determined by
 - 1st color of skin, the lighter & more beautiful the skin the more fat underlying. Most beautiful in children next in ladies always examine undisposed parts. Abdomen etc.
 - 2nd By prominences of Bony parts and surface outline of muscles etc.
 - 3rd By Palpation skin should be smooth where subcutaneous tissue is present & when it feels ridgy it shows that the fat has been atrophied from the meshes.
 - 3rd Skin: color, dryness, moisture, roughness, smoothness, swellings, depressions etc.

Inspection of general Build & Nutrition. of gait influence of Nerve System on muscular system.

Build: Heredity plays a great role. more sickness of Parents show up on Individual.

Phthisical Habitus & disproportion between Height & Breadth.

That people have fat around heart & in abdomen & make examination

very unsatisfactory.

Inspect Skin surface & appendages
Eyes - Sclera Conjunct etc.

Visible mucous membranes
Eyes lips & Mouth.

Lips teach extreme amount as to
circulation as are pale or Blue &
should be red.

Pale - Pallor

Blue - Cyanotic.

Pale-Blue - Livor livid

The redness of the lips is due to color
of Blood seen thro the thin mucous
membrane & in case of Cyanosis the
Blood has changed color & the Capillaries
are filled with venous Blood.

This Cyanosis may be due to a sluggish
circulation & is due almost entirely
to Circulatory Disturbance.

Picrotoxin causes a yellow discoloration
Bile Pigment - Ictericus - first in Urine
Addison's Disease Brownish Discoloration.

Cyanosis two headings.

a. Circulatory Disturbance & B. Respiratory

a. 1. Congenital Heart Disease

V. Opening between Ven. & auricle.

Foramen Ovale.

Aorta to R. Ventricle.

Stenosis of Pulmon Arterium.

Right Ventricle Dilates & tricuspid being
insufficient blood regurgitates.

Opening may exist between Pulmonary artery &
Aorta: Ductus Botalli & this may cause a
mixture to take place & when this obliterates
a stenosis may form. This may be diagnosed by
examining the femoral pulse which is weaker
less filled & occurs latter.

2. Opening Between Pulm. Duels.
3. Narrowing of Pul. Artery.

2. Heart Disease

Discompensated Valve Disturbance.

3. Local Blood Vessel Diseases

B. Stenosis of Upper Air Passages.

Disturbance within Lung.

Heart Diseases. - Cardiopathies -

1. Myo Carditis diseases - Cyanosis -
2. Valvular Diseases

Valvular Disease is not serious only when complicated by disease of Myocardium.

May have Endocarditis without being associated with valve ^{murmur} & this always involves a portion of the Myocardium.

In Stenosis & Insufficiency of Mitral valve only leads to symptom of Cyanosis.

Respiratory.

1. Crampous Pneumonia.
- Emphysema.

Examination of Left Ventricle.

1. Pulse.
 2. Strong first ^{muscle} sound of Heart
- Right Ventricle.
- Listen to 2nd Pul. Sound.

2. Phthisis.

General & Localized Cyanosis.

- a. a nervous Disorder.
- Local Vasomotor Paralysis.

B. Interference External or internal occlusion of large veins.

Thrombosis.

Paleness: Lack of Proper amt. of Bld. (Oligæmia)

a. Real Oligæmia B. Spasm of Arteries.

2. Deficiencies in Proper Constituents.
 3. Disturbance of Nutrition
- Hypo-hæmoglobinaemia

Temporary Paleness.

Local Paleness.

Permanent

General

Causes for Temporary Paleness.

I a. Temporary Circulatory Disturbance.

B. " Blood Supply Deficiency

a. Due to Spasm in Arteries due to a stimulation of Vaso Constrictor Nerves.

Atonia Cordis (Paralysis of Heart)

Fainting Spell by temporary relaxation

pr acute anemia of Brain.

of Muscle of H. Wall

Day & weeks after hemorrhage.

II Permanent Paleness.

Diminished Blood Supply.

a. Continued Hemorrhage.

Intestine Parasite botrioccephalus latus sucks blood.

Ankylostomiasis.

Ankylostomia Doudenale affect people in Mts. Tunnelhiggers.

Trichocephalus Dispar

B. Primary Blood Diseases.

(Chlorosis, Leucemia,

Progressive Pernicious Anemia)

C. Diseases associated with loss of tissue juice (Nephritis)

D. Disease interfering with nutrition

Jan. 23. 06.

Diminution of Sec. Work.

1. Terminology

a. Reduction of Entire Secretion (Achyllia) (hypochylic)

b.

Inspection of Chest.

1.

2.

3.

4.

Surface Shape Cur. Mov. Resp. Mov.
a., Vessels - Veins.

Large veins. - locality of.

Venous radicles (Intercostal Veins (agy. nemyazy)).

zig zag veins at lower thoracic aperture.

~~seen~~ seen before V. Rad.

seen between Pect. Maj. & Rectus Ab.

Brownish. yellowish spots scales

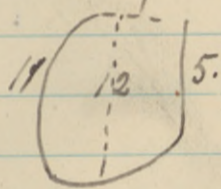
Pityriasis Versicolor.

expressive of Weak constitution. (Late stages of B.).

2. Shapes.

4. of Ch. Walls are abnormal (Worles)

Phy. Heteromorphionis.



1. Nipple.

2., Sternum. (Angulus Ludovici).

Xiphoid protruding
St. Fissum.

Perforatum.

3., Lateral parts

4., Spine

Upper + Middle Dorsal Part | deviates to Right Side.
Absent in Left. Handed usually.

Abnormal Conditions.

1., Spinal Column first.

Kyphosis - Curvatura Arcularis.

.. Angulus.

Due to Spondylitis suppurativa.

.. " gradual atrophy.

Old Age. Senile Kyphosis.

Children upto 10 yrs + men use Diaphragm
 Women Intercostal + Scaleni M.
 reason of gall stones. (Eccle's Respiratory
 exercises as help in Therapeutics).
 1 to 4 Normally. Changes in sickness
 when correspondingly increase of Both trouble
 is outside of H. & Lung.

Points for Breathing.

1. Normal Chest Wall, 2. Muscle + Nerve.
3. free ~~excess~~ Normal respiratory surface.
4. Normal Cond. of Blood

Tachypnoea. fast.

Spans slow

Change of time Difficult Inspir or Expir.

Dyspnoea: Difficult breathing.

Volumen Auctum pulmonis. loss of power
 to Contract. Increase Costal Breathing.

New Born type one side then the other.

Cheyne Stokes - Cerebral Disturbance or
 acute Neuremia or Alcoholism.

Litter's Phen. is visible Diaphragm Breathing

Disease of
 Oral Cavity.

Thrush. *Oidium Albicans*.

White Patches in Mucous Membrane of Mouth.

Tr. remove with Curet. Wash. Boric Acid etc.

Warm, liquid oily foods, milk. Mucous acts
 against Bact. in mouth. Keep mouth clean
 15% Alcohol sol of Thymol. 10 drops in warm W.

Tr. *Krameria* (Rathany) for gums apply
 with cotton.

Diseases of Esophagus. Symptoms Dysphagia
 Pain, Haem. regurgitation. Hem. to Carotid
 veins, or perforated aneurisms. Ulcer of Stomach.

Dysphagia due to paralysis of muscles, constriction
 or neoplasm which may be outside or
 inside Extra are Mediastinal tumor. large
 Bronchial lymph glands, aneurisms,
 pericardial exudates Pain mostly in

ulcers. Regurgitation of foods absence of HCl.
 excessive admixture of Saliva. Bad odor
 from stomach food in Esoph. Look for
 Paralysis of Vocal Cord as to condition of Rec^{ly}.
 Cachexial associated with Malignant growth
 Inspect neck for cancers. Diverticulums
 Cancer may be felt near Xiphoid use
 Bouche for exam. dont all avoid introducing
 fingers. Height of Thyroid is impediment
 + then ask patient to swallow. in
 introducing have patient breathe deeply.
 Don't tell patient before hand.

Phthisical Habitus. Tuberculosis.
 Phthisis.

100° tem + Under. is Tuberculosis.

Higher Temp. is Phthisis.

Phthisis Mesaraica

Tabes. consumption of Parts of Cord.

Phthisical Habitus { Acquired.
 Congenital.

1878 Cohnheim transmission of Cheesy material.

1882. Koch. Germ discovery.

Phthisical Habitus.

Bronchiectasia -

Chronic Pneumonia - ^{suppuris (iron)}. Choleosis (stone).

Pneumonioses - foreign Breathed.

Tuberculosis.

Consumption.

Upper Thoracic Aperture.

T.L. carried to glands of neck from mouth to upper
 portion of Lung. Narrowing of Sterna Vert. Diameter.
 ↓ sinks down above Clavicle. ↓ below Clavicle.

grooves. Shoulders fall forwards from ~~amputation~~
 of Trapezius. Wing shape ^{scapulae} ~~apexes~~. Chest wall
 becomes long. Large spaces atrophy of Intercostal.
 (Paralytic Thorax).

Diseases of Esophagus. Rupture, Disturbance
of Vessels lymph & veins, Inflammatory Cond.
Acute & Chronic infections; Parasites.
Neoplasms, Cancer Chief one.
Large doses of Bismuth Subnitrate.

Dec. 6.05. Pancreas - Compound Tubular gland.

Zymogen granules

Clear, Watery Secretion 1.0075 Sg.

Alkaline Na Carbonate.

500 to 800 cc a day.

Trypsinogen

Lipase - Steapsin

Amylopsin

Ribisin (?)

Lactase

Proteid

Proteoses.

Peptone

{ aminoacids glycerol, leucine, }
 { sterone bases, Lysin. }
 Peptoid = nucleus

{ Tissue
 Proteid.

Peptone cannot be found in Blood.

Trypsin in Intestine attacks peptone. { two

reasons why Proteids are not absorbed as peptones.

Amylopsin action starch & splits into Sugar.

Lipase fat splitting enzyme. is reversible.

Pancreatic juice helps Emulsify fats.

splits into glycerine & fatty acid. before absorption.

Lactase splits lactose not present unless
 there is ~~lactose~~ milk diet.

Secretory Nerves.

Secretin substance formed in Intestine
 which when comes to Pancreas causes Secretion.
 formed by action of acid.

Movements of Alimentary Canal.

Deglutition - Raise & push back tongue pushes
 food into Pharynx. Soft palate closes
 opening of Nares, Pharynx raises

Muscles of Pharynx contract & force food
 into Esophagus. Reflex peristalsis

of Esophagus force food down. first
 part is ~~the~~ striated fibers. liquid goes
 fast.

Cardia Recepticle

Pyloric Churn

after food enters peristaltic waves regularly over Pylorus, causes churning.
18-38-18-19-59-20 3 per Minute.

Occasionally Pylorus opens

Esophagus similar to Intestine

Constriction behind & relaxation in front (Bayliss & Starling Law) Divide in 8 sec. This Winne's test constriction mixes & aids absorption. No Antiperistalsis this peristalsis is local reflexion.

Such sound heard in same spot for 1 1/2 hrs. by Cannon.

Antiperistalsis in Large Intestines & by these means Curmas pass back to Small Intestines but not foetal M.

Liver { External Secretion - Bile.
Internal .. poured back in blood
a sugar glycogen function.
n. Urea.

Bile 500 to 800 cc per day.

Bilirubin { Derived from Haemoglobin from
Biliverdin } Decomposed R.B. Corpuscles.

Urobilin excretory products.

Bile acids found as Bile salts. glycolic Acid
Derived from Proteids Taurocholic ..

Dissolve fats & help absorb some. Stimulants for liver itself (Chologogue).

Secretin stimulates liver. Destruction of R.B.C. causes increase in Bile.

Glycogen $C_6H_{10}O_5$ - Comes from or is formed from Sugar in Portal vein. glucose, levulose. Galactose may form glycogen.

.1 to .2% Sugar in Blood. Liver is governor Urea chief product of N. excretion

Spleen may be taken out not absolutely vital During digestion increase in size

Has Rhythmical Contraction every minute

- Spleen
1. Make R.B.C - foetal life. after Hemorrhage.
 2. Destroy ..
 3. Production of Lymphocytes.
 4. .. " " Uric Acid.
 5. .. " " activating substance for Trypsin?

Kidney

Oct. 9. 06.

Skin Diseases. Duncan.

Skin contains Muscular fibers. both kinds.

Smooth Muscle of most import.

Sebaceous glands, Sweat gland.

Sweat glands assist in maintaining body heat
Nails & Hairs appendages.

Function: Protection deeper structures

maintains normal contour & outline of body.

Location of sensation of Skin. in papillary

layer some of them. To some extent a sense
of respiration. Power of Absorption.

Property of Regulation of Temperature. Secreting
& Excreting organ.

General Symptomatology: Subjective & Objective (lesion sign)

Lesion { Primary
Secondary or consecutive.

Lesion is the breaking out of eruption.

Primary lesion is one representing the first
manifestation or appearance.

Secondary are those which come afterward.

8. Primary. ^(flat) Macule, Wheel, Papule, Tubercle,
tumour, Plev. Pustule, vesicle.

7. Secondary. Crust, fissure, excoriations,
scar, scale, fissure, pigmentation

Oct. 16. 06. Subjective & Objective Symptoms.

Itching most common. Primary are lesions which characterize
the original eruption.

(Pri) Macule & Wheel (Sec) Crusts, excoriations, fissures

Tubercle, Papule, Tumour pigmentation scar scales ulcer

Vesicle Plev.

Pustule.

General Diagnosis. occupation, time. Expose Body
 Microscope. Gen. Treatment:

Oct. 30.06. Gutta Serena & flex. Collodion for fixed dressings.
 Caustics. Irritants. Arsenious Acid.

Electricity faradism / little value. Electrolysis
 is of value in destruction / growths.

X Ray. Classification of Diseases:

1. Hyperemias. 2. Inflammations or Exudation.
3. Hemorrhage. 4. Hypertrophies.
5. Atrophies. 6. New growth. Neoplasms.
7. Neuroses. 8. Discharges of Appendages.
9. Parasitic.

1. Hyperemia increased flow of blood & apart
 without path. cond. Produces a redness called
Erythema. Simple & Intertreco, are char.
 of this form. Simple form is "idiopathic"
 or "symptomatic" in cause. 1. cause is External.
 2. Cause usually internal. In either form pressure
 causes them to disappear. Abandon cause for
 treatment. Intertreco occurs on opposed surfaces.

Nov. 13.06. 2. Inflammations or Exudation.

Multiform Erythema. inflam disease of skin characterized
 by various lesions. Papular chief form / eruption.

Papules are large & irregular. look like wheel but don't come & go suddenly.
 Location is back of hand & forearm. Dull red. No subjective symptoms.

occurs with Rheumatism. Erythema Nodosum. characterized.

by tumor like elevations or nodes. confined to chins mostly.
 looks like bruise. somewhat painful. various colors. looks like
 pus in it but don't open pus is not present.

Urticaria Nettle Rash. Hives. Char. by wheals. which come
 & go suddenly. burning, tingling, itching. any part of body. internal
 & local causes. engure / itching. Prurigo.

Nov. 20.06.

Lichen ^{Planes} inflam. condition. like moss in later stages.
 char. by papules. intense itching. very chronic. lasts a few
 weeks occurs usually but once. Forearms & sides of chest most
 common beginning. seldom on face. probably neuritic.

- Papules differ from all others in that they have a flat top.

slightly glazed over the top later may have an umbilication in some. they are dark red. They may become diffuse & form patches which are somewhat glazed. Dry disease. Base of papules is irregular. most common in adult not in extremes common. more in women 7/10 lasts from 1 to 3 or more months. seldom returns. Old treatment was arsenic. Mercury internally as in syphilis.

Protiodidi / Mercury $\frac{1}{2}$ gr - 3 times a day -
Use antipruritics Bichloride, Menthol & in water.
Itching is worse at night.

Psoriasis inflame condition characterized by scaly papules. It is a chronic disease. Papules are scaly from beginning. loosely attached. removing clothes scales may fall to floor. itching is slight. comes in spring & fall mostly. Is not parasitic. Dry disease.

May be found in Rheumatics. Prognosis good under proper treatment. Internal & Externally Arsenic internally alkaline treatment after. Very little red meat.

Psoriasis never ulcerates. Cannot bathe too often. Baking Soda in bath. Habra's Green Soap. then some stimulating

Nov. 27. 06 ointment. ^{Chrysarobine} ~~Cresorobine~~ most effective local application. mix this with Cocoa butter. Cresorobine pigment not so effective. Causes Dermatitis so put on at one part of the body at a time. Don't use in hair or around eyes.

Eczema. 3/3 are a form of Eczema. Tetten, Saltroom. is a cutaneous Catarrh. Moisture present.

May be acute or chronic. Chronic where skin is thick acute may breakout on this. Not contagious.

not inherited as a rule. Multifom disease. Come at all everything.

Eczema in patches are ill defined shades of etc. intensely itching disease Four Cardinal Symptoms of any Eczema are 1. Redness. 2. Moisture or weeping. 3. Infiltration & thickening 4. Itching. Principal varieties all four.

1. Erythematous. 2. Papillary. 3. Vesicular. 4. Pustular.

Dec. 4. 06. Squamous & Erythema are secondary. Etiology may be local or internal. May have some predisposition

Prog: a curable disease. Diagnosis: Psoriasis is scattered over body. healthy skin between. not on face. always dry. always scaly. Eczema in axilla etc. Sekore As sq ma removed in rolls others are brittle. Spots are anaemic. Scabies usually on hands etc. Impetigo Contagiosa: mostly in children. on hands face. pus tuels are flacid & flat.

Dec. 13. 06 Erysipelas, local or general erythema. differentiation. Dunean. Erysipelas is infectious, increase pulse, fever, heat over inflamed part. swollen, tense, shining etc. Pruritus no eruption whatever.

Papillary Eczema & Lichen Planus. see character of papules. no return in R. P. Papules are flat top, glazed, pitted, dry. Papillary, Pustular Eczema & Acne. Acne no itching mostly on face. young people. Comedones between. continually chronic.

Ring Worms. (Trico Phytoses) Spores under microscope Sycohis; ^{non Parasitic.} from Pustular Eczema. occurs about hairy parts. Upper lip intervening skin is healthy. thro every pustule is a hair. is Perifolliculitis.

Dec. 20. 06 Erythema: lesions are wheals, come & go suddenly. Local Eczema: Anus quite favorable. also External Genitalia? Male & female. Principal causes are fistulae, fissure, threadworms, ulcers. Hemorrh. Examine Vag & Uterus. Leucorrhoea & Diabetes. Hands another favorable place. back & palm. poor soap. lot of water not dried. Infantile Eczema: vesicular & Pustular break down form crusts. yellowish. brownish. weeping. itching.

Treatment. No Positive cure. Acutely Inflammatory requires mild application. - soothing - In thickening & infiltration - medicines should be more stimulating - Do not use water in acutely inflamed condition. Later green Soap - Habrais in Chronic cases. Don't leave soap on & dry immediately & apply ointment. Make applications continuously.

Treatment / Exema Rubrum. On leg of
Old People especially. - Examine carefully
for Varicose Veins. - Surgery or Rubber Bandage.
Exema does not ulcerate. Rubber stocking
not so good. get plain Rubber not web.

For itching: Carbolic acid: just to point of
slight tingling sensations. Let Patient prepare it.
Camphorated Chloral ^{ointment} for localized Exema.
gum Camphor. Hydrate Chloral equal parts
& rub down to semisolid. One Dram of
this to ounce of Vehicle. Cold Cream or other.
Hot application may give temporary relief
for a local application.

Herpes Very Common. - (Herpi - to crawl.)
vesicular & nothing else.

Herpes Simplex is an acute inflammatory
disease of skin char. by vesicles. & these
vesicles mostly clustered. They do not tend to
rupture. No pronounced ~~tendency~~ subjective
symptoms. Favorite conditions / location
is on Lips & Perinee or Vulva. History of
Previous attacks. Herpes of Penis should not
be mistaken for either form of Chancre. May
have occurred previously etc. pass away in
a few days. May have begun in small
Papules.

Jan. 10. '07. Vesicular acute no pronounced subjective symptoms.
Vesicles do not tend to break - are large as a rule.
Causes: often found under long foreskin.
Cleanliness & Circumcision.

Herpes Zoster, Shingles or Zona. Char. by clustered vesicles
accompanied by pain in part. Along course of nerve. Interstitial
Sensation facial. Irritation of Post. Root Gang. they
become inflamed & nerve sheath becomes inflamed.
It is a descending neuritis. Sudden change of
Temperature. usually unilateral. Don't break the vesicles
Protect Vesicles. Usually only one attack.

Cheirpompholyx. Vesicular disease, on hands & feet. they are deep seated like scabies usually on sides of fingers. Outcome: entire outer skin exfoliated. Itching burning. Pain. Tend to recur. Treatment: Soothe don't irritate. Immerse in hot water in aggravated cases. Leaside Collodian in some cases.

Pemphigus is acute or chronic char. by blbs. filled come out suddenly, surrounding erythema. May prove fatal shortly.

Impetigo inflam cone. char by flattened pustules. Rather superficially placed. Most common in childhood. about face, fingers. Not numerous lesions. Subj. Sym. not severe, horrid looking sight. gets well of itself in a few wks. Keep clean. Seldom scars.

Impetigo Contagiosa. lesions are Vesico-Pustules. Cloudy milky contents.

Jan. 17. '07. Ecthyma! similar to above in old people is mildly inflam. large pustules, superficially situated break down into scabs. lower extremities usually. No subjective symptoms. Large Pustular Syphilitic simulate. a hole under crust in Syphilitic.

Dermatitis venerea. any artificial inflam. condition of skin. Poison Oak - Ivy - Toxicodendron. Summer or fall chiefly. lesions are vesicles bunches, on swollen parts. face skin oedematous. Eyes swollen ears also. Prog. good. Predisposes. Treatment: Fl. Ex of quercus Robusta & dron. to 4 & each of lime water & water soak clothes & apply to parts.

Dermatitis medicata

" Facticia - feigned -

Jan. 24. '07. Haemorrhages: Diseases of Skin char. by Extrav. of blood into cutaneous skin!

Purpura: An Extravasation of Bld. into skin. Not caused by Trauma. must be a disease of vessels themselves.

non. Inflamm: etc. Path. cond. walls? vessels.

3 forms: 1. Simple. 2. Rheumatica. 3. Haemorrhagica.

Bright red spots becomes darker later.

Pain in 2 & 3. No Subjective sym. in Simplex. 1.

Most common is on extremities. Spots cannot be pressed out. Spots are macules.

Prog: is good.

Purpura Haemorrhagica - Land Scum - Bad prognosis.
Treatment: if in lower Extrem. Bandage the parts.

Iron. quinine. Salicylates. Astringents n.g.

D.: Diseases characterized by Hypertrophy.

1. Hyp. of Pigment freckles. Cause not known.

Shinlight increases them. Don't treat them.

2. Chloasma - Liver Spots - diffused Hypertrophy.

not due to Liver. May be associated with uterine or ovarian trouble.

Treatment: 16 gr. Corrosive Sub. & 4 gr each of alcohol & Water. Gradually flakes off skin.

Apply on cloth till tingling sensation is felt apply during day ^{don't let patient get sleep} ~~at night~~. Shake it.

This will relieve freckles temporarily.

3. Nevis Pigmentosa. Mole.

Circum. Hyper. of Pig. also an Hypertrophy of skin tissue. May be hair on face from Mole. favor Epithelioma. Destroy to get rid of.

Electric needle. caustics / knife.

4. Clavus - Corn - Hypertrophy of Horny layer.

Point presses on nerve. Caused by pressure or friction.

Remove pressure. Pare Corn. use Corn plaster.

also. Brown flexible plaster.

Jan. 31. 07. Callositas Hyper. of Horny layer on hands & feet. may be extreme & extensive.

Use Liq. Potash Caustic & mop it 25 to 50%

Dil Acetic Acid to neutralize. then apply Salicylate

or Sapo Viridis. Keratosis Pilaris. Hyper. Horny

layer around a hair. itches & burns. Shoulders & arms

thighs in women mostly. Apply glycerine.

Hypertrophy of Papillary Caruncle (wart)
 Electric needle. Caustic. Salicylic acid. Camphor. Sulph. Mag. 3x a day. Hypertrophy of upper skin is
Lethargic like fish skin not on parts
 exposed. scales like fish. more around joints.
 is Congenital & incurable frequent baths
 & grease body with oil will keep in good condition.

5. Atrophy:

Albinism & Vitiligo: atrophy of pigment
 of skin. when congenital is albinism when
 acquired the Vitiligo. Leucoderma another name.
 most common in Brunettes. moles. when in
 spots make dark skin lighter.

6. New Growth Neoplasm.

Heloid: means claw. Con. tis. new growth
 appearing on scar. Do not remove it. returns
 more in tropics. I Ray may cure it. no cure.

Feb. 5.07. Molluscum Contagiosum. pin head to pea. solid
 elevation. non inflam. a hole in center of mound.
 no subjective symptoms. Pinkish or color of skin.
 opening is duct from sebaceous gland. Prog. good.
 Operate for treatment. resembles Melium.

Xanthoma: Benign. Con. tis. New growth of skin
 with deposition or degeneration of fatty tissue in part.
 fawn color. Usually on eyelids & face. may grow.
 Excise only when rapidly growing. Xan. of Diabetosum.
 Electric Needle.

Angioma: New growth of Bld. Vessels. Red. Color.

Teleangiectasis which comes on later.


Vase. nevi. at birth.

Incurable. small one may be removed slowly.

Bld. Ves. in Mucous Memb may be involved. Can be deep.

Semi Malignant: Tuberculosis. 1. T.B. Cutis 2. Scrofula Dum
 3. Lupus Vulgaris.

Feb. 26. 07. Period of incubation important in differentiating.
 Chancre. 1 wk to several days. Chancroid less time.
 3 wks to 3 Mo. Cutaneous manifestations occur.
 Cutaneous Manifestations. Colors multiform
 rarely Vesicular in acquired. Vesicles & Blisters in babies.
 Early is more or less general. Configuration & Color.
 Not inflammatory is infiltration Chemy like.
 tends to become crescentic. No Subjective symptoms.
 Papillary may itch. Course & duration: Early may get well.
 Concomitant Dym. Sore throat, mucous Patch (Moist Papule).
 iritis at times. Hair falls generally thin. headache. ~~excess~~
 rheumatism. anaemia.

Mar. 5. 07. Tinea Versicolor. from Macular Syphilide.
 Syphilis is in skin. T. Versicolor are on skin.
 Microscope  Tinea Versicolor. may have had this
 for some time. comes only to solar line.
 Pityriasis Rosea Macule eruption dark color.
 Ask about eruption or Medicines taken.
 Eczema does not ulcerate.
 Papillary Syphilis from Keratosis.
 Lichen Planus. flat top papules.
 Pustular S. Later end of first year.
 small may be early. Ecthyma simulates
 large pustular syphilide. Ecthyma is a
 superficial inflammatory disease. S. is ulcerative
 destructive. Raise crust & in Ecthyma is just
 set on smooth skin. Ecthyma like Impetigo
 in young.

Mar. 12. 07. Some of scattered papules have ulcerated.
 macular usually first then papule. Pustular not early.
 surface smooth under Impetigo.
 Boubous eruption rare in adult common in children.
 Late Syphilides not so contagious. Squamous. Tubercula. ~~of~~ ~~young~~
 Squamous Syphilide. resembles Pityriasis both general.
 Pityriasis most extensive on Extremities. rashes face
 Syph at first pap. & become scaly. attacks Palms & soles

Infantile Syph. born healthy. few days like bad cold. hoarse. nose runs. loses appetite, looks old. Eruption of Buttocks erythema - Live color. Vesicles on palms etc. Prog: Good. Treat: early mercury - late. K.I. How teeth cleaned. Protonid. 4/6/97.

Mar. 19. 07. K.I. sps. to begin.

VII Neuroses: no eruption but functional derangement of nervous system.

Pruritus: no lesions. may be general or local.

.. vernalis winter itching in fall. general. & at night mostly. May have Senile form.

Local form of anus & genitalia. Haemorrhoids. fistula thread worms. fissure. ulcer.

VIII. Diseases of Appendages Hairs, nails, glands.

Superfluous Hairs. acne. alopecia, Change in color of skin
Prickly heat. Sweat too much too little. Sebaceous Glands

Mar. 26. 07 Soft downy hair cannot be removed. Destroy follicle of Hair by electrolysis. bath parts in hot water & use Cold Cr. use negative pole in hair. Platinum needle. Depilatory. x-ray.
alopecia - baldness. Congenital. Senile. Premature.
52% of Premature are due to Seborrhea of scalp.

Tenia. Syphilis, fevers. Ringworms.

April 2. 07. alopecia: Tr. of Cong. unsatisfactorily.

Don't have hair cut in women.

Stimulating applications. Liquid best form.

Resorcin. 2 drams & 43 each alc. & water.

apply with sponge. turns gray hair yellow.

every night for clear skin. then once a wk.

alopecia areata. in areas bunches fall out.

Systemic & Parasitic form. Syecosis Vulgaris.

Inflam. around H. follicle. Perifolliculitis.

nonparasitic. Pustule & papule. upper lip

mostly. Treatment: shave daily or not at all &

make applications soothing

Apr. 4. 07. Barbaric itch Syecosis ^{parazitica} per folliculitis differs from Syecosis Vulgaris or non-parazitica. differentiated from eczema by area being all red in eczema.

Prognosis good. Treatment is tedious shave every day or not at all.

Diseases of the Sebaceous glands.

Seborrhea is most common. functional not an inflammatory.

Seborrhea { sicca or dry, pituitaria capitis
oleosa or oily

Oleosa is probably only one existing at present is most common on head & breast.

Milium an affect of sebaceous gland a sebaceous plug or ~~white papules~~ ^{white papules} these never had a peripheral opening. Very common around eyes & face.

Comedones or black heads

Acne is the most frequent disease of the skin. Acne is a simple inflammation of the sebaceous glands caused by Bacillus Acne.

Treatment - both local & general

Locally use germicides. General according to existing condition. Must treat from 6 to 10 to 15 yrs.

12 Blank Leaves Not Scanned

Medicine — Prof Crandall. —
 Malaria Fever — Ague — Chills.
 An infectious disease due to Plasmodium
 Malariae carried by the Mosquito
 (Anopheles) being the only known
 means of transmission.

Characteristics are attacks of fever & pain
 fever may be remittant or intermittant
 Malaria is found in all Tropical,
 semitropical & Temperate regions.

Southern Europe, India, S. Africa,
 Northern S.A., Cent. A., S. U.S., most of
 Sea Islands.

Prevails all year in Tropical countries is
 abundant in river bottoms.

Most abundant in Summer & Fall.

Sept., Oct., Nov.

Mosquito is more abundant in fall
 a single female in 4 generations increases
 to 200,000,000.

The intermediate cycle of the organism
 takes place in the ~~mosquito~~ man
 while definitive cycle in Mosquito.

Three Types of Malaria. Tertian, Quartan
 Aestivo Autumnal.

1 2 3 4 5 6

+ - + - + - Tertian

+ - + - + - } Double Tertian.
 - + - + - +

+ - - + - - Quartan.

+ - - + - - } Tertian Quartan.
 - + - - + -
 - - + - - +

Pathology of Malaria.

Organisms develop in the Blood R. B. C.,
 which when invaded are destroyed &
 produce a proportionate Anemia.

In sporulating + Maturing of organism takes place Paroxysm occurs.

Maturing of group in man occurs in a few hours. In severe cases the organisms invade the tissue cells mainly the Endothelial cells of the capillaries.

Deposit of Pigment in the Liver + Spleen
The Destruction of cells may be great producing rapid anemia depending on the number of organisms invading + the susceptibility of the individual.

Spleen + Liver become enlarged.

Complications are: Hepatitis, Splenitis, Pneumonia, Nephritis, Haemoglobin-uria, Nervous or Gastrointestinal Disease.

Oct. 18.

Clinical forms of Malaria.

Common, Intermittant { Tertian (common)
quartan (rare)

Incubation period is from 36 hrs. to 2 weeks. Experimentally.

In the individual it depends on on the intensity of inoculation + susceptibility of patient. A Patient may become immune. Period of quartan is greater than Tertian.

Prodroma Symptoms + or - . + not of much consequence as a rule.

When Prodroma occur, headache, tired feeling, some Disturbance of appetite + constipation are common symptoms.

Paroxysmal Disease. Description of Cold, hot + sweating stage.

Temperature begins to rise before chill chill develops varying from chilly sensations to Distinct. Skin is Blue, Muscular + Vomiting, headache pulse small, increase of ten urine increased. Chill lasts from 10 min to an hour + as chill subsides we have

we have flushes of heat till hot stage appears & temp is from 103 to 106
 a full bounding pulse, throbbing headache
 frequently Delirium, some Vomiting
 occasionally Convulsions especially in Children
 Hot Stage lasts from $\frac{1}{2}$ to 3 hrs.
 as this subsides the Patient Perspires freely.
 as Temp. Declines other symptoms
 disappear & Patient goes to sleep,
 & afterward feel relieved but weakened.

(Aching of Bones is a common Symptom)
 Patients feel comfortable between Paroxysms
 appetite is fair

After few paroxysms Cachexia or a
 haemotogenous Jaundice may occur.
 Purpae develop on lips & some times
 we have a little Bronchitis.

There is frequently an anticipation or
 retardation of the Paroxysm coming
 earlier or later on ^{due} same day

If anticipated Malaria is becoming
 more intense, retarded less intense.

Many patients recover spontaneously
 & majority would if not treated
 Some run a chronic course & these patients
 develop Malaria Cachexia.

Tertian or Quartan may show double
 infection & we may have two chills
 in one day

Irregular Types of Malaria
 Aestival Autumnal may be a distinct
 type or malignant type of tertian

1 2 3 4 5

Presence of Crescents in this form in
 the blood is characteristic. & Paroxysms
 are not so noticeable

Patient looks sicker & of a more cachectic appearance & resemble a Typhoid condition & half are called Typhoid & treated so.

This form does not respond so readily to treatment.

Pernicious Malaria usually a form of Aestivus Autumnalis & is a severe type. In susceptible persons this may develop in a short time & we have Congestive Chills of which no more than two is endured.

Como these forms affect the Brain & Meninges & here capillaries are extensively invaded by organisms
Character: high Temp., Delirium, Coma.

Algid Type. Temp. is low & may be subnormal, feeble pulse, vomiting & Diarrhea. Organisms invade capillaries of Gastro-intestinal tract. Severe pain in Stomach etc.

Haemorrhagic Form (Black Fever).

Haemoglobin passes thro' kidneys & off thro' the Urine.

Paroxysms may be moderate or severe. It occurs most frequently in the Tropics also in Temperate.

Constipation, Kidneys not active high colored urine frequently some Stomach & Intestinal Disturbance latter not distressive. Neuralgic Pains may exist between attacks. Mental symptoms may develop & sometime symptoms of Paresis.

Pneumonia complicates & Nephritis quite common. Herpes.

Duration: May terminate without treatment or may persist indefinitely a fact of persistence is repeated attacks of inoculation. Some have little power to expel.

Children are more susceptible having only inherited immunity while adults have also the acquired.

Prognosis very favorable if treated early. Chronic not so favorable because of secondary symptoms: Severe Symptoms Anemia, Enlarged Liver, Spleen etc.

More fatal in children tho they respond more readily to treatment.

Races alike are equal.

Long residence in Malaria Country establishes immunity.

Treatment. Calomel in small doses in Beginning total 1 to 2 grs.

Quinine Sulfate 4-5 grs. every 3 hrs until severe cinchonism develops then less frequently. Give total of 40 to 50 grs in 24 hrs. or 50 to 60 of the Sulfate.

This for 2 or 3 days has desired result. This acts best on organisms when they are free in the blood.

Some recommend a dose 10 to 15 grs just before Paroxysm.

To relieve Cinchonism: Bromide of Potash as much as of quinine 3 times a day Hydro Bromate of Quinine is recommended.

If stomach won't retain give Hypodermically of Quinine & Urea Muriate Quinine Bisulfate 15 grs Hypodermic 2x day.

Inject well under skin & prevent
a bad sore.

If quinine cannot be taken at all on
account of nervousness give

Methylene Blue gr. 3
Merck's (Med. Pure)

Pulv. Nutmeg gr. 2
give every 4 hrs.

Acts not so rapid or accurate. & large
doses produce toxic symptoms.

For Chronic Malaria give Arsenic.

& is good in severe Secondary Anemias.

Rx To be given after Malaria is getting better.

Tr. Nuc. Vomica ʒ iii

Essentia De Calisaya q.s. ʒ viii

Teaspoonful every 3 or 4 times a day.

This does not anachronize & in time
will check without quinine.

To prevent return while individual is
exposed give about 15 grs. 2 days
of a week in 3 doses.

Watch Bowels always thro'

Diet: Any thing.

Treatment of Comatose Variety where patient
is Delirious & Unconscious

Use quinine hypodermatically from
15 to 30 grs. every 2 or 3 hrs giving a daily
quantity of 60 to 100 grs. till relief

Coma disappears in about 24 hrs.

& then use quinine by mouth.

Algid form - subnormal temperature.

Quinine full doses Hypo. or mouth. use

Stimulants Brandy or Strychnia & hot
applications.

Protection against Malaria - Little done here.

1. To prevent Malaria

Protect inhabitants against Mosquitoes.

2. Use means to Destroy Mosquitoes.

3. Use quinine when exposed

1. Screening houses & various applications
to keep mosquitoes from biting

Ol. Citronelle

Wood Alcohol 100 = parts.

Apply to exposed surface as necessary.

Smoking apartments before retiring.

2. Preventing development as oil on
water keeps them from Breathing.

♫ Anopheles.

Draining Country; avoid standing
Water.

Typhoid
Fever.

An infectious disease caused by
Typhoid Bacillus, characterized by
ulcerations & inflammation of Intestinal
Lymphatics. Changes in Parenchymatous
Organs. Typhoid B. related to Colon B.

History First reported in 1829 Lewis - Paris.
Etiology Found in all Temperate Climate & warmer
Climates.

Presence of disease in a community
is an index to Sanitary proceedings
London freed from Typh.

It is dependent on Carelessness of Sewage
in H.S.

& Caring for same likewise green Veg.

Overcrowding reduces Vitality

Presence of flies

80% of continued fevers are Typhoid
in Country as much as City.

Spanish Amrs 1/3 had Typhoid

1580 of 25,000 died. Jap. Rus. few died

English in Boer War lost over 8000

Typhoid Bacillus, fulfills Koch's Laws.

Variable in appearance

Cultures are killed in 10 min when raised to 60°C .

may live for 18 wks. at 5° below 0° . Killed in few hours by sun's rays & are found in all secretions of infected patient. Have been found in milk, Butter & in soil, many infections take place after a rain following a long dry spell. as drainage is apt to take place toward wells. a contaminated well is never safe. Types of Typhoid fever.

1. Ordinary form usual intestinal symptoms well marked.
2. Ordinary forms with slight intestinal symptoms.
3. Infection without Intest. lesion.
4. A mixed infection.
5. Paratyphoid.

Pathology of Typhoid.

Catarrhal Condition of Small & large intestines.

Involvement of Lymphoid structure.

Hypoplasia of Lymph tissue of Peyer's Patches.

Mesenteric glands which may result in resolution or Necrosis.

If Necrosis is followed by ulceration & healing. 2/3 of Deaths are from perforation & 1/3 from Hemorrhage. Mesenteric gland inflamed but resolution occurs more often than ulceration.

Occasionally these break down & form local Abscesses

Bone Marrow may become Hyperaemic & may result in necrosis & break out on surface as a sore

Spleen is enlarged & sometimes infarcts occur & leave scars. Liver & Kidney undergo certain amount

of granular degeneration & liver may be fatty.

Resolution usually results.

Respiratory some congestion & result in

Bronchitis or Pneumonia ulceration of
Larynx & Pharynx

In Protracted Patients if kept in one position
is a tendency to hypostatic conditions.

Cir. System: All structures of the heart may
be involved in granular Degeneration. &
muscular structures especially may have
Myo. Endo & Pericarditis.

Acute Inflammation not common.

Inflammation of Arteries & Veins Phlebitis Complic.

Urinary System: some Hyperemia of Prostate.

Meningitis rare Peripheral nerves may be involved.

Granular Degeneration of Skeletal Muscles.

Gall Bladder may be seat of inflammation
& may give symptoms years later.

Sometimes have local infections & result
in Abscess of muscles. Spondylitis rare.

Nov. 6, '05.

First Week

Kerserling Sol.: to preserve tissue.

Symptomatology of Typhoid.

Prodromal Sympt lasting 5 to 14 days.
Headache, Backache, Malaise, Anorexia, Epistaxis,
Chilly sensations - or chills - with some
afternoon temperature, Diarrhea or constipation,
Tenderness & gurgling in R. Iliac region.

Headache & paroxysmal coming in latter part
of day - Backache same extends up to Neck.
Malaise is Universal.

Anorexia is the rule. Epistaxis common
may at times occur throughout course of Disease
sometimes troublesome requiring tamponing
of nose. Tendency to chills in all cases.

Onset with Distinct chills is more severe.

Temperature begins to rise at Prodrome period &
at end may reach 102°

Disturbance of Bowels always exist & when
associated in R. Iliac Region

Prodroma period ends when patient takes to Bed. is arbitrary.

Prodroma symptoms continue except epistaxis & Headaching. Temperature continues to rise during first week. Pulse 80-5 for first week.

Tongue coated in center margins may be fairly clear. Malara coated all over.

Complexion becomes sallow & tarry nervous symptoms develop. Delirious at night. Toward end of first wk spleen is enlarged. Rose spots appear on upper abdomen & lower chest. occasionally appear on trunk & Extremities. usually only a few. 2 or 4 may be numerous. Do appear on pressure not elevated. Continue to reappear for about 10 days. At time of Rose Spots we obtain Widal reaction, may be early & more constant. These occur less frequently in children than adults.

No. of Rose spots indicative lesions in Bowel & Bronchitis more or less at end of first week.

Nov. 8, 05

Second Wk

Second Week same symptoms as first week Temperature some higher. nervous symptoms & Delirium ^{more} tendency to Bronchitis. patient becoming more exhausted, tongue dry.

Third Week

Rosola
Disappears

During this week we may have any complication About same as second week patient becoming more exhausted. Toward end temperature inclines down & some greater tendency to complications. Pulse may reach 100-110.

During fourth should begin invalesing temp gradual. return, tongue clearing, return appetite Nervous sympt. disappear & steady improvement Condition of Bowels return to normal with tendency to constipation. Convalescence may begin in a few days or may be delayed for weeks.

Complications: 1. Heart, marked cardiac weakness dependent on average height & temperature in yr. Most often have Diarrhoea. Pulse above 110 should be watched carefully.

Organ at trouble? Mitral Valve well compensated stand Typhoid very well.

Hemorrhage may arise during 2 week period, most common in 3 + 4 wk. Large percent show streaks in stools. More or less free Hemorrhage occurs in quite a percentage & a Degree of Tympanitis causes Hemorrhage. Symptoms of Haem. Sudden fall in Temp. & rise in pulse rate. Severe Haem pulse 120-30 Temp. below normal. Patient becomes pale & sense of air hunger soon after pass a bloody stool. Haemorrhage occurs usually singly & may be succession of Haem. may occur every day or so. are rarely fatal.

Perforation more common in severe cases Tympanitis. Complaint of sharp pain in R. Flac Reg. Temp. falls, pulse increases is not followed by hemorrhage from bowels is followed by symptoms of general Peritonitis. Post Typhoid Complication. Nervous symptoms is Typhoid Spine, irritable condition of spinal partial Paralysis. Post Typhoid, Insanity Phlebitis of lower extremities - rarely fatal. make protracted convalescence.

Inflammatory trouble of gall Bladders ulting in adhesion & bands which may obstruct flow of Bile.

Nephritis not serious, most patients develop albuminuria, lasting till end of convalescence & good recovery.

Essential fever.

Idiopathic fever - Do not know cause -

Nov. 15, '05.

Treatment
of
Typhoid

When suspected put to Bed - absolute rest.
insist on using bed pan - in difficulty
give Cathartic. give plenty of water to drink & see
that they take it 2 qts in 24 hrs. not ice cold.

Laxative

Cathartic: Calomel triturates in large doses total of
2 or 3 grs. all at once or small doses at intervals.

Oil may be used or salines but not effervescent.
During course of disease Cascara tablet in evening
& sometimes oil or Calomel.

An enema is good to move bowels give evening.
↳ Except in Hemorrhage. 12 or 14 No Catheter.
soft. Rubber.

Diet.

Absolutely no solid food. or that which can
become solid in Bowel. - no milk consequently -
Aversion to milk. - have to take good quantities.
Casein forms hard curd irritating to Bowel when
digestion is low.

Broth. + white of Egg have broth cool not to coagulate egg.
Raw egg digests in 1:30 cooked twice as long.
Strain broth after adding egg. Broth may be
seasoned. salt + Pepper. egg

Egg Water - white of egg in water strained -
add a little orange juice.

Every two to 3 hrs. when awake give Diet.

Total quantity 3 to 4 q. at a time or cup full of Broth.
Diet of Convalescence: When Temp has become
normal for 2 or 3 days begin giving thoroughly
Boiled rice in Broth. - continue Egg etc.

After a week normal use peptonized milk
or equal parts milk & water & Soups.

Soft Poached egg, toast etc, Chew Boiled Meat.

Abundant water throughout favors elimination
of toxins thro Bowels, Kidneys & skin

Black Coffee or clear tea in Morning.

Guard against overeating.

Nov. 21, 05.

Medicinal
Treatment

Almost impossible to give medicine to reach
Bowel & produce effects.

Internal Antiseptics not very satisfactory
Best effect ^{of Medicine} on Bowel act thro their absorption
thro circulation

Salol some form of Salicylic acid.

Carbolic Acid & Camphor combined.

Salicylate of Soda 10 gr. every 2 or 3 hrs.

Salol 5 grs. every 3 hrs.

Salol treatment may give Carbolic A. Poison
effects on Kid indicated by smoky Urine.

Salicylate may be given for long time in
full doses with a little depressant effect
on circulation. If noticeable decrease dose.

Irritating effect on Stomach is due to acid
of Stomach splitting up & liberates salicylic acid.

This may be overcome by giving with it
an alkali: Bicarbonate of Soda, Seltzer Water
& abundant water $\frac{1}{2}$ glass each dose.

Syrup of Chocolate to disguise taste, irritating

Plenty of Water lessens liability of effect
on kidney by keeping kidneys flush.

R Sod. Bicarb. $\mathfrak{z}\text{ij}$
Soc. Salicyl $\mathfrak{z}\text{ii}$ - (Mercks Med. Pur)
(Natural)

Mf. in powder. 12.

Sig. 1 every 3 hrs.

Wont stop Salicylate for Albumin in Urine.
It may not materially shorten Disease
but it runs a milder course.

Temperature \uparrow To reduce temperature Cold Water -

Cold sponge baths - not tub baths -

Start with cool & add till Ice Cold. Sponge
Spine Especially. will reduce temperature
from 1 to 3 ° in half hour as a rule.

Wrap ice in towel & rub towel. Spine.
Use when fever is 103°. Also stimulates

Do not reduce temperature below 100°.

May continue to drop after Bath, & produce Collapse.
Rectal temperature 1° higher.

Nov. 22, '05

Cold Pack in connection with Bath.

Cover cold sheet with flannel blanket.

Change sheet every 5 or 10 min. till Temp. reduced
Fanning after putting on sheet.

Injection enemas of cold water, 2 or 3 qts.

Phenacitine least depressing given with Caffein
may be used in early part of disease, first week.

℞ 10 gr. Phenacitine + 3 gr. Caffein Cit.

½ to 1 ^{powder} every 3 hrs while temp is 103.

give with Salicylate.

Application of Graycol 10 drops painted
over abdomen use cautiously cover with
Oiled Silk.

Application of Cold to head, when Delirious,
Alcohol sponge is good.

Keep Mouth clean & clean teeth 2 or 3 times a day
Gargle of Chlorate of Potash.

Glycerine & Carbolic Dilute used in Cleaning M.
Sedatives indicative especially at Night.

Trional or Bromide, Chloral

℞ Trional gr. xv

One at Bedtime.

℞ Pot. Bromide gr. xx ether is good

Chloralhydrate gr. x

at Bedtime

Don't wake patient except when stimulant
is required

Stimulants.

Whisky or Brandy small quan in Beginning
grow drunk every 2 or 3 hrs to start, & increase
Aromatic Umbra is good ½ teaspoonful
in ^{wine} glass of water is quick stimulant.

Strychnis for Heart Stimulant ¼ gr. every 6 hrs
to begin & increase as necessary till they take way 5 or 6 hrs

By mouth or hypodermatically.
Weak Heart in latter stage Digitalis
may be used.

Fat free Dig. has less action on Stomach.
Digitalin P.D. Co Hypodermically
Digitaline varies
Extreme cases. use Normal Saline Solution ^{0.9%}
Hypodermatically using from 3 to 500 C.C.
Daily.

Bed Sores Keep parts rubbed well with alcohol & Alum W.
Change position, lessens possibility of Hypostatic
Congestion of Lung.

Retention of Urine Save Water. Use soft Catheter can
be told by percussion.
Diuretic is good Potas. Citrate 10 to 15 gr.
Epts Nitrosi Duls. 30 drops
If tongue is coated Dilute Muriatic Acid
given 3 or 4 times a day 15 drops well diluted.
Don't give with Salicylate Powder.

Complication Pneumonia treated as Pneumonia alone.
Hemorrhage - keep quiet stop all food by mouth.
may use a little Morphine for Hypertension
If Profuse use Saline Hypertension 500 to 1000 c.c.
raise foot of Bed. use additional Strychnin
Put ice bag or ice pack over R. Pharynx Region
Don't give food till 24 hrs but increase
Branly or Wh.

Don't use enememas
good laxative Castor Oil.
Perforation give Opiate at once.

Place patient on R Side continuously all
Severe Surgical assistance give nothing
by mouth Use Stim. Hypertension.

fair result from Operation

Which Drugs a. Solutions required are Sulph^{anale} 10 grm. HCl 50 cc
Water up to 1000 (Permanent).
B. 1/2% Na Nitrite in Dist Water. →

Typhus Jail or Ship fever, Spotted fever
Fever. An acute infection Disease Char by
 high temp maculated eruption & Nervous
 symptoms
 Etiology Specific Virus not known,
 crowding of people in unwholesome Surroundings
 is cause.

A rare Disease in this country, & not common generally
 1893 few cases in N.Y. & 1901 East in Baltimore
 Very contagious Disease when numerous cases.
 Described as a plague in past few centuries.
 Isolated cases not so contagious.

Nurses are attacked.
 Pathology Changes incident to High temperature
 Namely Parenchyma torn, Degeneration &
 Muscular tissue

Symptoms Incubation 12 days, Invasion
 by chills usually distinct Rigor
 Rapid Rising temperature soon reaches 104-6
 & continues day & night, Typhoid Expression.

Some Bronchitis, disturbance of Stomach.
 Delirium Eruption appears in 3 to 5 days.
 Chest & Shoulders, usually constipation,
 Prostration Extreme, Rapid Pulse.
 Disease lasts from 1 to 3 weeks -
 Kidney show albuminuria occasionally
 Hemorrhagic type.

Treatment Purely symptomatic. Essentially same
 as Typhoid fever

Prognosis Varies may be high as 25% or low as 5%

1. Part of B. solution diluted 850 with a.
 of this mixture mix equal part of urine in T.T. allow
 1 cc ammonia run down side of tube. ring when
 + is Bright red & shake foam is Bright Pink.
 + whole solution is red. Positive in over 80%
 get in first week. (Miliary TB. gives same Reaction & Pres.
 in Reaction stage.

Relapsing
fever

A fever intermittent in character, caused by *Spirillum* of Obermeier temperature for 6 days then 6 days intermission
Mode of infection not known, Mosq or Bed Bug
Life History of Org. is unknown.
Incubation is 5 to 7 days, onset like Malaria.
Pain & Aching of Joints, sometimes sweats follow remissions
Organisms during height of Paroxysm
& may be abundant.
Enlarged Spleen, more or less anorexia
Constipation, some Delirium at height, fever
May be several periods of fever intermissions 3 or 4
Tendency to loose virulence.

Treatment

No Specific, Quinine has no effect.
Treatment resembling Typhoid, Sponging,
light Diet during fever.
Prevails throughout Tropics & Southern States.

Prognosis

Rarely fatal.

Dendue

Disease of Tropical & Sub trop Climate characterized
by Paroxysm of fever pains of joints & muscles
& a polymorphous eruption.
resembles exanthema very contagious virus unknown.
Prevails thru trop of World common in
Southern States Epidemic 1897, 30000 cases
in 2 months in Galveston

Symptoms


Incubation 3 to 5 days no Prodrome or symptoms
onset sudden, headache, chills, aching in
joints more severe than any other disease
temperature rises to 105 & 7 Usual symptoms
of an acute fever Some joints may become
red & swollen as in Rheumatic fever.
Hemorrhage from Mucous Membrane
in severe cases, after 3 or 4 days of fever
there is usually a remission or intermission
patient feels sore & stiff for day or two

followed by 2- paroxysm of fever resembling
first after which spat. condenses & patient
is sore & stiff for week or so.

Eruption may occur at any time during disease
& is not uniform in character. may last
for some weeks.

Differential. Acute Rheum., Yellow fever,
& Malaria. frequently called Rheumatism
at beginning

Treatment. No Specifics. Quinine & Salicylate of Soda
use of cold sponging for temperature
Rarely fatal.

Cerebro
Spinal
Fever. Called an infectious caused by organism
Diplococcus intracellularis Meningitidis
found in leucocytes & pus cells. 

probably same disease as found in cattle.
Infects Cerebro Spinal Meninges probably
thro' the nose.

Orisa & Cataract frequently precede disease.
usually ^{only} 1 or 2 cases occur in a family.
Occurs in epidemics with tendency to
sporadic cases developing afterward, probably
moderately infectious. Occurs in country
& city, more in winter & spring
Most frequently in young children.

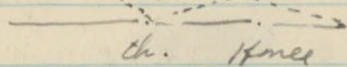
75 cases 60 under 2 yrs of age.
1000 deaths in N. Y. last year, more dreaded
than any disease.

Young Soldiers in Camp have suffered.
single attack does not afford immunity.

Pathology. A Meningitis invading Basilar Meninges,
& Dorso & Lumbar Spine, a fibrinous Pleurisy
Exudate. Cranial nerves 2, 5, 7, 8, are involved

Symptoms. Onset sudden. Chill. Headache becomes persistent
usually moderate fever may be high.
great Depression & Drowsiness pulse feeble
& slow for febrile condition low as 30, 6, or 70

Very early Rash appears about Shoulders
 telod Eruption in first day or two,
 has for this reason been call spotted fever.
 May be delirium or profound stupor
 tremor of muscles with tonic or Clonic spasms
 may exist. Kernig sign consists of inability
 to keep ^{leg} knees straight with flexion of thighs



Babinski Sign tickling foot there is tendency
 to extension instead of flexion. also tendency
 to spread of toes.

Whenever Babinski Sign is present something
 organic wrong of Brain usually.
 Paralysis of Ocular Muscles appear
 Sensitiveness along Spine with more or
 less hyperaesthesia.

Herpes about Mouth common as in Pneumonia.
 Hyperleucocytosis 25 to 50,000

Constipation is Rule & some retraction of Abdomen
 Vomiting common. Urine may contain Albumin
 sometimes Blood & occasionally Sugar.

Irritation of floor of 4 ventricle produces Glycosuria.
 Death occurs in 3 to 5 days cases may
 show remission in symptoms & may become
 chronic. Complications Pleurisy Pneumonia
 Peritonitis.

After results. Persistent headache or recurring
 Hydrocephalus a large % show paralysis
 of some cranial nerves Blind, Deaf, or both.

Prognosis As to recovery death rate is 25 to 75% & large % that
 recover show paralysis of some cranial nerves.

Ear complications: Inflammatory condition of Labyrinth
 Klebs says mucous lining was detached in
 vestibular & semicircular Canals.

Liquid Diet

Treatment Isolation of Patient, quiet, laxatives & Diuretics to assist in elimination.

Spinal ice bag & ice caps. Stimulants.
Sedative Bromide & Chloral. or separate.
Severe Headache: opiate. (Bromide & Chloral)

Salicylate of Soda full doses. (Per Rectum)

Lumbar Puncture introduce needle in Spinal Canal & withdraw fluid, on line or level of Crests, 2½ cm. Child 4 to 6 in adult, Platinum needle. Valuable as means

of Diag. Pus cells contain Diplococcus ½ to 100 at a time. (Bromide relieve vomiting)

antiseptic fluids have been introduced

Erysipalis acute contagious infectious disease of the Skin, caused by some variety of Streptococci

Pyogenese. May gain entrance thro' abrasion

in some cases starts without apparant "

especially about face. Nose most frequent site.

frequent in Spring & Fall. Chronic Alcoholism

Bright Disease & Debility from any cause

are predisposing factors.

Puerperal & Unhealed Naval in infants

are favorable conditions. Should not

attend confinement with Erysipalis.

Pathology Simple inflammation rarely septic may have a Peri or Endocarditis.

Incubation from 3 to 7 days. invasion

distinct Rigor rapid rise of Temp. & a

Typhoid state develops disturbance of St. & Bowls

Sore spot itching Burning, shining swollen

appears usually about face. skin thickened

distinct line of Demarcation. feels like ridge

gradually progresses, original site clearing up

in 2 or 3 days as Disease is progressing to

Other areas. Piles may form containing serous or

semipurulent fluid & whole face may be

involved in 2 or 3 days. may extend to neck scalp

& any part of the Body or mucous Membr.

May last for several days 5 to 10 days during most of this time Temp is 103-5 with little Remission. May have Delirium some prostration, if scalp is invaded extensively may have a Meningitis complicating. Pneumonia + Cardiac infection are complications. tendency to migration of inflammation in Migrating cases original site may be healed while other is continuing, one attack does not protect Indiv but rather Predisposed

Dec. 11/12

Isolate.

Tr. Cl of Iron ^{full doses.} + Gumme $\frac{1}{2}$ teaspoonful 3 or 4 hrs well diluted.
5 grs quin. Mur. " with above.

Icthol painted on or. Se. collodion.

Injection of antiseptics along margin
2% Carbolic acid a little ahead of Disease.

Cold cloths local application.

Cold relieves congestion + second inhibit growth of Mac. Org-
If abscess form should be opened as elsewhere.

Old or feeble stimulants are indicated.

Prognosis favorable few fatalities!

These complications.

Iodine blisters.

Septicemia

Pyæmia

Infection a morbid process induced by invasion + growth in body of Path. organisms.
Local - a boil.
general - anthrax

Intoxication a morbid condition caused by absorption of toxins or large part derived from Path organisms.

glecomans

PTomans

toxin.

Septic Intox is sometimes call Sepsæmia
Agents of Infection are living organisms.
those " Intox are Chemical.

Types of Infection.

1. Local with production + absorption into the system of toxins
Diph., Tetanus.

2. Septicemia general invasion of Bldg tissue by organisms of suppuration: without metabolic foci of suppuration.

first type may change to second as gonorrhoea.
Erysipheles

Symptoms: Chills, fever, & sweats. irregular in intervals & intensity, Pulse small & rapid. Gastro-intestinal disturbance, Tongue Charist Coated in center & red at margins - not Diffuse - mental Depitude resembles Typhoid. Delirium may be present more Char. of Staphylococcus Infection.

Strep Infe. may show clear Mentality to end. Gen Sept usually follows an acute infection or some acute or Chronic disease may not always be able to locate point of entrance of organisms.

3. Septo-Pyemia - form of gen. Infection where we have ^{local} metastatic abscesses due to septic masses Emboli

Dec, 18, '05.

External wounds of skin & subcutaneous may have secondary foci in the bones or in the lungs.

Suppuration along Intestine tract may give secondary involvement of Liver.

Endo Inflammatory affections of Heart may result from infections of any part of the body.

Infection about face, nose, ears may result in secondary infections of the Meninges.

Treatment of General infection

Eliminative By Bowels & Kidneys.

Supportive treatment by easily digestive diet & Stimulant if necessary

Medicines; Salol, Salicylic Acid Comp.

Merck neu prep. Grisein has general antiseptic property 1/1000. 5 grs. 4 hrs. acts as laxative use frequent

Infection:

Rheumatism
Acute

Salicylates 10 grs. very & has well diluted
Local application, moist pack, cold pack. almost.
Strepto. Antitoxin not accomplished much.
but does no harm.

→ Rheumatic fever: an infectious fever
but not contagious.

Etiology. Organism unknown believed
to be cause.

Predisposing or an associated condition
Tonsillitis.

Exposure is a cause, cold & wet.

occurs in early adult life chiefly.

One attack does not prevent subsequent attacks.

Path.

Hyperemia & swelling of synovial
membranes, lig, tendons, & sheaths,
rarely resulting in suppuration.

In this condition there is excess of fibrin
in blood & leucocytosis of moderate
degree 10 to 12,000.

Symptoms.

Onset sudden. Pain in one or two joints
occurs during night, slight fever
Malaise, Temp. 102 & 4, rapid pulse 100.
Tongue coated, Perspiration (acid sweats).
Joints painful, red & swollen.

smaller joints most involved.
occasionally larger joints any or all joints.
Urine - acid, High sp. g. High color, water
increased, Chlorides diminished. Albumin
present in small amounts.

Tendency of disease to migrate few
joints in beginning, course irregular
from few days to several weeks
give indefinite prog. as to duration.

Prognosis.

good.
few die from Rheu. itself but complications
less than Typhoid 203%

Dec. 20, '05, Complications: most important.
 inflammatory conditions of heart found in
 mild or severe cases. Evidence: by distress
 in region of heart modifications of the sounds -
 possible disturbance of Rhythm & murmurs.
 Keep quiet for heart trouble. Pneumonia
 & Pleurisy. Hyperpyrexia rare. Skin eruption
 a form of Erythema, occasionally spots of
 subcutaneous hemorrhage appearance of
 Bruised spots.

Treatment Put to bed in flannel blankets
 Diet. milk, gruels & plenty of water.
 Lemonade for acids. Some Broths or Soups
 Fix joints to prevent irritation.
 Local application: Methyl Salicylate
 Lead Opium wash. Use more opium than
 in official. Keep all joints wrapped.
 Internally. Salicylate Preparations full doses.
 Aspirin; Salicin or Salts. Oil of Wintergreen.
 Potassium Bicarbonate $\frac{1}{2}$ gram every 3 hrs
 till urine is thoroughly alkaline.
 K. Acetate for Kidneys
 Add salts to diet. Later K. I. moderate
 doses. for hyperpyrexia use Cold.
 Keep patient quiet.
 Seldom have more than one attack.

~~Yellow~~
~~Fever.~~
 Gonorrhoeal Rheum. Etiology. gonorrhoeal infection which becomes
 constitutional by absorption of Virus
 may occur at any time during attack.
 Early symptoms are Rheumatic pains in
 Hips or Ankles; Elbow, or wrist.

Initial symptoms not so severe. temp 100-1.
 Joints swollen & red & gonococci have been found
 in the serous fluid about joint. Continue
 to be about. this may become severe. Quite a
 marked emaciation, same as in Rheumatic
 fever, loss in weight, disturbed appetite

Constipation. Prognosis: good as regards recovery
 Doubtful as regards immediate recovery.
 May last for weeks & months. Protracted dis-
 ease. Suppuration of joints very rare.
 Angiomas partial or complete is quite
 common

Treatment Systemic absorption from local infection
 reduce the local infection. Medicines have
 very little effect as used before. Salicylat
 Quinine. Some form of Mercury small doses.
 Iodo Hydrate of Potash pill
 R. O. 5 gr. " 1/8 gr. Regulate Bowels &
 an Iron tonic works well throughout I. Q. S.
 for pain: Phenobarbital 5 gr. Phenacetin 5 gr. with
 3 grs. Caffein Citrate. Use little Morphine. In
 severe cases joints may have to be open. Subsequent
 stiffness of joint. Anesthetics & break up adhesion
 done 2 or 3 times will release. wait till all
 acute Inflammation has disappeared. Do as well
 at home as at Springs. Give plenty of Water. Head
 trouble rare. Local Applications same as in acute.

Yellow
 Fever
 Jan. 3, '06 Tropical & Subtropical manifested by febrile
 cond. jaundice & Torsemes.
 Etiology. Sp. Org unknown. Means of Communication
 known. Mosquito. (*Stegomyia Fasciata*).
 As Evidence of Mosq. Trans. Non-immune
 indiv. have slept, lived with & cared for yellow
 fever cases & no instance where Mosq. has
 been eliminated has he acquired the disease.
 Clothing has been worn of sick patients.
 Experiments were on soldiers.
 In contrast with this it is easy to inoculate
 by allowing *Stegomyia* to bite Patient after
 10 to 11 days to bite Healthy individual.
 Mosquito came was demonstrated by Dr. Finley
 of Cuba 25 yrs ago - 1891 -
 of Recognizing Mos. as means of trans. for

three yrs after Clearing Cuba & Improving Sanitary Condition there was no Malar. except those coming from other ports. & Cuba had not been free for 100 yrs or more.

Pathology: Degeneration of Parenchymatous organs as in any febrile Cond. Considerable free Haem. in Blood. This suspicious of R.B.L. Organism.

Symptoms: Incubation 3 to 4 days, onset sudden, chilly sensations, pain in back & limbs, begin usually in morning. Fever rapidly rises 102 or 3/-4-5 maybe some sore throat. Nausea, Vomiting possibly, but is later symptom. Constipation. Flush face, Eyes injected, early signs of jaundice.

After 2 or 3 days symptoms abate & we have a period of remission, possibly Erucelous. When Convales. does not occur symptoms reoccur more gastro Intes. Dist. pulse high, greater Prostration. Delirium. Vomiting. Caffe Ground. Black vomit. May be fatal in from 18-3 days. or may recover by Crisis. Prognosis. Varies with Epidemics 15 to 85% fatalite.

Treatment: Symptomatic. Calomel early. Sponging to reduce temperature. Abundant. Water, acid drinks, alb. Water & Broths no solid foods. Stimulents. May have to give Med. Hypodermically.

Jan. 8. 06

Tetanus infectious disease by T. Bacillus Char. by tetanic convulsions. Etiology T. Bac. cause usually enters thro' punctured or incised wound. Colored race more susceptible. An anaerobic germ making punctured wound more susceptible. Path of Tetanus resembles Diph. it is local disease producing toxin

which are absorbed & affect nervous System
Is very powerful toxin

Symptoms. About 9 or 10 days after wound symptoms appear. onset depends on location of In. usually a stiffness about seat of infection. Stiffness of muscles of neck. Rigidity of masseter muscles. (Trismus) Chills, rigor may occur. later involvement of general muscular system until condition of Opus Thotimus. Temp. rather high 100.2, 4, 5 - 10 death. Cannot take ^{refrigerate} food condition of hyperaesthesia noise jar etc may produce convulsive attack when not in convulsion no pain.

Diagnosis: Strychnia Poison, we have patient relaxed between convulsions not in Tetanus. Cannot bend head forward in Tetanus.

Tetany disease rigidity of muscle due to auto-intoxication Extremities develop rigidity. accompanies Gastro Intest. Disease.

In tetanus look for primary lesion.

Prognosis. 80% ^{on average} Traumatic cases die if not treated until signs of Tetanus begin about 50% of Idiopathic cases die. (when origin cannot be detected) If treated in prophylactic way the treatment is as satisfactory as in Diphtheria.

Treatment. A punctured wound should be treated as an open wound which may be done by packing with gauze & reach bottom with Pure Carbolic A. & pack afterward. Dress every day until period of danger is past (8 or 9 days) use a local dressing Camphor Phenie (Camphor & Carbolic Acid equal parts). Tetanus Antitoxin if in dangerous amount. give one bulb ^(10 cc) at time of injury. & in body. It is advised to use dry tick. Antitoxin in the wound itself if Disease develops. Keep patient quiet avoid excitement. Early use tick. Antitoxin give 20 or 30 cc

every 3 hrs. for days if necessary. use laxatives.

R For Kidney action

Diuretic Mixture (S.A. Mathews)

Sod. Chl. 15.00

Sod. Sulph. 12.00

Sod. Citrate. 20.00

Calc. Chl. .05

Agua Dist. 4000.00

500 Cc. 3 or 4 times a day by mouth or
hypodermatically.


Bromide & Chloral to control convulsions

Morphin & Chloroform if necessary.

Never give Strychnia. Avoid Nerve Stimulants
& outside stimulation

Jan. 10. 06

Hydrophobia or Rabies. Acute Disease of warm blooded
animals due to some specific unknown Virus
Negri has found bodies in cells of C. Nervous Sys
Amoeboid in Character which may be cause

 Negri Bodies.

Conveyed to man by inoculation, dogs,
wolves & most domestic animals are susceptible.
Bites of Rabid animals or those infected with
Rabies are very dangerous on exposed parts of
the body. Only a minority of those bitten con-
tract the disease. Practically all die if not treated.
Incubation period 2 wks. to 3 months.

Symptoms. Premonitory Symptoms some little
Irritation about site of infection & numb-
ness patient becomes anxious & sleepless general
hyperaesthesia to all impulses. Larynx becomes
swollen accompanied by hoarseness. Slight elevation
of temperature. May have difficulty in swallowing
Water stimulates this spasm more than solids
Excited period. All exaggerated any attempt to take
food produces laryngeal spasm. Tem. 100-103.
& remains thro Exciting Stage, this stage lasts
from one to three days

Paralytic stage six to eighteen hrs. condition
 of syncope dies of exhaustion
 Diagnosis. Mistake usually made to kill
 suspected animal, but preserve, if it is killed.
 a small piece of spinal cord of animal inoculated
 into a rabbit will produce Rabies in 15 days
 Inoculate under Dura.

Treatment: Send away for treatment. Cauterize
 wound thoroughly & keep wound open for 5 or 6
 weeks. treated by attenuated Virus. Rabbits are suc.
 Virus Five. highly active. at height of disease
 glycerine Extract of some of Cord is made &
 kept at ages from 1 to 30 days old. Small quan of
 90 Day Virus is inoculated & kept up till strong
 Virus can be used. Result of this Specific there is
 very rare a fatal case.

Keep patient in dark room avoid excitement.
 Bromide, Morphine, Chloral. : Sedatives
 Laxatives. & Diuretic Solution.

To relieve Spasm. Spray throat with Cocaine Solution
 or allow patient to swallow a little.

Warn family against injuries from patient.

Jan. 15 '06

Anthrax or Malignant Pustule, Woolsorter's Disease.
 B. Anthrax cause. gains entrance thro inoculation
 by some abrasion of face or hand among
 Stock people & handlers of Wool, Hides & Hair.
 implies an infection of animal or hide etc.
 Anthrax B. is of moderate vitality Spore is
 of great vitality stand for time 5-7 Carbolic
 & Boiling water

Symptoms: Mild & Severe. Painful swelling
 at site of little abrasion becomes vesicular
 & pustular. fever rises rapidly for first few days
 fever may abate or continue to fatal termination.
 Some involvement of Lym. about site.
 organism found in blood just before
 death. found in liver & Spleen

Edema about face, feeling of anxiety, fear.

gastro
Intest.

May develop anthrax by eating infected meat.
Char. by chill vomiting & Diarrhea, colic pain
rise in Temp - Dyspnoea & Cyanosis.
usually short duration may recover from
any infection usually severe internal

Mild cases slow recovery - If first few days
are favorable, patient is becoming much
Treatment. To say for Causticizing

Injection about swelling is beneficial.
1890s. large dose

Beside local injection. Stimulation & Punct
ment. Watch elimination.

Glanders

is a Tubercular Disease manifests itself by
formation of tubercles

Visceral & Superficial or External. Sup. resemble
Tubercular Nodules of Skin in Horses is
called Farcy. Etiology due to B. Mallei or glanders
short rod, infection obtained usually from horses
affects Mucous Membrane of Horse usually catarrhal
condition of nose. & Individual contract glanders
from this secretion. Mucous Membr. of Nose
of Horse & Man are favorable ground. few
day sufficient for development of acute form.

Symptoms Beginning resembles Grippe.

Catarrhal Inflammation of Nose & Throat Pain &
aching in different parts of body & rise in
Temperature. Acute Glanders may be intense
& patient may die in 8 or 10 Days. on other
hand they develop slowly & exist in a Chronic
form. Lasting for months. Chronic Cases
are dangerous. Have in Man a Glanders
Pneumonia due to inhaling.

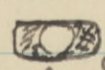
Superficial obtained thro' abrasions in skin
Like Lupus is very persistent & difficult to
eliminate.

Diagnosis Examine Secretions for organism

or using toxin Mallein same as use of Tuberculin.

Treatment: No specific. Antitoxin not satisfactory. Symptomatic treatment. If accessible use antiseptics irrigation of membranes. Local glanders treated as Anthrax by use of Carbolic Acid. Attention to Bowel & Kidneys. Stimulants if necessary. Main feature is Prophylaxis.

Jan. 22 '06 Actinomycosis chronic infectious disease
 Actinomycosis. Tubercular in nature due to Ray fungus streptothrix actinomycis common in cattle acquire it from eating grain or other feed usually found about jaw thought to enter down by teeth may develop same way in man may affect any part of the body. a growth resembling a sarcoma develops from which it cannot be told except by Microscopical exam. of tissue. swelling gradually. ultimately breaks down with advent of suppuration. with pus we find coming small granular bodies called Sulfur balls size of head of pin on crushing these they are made up of Ray fungus are characteristic of this disease. After suppuration there is some fever & discharge in free discharge serious disease. Where infection is local & removable should be removed by Surgeon Pot. Do. 60 gr. a day. X-ray some results. Prophylaxis important be careful of infesting hands.

Bubonic Plague. peculiar infectious disease due to B. Pesticis. discovered by Kitasato.  found in diseased tissue & later stages in Blood. in last 5 yrs 300,000 have been killed. has existed in all civilized countries in Cal. & N.Y.

Etiology. A filthy disease due to poor & insanitary cond.

Rats, mice, Dogs fleas ticks carry disease. Rats worst
 May be taken thru digestive canal prevails
 especially during hot season. all classes
 Symptoms mild form Pustis minor fasting
 for a few days little glandular swelling.
 slight systemic symptoms.

Headache Sackache, stiffness, soreness gradual
 rise in temperature anxiety restlessness. with
 considerable Depression Temp 103.04 in first four days.
 then a remission of temperature glands which
 have begun to swell become sore showing
 signs of suppuration with which we have
 another rise in temperature. from this on
 the symptoms are characteristic of a severe septic
 condition. Gastro Intest symptoms inability to
 digest their food & constipation & Diarrhea.

These Sym. may last a few day with death
 or for a few weeks with death or return. History
 This was Black Plague of London 1665-7000.

Complications. Glands Cervical & Inguinal
 Pulmonary type lungs are affected.

Gastro Intest. Pneumonia may complicate.
 any case. 96% of all cases in which lung
 occurs are fatal. Prophylaxis. no great danger
 in handling patients if care is taken.
 essential thing is pollution of food or drink
 by rats & bites of these vicious insects.

Treatment. Halkin's Lymph. promises most in a
 specific way apart from this treatment is symptomatic
 Essential to Idiopathic fevers or fevers about which
 we know no cause. Febricula Ephimeral.
 fevers lasting a day or two with evident local
 affection.

of aborted types of infectious diseases symptoms
 of which are not ^{manifest} sufficient enough to determine
 exact nature

Gastro Intestinal especially Auto-intoxication
 Fermenting odors from decaying organic matter
 or other poisonous gasses

Treatment: Purely symptomatic withhold or restrict
 diet, attend to Bowel & Kidneys.

Infectious Jaundice (Weil's Disease) a jaundice
 appears sometimes as an epidemic begins
 with gastro Intestinal dist lasts a few days
 some fever 102-3 jaundice, & Albuminuria.
 Liver & Spleen are enlarged, complains of Headache
 lassitude, Anorexia & has a coated tongue
 sick for 1 to 3 wks. symptoms grad disappearing
 usually recover. Treatment. Symptomatic.

Laxatives, restricted diet easily digested.

Broths. Orange juice white egg corn milk.

Glandular ^{infectious} Rare disease involving Lymphatic Glands.
 Fever. Symptoms, usually begins with slight sore throat.
 Low headache, Malaise swelling of glands
 especially those of Neck & Submaxillary
 lymphatics. Neck may be much swollen
 resembling swollen glands in Diphtheria.
 Tendency to suppuration may also be involve-
 ment in other superficial glands, & in
 fatal cases visceral glands are involved
 liver & spleen somewhat enlarged

Nephritis to some extent as complication.

Recovery is the rule

Symptomatic treatment. Salicylates warm
 moist Pack with Laudanum. if suppuration
 sets in open glands. Liquid food can only be
 taken

Jan. 29 '06. Disease of Thyroid Animal Extracts used for ages
 Brown Sequard, & Bernard Crutch of life^{used 94}
 Prolong life. Extracts. Stimulate food intake
 etc & no reaction & condition is worse than
 before. Chief Ex used Test. & Fr.

B. S. still work along this line in studying secretion
 with acrobatic Ex

Thyroid, Pituitary, Adrenal, Thymus, Lym
 Since that time most organs producing secretion
 have been studied

→ Parenchymatous Organs. ParaThyroid, Test.
 - Ovaries

Internal secretions of Ov. & Test is positive
 necessary for existence in Normal life -

Reserve all possible when surgery is used.

Thymus value to young indiv. well developed
 at Birth, atrophies gradually till 4 yrs.

Pituitary Body. Has close relation. on Cerebral
 Circulation & Nutrition? Brain.

Spleen differs in that its function can't be assumed
 Liver Essential

Parotid, Prostate, Lym. may be removed
 with out bad results.

Adrenal cannot be removed.

Thyroid Gland has been most studied
 Tendency to develop Goiter.

Removal of Thy + ParaThy in man
 is invariably fatal.

If all is removed Symptoms of Myxedema
 develop. & continue to fatal result unless
 Thyroid Ex is given.

It seems that the Iodine Element is
 most essential part of Int secretion
 Combined in Mucoid substance.

During first 3 months no Iodine is
 present in gland there is considerable
 Iodine in Mother's Milk. In gland
 of calf first months Iodine is present
 but in Cows Milk there is little Iodine.

There is often enlargement in Thyroid
 at time of Menstrue & during Pregnancy.

Usually some enlargement & increase Activity
 when it does not enlarge there is usually
 Kd. Dist. all in urine & this is that to

have relation of *Elamperia* 20 of 24 with
 no Endorg there was Alb in urine
 Jan. 31. 00 Exp. tests have shown that Thyroid Ex
 increases amount of Oxy absorbed &
 elimination of CO_2 also increases amt. of
 Nitrogen Eliminated especially thro' urine.
 Increases Temperature in normal Indiv.
 Gland seems to have some relation
 therefore to Respiratory gaseous change
 of Blood & tissues (Metabolism).
 Some believe that it produces an Antitoxin
 which neutralizes Metabolic toxins. *Leuco-maia*
Goiter - Struma - described in 13th Century
 by Marco Polo. as a disease in Central
 Asia & certain valleys supplied by water
 from Mountains. prevailed to some extent in
 Animals. Paracelsus in 15 C. wrote on
 it as existing in Alps. & spoke of its
 relation to Chetanism. Disease occurs &
 epidemically & sporatically.
 Epidemics occur in schools, prisons, barracks,
 -community around these centers may be
 unaffected something in locality or
 of Building seems to have bearing on caus.
 Afflicted Indiv. when removed often recover
 readily. Rare in Animals here.
 Etiology: Virchow. Cocher think the disease
 is due to water but element therein not
 decided prot. Metallic. Some think Bacterial origin.
Symptoms: Vary greatly a large Goiter may
 cause no trouble other than inconveniences
 while small cause a great deal.
 usually occurs soon after Puberty rarely
 after 40. More common in females.
 have Acute & Chronic form. Acute is usually
 vascular & Chronic Parenchymatous
 Chronic form may be mixed.

Differentiation Simplest form: is a simple
 hyperemia. coincident with menstruation
 or stim of sexual organs as pregnancy
 throat enlarged, rounded, smooth round neck.
 consistency soft or normal

Parenchymatous form: glands enlarged
 somewhat nodular or symmetrical border
 sharp or defined. may reach size of a Hen's
 egg. Consistency: rather soft but outline distinct

Vascular form: Moderate enlargement
 spongy consistency. Readily compressed &
 vascular murmur heard on auscultation

Colloidal form symmetrical enlargement not
 very large skin usually rather tight jug.

Veins dilated hyperthyroid symptoms
 atrophy present. Consistency: rather firm.

Fibrous form Hard, nodular, firm
 consistency size? pea to egg are nodules.
 tendency in some cases to calcification.
 accompanied by hyperthyroid symptoms.

Mixed form may partake of any of above forms
 It is mixed form that usually hangs down.

Symptoms incident to simple types.

Unless there is some inc. or diminution
 in gland secretion there are no constitutional
 symptoms. May produce local symptoms
 thro' its mechanical relation to adjacent
 parts & studying resulting symptoms
 the two classes of sym. should be
 considered. Most goiters do not produce
 symptoms of consequence many do
 not know they have goitre when it exists
 even when symptoms can be associated
 with goitre. Sporadic cases not due to

goiter develops at beginning menstruation.
 Symptoms of goiter not seen. When Isthmus
 does not exist the goitre does not protrude.

Feb. 5. 06.

as when present, does not rise & fall with Larynx
also greater tendency to growth into Thorax.

Symptoms: Suffocation especially at night pressure in
upper part of Thorax on sinking the head.
Evidences of nerve pressure: Recurrent Laryngeal
" " by disturbance of voice, Phrenic.
Disturbance of Resp. Vagus dist. of Heart.
some cases Diag. Prolamatic.

Dif. Diag. Visible or Palpable tumor in neck in
region of Thyroid, Symmetrical? Is a goitre
in majority of cases.

Hodgkins involves lymphatics enlargements
are irregular & in other locations than Thyroid.
Aneurysms will show circulatory symptoms.
change in pulse. usually appear lower down
- give peculiar sound or murmur but may
have also in goitre pressing on aorta.

Thymus only in young children

Enlarged lymphatics from other causes for ex
T.B. Syphilis, Malignant growth.

Sacculated or diverticulum of Esophagus
regurgitation of food etc.

Treatment Prophylactic treatment change climate usually
Simple Goitre. to Seacoast. Med. Iodine is Specific.

(Heber) proper used Iod & their Comp. 90% of
Simple Goitre can be cured or so far
improved - that they will not require operation.

Pure Iod or some of Salt Iod. usually
Internally & Externally almost eternally.

Internal Pure Iod 1 drop 3 times a day
best form K.I. 5 to 10 grs. 3x well diluted.

Locally apply at night wet pack with
10 to 20% solution of K.I. or Iod ointment.

or 1/4 of Iod may be painted over surface every day
If color Iod has used tell how to take out
with Dilute Am. Water.

Desiccated Thyroid in 2 to 5 grs. dose 3x a day

fortifying with Strychnia if Heart is disturbed.
 Give after meals.

10 gr. Sod. Bicarb. { half hr. before eating, in glass
 5 gr. Sulph. Sod. { before going to bed. water.

Not beneficial in Colloidal or fibrinous.

Do not treat rapid.

May reoccur after removal.

This Treatment acts best in young &
 in Early disease.

Feb. 7 '06

Thy. Complications in infectious Dis.
 quite often becomes congested & some
 change in Parenchyma & some of glandular
 spaces do not contain secretion, but
 in their space disintegrated cells.

Other evidence of change is that colloidal
 material changes in character & shows
 different reaction. Suppuration of Thyroid
 may occur due to invasion of Microorg.

Strep. or Staph. When suppuration occurs
 gland usually breaks Externally may break
 into Trachea or Esophagus.

Evidences of Sup. are Swelling, Pain, Temp.
 & general symptoms.

May have Acute Gland. alone (Thyroiditis).

When gland breaks down, usually heals
 rather quickly, occasionally a sinus will
 remain indefinitely.

Following Infectious Dis. may have
 a sclerotic or fibroid change.

Come on gradually resulting sometimes in
 Myxodema & impaired mental development.

Thyroiditis sometimes complicates Rheumatism,
 also Phoid, (T.B. & in most cases there is
 some sclerosis. So. tends to disappear) Cancer

may occur Syphilis is quite common more
 especially in Heredity.

Cretinism - Hypothyroidism are in
congenital + Infancy.

From Infancy to Puberty Infantilism?

" Puberty on. Myxedema.

These three diseases are characterized by
changes in the skin a Pseudo Edematous
condition or thickening of skin, a cachexia
+ non development of Mental faculties
in the adult impairment of Mental ..

In young individual skeleton does not
develop normally. in adult not apparent.

Treatment of all these conditions is Deceased
Thyroid Indefinitely.

Feb. 12. 06. Graves or Basedow's Disease or Exopth. Goiter.

In contrast with Myxedema it is
a hyperthyroidism or increase or
perverted function. Shock has that to
be a cause + anxiety any severe nervous
strain is probably an exciting cause
frequently evidence of unstable nervous
system. Auto-intoxication may be factor.
Disturbances of Sym. Nervous System as
always observed some believe that Goiterous
condition is secondary to nervous symptom
+ result of changes in Sym. N. System.

Symptomatology. Increased action of Heart. Tachycardia
ranging from 90 to 140. enlargement
of Thyroid. may be slight or moderate
not usually very great. Exopthalmus,
more or less invariable in most cases
general nervousness, irritable cond. of N. Sy.
Patients otherwise calm are irritated
at trifling noises. Emotional.
fine clithymical tremor, in extended fingers
Digestive organs periodical diarrhoea
worse when patient is very nervous
Anorexia or irregular appetite.

Nausea. Vomiting. abnormal thirst & anuria
 latter not constant. Respiratory organs:
 some atrophy of Pectoral muscles
 interferes with inspiration. Expansion
 between 2 & 3 in. Consequent increase
 in frequency of Respiration.

Nervous symptoms. inability to converge
 eyes. lagophthalmus headache neuralgia
 & pains resembling precordial distress
 mental disturbance. Hallucinations. depression

Conditions of Skin. Increase perspiration.
 flushing & sensation of heat. occasional
 rise in temperature. diminished Electrical
 reactions. resistance. tendency to loss of
 Hair. dry & brittle. some atrophy of Nails.

Condition of Kidneys. Polyuria.
 albuminuria. increased uric acid.

Generative System. Menstrual disturbed
 loss of sexual desire even to impotence
 debility. loss of weight anaemia. cachexia.
 & often oedema especially of lower extremities.

Treatment. Surgical or nonsurgical.
 try latter first.

Treat may be medicinal & Hygienic should
 be protected from all nervous & mental
 irritation. Keep them quiet. Tachycardia
 diminishes sleep better.

Rx Pot. brom ʒ VI.
 Tr. Strophanthus ʒ ss.
 Elixir Simp q.s. ʒ III.

Mfr. sig Teaspoonful in water 3 times a day.
 Intestinal antiseptic. Salicylate of Soda
 15 or 20 grs. 3x day.

Hydrag Bichi gr. ʒ^{ss}
 Sod. gly coholate gr. V

Pill or Capsule 3x day (Transferred to 253.)

Surgical Pathology — Prof. Lutz —
 The cell is not a simple substance
 has a life is nourished lives & dies.
 Life of all organisms is limited.
 Functioning means waste.

Characteristics of cells:

Ameboid movement, changes in exterior
 of cell but about by changes within
 & change in form.

Cell takes on nourishment & has
 power of reproduction, the reproduction
 of cells is the formation of new tissue.
 Called Embryonal tissue. & a
 conglomerate of new tissue is
 granulation

Cells possess irritability. Characteristic
 in wound healing

Wound is anything which concerns
 continuity

An incised wound is one clean cut
 with a sharp instrument

Lacerated wound concerns a larger area.

In an incised wound we notice a
 gapping & a watery substance — lymph
 made up of Plasma & cells forms or comes
 to the surface also does blood

These undergo chemical changes the
 blood coagulates & glues together the
 surface of the wound & later on Nature
 unites them permanently.

New cells are formed, grow & take the
 place of ones destroyed, this is a reproductive
 process. An Inflammatory process follows
 infected part. Cell healing is the result
 of new tissue formation.

These new cells come from the fixed or
 permanent cells of the wounded locality.

All new cells are formed from cells of a like nature, or the fixed cells produce cells of their own respective types.

A Trauma acts as an impregnation of the cells. These new cells form granulation tissue which is developed into permanent tissue.

These new formed cells require nourishment & therefore blood & spaces are formed within the new tissue & from an existing blood vessel projections are thrown out.

This wound healing is result of new formed tissue & not by direct union

Oct 19, 05

Vascularization.

granulation tissue made & requires nourishment brought about by formation of new vessels (made up of new cells formed from old vessels & project in a Budding manner from vessels that have been ruptured or lacerated.

These Bld. Vessels form rapidly & project thro different parts & give to the granulation tissue its rough appearance. These Blood Vessels are quite numerous at first & as there is a large anastomoses of Branches.

When the Embryonal tissue is becoming more of the fixed type the tissue is contracting & in this manner closes many of the Bld. Vessels & they becoming obliterated - most of them while only a few just necessary to nourish remain.

A tumor is hardly distinguishable from granulation tissue & a Malignant tumor is always Embryonal.

Recreation is the process by which Embryonal cells are converted into permanent tissue.

In development cells approach the likeness of the mother cell & not till the permanent stage is reached is it alike - All granulation tissue is alike.

These new cells have various shapes contain a large amount of protoplasm & a fimbriated edge or pseudopodia like process which enable it to combine with other cells to form the tissue. As the cells become more perfect the protoplasm becomes less in amount.

The Epidermis is formed from the epithelium of the adjoining skin at the margin of the wound.

These Epithelial cells wander & become attached away from the original place of formation.

They may remain a hair follicle or a small bit of skin in the wound & from the epithelium of this new tissue form. On this is based the process of grafting.

Grafting is done where large areas of skin have been destroyed & as the granulation tissue forms & having such power of contraction as to deform the neighboring part. so portions of skin are taken from another healthy part & laid on the injured which by mechanical means is attached for a short period till process of new formation begins.

The greater gap in a wound the more granulation tissue is required to repair & if these various cut tissues be brot in apposition with their like tissue there will be less scar a better & quicker union. If muscle & fascia are brot together a connective tissue unites them & here the scar will be less firm may yield & be source of a Hernia. Thus all tissue should be brot together separately & sooner better & in doing this dont rely on touch alone but use sense of sight by pushing apart the gap & seeing the actual condition.

The granulation tissue of bone is called Callus, & is divided into Temporary & permanent.

Source of Granulation tissue: It is formed by any material which will produce Osteoblasts & is chiefly by Periosteum & Medullary layer.

These Cells cannot be formed till the haemorrhage is stopped & Blood gotten rid of. This is easily done in this position as the Blood lies internal & is not infected & is absorbed very readily.

As the Bone is Broken the same force usually tears the periosteum & the result of Trauma causes Proliferation of Cells.

In first place the Periosteum acts & the Dense part is last. as this has to become softened before union will take place & sometimes mechanical force has to be applied & soften up the parts before they act & in rare instances to cut down & cut away the dry dead material.

As the Periosteum is torn away the internal of its cells become active & form the External Callus next the Cells of Endosteum form the internal Callus & last from Broken End of Bone & is most important Callus.

As these Calli form the serve as a splint in supporting the Bone & the final scar resulting is derived from the Callus which formed between the Bone Substances.



Oct. 31, '05

Disturbed Repair - Inflammation.
Disturbed wound extends to entire economy - Begins as Local Disturbance.

Inflammation means infection for surgeon.

Bacteria grow on Devitalized tissue.

Vitality destroys Bacteria. Normal Blood good Germicide.

Bacteria to infect must appear in great enough numbers.

Extent of Inflamm. depends on virulence & number of Bacteria.

Disease is disturbance of function of Organs

Pus producing Bacteria.

Bacteria do not create Disturbance but change in tissue & wound secretion & Embry Cells.

First disturbance is local. 2nd in circulatory Disturbance in surrounding.

1. Hyperaemia & Blood Slowed, first effect.

2. Disturb. of Capillary walls by products prot. about by Bact.

affects cell ^{cement} substance which hold together. Cells become ^{rough} thick sticky.

Cement substance is broken down holes are formed called stigmata

Nov. 3'05 Stagnation of Blood + change in
Blood Constituents. Solid flow near center
In stagnation solids flow near periphery
Mural implantation corpuscles attach to
wall of Blood vessel
Emigration of Leucocytes thro stigmata
Leucocytes

Nov. 7, '05. Albuminous substances formed serve as food
& Antiseptics act mainly on albumin.
Bacteria are removed by Leucocytes property
of Phagocytosis.

Nov. 10 '05 Local Infection;
Act on devital tissue & extract albumin....
Cell is composite structure & furnish
culture Media for Bacteria.
Growth depends on food Oxygen Carbohydrate etc
Toxins are result of Bact. on such structures.
Macroscopic symptoms:
Heat - increased Blood supply - augmented function
Where there is infection the Blood furnishes
material & may serve to carry away.
Normal secretions have Bacteriocidal action.
May ^{not} be increased injury.
Redness. Dilatation of Blood Vessels &
the stasis. Reproductive & Inflammatory may
occur together

Nov. 14, '05 Coagulation necrosis is superficial affection -
causes an exudate & area for growth.
This should be removed by scraping,
incision, Bacteriocidal material etc.
Wound should not be closed till it is able
to unite.

Influence of Local Dis on general condition.
Influence on 1 nerve 2 Blood designated
* as sepsis: a disturbance in blood as result
of infection & results in a fever 2.

Resultant of Putrefactive organisms.

Danger of Local Dis is in sepsis,
sepsis continues as long as Local Dis.
Elevated temperature is index of Sepsis.
Local infection should be treated to
check Sepsis.

Record of Temperature & pulse should be
kept as an index of sepsis also an
examination of the general system.
Examination of Blood aids in
determination as Leucocytosis is generally
present & especially indicative of Deep
seated supuration.

Nov. 22, '05

Blood changes

Leucocytosis W. Bld. Co. increased & increase fibrin ^{ferment.}
In local Disturb Leucocytosis is Physiological.
as attempt on part of nature to serve a purpose.
W.B.C. contain Paraglobulin.

W.B.C. are of low vitality & lose constituents
& Coagulates readily.
Acute Suppurative Process.

Def. of Sepsis & Leucocytosis.

Typhoid Fever gives rise to Sepsis.

Thrombosis is coag in Bld. Vess. of Inflam
part. due to leucocytosis & stasis.

This Thrombus may result in Cardiac Thrombus
or Metastatic inflammation by virtue of it being
able to carry organisms.

R. B. C. are decreased & thus decrease oxygen
capacity.

Nov. 24, '05.

Erysipelas infectious. organism enters thro'
wound which may not be recognized.

Infection readily conveyed.

Bad prognosis when Mucous Mem. is attac Red,
Attacks outer & inner skin

Ordema may cause closure of Larynx by
tendency of inflammation to spread.

Limitis itself to Lymphatics of Skin.

Bacillus similar to Streptococcus
glands are often involved at beginning
Inflammation may not result in Pus.

Pus is incidental of one kind of infection
Ex. Do self limited Disease

Ex. furnish predisposition to same disease.

Iodine destroys the skin.

Self limited disease treat symptoms.

Internal medicine do little good.

Anti-streptococcus serum should be used.

s. Extreme Contagion of Disease & carried
readily

Tetanus Microbe is anaerobic - non-pus producer.

Best surrounding is in Deep seated &
poorly drained. It is an omnipresent Bacillus
Bacillus is present in Intestine of Horse.

Results in transformation to Toxins.

+ Toxins travel along nerve to Brain &

Toxins act on Brain & Sp.C. directly.

tonic contraction of Masseter & Temporal.

" " Flexor Muscles of Trunk.

1. symptom Stiff Neck.

2. Cannot open mouth very far.

Erector Muscle of Back. Board like Abdomen.

At first are Clonic - relaxed.

* Opisthotis.

Unusually High Temperature.

Visible wound is suppurating. Should be cleaned.

High temperature from Muscle Contractions.

Diarrhoea for Water Warm water should
be injected into Bowel.

Disturbance increase secretion & when secretion
cannot escape Bacillus more ^{liable} to act
as wound in hand & foot below fascia
in such wound it should be well opened
& cleaned.

Wound should be opened, cleaned, & packed
never sew up till perfectly clean.

Drug treatment is Symptomatic.

Morphia, Chloral, Bromides, Hyocyanus,
Fowler's Solutions, Antitetanic Serum.

Where Tetanus occurs almost simultaneous
it is most virulent. Longer Existence
better the chance for recovery.

Dec 5 '05. Inflammation^{action} disturbance in Cell formation.

T.B. properly planted causes cell formation.

& Toxins modify growth

Dec. 8 '05. Gangrene death of a part medical & Surgical Condition
Diabetes next to injuries produces most
gangrene.

Dry where part remains dry mouldy & do
not furnish soil for Putrefactive Bact. also
Pyogenic Bacteria.

Line of Demarcation may be infected but
does not act on dry part as Bld. Supply is
poor Arterial may be destroyed

Moist gang. as result of Venous Circulation
good ground for action of Bacteria
Odor of putrefaction & Better Soil for
Absorption.

Causes of gangrene are as a rule noticed
before gangrene.

Trauma by interference of Bld Supply or
injury to all parts.

Such limb should be elevated, surrounded
to prevent evaporation, application of Heat
Cleanliness

Line of Demarcation limit of circulation in skin

Dec. 12, '05.

Shock generic term including many changes.
Anemia of Brain & Spinal Cord Disturbance of Central Nervous Sys. not known.

Exhaustion of Central Nervous System.

Relation of Hemorrhage to Shock.

Effects depend on quan of Bld & on Individual.

Small Rapid pulse when large amt of Bld is lost.
due to less stimulation of Heart may increase & cause exhaustion.

By without nutrition of Bld to Cord & Brain we have shock much augmented. Haem causes shock.

Treatment stop Bleeding.

Use of Saline solution, warm application,
no alcohol.

Dec. 15, '05.

Shock profound disturbance of Nervous system.

Delirium disturbance of ordinary thinking
& surrounding relations.

Sudden withdrawal of Alcohol causes symptoms same as crisis

Alcohol abused is followed by degeneration of Excretory Organs -

Gives poor foundation for reproductive process.

Use strychnin. Opium for sleep.

Care of injury examine Habits, don't withdraw.

Bleeding from small Blood vessels - 'Bleeders'

Hard to stop. Elbow, knee, ankle joint.

Due to absence of fibrin ferment, or walls may be thin, may be degenerative changes where there is a thickening.

Use pack.

Dec. 19, '05.

Anesthesia - Ether & Chloroform -

for producing sleep & relieving pain.

1. If anesthesia should be general or local.

2. Condition of Patient if fit for ether or Chloroform.

Amount of each determined on P. in each

" " " " by Physiology action.

Phy action begins on higher centers.

At first delirious. Reflexes abolished last at Perineum, Voluntary muscles first to relax.

Jan 2, '06. Surgical Pathology deals principally with three things 1. Repair of Wounds, Inflammation, Neoplasms or New Growths.

Tumor: a swelling & is inderogate to cover meaning of new growths such as neoplasms. Tumor should mean a new growth a new growth which has no physiological function, a permanent growth.

New growths occur internally & Externally. Internal medicine has performed its best diagnosis in discovery of internal growths.

All new tissue formed must be from like tissue

Lipoma must have been developed from fat-cells. Carcinoma from Embryonal epithelial cells.

New growths must start from Embryonic tissue. Embryonic tissue retains its characteristics in the new growth & the more of this Embryonal Characteristic is the more malignant the new growth.

Rapid growth & Embryonic Characteristic of tissue are the two important features of Malignant growth

Sarcoma, in young, are most malignant of new growths.

Jan. 5, '06. New Growth goes on independently or at expense of Body. Neoplasm not interfering with gen Body
Lipoma resembles fatty tissue

Heart accumulates fat. When tumor grows into tissue called tissue infiltration Malignant. or may grow between organs, or parts. Benign. Fat passes from subserous parts to intertissue
Symmetrical tumor due to Menstrual disturbance

Jan. 9. '06. Malignant tumor have tendency to enter tissue from matrix. New growth results from cell proliferation result of Embryonic tissue may be congenital or post. May have growth on granulation tissue. New growth not due to bacteria. Erycapalis used to destroy new growth. New growth possesses life of its own. tho not separate. Does not disappear spontaneously, as a rule. Infiltration causes malignancy returns in loco or metastase. Benign is usually encapsuled or limited by border of organ - pushes away. may press on Trachea etc. Remove ^{advise} early removal. may disturb internally. Danger in removal of suppuration. In removal think of making part useful.

Jan. 16. '06. Bones are separate & become united as developed from numerous centers. Junction of Epiphysis is cartilagenous. Bone tumors are more ^{benign} ~~malignant~~, grow slowly.

Exostosis is an outgrowth of Bone.

Covered with Cart. which may be converted into bone. Covered with Perioste to protect muscles etc. occur in Neighboring of Epiphysis. When on Skull must be differentiated from Syphalis.

Nasal Process of Sup Max Exo are symmetrical. Bone tumors are arisurios by influence exerts on surrounding tissue. Should be removed when interfering with neighboring structures or when in them selves are undergoing changes & containing other elements may become malignant.

Fibroid small hard smooth grows by pushing away parts. is rare form.

Keloid a form of fibroid grow ordinarily upon scars. Don't operate on Keloid.

New growth causes pain in Sciatic nerve

Neuroma fibroid growth within sheath separating Nerve Bundles.

Myomata are prone to take on growth which interferes with their life

Jan. 23.06. Malignant is clinical term which expresses behavior & its clinical characteristics
 Recurrence after removal. fast growth requires large Bld Supply. involves body thro lymph channels while Sarcoma thro Bld.

Phosphoric acid do not use Thyroid Extract.
Serums with questionable results.

Vegetables & fruits small amt. Meat,
Eggs & fish used

Removal of part of gland

few may recover without treatment
most recover after treatment may
remain well indefinite period.
tendency to return when under nervous
strain.

Cretenism Infantile Myxedema,
common in Switz & occurs sporadically
in most countries. cause unknown,
except frequently a nervous disease in
family & not perfect development.

May not be recognized at birth of child,
but after first few months will no
develop mentally. learns to talk slowly
skeleton does not grow right physically
dwarfed in every respect. skin more or less
shriveled, dry. very little perspiration. (in
contrast to Exophthalmic Goiter where skin is off.)
Child never attains untreated a normal degree
of development. borders on imbecility.
Can imitate have nothing original, no
evidences of paralysis as in children who
cease to develop from central nerve lesion.
Some Creatins may have increase in
size & function but never attains a
perfect condition.

Treatment: Begin at once with Dessicated Thyroid
start with small doses $\frac{1}{4}$ to $\frac{1}{2}$ gr. two or 3 times
after meals. watching affect, specially condition
of circulation. May increase dose.
Must be continued for months before
results are noticeable. + continue it for
years possibly for life.

as they grow & develop fewer doses may be given but continued.

Infantilism: develops later in life not congenital becomes especially apparent after puberty may be result in many cases infectious diseases.

Path: same as Cretenism deficient action of Thyroid.

Loxine Type is believed to be due to imperfect development of Arterial system.

General symptoms which char. Cretenism, tho' in a lesser degree.

Treatment same as Cretenism.

Senility developing in early period. tissue atrophy.

Myxedema same etiology - develops later.

In individuals who have been perfectly well previous. general symptoms.

Etiology (some acute disease probably)

dulling of mental faculties. Tendency to melancholia, Hypochondria, Pseudo edema.

Thickening of skin without pitting as in ordinary edematous conditions, a dull expression, Vague pains thro' body, paraesthesia.

Headaches & tendency to some local hemorrhage of Mucous Mem. cessation of sexual function, & Menstruation.

Treatment: in general the same, 3 gr. in adult 3x day increasing gradually to 5 gr. if patients stand well. symptoms usually clear up largely but treatment should be continued.

In Senilium Thyroid + Strychnia & Arsenic often tends to delay the process.

In Bright's Disease with evidence of Arterio Sclerosis Hypert. Heart High tension pulse is beneficial.

Menstrual Disturbance in developing girls it is good (2 grs).

Tetany has been benefited. Nervous Diseases acts as

an Alterative & in functional neuroses

Paralysis Adipans. also Hemorrhage; combine with Calcium Chloride. 10 to 15 grs. in Water.

Feb. 21. 06. Chronic Rheumatism. occurs usually as a primary condition or secondary to Acute. Constitutional condition. not infectious, not caused as is acute rheumatism

Exposure to cold & wet in those who are predisposed may excite attacks. probably also a defect in Metabolism resembles in this way Gout.

Path. Pain & stiffness about joints single or multiple. often several involved. indicates some irritation at this point & ligaments & capsule are thickened. some injection of synovial membrane. rarely active inflammation or necrosis of membrane. Severity of these symptoms are no indication of change taken place about the joint. In protracted cases there is a certain amount of atrophy of muscles controlling the joint involved. rarely always occurs after middle life. many cases give Hereditary History.

Symptoms. Pain & stiffness in joints changing with weather tending to recur & resisting to treatment. usually involving larger joints. Hip. Shoulder, etc. usually no swelling or redness. if smaller joints are involved after long period there is some deformity. Symptoms occur at intervals for many years. most troublesome during winter season. do not stand cold very well.

Prog as a rule does not shorten life.

Treatment Hygienic. should be clothed in flannel the year around. flannel blankets. Restrict heavier Meats plenty of Liquids. except Alcoholic. warm baths everything to promote free action of Skin. Massage.

Potassium Iod. in small doses 5 grs. 3 X a Day for some time Salicylate pref benefit to some extent & relieve pain. Tends to interfere with Antitoxins.

Muscular Rheumatism, Myalgia, painful affection of voluntary muscles or their attachment. Lumbago, of same nature.

Etiology: Cool draught most important, other exposures. Rheumatism + Gout are predisposing factors. Symptoms, Pain usually severe on movement of the muscle, dull aching. Local, confined to 1 muscle. is acute usually lasts about a few days, may be able to get about or confined to bed.

Feb. 26. 06. Treatment: Rest, Turkish bath followed by vigorous massage of muscles of back, strapping affected part especially pleuridinal. Acupuncture leave 10 minutes. Morphine in bad cases $\frac{1}{2}$ gr. follow with massage. Small doses Pot. Do. full doses Strychnia. tend to relieve protracted attacks + prevent recurrence.

$\frac{1}{2}$ D. 5 gr. 3X
Stry $\frac{1}{30}$ 3X as patients stands (twitching fingers).
Salicylates in ^{some} form. relieve pain + tend to prevent attacks.

R. Sodii Benzoate.

Lithia Benzoate

Sodii Salicylate.

Pot. Citrate aa $\mathfrak{z} \text{ii}$

Glycerine $\mathfrak{z} \text{ii}$

Aqua Cinnamon q.s. $\mathfrak{z} \text{vi}$.

Teaspoonful in glass of water every 3 hrs.

Gout. Etiology: constitutional disease usually history of Heredity. presence of Excess of Uric Acid in Blood or tendency to precipitation of Uric Acid Salt from fluids. Cause acute symptoms Constitutional symptoms are due to disturbed metabolism. this salt deposits as Bicarbonate of Soda. found to some extent in acute + chronic cases. Occurs at any age more manifest after middle life, Alcohol is taken in

Walt Liquors favor it especially Ale + Beer.
 Overeating without sufficient Exercise.
 Lead-intoxication. Chronic Lead Poisoning
 diminishes Metabolism of Body. Disease
 of Rich + Poor. Exciting Nervous Strain
 Exhaustion. an unusual period of rest.

Feb. 28. '06

Metabolic Causes: excessive eating, diminished
 exercise, chief cause of Impaired Metabolism.

Imperfect oxidation results in precipitation of
 Uric Acid salts. + possibly to an excess of these
 salts in body fluids.

Pathology: May be deposits of Uric Acid salts + Lime S.
 especially about joints + in the Cartilages.
 Cartilage of ear good place called in ear Tophi.
 Arterio Sclerosis accompanies. Contracted Kidney
 in later stages. Neuritis, Path. changes in
 lungs characteristic of Chronic Bronchitis.

Mind unusually clear. Symptoms: Acute Gout.
 a person with favorable history awoken after
 Mid-night with pain in Great Toe. First Joint.
 Sharp pain. Paroxysmal. Joint becomes red,
 swollen + feverish, resembling joint of acute
 Rheumatism, Tongue becomes coated. Stomach
 disturbed. bowels Constipated. Temp. 100 to 102.

Symptoms abate during day to recur at
 same time at night. continues for several days
 symptoms gradually disappear. frequently
 patients will give history of previous attacks.
 bear in mind exciting causes.

Chronic Gout: joints become permanently involved
 + any of joints of body may show effects. Sp. C.
 + large joints most exempt. Thickening about
 Capsule + sheath of Tendon + deposits about any
 of these joints. Associated with Ch. Gout is
 Gouty Diathesis. Other symptoms are.
 skin eruption. Exema. Biliousness common.
 Symp Arterio Sclerosis. Headaches, Numbness

Paresthesias. Hot itching feet at night spoken
 of as signs of Gout, Cramps of Muscles, Periodic
 excesses of Uric acid in urine. (Uric Acid Showers,
 Oxaluria. Minute quantities of Albumin are common.
 Transient or continuous for years. Hyaline Casts.
 Chronic Bronchitis troublesome in Winter, Otitis,
 Glaucoma, Apoplexy. Diagnosis: Acute Gout by its
 Solitary involvement of joints. Chronic Gout by
 joint symptoms accompanied with Constitutional
 symptoms. Treatment: Acute: Rest, elevation,
 Heat as hot as can bear, follow with Opium
 application made by Hot Compresses surface wet
 with Tr. of Opium. Internal:

Rx. Tr. Colchici seed ʒ i-

Sig 10 drops in water Every 6 hrs. watching
 constitutional affects & depressing.

Laxatives: Calomel, Salicylates, Asparin,
 Phenacetin 10 grs. + 3 gr. Caffein Citrate, for pain.

May, 5, 06. Chronic Gout Treatment constitutional required
 often a change in mode of life of individual.
 General Hygiene. Open air, to improve Oxidation
 this stimulates circulation & elimination.
 Gouty Indiv. complain of Cold. wear flannels.
 frequent baths. Cold if can be tolerated. Cold
 bath in morning good rubbing. If reaction
 is poor stop Cold B. Warm Bath at night
 Alcohol rub to stimulate reaction.

Diet: Lots of Water. Pay no attention to Lythia Water.
 Saline Water is best. Food Excess in Uric Acid
 Restrict Nitrogenous foods. Game or fowl Meat
 Bar Beef. Eggs Moderate. Milk, Vegetables & fruits.
 Bananas M.g. Oranges, apples etc. Don't eat too
 much. Fats are good. Moderate amt. Coffee & Tea. No
 Malt liquors at all. Whiskey is best, not between Meals
 Rest after Meals. Regular. Light meals when under strain
 Salicylates indicated. Potassii Iodidii ^{small dose 3 to 5 gr. 3X 4 or 5} for elimination.
 Lithia. Citrate, 5 grs. 3X in water coffee or tea.

don't go beyond 3 5gr. tablets. tendency to Vertigo
Benz. Lithia

R. Mag. Sulph. $\mathfrak{z} \text{ } \overline{\text{ii}}$
Pot Bicarb gr. xv
Tr. Colch seed. $\text{m } \times$
Inf. Buchu $\mathfrak{z} \text{ } \overline{\text{i}}$

Sig. Every 6 hrs. in water.

Mar. 7. 06.

Scurvy: Etiology: Poor Hygiene & errors in diet. Lack of green vegetables & fresh meat. Why not known probably. Veg. acids. absence. + organic salts. 2. toxic elements in food vs. infection occupation: sailors, miners, & soldiers are more susceptible to disease. more apt to be deprived of food. poorly fed prisoners & patients. Miners in Alaska Path: not knowing Etiology. Enemic. tendency to Haem under Mucous membranes & skin. gum swell. erosion & loosening of teeth. Leucocytosis. gradual deg. of Parenchymatous organs. onset slow. losses in weight becomes weak, pale, after a time spongy gums tendency to bleed on slight irrit. teeth may become very loose as in salivation & even necrosis of jaw. tongue coated, mouth foul & no much secretion. skin dry & rough. tendency to subcutaneous hemorrhage. haem into deeper tissue. Edema of limbs due partly to cond. of kidneys & feeble circulation pains in limbs & joints. constipation always. fever irregular not characteristic. may be subperiosteal hemorrhage. & some necrosis of bone. Dif. Diag. Rheumatism. History & general symptoms. a Rheumatic patient would have more fever. purpura exists on surface comes on suddenly. without previous symptoms. & with some other constitutional disease. Prog. good except in late cases. Fruit juices & fresh meats. tonics. Baths etc. Fresh meats prevent it. Broad of trade require foods to prevent.

Infantile Scurvy: Imperfect food often associated with Rickets. Art. feeding, may develop in Nursing children, milk may not be suitable. Condensed & prepared milks more apt to cause it. Symptoms as much the same, lower limbs & joints most affected. likewise gums. Cry out when moved one of first indications. deformities may occur of limbs & Sternum, separation of Epiphyses of Bones. Paralytic symptoms. Temp. erratic.

Treatment: Proph. art. feeding use some fruit juice, yolk of soft Poached egg, once or twice a day. Orange juice.

Mar. 14. '06. Sun Stroke, or Heat Stroke caused by exposure to excessive heat especially to the Sun may occur in enclosures. Soldiers suffer in summer more common in Cities, Teamsters coal drivers, occasionally in country. Alcohol exciting cause.

Pathology: Congestion of all tissues, Parenchyma degeneration. Rigor Mortis develops quickly after Cholera. ^{similar} Symptoms: An Indiv. normally should perspire, perspiration ceases, rigidity, fullness in head, face red, skin injected.

Sense of oppression, colored vision, nausea & vomiting may or may not. may gradually lapse into unconsciousness. may be partial or profound Coma. may last for a short time to several days. Breathing stertorous, Stertorous breathing. Rapid rise in temperature. 104 to 112 Temp.

Twitching of muscles, later relaxation. pupils dilate at first later they contract. pulse full & bounding. Body red & dry. Symptoms develop quickly full Bl'd Indiv. suffer more than pure. After symptoms, Indiv. who has had one attack cannot tolerate heat afterward. may last for rest of life.

Heat Exhaustion: weakness, exhausted feeling, cramps in muscles, gastro. Intes. irritation, may be delirious or some mental confusion temp. subnormal, low as 96, surface is cold. come on more in enclosures.

Dif. Diag. espec. between Thermic fever.

Alcoholism, Nephritis, (urama) Apoplexy,

all two may be assoc with Th. fever.

high temp assists in dif.

Uremic Coma: odor of breath, exam of urine,

+ Temp. apoplexy sym. of paralysis espec.

of Ocular muscles. Temp.

Treatment of Thermic fever. Application of Cold

Cold on head first thing. Take Temp const.

per Rectum. do not reduce temp too low.

Inject ice water. watch pulse. if weak use

Strychnia. Phlebotomy patients bleed early 1st.

don't give anything to eat, cool water first 24 hrs.

Hypoderm Saline for Kidneys. Watch Pat.

+ give stim as indicated. when conscious are

out of danger as a rule.

Tr. Heat Ex. Opposite measure. Stim from

beginning, Hypo. Saline. injection. Plato

for pain. Light diet. when delir clears up

out of danger. Both Conditions may be

gone & wks convalescing.

Mar. 19. '06.

Diabetes Insipidus. Char by passage of large

quan. of urine for a considerable time.

Etiology. found in young people, children,

infants, more common in males. 23 of 91 members

of a family had Dia Insip + all were well.

Idiopathic + Secondary.

Idio. cases occur without apparent cause. large

quan. water often after drinking excessive quan.

Secondary injury to nervous system Head, Br.

+ Spinal injuries or disease especially Brain or Sp. Syph.

Lymphs most freq found near base + in Meninges.

Irritation of Medulla, thought to be cause. Tumors of Abdom. Respec. T.B. Disease of Abdomin. Fright & Shock may be a cause.

Path: Not constant. Some cases Kds large & congested. Bladder dilated & hypertrophied. Increase function of Kid.

Symptoms. Gradual onset may be sudden. Increase elimination of Water & Increase thirst. Pain in Lumbar region radiating down thighs. Quantity from 10 to 56 pints.

Specific Gravity 1001 to 1005. Solids normal. Traces of Sugar & Alb. may be found. Appetite excessive. Patients look well & if not ill appearance due to primary disease rather than Diabetes. Able to carry on usual work chief inconvenience is thirst & passing water. Skin becomes dry & hard. mouth becomes dry. Tolerate large amts. of alcohol. Prog: Dis. form not serious as regards life. Sec. Form depends on primary disease. is Symptomatic disease.

Dif. Diag. Dia. Mellitus told by Specific Grav. & pres. or ab. of sugar. Mel. 1030-40. In 1001-05 Polyuria: not constant, associated with functional nervous disturbance.

Bright's disease water is increased, 5 pts.

Hysteria may periodically pass large quan. but not constant & associated with Neurosis. Polyuria at close of Disease.

Treatment: Not very satisfactory. If Secondary treat Primary condition. Some Sedatives used. Powd Valerian Root. 20 gr. to 2 gr a day. or Valeriate of Lime 45 to 120 gr. per day. Bromides. persist in Med for some time, restrict water somewhat. Liquors should not be taken. Little possibility of it becoming Dia Mellitus.

Mar. 21. 06. Diabetes Mellitus, Disorder in metabolism
 where sugar is found in blood, eliminated
 in urine, condition must exist for some
 time Etiology: In all people all countries, gradually
 increasing, more in well to do class, heredity
 little affect. Diet important causative factor
 Males in excess, most common between 30 & 60.
 may occur at any age. Hebrews suffer more.
 Negro least. Obesity favors development, likewise
 Gout. Nervous shock or strain exciting cause
 Disease of Spinal Cord. Medulla oblongata & 4th
 Ventricle is a cause. Pathology not known
 definitely, do not know Metabolism of Starches.
 Glycogen supposed to be formed & stored up in
 liver & muscles to be reconverted into glucose
 as required by tissues as glucose may find .18.2%
 in blood, but in excess is eliminated by
 kidneys. & sometimes found high as .4% in Diab.
 Excess of glucose 150 to 350 grams will produce
 glycosuria, feeding starches in any amount will
 not produce glycosuria, because starches are not
 transformed so rapidly & can be taken care of.
 Clin find changes in liver & Pancreas & of Pancreas
 Islet of Langerhans are affected, may show hyaline
 degeneration or otherwise. Change of Kidney is
 more of hyperemic nature. True Nephritis
 may develop. Blood shows some changes,
 P. M. Linc. contain glycogen. Neuritis may
 develop. T.B. is prone to develop in diabetes.
Symptoms: Diabetic Div. due to errors in Diet
 more or less transient usually relieved by correction Diet.
 Fatty Dia: in excessive fat, usually associated
 also in errors in diet relieved by correction, same
 above show tendency to recur tho' not serious.
 Such cases may prove to be Pancreatic Diabetes
 & is possible that a change may occur to same

Pancreatic Dia: onset gradual, thirst & hunger
 develop as in Dia. Insip. but with greater appetite.
 excessive amt. of urine with thirst. Mouth dry,
 skin dry, no perspiration, gradual emaciation probably.
 Cond. of Urine. Sp. G. high 1.035-45. Pale, with
 red. sugar up to 10%. total of 1 to 2 lbs. in 24 hrs.
 Acetone usually present in severe cases, at any
 time & indicates the presence in the circulation
 of β -Oxybutyric Acid which is cause of
 Diabetic Coma. Alb. fat. & casts are common,
 increase in Alb. cells. leucocytes increase
 with advent of Coma. Complications: boils &
 Carbuncles, Eczema, Gangrene, H.T.B. Arterio
 Sclerosis, Neuritis, & Coma. Coma usually
 fatal. Prog. Diet. & falls usually recover.
 Pancreatic rarely recover. may live for many
 years. Treatment: Hygiene: Keep warm, see
 to skin occasional warm baths & massage.
 Diet: Restriction of starchy foods. Gluten
 bread & oatmeal are best sort for cereal food.
 Green vegetables, meats & eggs, Liver not good.
 some fats, olive oil, fruit if not too sweet.
 soups, coffee & tea & whiskey. Saccharine. no pastry.
 Custard puddings with no sugar. Laxatives.
 Medicinal: Arsenic, Codeine, Salicylates.
 Codeine lessens amount of Sugar 1/2 to 10 gr. dose
 a day. Avoid excessive exercise. Coma
 best treated by withdrawing food & introducing
 1 pint Saline Sol. large dose Bicarb. Soda.
 2 teaspoonfuls.
Blood. Normoblast, Erythroblast, Microblast.
 Megaloblast. Poikilocytosis, Crenated.
 Red cells assume Basophilic granulation.

Mar. 28. '06.

Anemia: Secondary type. Implies deficiency in substance of corpuscles in their number or in the plasma of blood itself. applies especially to red cells. Color of skin is not always an indication of the degree of anemia, color of mucous membranes more reliable. Changes taking place: in beginning No. of corpuscles not much changed, change begins in the substance of Corp. Corp. average smaller as anemia develop. color of indiv. corp. diminish. Lowered specific gravity. Changes in shape of corpuscles great variation in size. Endoglobular changes, vacuolization, & granular changes may occur peculiar staining reaction. No. of cells gradually diminish. Anemia from Hemorrhage.

lose 2 to 4 lbs. blood & recover. loss of Corps. & Plasma immediately after hemorrhage shows dim. in Red Corp. few nucleated red cells & slight increase in leucocytes. If severe Hem. some time after some degree of anemia may exist but blood is quite rapidly restored, first water & salts. & albumin of plasma, next increase in corpuscles averaging smaller than normal. Color gradually returns, New Corp. show dim. in Hemoglobin also. Rapidity of Recovery depends on degree of Hem. & cond. of individual, Norm. indiv. recovers quite rapidly. Chronic Disease more slowly. Second. Anemias due to

April. 4. '06.

Chronic Diseases. Any Exhausting disease, Peph. T. B. Sepsis etc. Chronic infection. Blood has usual characteristics. Toxines produce same thing Mineral workers. miners Lead. Zinc Mercury. Intestinal parasites, Ankylostoma.

No treatment for secondary anemia.

Chlorosis, Green sickness. Etiology chiefly in girls 14 to 17. Bearing some relation to Sexual Development & Establishment of Men. function. In retarded development. Heredity. Poor Hygiene. Constipation, Symptoms, Yellowish

green color. pigmentation about joints. Blood looks pale when drawn. Hemoglobin 40% total amt: about 4,000,000. May increase to 2,000,000.

Corpuscles irregular in size, shape. Micro & Macro. may have a few normoblasts. slight Leucocytosis.

General symptoms. Appetite: variable & capricious. Desire for strange articles of food, coffee.

Hyperacidity, tendency to gastroparesis. Kidney displacement. disturbance of heart. Palp. on

Excitement, murmurs at apex & base. Stenosis or functional murmurs due to relaxed cord muscle wall. Murmur in R. Jug. Vein.

pulse soft, rather weak. May lead to formation of Thrombosis, especially femoral vein. (Milk Leg)

Most cases are hysterical. Menstrual disorders. cold hands & feet. Headaches quite common.

Constipation is rule. Dif. Diag. T. B.

Readily susceptible to T. B. Examine Lungs.

& watch for symptoms. Sl. irregular

Temp. In T. B. signs of irritation in R. apex. changes in Resp. sofrids. cough.

Nephritis: Examine Urine. In child, unusual at this age. Treatment: Long time. Iron.

Tr. Chloride of Iron. 15 M in egg water 3 times a day.

Bland's Mass. plenty of milk, eggs, nourishing foods. Spinach. Laxatives. Casein. Phenothalin favorable hygiene.

April, 9, '06. Pernicious Anemia a progressive anaemia which

develops to extreme degree. Etiology: Idiopathic type cause not known. Parasitic. Intestinal Parasites.

condition in which blood is rapidly formed & exhausted.

Pregnancy, severe hemorrhage, atrophy of Stomach.

Path: Not much loss in weight, faint amt. Subcut.

fat. skin & fatty tissue are lemon yellow color

Muscular tissue flabby. & weak. voluntary & invol. blood making organs not characteristic change

Spleen normal in size, lymph glands

✓ Bone marrow not specially different than in any other. Symptoms: Gastro-intestinal early disturb of Gastro-intest tract, some loss of appetite but effect. symptoms come slow. Shock or worry. early signs are pale mucous membranes & lemon skin. pulse large & soft. fatigue on slight exercise. dyspnoea. vertigo. As disease progresses exhaustion becomes extreme. Bld. falls to $\frac{1}{2}$ or $\frac{1}{3}$. Haemoglobin relatively increased. Change in shape & size. & a few large nucleated Red cells. Blood serum same. as bld. diminishes circulatory symptoms appear. Haemic murmurs. & weakened heart. Extreme dose may have retinal & nose & other mucous membranes. Diarrhea. urine pale. Sp. G. low. Post. Lat. Sclerosis of Cord. Dif. Diag. Addison's Disease. Brown Skin. not light but Browned yellow. Bright's Disease. Examine Urine. T.B. General History. Bld count not so low. Cancer. usually pain Prog. Idiopath very unfavorable. may partially recover with tendency to relapse. Secondary type may recover. Rest in bed fresh air. & easily digested food of most importance. Medicine. Arsenic & Iron. Bone Marrow Moderate doses Arsenic & increase well tolerated. 1 or 2 drops increase per wk. till 20 or 30 drops after meals. Bone marrow in Sandwiches.

April. 11.06. Leukaemia. disease? Bld. making organs char. by increase of Leucocytes. changes in Parenchymatous organs Liver Kidneys. Etiology: Not definitely known. auto-toxication considered. Metallic poisons Pb. Zn. Hg. & to infection processes some believe Specific infection. related to Mal. growth. mal dis. blood. Path: Enlargement of Lymphatic Structures certain ones more than others depending on variety. Leu. Splens Myelogenous. Spleen & Bone Marrow are hypertrophied. Lym. Variety Lym glands especially. Enlarged Liver. due to infiltration into liver by leucocytes.

Same in Kidneys. may have some fatty Deg. may have deposits of Leucocytes in any of the tissues of body. analogous to Metastases growths. great dim. in R.B.C. & marked increase in Leucocytes from 50000 to 1/2 million. in Blood. Spleen cells are normal but increased. Bld of Leu. Cells are changed. frequent N.R.B.C. W.B.C. in Spleen Myeloid Leu. consist of Lymphocytes R.M. Cells & Myelocytes. P.M. & Myelocytes in exan. Lym. Type. Lymphocytes in Excess.

1. tendency to Hemorrhages. Metabolism disturbed resulting in formation in Bld. Urea & Tyrosin. & Leucin & Uric Acid Compounds. Gravel not infrequent. Oxygenation imperfect. Dyspnoea. Circulation weakly ^{poor} fatty deg. of heart.

Symptoms: develops slowly. become weak, appetite capricious, a little irregular temperature.

Early Spleen & Liver begins to enlarge & Lym. Nodes. Spleen becomes very large, resembling Splenic P. Liver 2 or 3 fingers below costal margin. Patients die very easily. Dyspnoea. On drawing Bld it is pale like puss. as dis. progresses skin is anemic & patient becomes emaciated. Incessant Sexual excitement. Peritonitis common Complication or Inflamm. of other serious Memb. Proplexy may result. Headache, more at night. Bowels constipated. Urine increased, show Renal irritation due to infiltration there. Duration:

Malaria, Splenic Anemia, Pernicious Anemia, T.B. - Cyphals, Hodgkins, & Lymphoedema. Prog. grave.

Splenic Medullary most frequent Lymph type occurs in children. Spl. Med. longest Duration. for M. type years. Lym. Type few weeks to a year.

Treatment: Arsenic in increasing doses & for long periods. Easily digested food. Attention to bowels & Kidneys. Out Door Air. No much exercise.

April. 18.06. Leucocytosis increase in number of leucocytes in peripheral blood over number normal. increase never involves a diminution of P.M. Cells. but always an absolute & relative gain. Certain conditions change leucocyte count normally. Apparently normal individuals may show a variation from 3 to 10,000.

Spare indiv. 4. Strong. 10,000.

Physiological Leucocytosis. New form leucocytosis 10 to 13,000. During period of Digestion increases to double. 13,000. Pregnancy doubtful.

following confinement average 15,000.

Exercise. Vigorous increase to double.

15 to 20,000. May last only a few hours.

Massage increases. Cold baths & prolonged hot baths

Time may lowest in morning. highest in evening.

After violent exercise accompanied by falls. myelocytes

may be found. injuries & bone same affect.

1. May be apparent increase not absolute or

there may be an actual increase.

Cause may be elimination of toxins

increase in metabolic processes.

fate of leucocytes in dissolution. disintegrated

& eliminated. when demand ceases.

April. 23.06. Path. Leucocytosis follows usually some inflam. or Toxic condition, may result from loss of Blood.

under Toxic varieties may be any element that is toxic to tissues from outside or formed inside.

from Disturb Metabolism or suppuration.

Must consider individual reaction to disease

in estimating value of leucocytosis.

Mild infection with good resistance low leucocytosis

Milder " " less " Moderate "

Severe infection " poor " No "

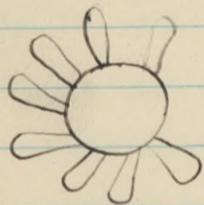
" " good " High "

Scarlet fever & Diphtheria, Erysipalis.

Pneumonia, Suppurative Small Pox

Septic Condition, Articular Rheumatism.
 Gonorrhoea if systemic. Boils, appendicitis.
 Throat infection, Psoas Abscess. not purely T.B.
 Liver Abscess. Pelvic Abscess. Malignant Dis.
 may or may not. Certain Medicines produce Leu.
 H.D. Sodium Salicylate. Salt Solutions.
 Hypo Leucocytosis. Ergot. Sulpho Chol. Trionol.
 Atropine & Tannic Acid.
 Quality of Leucocyte is of value. P.M. often
 (greater) resistance, may change in final under
 different diseases.
 Leucopenia or Hypoleucocytosis. Grippe.
 Measles. Mumps, Typhoid Fever, fever T.B.
 Cystitis. Malaria (may or not). Presence
 of Eosin in excess is characteristic of
 Bronchial Asthma, in Blood & secretions.
 acute Skin Diseases. Infections (Intestinal parasite
 Trichina, Tape worm, Urcinaria, Eosinophilic)

April 24 '06



{ Lateral Chain Side .. Receptor of cell. Haptophore Binding group.	{ Chem Terms.	Differ for different food stuff & in different kinds of cells.
---	------------------	--

May lose its toxic property while the Haptophore retains its uniting power.

Toxophore can exert its action only when its Haptophore finds affinity with a cell Haptophore.

Haptophore resembling the Haptophore of some food stuff, with affinity for Haptophore of some cell. More stable than toxophore.

Inject Toxic element into immune animal immune remains unimpaired. either because the animal has no available Haptophore which may form an affinity with Hap. of Toxic.

or because Toxophore of Toxoid may have lost its toxic element.

If inject in non immune Indiv^{the} Toxin Haptophore combines with available cell Haptophore enabling Toxophore or Toxic element of Toxoid to act upon the cell causing symptoms of the disease. If cell function is too greatly disturbed the animal dies. If not the toxoid or toxin is only anchored to the cell Haptophore which cell not being able to assimilate or utilize^{the} toxoid Haptophore with its attached toxophore the whole is cast off as waste.

By Virgitt's law the cell stores this lost Haptophore by producing several instead of one. one only being required the others are cast off which cast off Haptophores have same affinity as the original thus is formed antibodies, antitoxin, or Amboceptors.

If an animal be inject with inoc Bac. in doses less than fatal the serum of animal acquires several new properties.

1. first: a few drops of animal serum added to a few drops suspended Bacilli of same variety injected they lose their motility + clump. due to formation of agglutinin.
2. same combination may result in a precipitate being thrown down in solution of suspended Bacilli due to formation of precipitin.
3. By same combination. Bac. in susp. Sol. may be dissolved due to formation of Lysins.

Same phenomena may result by injection of Blood or tissue cells, one species of animals into body of another. causing Auto Lysins.

Clinical Notes Dr. Crandall

Complement is an unstable normal element which may exist in the inoculated animal assisting immune body in producing virus

Dr. Crandall.

Oct. 5. 06

Clinical notes

Complement & Alex in same thing
 P. age 51. F. H. reg. P. well till 4 yrs ago. then had
 sl. Enlarg. under arms no pain. Fell 3 yrs. ago struck in
 back. 1 yr. ago P. began feeling weak in legs, glands under
 arms became swollen lost 40 lbs. with decrease in girdle
 slight gastro intest. symptoms. a feeling of fullness of abdomen.

Bld. findings R.B.C. 2,900,000

Dif. Count.	Small Lymph	500 - 80%	normal.
	Large	25 - 47%	20-25%
	Poly Nuc.	125 - 14%	1-4 "
	Eosinophils	0 - 0	60-70 "
	Mast.	0 - 0	1-3 "
	Transitional	5 - 1%	3-1 "
			0 "

Urine 1020. yellow. clear. alb-. sug-, few hyaline casts. Cachectic.

Lungs - Spleen extended 1 finger below Umb. to Median line.

Case II Woman. 48. Hemorrhage from Mucous Memb. loss of weight, marked dyspnea, Cachectic, limbs swollen. No Pain at all. increasing weakness.

Bld. Ct.

Small Lymph.	3%
Large	4 "
myelocytes	40 "
Poly Nuclear.	45 "
Eosinophils	4 "
Mast.	2 "
Transitional	2 "

Diag. I Lymphatic Leukemia
 .. II. Myelogenous ..

Prog. Progressive form neither very bad 1-3 yrs.

Lymph. rarer more severe.

Cause unknown. Nervous strain, Shock. Syphilis. infectious diseases.

Treatment: Arsenic full doses 5 to 30 M 3x a day

An abundance of Nitrogenous food required much is eliminated by urine. support digestion. fresh air. lots of water.

Tr. Iron. + Dr. Nuxvomica equal parts.

950,000 RBE

3400 WBE.

20% H₂O

Copes: Colored.

1 sister dead cause unknown. Brother killed by accident.

P. Had Pneumonia. usually Children's disease.

Complains of Dyspnoea. for two Mo.

Marked Edema of lower Ex. Scrotum tapped.

Urine normal. Pulse 128. Mitral Murrmur

Some Bronchitis. Has had rheumatism.

10th Feb. today.

Infus. of Digitalis.

Potassi Citrate.

Comp. Galap. Piden.

Dry Diet.

Oct 1906. Starches & fruit, favor Hyperacidity.

Dyspepsia. Dyspepsia. Tr. Bicar of Soda.

Mag. Sul.

Sulq of Milk.

Diet Cooked fruit more broiled Milk.
restrict Sugar. Examine Eyes for Headache.
Drink water between meals.

Medicine. - Prof. Summa.

Stomach In Diagnosis 1st we determine the seat of the organ 2nd the Pathological anatomy 3rd Aetiology

Disease may be caused by Heridity, Infection Intoxication, Physical factors + Diseases of other organs.

By Heridity is being born with a weak stomach etc plays quite a part.

Infection. By infection the Stomach is almost wholly immune on account of the free HCl. + Its onward motility aids + next to acid is its inability to absorb. The presence of Mucous aids in destroying action of Bacteria.

Intoxication Intoxication is the chief cause of disease by Ectogenic from outside invasion or endogenic from inside.

Intoxication Means of Protection
Physical factors

1. Vomiting especially more in children depending on position of stomach.
1. Emetics. Stomach tube used mostly. Stomach secretes watery substance to dilute sharp substances, pepper, mustard etc. for alcohol the secretion is 10 to 1.
2. Internal secretion
3. Action of Mucous on Chemicals.

Physical factors. Internal + External
Internally.

A. Mechanical

1. Foreign Body
2. Abnormal ambr. of food.

Megalogaster (primary dilation.

3. Course material most common cause.

B. Thermal. Substances temp. too low or too high.

Low temp as ice water takes half hour to bring to Norm.

Too high Temperature may cause erosion.
 Taking cold of stomach
Externally

Trauma - abnormal pressure from
 without due to bad corset, wrongly tied
 skirt etc.

Abnormal pressure by wrong position
 probably Bookkeepers etc.

5. Causes by Other Diseases

Secondary function, healthy condition
 of glands

a. Blood disease

B. Meve Disease

c. Amt. of Blood - Circulatory disturbance
 passive Hyperaemia.

Heart Disease.

Lung "

Portal Vein "

Nearly all nervous Diseases affect Stomach.
 Infections & Constitutional diseases affect
 the Stomach, causing Vomiting etc.

Physiology General Symptomatology Gen. Therapy

1. To prepare food for Digestion.

1. Temperature regulation.

2. Dilution of too irritative or too Concentrated

3. Disinfection of Food. Ncl.

4. Mechanical Diminution.

5. Chemical " Solution of Substances.

2. Digestion

(fat emulsified) splits up.

Albuminous Substance of Plant.

Absorption of Stomach

1. Traces of Dextrin, Salts,

2. Moderate amt of Sugar

3. Alcohol

No Water.

How to Examine Stomach.

- a. Physical Diagnostic means, (Pathologic Anatomy)
- b. Biological Ex. (Stomach Contents),
(Physiological Pathological Cond).

General Symptomatology.

Motor Activity

Secretory Activity.

- a. Increase Motility (Super) (Hyperkinesis)
- b. Decrease " (Sub) (Hypo ")

Secretory

- a. Increase (Acidity) (Hyperchlorhydria)
 - b. Decrease (Sub Acidity) (Hypochlorhydria)
- An acidity = no acid.

Nov. 21. 05

Vomiting don't think of Stomach Disease

Vomitus

Coughing, Sneezing etc. is Pathologic.

Vomiting Organs Participate as Brain Changes.

Vomiting is sucking of St. Contents into Esoph. there is violent contraction of Ab. Muscles Center of Vomiting in Medulla. near center of Vagus. Deep respiration when Nausea is present may overcome Vomiting Increase.

Vomiting induced by Physical effects.

Vom. is associated with disease of all organs supplied by Vagus nerve.

Dura Mater etc. sup by recurrent Branch

By Post. Aur. Nerve External Canal of Ear Affections of Esophagus & when this symptom occurs all organs from above down should be examined which are supplied by Vagus.

When due to Stomach must be regular + at time of Digestion

Consequences
Vom. Severe Vom may ^{lead} to Hem. Bleed if such is present. ▽ such Hem occurs when Vom.
Danger to Pregnant Woman causing Abortion.
Anything interfering greatly with Cir. may lead to Miscarriage.
Salicylate Comp. overdose cause Miscarriage
Bad Effect of Heart
Habitual Vomiting some symptoms of Starvation.

Increase
Motility 1, while Pylorus open 2, Pylorus Closed.
Hyper- & Anorexia
Kinosis. great hunger (bulimia)
Acrid to Anaesthesia.

Bulimia we have poor nutrition on account of being forced into diet unprepared.

Hypoaecidity

Anorexia loss of appetite.

Acia - Hunger not satisfied.

Bulimia - Large appetite.

Pararexia - Perverted appetite.

Symptomatology of Stomach Disease

Pain, Vomiting, anorexia, pyrosis, thirst, Nausea, Rumination, Retches.

Hyperorexia in hypermotility, Dilation of Pylorus, Hypersecretion.

Thirst - Nervous disorders,

Pyrosis - Hypersensibility.

Stomach Cramps nearly all due to gall stones.

Disease of Mouth.

Salivary glands - New formation,
Inflammation, Epidemic Mumps,
Secondary affections of lips Innervation
insufficient. Anomalous of former shape
Fretor Exora

Disturbance of sensibility, taste, & Motility
.. .. Tongue, gum, teeth, hard
or soft palate. Parosmia (objective odor)
Physiological odor. ammonia, Hy. Sulphide;
garlic, onions, etc.
Path. Odors. Sweet odor. Diabetes Mellitus.
Septicemia & Pyemia, Menstruation,
Specific odor. Chronic & acute Intoxications
Bitter almond odor.

Chloroform, Ether, Bromic Ac. Camphor
Opium, Capsaic Acid Ecogenic.
Endogenic. Urinous Odor from Chronic Neph.
Rider odor in Diabetic Coma.

Bad odor from morbid condition of
Oral ^{Cavity} ~~tract~~, Morbid condition of Resp. Tract.
Stomach.

Gingivitis - gum.

Chronic Lacunar Tonsillitis.

Broncho Ectasis.

Retention of food in Esophagus

Decomposing factors of gastric ulcers

Tongue Changes. Insipid.

Grayish tongue due to Keratosis.

Coated tong.

Normal to heavy smokers, excessive milk
diet, By certain drugs. Iron Bisimute, Arsenic,
Sulphur

Path

Whitish Color tongue. Catarrh glossitis.

Diseases of Oral Cavity. Sub

.. .. Stomach & Supracidity, gastric
tonia. Acute & subacute Catarrhal condition
Passive dilatation of stomach Anore

with fermentative processes in stomach.
Center of tongue coated whitish due to
acute fibrile condition.

strawberry tongue in scarlet fever ^{Schthyosis}
Longer fever lasts more coated tongue ^{Brown}

Motility - Dryness

Cramping, jerking movements, unilateral
protrusion, inability to protrude.

Dryness of tongue due to Mouth bleeding
drugs, atropin, Morphia, Adenoids.

profuse diarrhea, perspiration, Dia-
Mellitis, Insip. Ch. Intes. Neph.

Dry glazed tongue in Phthisis

of Brown ... acute wasting diseases.

Xerostomia - dry mouth - nervous
females. due to suppression of gland secretion.

Extensive use of normal saline solution.
teaspoonful to pint & 3. injection
per rectum

Jan. 17. 06. Topography of Chest Wall. Median. Right

Left. Sternal line, Papillary. Para Sternal.

Axillary. Ant. & Post. Axillary

Linea Costa Articularis line from Sterno Clav.
to eleventh rib.

Lung $1\frac{1}{2}$ in. above clavicle. back reaches plane
of VII cervical verticel. Papillary line upper
border of VII Rib.

Mid Axillary lower margin 7 rib.

scapula. reaches 9 rib.

Median dorsal. " 11 rib.

Sternal line 6 rib.

Kyphosis, hump on Back. Curve to front is Lordosis.

Skiosis curvature to either side.

Cause of Kyphosis is senile or premature senile change
or mounds lying about spine

Chronic infectious disease may lead to Curves

1 V rib.

Corresponding Lordosis with Kyphosis is T.B.
Habitual S. Scoliosis 2nd Rachitis.

Modules on Cartilage & Ribs drag of Rickets.

Permanent changes Infracture from 25/10
ribs in Rachitis. Infracture due to method
of lifting child.

Projecting sternum. Chicken Breast.

Pectus Carinatum -

Jan. 23. '06.

Gastric Decomposition.

Chemical question.

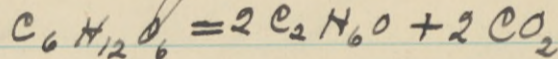
1. Fermentation take place among Carbo Hydrates.

2. Putrefaction Albuminous.

1. a. Lactic acid fermentation

b. Butyric Acid ..

c. yeast fermentation transformation of
Sugar into Ethyl alcohol & CO₂



Saccharomyces Cerevisiae.
sugar | ferm Beer

End products of fermentation is acid

.. .. . Putrefaction .. Alkaline NH₃, H₂S.

a. Comes from ferm. of Milk Sugar. C₁₂H₂₂O₁₁, H₂O =
Lactic acid C₃H₅O₃

b. Comes from a.

gas C₂H₄ Marsh gas inflammable.

IV. Causes.

1. Bacteria yet in Stomach { 1. incompletely disinfected food.
2. Saliva.
Sterilize food + Mouth.

2. Secretory disturbances.

3. Motor disturbances.

4. Introduction of an already decomposed food.

III. Clinical feature Seghela.

1. Anorexia.

2. Eructation of gases.

3. Nausea.

4. Vomiting.

5. Pain { due to gas formation.
Spasm of Pylorus (Pylosimus)

Anti-intoxication

Hydrothronaemia. intoxication of Blood.
by. Hydro. Sulphate.

Vertigo, Headache.

4 Pulsations visible on chest wall.

1. Apex Beat of Heart
2. Visible Ab. Movements.
3. Pulsa. of large Hb. Vessels, 2+4 intercostal space on each side.
4. Epigastric Pulsations, to left of M. line between
Aortic Pulsations 2nd R. L. B. of Ribs
Liver

R. Heart Pulsations due to low position
of Diaphragm, due to Emphysem Protrusion
of Med. Exudate in Pleural cavity,
or enlargement of R. Ventricle.

Aortic Pulsations are parallel with M. line.
Liver Pulsations in insufficient Tricuspid.

Apex Beat 5 inter space $\frac{1}{2}$ way between Para St.
& Mam. L. Under 14 yrs in 4 space & to left.
Position has been seen from 2 to 9 R. & on
R. S. to 4 to 8. between L. Ax + Papillary.

May be due to change in Diaphragm as
Typhoid, Ascites, tumors,
also enlargement of Heart.

Normally covers not more than tip of 2 fingers.

Fermentation ^{dist} only Motor dist.

Disturbance of Gastric Secretion.

1. Physiological Remarks.

V. Stimulus for secretion.

1. Physical St. most important.
2. Nerve Stimulus (Vagus.).
3. No Mechanical Stim.

Chemical Stim. - broth

Raw Meat.

Water

Milk.

Gelatine.

Amylaceous food has no influence
Fat is inhibitory.

Gastric Secretion

acid most important.

appears as Comb with Alb. Sub.

... .. free. 2%.

2. Increase secretory work. 3. Decrease.

1. Terminology:

Hypersecretion

(Disease of Reichmann)

gastro succorhea continua

Hyperchylia.

Superacidity (Hyperchlorhydria)

Increase Ferments. (Hyperenzymia)

Causes (for Hyperchlorhydria)

Abnormal Stimuli of Vagus.

a., Abnormal condition of Vagus.

b., As a Part of Nervous System.

Neuroasthenia.

c., Gastric Ulcer.

d., Sour Catarrh.

2 Symptomatology & Sequelae.

a. Subjective Sym prevailing

Pain greatest in Antrum of

stomach work. 1. Long. of highly acid Sec in St.
Spasms/Sp. Louis.

diminished digestion.

Acid eructation.

Vomiting

Objective (Sequelae).

Dilatation.

Inflammation.

Gastric Ulcer

Catarrh - surface affection of Mucous Mem.
Mucus, serum, pus & thrombus
surface. In stomach Mucous is
only product. Pus & Serum is digested.

Subacidity Mucous is clear glassy.

Mucous in flakes Sour Catarrh.

Diminution of Secretory Work

1. Terminology.

a. Reduction of Entire Secretion (achylia)

b. " " Normal ferments (Apergynia)

c. " " Secretion HCl.

Subacidity - Hypochlorhydria.

Anacidity - Achlorhydria.

2 Causes

Hypochlorhydria. a. upon hereditary basis.

a. " " a. " " nervous disturbance.

Hypochlor.: b. general diseases acholic stools (no Bile).

without fever. Blood diseases. Constitutional D.

c. Feverish diseases (infectious Dis) Aut-intoxication.

d. Catarrhal Diseases (except Sour).

achlor. 1. Destruction of gland. tissue.

Toxic influences.

Chronic Catarrh.

3. Clinical Symptoms.

1. None at all

2. if Assoc with hyperchloria.

when in Dis is slight

Intestinal affection.

Particular in no motl Dis.

3. Assoc with psychosis.

ferm. + Putrif.

✓ Chest Wall. small protrusion.
Area is half side or whole of chest wall
is distended & retraction

1. Protrusion:

Abnormal condition of
covering of chest wall. Lipoma, Tumor of
Mammary, tumor of Clavicle {gynecomastia or
any abscess formation. } sarcomatous.

May have disturbances from within
may be between ribs or come thro'
the ribs. Between ribs Hernia & Exudate
in pleural cavity.

Projection may be physiological.

(Phy. Heteromorphosis) failure to develop etc.
Empyema most important.

Morbid cord within rib: Carcinoma
Primary in Bronchi, Adenoma or
Sarcoma. Aneurysm by continuous
pressure.

Differential Diag: first by Resp. & 2nd
side. Movements.

Tumor pulsate in only one direction
while aneurysm in all directions.

On deep inspir. all tumors seemingly
disappear. & you may feel bony
outline of ribs. by pressing on tumor
you may get Crib. Disturbances.

Dyspnoea & Cyanosis.

Projections are possible in region.

Heart from 3rd & 7th left Ribs to Para St.
to Left Pap. line are then called

Voiture may be abnormal Curvature or
enlarged Heart or Pericardial exudate.

Dif. between Enl. Ht. Exudate.

If to Heart it is to the left & you have
increase heart impulse (ictus Cordis)

If no heart impulse & reaches to right due to

Obstruction & no impulse think of Exudate.

Protrusion in R. 2 & 3 intercostal space are chiefly aneurisms of Ascend. Inom. artery & ascending Aorta.

Prot in left. think of ~~Ascend~~ ^{arch} aorta.

A sunken in due to morbid cond. of Integument. or to Physiologic or to morbid cond. below.

first Pleura by healed up Pleur. Ex or to old dry Pleurisy. or to liquid pleurisy lasting a long time & power of Expansion lost.

May be due to Lung (Atelectasis).

... Pneumonic.

Bronchus Ecthyis. or F.T.B. on acct of Pleuritic effusions.

Most lower down are due to

Distentions.

due to PneumoThorax

Pleuro Exudate.

Loss of Lung Elasticity. or Emphysema vesicular

Submotility Term, Clinical Sym, Causes.

- Cause
- 1., With Impediment in Pyloric. 2., Without impediment
- Pericholecystitis consequent of gall stones.
- 2., a. Congenital Weakness. (Glenard's Disease)
 - B., Anomalies in position. Enteroptosis ^{1864 France} displaced organs
 - C., Chronic Infections. gastro ptosis
Auto toxic Diseases. Hepato "
 - D., Chronic Catarhis. Nephro "
 - E., Unknown degenerative changes Colo "
in musculature.

Clinical sym.

- a., Decomposition.
- B., dilatation

I General Clinical features.

II General Therapeutics.

- # a., gastric symptoms.
- B., Intestinal "
- C., Disturbance in nutrition.
- D., " " Nervous System.
- E., " " Blood formation.
- f., " " respiration.

II. 1. Prophylaxis

2. Dieto Therapy

- a., general measures
 - b., secretory Disturb.
 - C., Motor " "
- (Decomposition).

D., Extrabuccal Alimentation

3. Pharmacotherapy ..

- a., acids + alkalies.
- B., Medicines against fermentative processes.
- C., " " Special affection.
- D., " " improving secret + Motor functions.

4. Physical Therapy.

- 1., Lavages.
- 2., Hydro pathic procedures.
- 3., Electricity.
- 4., Massage.

5., Operative indications

Therapeutics of Stomach Diseases.
Prophylaxis.

Dietetics: Mech. Chem. Thermic.
Diminution in amts. avoid hot + Cold.
proper quality.

Chem:

Dietetic proper.

30 grams Wheat B.
1 cup water.

30 gr. (3T) 1% 1/2% free HCl.

Albumin increases acid. give rest.
For Hyper. give fat. decreases acid secretion.
For Hypo. Drink again of Funck. Activity.
1. alkali, acid. Dilute Hydrochlor. acid
10 drops. in water every half hr.
till 4 doses are taken.

1/2 lb meat 100 drops HCl. are necessary.
alkali. Magnesia usta.

Bismuth Subnitrate. 15 gr.

May form gases. acts as stimulus
secretions increasing & decreasing.
Atropia Sulp. inhibits for time short.
Pilocarpin Hydroch. increases secretion 1/2 to 1/10.
Hyosinum Hydrobromatum gr. 1/100 to 1/500.
Increases HCl. for Nervous troubles.

Disinfecting Drugs. Cleanliness of Mouth.

Many patients of Acute Febrile Diseases die from
secondary infection thro' mouth.

Salicylic acid. R. Acid Carbolic liq. gr. ʒʒ
aq Chloroform. ʒʒ.

May add Calc. Sulfurum for Constipation.

Stomach Tube. to wash stomach.

Drugs for special purposes.

Nitrate of Silver. Subnitrate of Bismuth.
introduced $\frac{1}{2}$ to 2% Nitrate Silver, 1 pt. warm.
leave 1, 2, to 5 min & draw out.

R Argent Nitric grs. IV.

aq. Dist. ℥ iii.

Glycerin ℥ i.

M. Da. ad vitreum caeruleum.

Sig. Tablespoonful ^(vitreum) before each meal
given from glass.

R Argent Nitric grs. XV

Mollis alba^{ae} grs.

Pills $\frac{1}{10}$ 100.

Bismuth Subnitrate covers ulcers & allows
food pass over without pain. in 30 gr. doses.
powder suspended in water before meals.

Physical Methods

1. Stomach Tube.

2. External Hydropath Treatment.

1. Cold packs.

3. Massage. Left to Right.

4. Electricity.

5. Operative Treatment.

1. Stomach Tube. Counter-indications:

affections (certain) of esophagus.

acute esophagitis & venous dilatations.

from serosis of Liver thro' Disturbance of Portal Circ.

Affections of Heart & Pericard.

Cardiac end 7 rib junction L. Sternal line.
 Pylorus level of end of Esophagus on a level
 with Parasternal line. fundus may go to
 4 intercostal space. $\frac{4}{5}$ of major curv. on L. Side.
 when collapsed cannot reach. Give no water before
 examination. Mouth, dryness, moisture, tongue, teeth.

Below ribs depression then protrusion.
 Protrusion may be due to liver below umb.
 but usually by stomach distended with gases.
 Sunken in may be due to shrinkage of stomach
 or misplaced stomach.

Gastroectasia: disturbed motility.

Gastrodiaphania lighting the stomach.

Fill stomach with Bismuth Sub Nit. & use Xray.

Palpation: sensitiveness & resistance

2 in from spine in Mid Axillary Para sternal line

Neuralgic Pain. Localized may be cancer.

Diffuse in gastric.

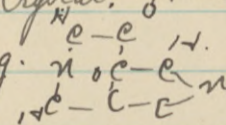
Resistance. Preperitoneal lipomatous pain on pres-
 sure. Epigastric Hernia. Pain.

Percussion. Dunk water or inflate.

Presence or absence of succussion. Presence
 without giving water is motor disturbance.

Gastric succorhea:

Chemistry. Alkaloid.

1. Strychnine. $K_2CrO_4 + H_2SO_4$. Crystal. $HNO_3 \rightarrow$ yellow. (Marquis Reag.)
2. Caffeine - alk. not typical. Purin ring.  Xanthin.

Xanthin decomposition products of Proteids. $Coff + HNO_3 =$ yellow + am. = orange.
 (Xantho-Proteic).

Coff sol. in water. Theobromin not. Theobromin - Sod. Sal (Diuretic).

3. Pipitorin - Nitric Principle
4. Morphine - alk. - Codein, Narsium. Narcotin, papaverin, Thebain. from Opium.
 Artificial alk. Heroin - Dionin - Peronin - 1. Diacetyl. 2. Ethyl. "Nethol".
 Tests: for meconic acid. Marquis (20cc H_2SO_4 , 1cc $HCHO$) play color.
 Purple red to violet blue.
 (HNO_3 + heat orange color).

5. Cocain. alk. decomposed on heating. Ecain. Synthetic. Stovain. Aniline.
 Holocain. Heat + alc + $H_2SO_4 \rightarrow$ Fruity odor of Methyl Benzate.

Organic Functional Diseases.

1. Catarrh {^{mech.}
Poison.acute Toxic gastritis.

Pain. Vomiting. 1. Stomach Tube. 2. Emetic (apomorphine).

3. Physic (Calomel).

(Hypokrog.).

2. Cancer: ^{cardia.} fundus. 72% Pain.
^{smaller curv.} Pyloric end. 22% Vomiting.

a. Tumor belonging to Stomach

B. Cachexia. =

C. absence of HCl.

Cardia: Gastrostomy

Pylorus: Gastro-jejunosomy.

Albuminous food restricted & increase fats & Carh.

b. Atropin: Hyocyamin. isomeric. Scopolamin + Atropin isomers.
Hyoscin.

Nervous Dyspepsia.

- 1., Sensitive Neurosis. 2., Motor Neurosis.
- | | |
|------------------|-----------------|
| { Anaesthesia | { Atypo- Kypsis |
| { Hyperaesthesia | { Hyper. .. |

3., Secretory Neuroses.

{ Achylia gastrica.
 { ^{Hypoperchlorhydria} hyperchlorhydria.

anaesthesia - (Boulimia).

Akinesia (following Operation)

Acute Dilatation

1. Nervous Diseases - most common.
2. Following diseases (secondary).
3. Organic ..

Neurosis where, symptom is present
 or conflicting symptoms

Treatment. Anaesthesia. 4 to 5 grs. Suggestion.

Liver.

~~Dirosis~~ ^{Chronic} Chronic Inter. Hepatitis.

Cirrhosis.

Due to alcohol. Liver notched. yellow

May 3, '06.

Function of Liver.

1. Bile
2. Disposal of food material
 - a. Carbohydrates. } Portal V.
 - b. Peptones
 - c. Fats - Hepatic artery.

Carbohydrates changed to glycogen then back to sugar.

Peptones - NH₃ to urea & protects against Autointox.

"Stores up fat. & forms fat." attracts fat from other organs.

General Diag. of Liver Diseases.

1. Liver itself. Percussion & Palpation inspection auscultation
2. Disturbance in Bile system. Icterus.
3. Disturbance in Portal Circulation, Distention of veins on abdomen
4. Spleen 2. Ascites.
5. Examination of feces & urine.

General Symptomatology of Liver Diseases.

1. Changes in Organ itself
 1. Size, consistency, shape, surface, Pain.
2. Icterus, 3. ascites, (Dilated Veins)
4. Hepatargia, Biliousness.

Lionel Biale

Oct. 8. 06

Struma, Goiter.

Parenchymatosa.

Struma mostly Bilateral. Thyroiditis is painful.

Carcinoma is Hard resistance. Cyst is smooth soft, fluctuating. Surgical for cyst. Tr. of G.O.

Nephritis

Nov. 12. 06.

Alb in urine & Dropsical Cong. 1827 Bright Disease.

Passive Hyperemia. Cyanotic Kidney.

Acute Par. of Secreting cells.

Chronic.

Amyloid Kidney.

Treatment (any infectious disease.)

a Prophylaxis.

1. Quarantine

a. National: Immigrations -

Coast: Inspection of Steamships etc.

Inspection of all products of food

B Civic: Inspection of all immigration trains boats etc

C. Certainty of infection -

2. Isolation: until not transmissible

3. Personal: ~~isolation~~ Disinfection all excretion & everything in contact with Pt.

Room: furnishings washed with Bichloride
walls & ceiling fumigation.

1 pint 40% formalin (1000 grs.) for 24 hrs.

43 Potassium permang.

Sulphur fomalina. ammonia will
clear this up.

Body: wrap in Bichloride sheets. Sealed off. Perforated paper

4. Civic:

Legal. special laws & requirements.

Report fall infections to Board of Health
individual inspection. investigation
of all infectious diseases

Free Clinics. Sanitoria.

General Sanitation: water food supply. sewage. ~~was~~
Mosquitoes. rain barrels cisterns

5. State: Inspection of food stuffs.

Sanitorium (I. P. C.)

6. National: Inspection of food + immigration.

B. Specific

Drug

Serum. Vaccinations

C. Active

Hygiene.

Proper Ventilation. light sun. remove all unnecessary furniture
proper bed. Mattress covered by rubber sheet. Clean sheets

Personal: Clean night shirts. Clean bed dress daily. spit female
daily bath. alcohol rub. mouth wash. etc etc

convalescence, wheel chair etc.

Dr Diet.

© Medicinal.

1. Specifics
2. General.
3. Local.
4. Symptomatic.

A Parasite is a small organism which has habitation on stronger .. & feeds on such.

Animals

Entozoa

1. Temporary - leech-
2. Permanent - tapeworm.

Ecto parasite. cling to surface - leech -

Ento parasite. Internal. - Malaria - Tapeworm -

Leech fastens on ff sucker at each end of Body. recognizes host when in water by sensations of waves. gets food from smaller creatures.

Tapeworm is true Parasite, poor sense, no eyes, ears, has no Alimentary Canals, gets Nourishment by Absorption. Has habitat in Chyle, must have head & suckers. to enable it to maintain position. must have continuous production of cells or segments. & these segments produce eggs. these eggs are produced to spread disease as action is passive.

These eggs are taken by Hogs & in hogs they pass thro Intestines wall & arrives in Muscles & gets back to man.

Hosts. Temporary
Definitive

groups of animal / King

Protozoa / celled animals - Malaria -
metozoa tissue producing animals

Porifera

Cnidenterates

Ctenodermus

Viruses

Arthropods. {

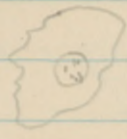
Mollusca.

Protochordates.

Chordates - Vertebrates.

are parasites reason: low organization.

Protozoa Amoeba.



Pseudopodia Make Protoplasma.
fluid like, process of movement.

1. Rhizopods Amoeba.

2. Flagellata. move tail first

Trypanosoma - mouth rare.

3. Sporozoa most important includes Malaria
Absorb nourishment Animal Dis. Texas fever

Division By breaking within
Microgametes Sexual generation in
Macro " Egg. Zoogonites.

4. Infusoria round or oval covered with cilia

Large cilia around mouth to take
food no permanent anus

Paramecium food remains in vacuoles till digested.

Rhizopods.

Amoeba Coli - Loesch 1875.

Produces a form of Dysentery.



Ectosarc
Endosarc.

Divides Nucleus first.

When outside thick capsule forms Encystment



Highly resistive gets in plants
+ Digestive juices soften capsule liberating
Spores.

1. Amoeba harmless

2. Intensify or alter lesion already present.

3. Different kinds Pathogenic & Nonpathogenic.

4. All Amoeba are or may become Pathogenic.

Cannot get pure culture on agar.


To get Multiplication another Bacteria must be
present Period of Inoculation


Tropic Dysentery produced by Amoeba.

Cultivating Amoeba increases virulence.

Ulcers in Livers Doesn't spread in Monkey.

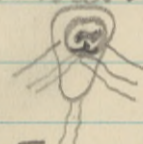
Flagellates very numerous & important.

Trichomonads vaginalis young & old post Menopause
nucleus  not important.

 10 to 15 μ 7 to 10 broad. form varies.

Lambliia found in intestine

Intestinalis



Cup shape body fits on epithelial cells.
transmitted thro' feces.

I Trypanosomidae.

a. Trypanosoma

b. Spirochaeta.

lepharoplast. divides first
flagella is vibrating
body.

Trypanosoma, parasite in Blood of variety
of animals.

B. Spirochaeta Pallida - Syphilis.

" Obermereri - Relapsing fever.

may have long axial nucleus

a. Trypanosoma. Division Longitudinally
New membrane formed produces flagella
In Rat may be 1 μ - 60 μ .

1. Trypanosoma lewisi found in blood
of Rat about 25% rare in white rats & tame rats.
Observed 1845. Lewis 1879.

Morphology length 8 to 30 μ width 2 to 3 μ .

Protoplasm granular. granules related to division.
flagellum single long as body. large oval nucleus.

Rapidly motile. Keep alive longer in cold.

requires oxygen & show effects of Septic conditions.
Nucleus Reticular.

Blood free from infection will inoculate Rat.

Serum will produce active & Passive Immunity
Agglutinate in Rosette form when in Serum.

Serum produces great activity of Leucocytes &


they act. Grow on Agar ^{liver & egg} + 10 cc Normal
Na Carbonate Sol. cool to 50 add 2 volumes
Rabbit Blood.

Dec. 13, 05.

Trypanosomes. - Divide rapidly.

Binary - one becomes two.

Rosette - multiple division

Agglutinate in Rosette form. - 

Disease in Domestic Animals in Southern tropics S.A. etc.

Surra - Horse Disease in India & Philippines

Tr. Evansi.

Nagria - S. Africa - Tr. Brucei, not sheep or goats.

{ Dourine N. .. Europe Tr. Equiperdum.

{ Mal de coit

Mal de Caderas. S.A. Tr. Equinum.

Brucei 5 to 7 μ

Surra - general similarity in all cases, variable incubation period, rise of Temp.

stupid, watery discharge nose & mouth.

Hair falls out. marked emaciation.

Oedema of parts genital, gait staggering.

Skin Eruption, Parasites found not always in blood

autopsy Enlarg Spleen, gelatinous material in adipose

Serous Exudate Oedematous condition

Don't know of Recovery in Horses & Mules.

No toxin has been found.

No evidence of Tr. getting into mouth.

Must be conveyed by blood suckers.

Quite a number of flies contain Trypanosomes.

Tsetse fly which affects.

Glossina morsitans.

Rats get it thro fleas or lice.

Tr. does not change or develop while in flies

Tr. live for about 48 hrs. on the flies.

Dogs & cats when inoculated are susceptible.

for culture 3/3 fibrinated Bld. & they

lose virulence on cultivation.

Treatment not successful.

Trypanosomys in Man.

Review found Tr. in 6 out of 200.

Malaria also found.

1901. ^{Dutton} Relapsing fever, wasting.

Enlarg. Sp. increases pulse & respir. fatal 18 mo.
fatal in Monkeys 2 months.

Tr. is Distinct Species, Trypanosoma Gambiense.
Human Tr. Sleeping sickness.

Bastellazzi - Sleeping sickness among poor
in Marshy regions. 10000 have died in 4 yrs.

Glossina palpalis fly which carries disease.

Symptoms Tr in Blood sp. & enters Cerebro Sp fluid
which is second stage. fevers hectic.

pulse increase, neuralgic pains, trembling
of muscles, weakness, Emaciation.

Death, ^{due} to obstruction of Cells ^{of Brain} by Tr

& prevents Bld Supply

Congestion of Merges, increase quan. ^{and of} fluid.

to Examine, 1 cc Blood from vein + cc fluid of Ma
Centrifuge 10 min Exam Hang drops Spew.
then try inoculation.

Can be examined from Cerebro Sp fluid.

Prophylaxis. animal must be quarantined.

Protection of carcass from flies.

Destruction of flies. No cure for Disease

Dec., 18, '05. Spirochaeta ~~flexible~~ flexible

undulating membrane

some have flagellum at each end.

Sp. refringe. has flagella.

Relapsing fever - Spirochaeta Obermayeri ^{1873.}

swim rapidly in Blood 17 to 40 μ . by .1 μ .

Does not stain by Gram's

& motions in movement

nucleus may be along axis.

Short period of incubation.

Increase in fever increases disappear
at time of crisis.

Spirochaeta Pallida Schaudium Apr. 4, '05.
 found in Primary & Second. Hoffman, - - -
 but not yet in Tertiary. (Giemsa stain)
 4 to 10 μ . long. found in chancres, lymph
 glands.

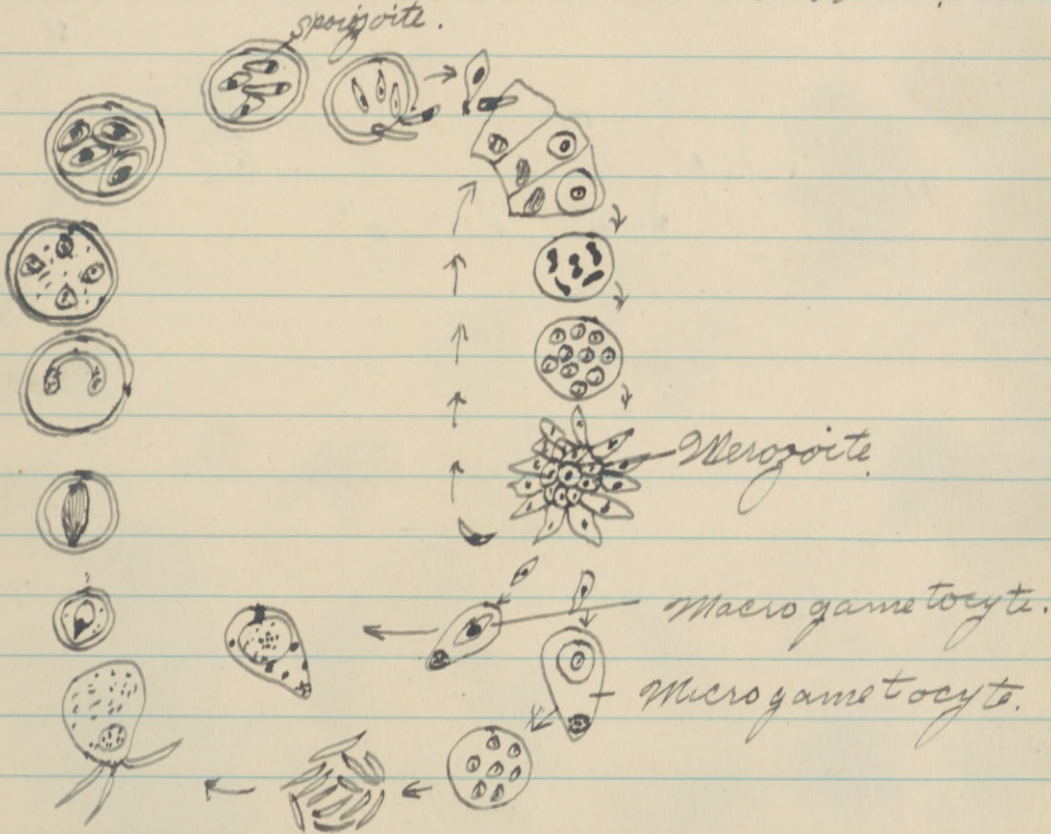
Sp. Refrunge found External lesion,
 & non syphilitic lesions.

Class III

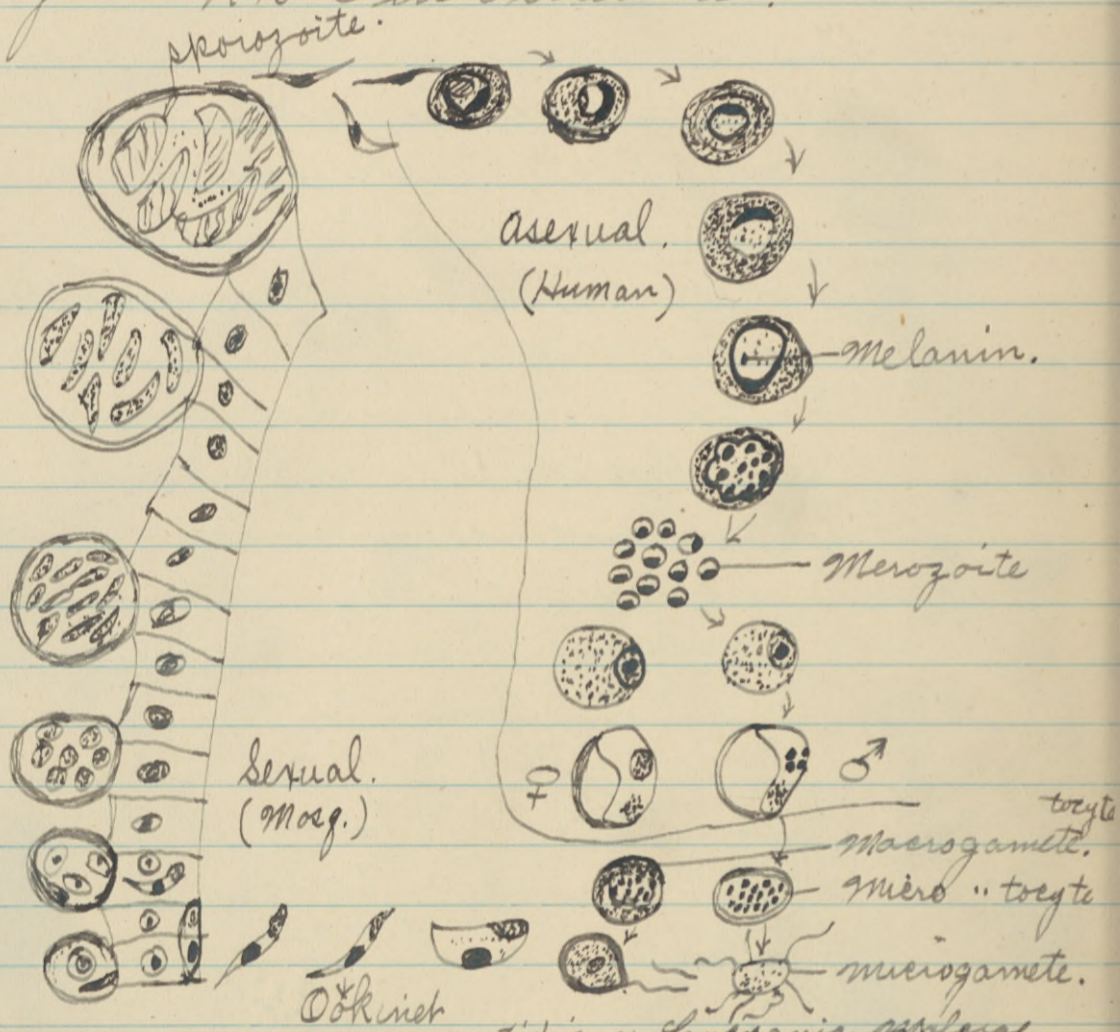
Sporozoa. spore producing animals,
 all parasitic. intracellular parasites,
 at some stage, some altime.

- Order I. Gregariniida - Not Human Parasites.
 " 2. Coccidiida - Rarely " "
 * " 3. Haemosporida - Often " "
 " 4. Sarcosporida - Rarely " "
 " 5. Myxosporida - None " "fishes.

Coccidium Curisuli in Rabbits.



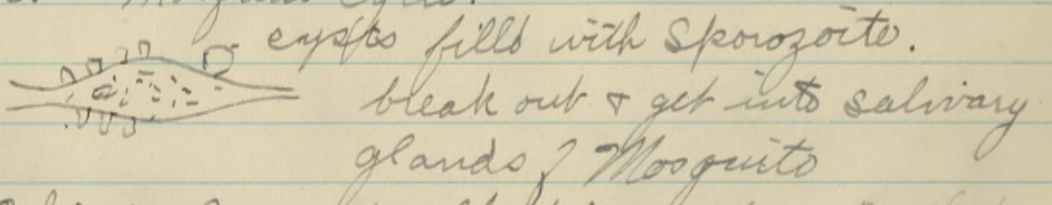
Dec. 20, '03 *Coccidium Hominis* about same as in rabbit.
 Haemosporidia: Blood Parasite of
 Vertebrates except fishes.
 Always in R.B.C. in Vertebrate.



Malaria: Tertian - *Plasmodium vivax*
 Quartan - *Plasmodium malarie*
 Astivo Autumnal - *Plasmodium praecox*

Paroxysm when Merozoites are released.

Ross - Mosquito cycle.



Oökinet, Pigment collected, enters Epithelium of Stomach

Anopheles Mosquito.

Culex Birds.

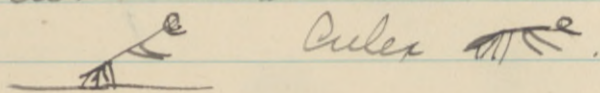
Intermediate host. has asexual stage of Parasite

Infinitive sexual
 Mosquito is Infinitive host for Malaria.

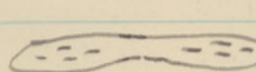
Tertian 12-20
 quartan 9-12

Astivo Autumnal. 10-12 pigment scant & heaped in one spot.

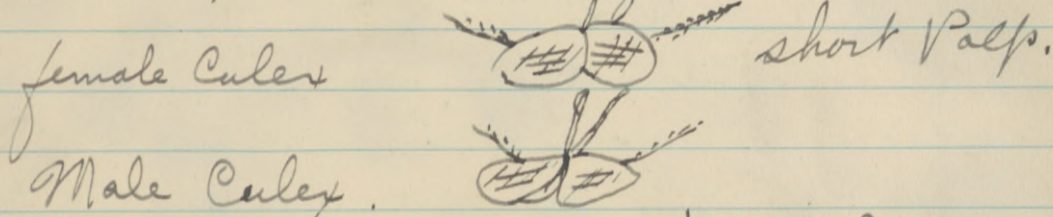
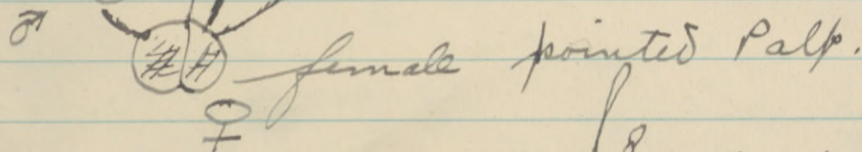
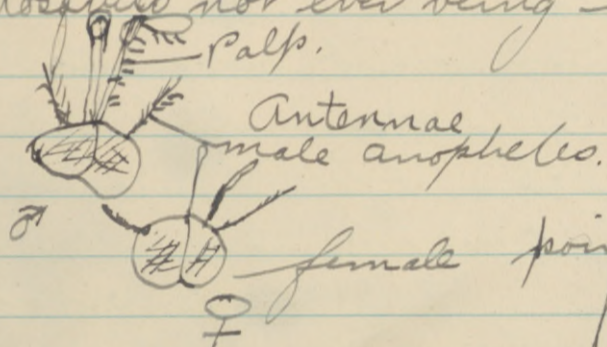
Tertian - Sexual differentiation after 3 Proxysms.
 Anopheles stands on head



Culex

 Anoph. maculipennis
 punctipennis. mottled wings.

Stegomyia fasciata Cuba
 Anopheles & Culex in all parts of world.
 Malaria absent account of cold
 Mosquito not ever being infected.



Male Culex

Propholactic. 1. Destroy Mosquito, 2. Destroy disease in man, 3. Drainage of sloughs, 4. Oil on water to prevent breeding.

Duckweed (Lemna). few mosquitoes are found.

Piroplasma

Bovine piroplasmosis. (Texas Fever).

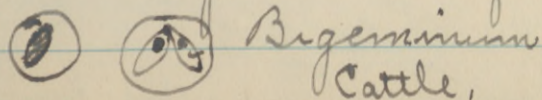
Ovine " Sheep.

Canine " Dogs. Europe

Equine " Horses. Africa.


Human " Rocky Mts.

Bovine high continuous fever. 108°. Dim. in Bld. C.
 7,000,000 to 2,000,000



Cattle.
 Ameboid.

Human. Western Mont. 126 cases to '03,
70 to 80% fatal. Organism in Blood
In Wood tick bite. one side of stream.
Hypoderm. Quinine.

Vermes. Infusoria - appear in infusion.
Jan. 8. '06. 1. Balantidium Coli  Peristome
vacuoles contain some food.

Cilia all over large at mouth
Reproduce by constriction in middle
appears in swine intestine & sometimes
in man 117 cases in Manila 35 fatal
ulcers in intestines. Chronic Disease
characterized by diarrhea. Come from
Northern Europe.

Mode of infection direct as using intestines
of Hogs. May encyst itself.

2. Plathelminth = Flat. Worms.
Solid mass parenchyma.

Class. Tubellaria - in water damp places not damp

" B. Trematode - Flukes

" C. Cestodes -

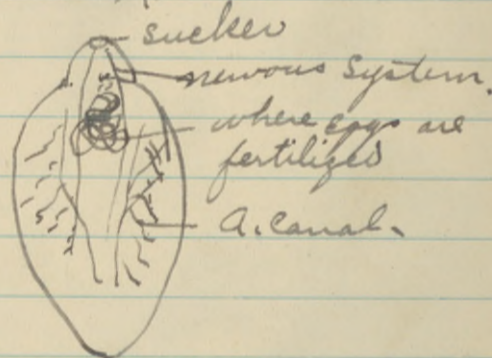
Fluke Lives of sheep. Lives Rob.

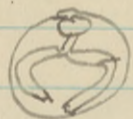
Distomum Hepaticum

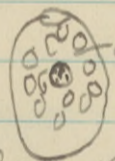
Tasciola "

fastens by sucker to Bile Duct.

smooth surface



 alimentary canal

 Egg of Trematodes.

organism has both
male & female genital

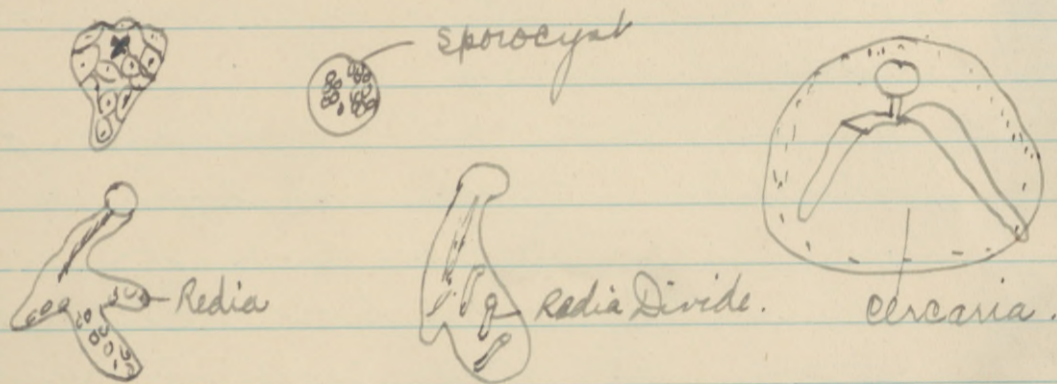
Eggs pass from sheep. may fall in water & the
egg shell ruptures & Miracidium escapes & swims
about in water & gets into breathing apparatus
of snail & there forms a cyst

Spore Cyst contains Germ Ball. Redia forms &
multiplies & snail becomes infected

Cercaria have tail to swim makes its way out of snail & gets on grass blade & sheep eat grass. it is protected by cyst wall in stomach & get to Bile Duct!

Occurs in nearly all herbivorous animals, occasionally in man.

Path. P. lukes obstruct B. Duct & cause L. Rot.



Jan. 10, 06.

Chistosomum Haematobium.

Bilharzia - 1852.

Disease in Africa lives in Portal Vein.

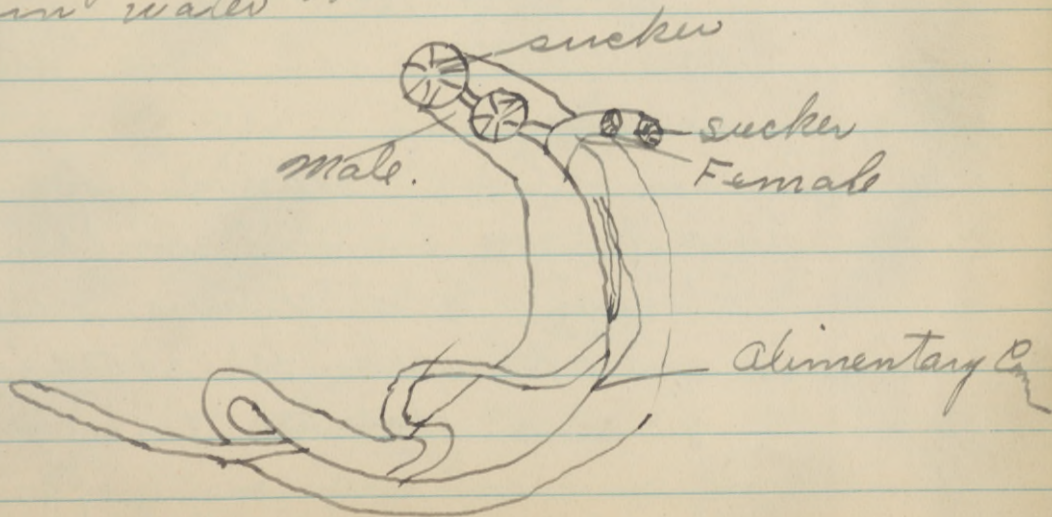
Bladder afflicted, Catarch

Kd. Inter Nephritis.

Native of Lower Egypt. 30% affected. Eggs cause most trouble cause stone in bladder.

Has wide distribution Arabia to Cape Colony.

15 m.m. ^{long} ~~wide~~ & suckers. body covered with warts & prickles female more slender. 20 m.m. long. 2 Alimentary canals which come together behind suckers. female has ovaries & yolk. Eggs pass out in urine & get in water



Cestodes. *Bothriocephalus latus*. 1 in wide
30 ft. long. two suckers on head. segmented
animal. compound. Nurse portion which
get into system. six hooked larvae
gets into muscle of animal from intestine.

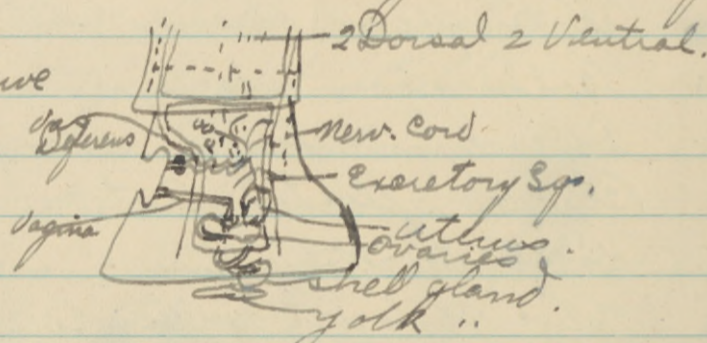
Bladder worm. with which pork is infected
Alternation of generations.
Hydatid from fert. egg

Phoglotis discharged by feces
Taenia Solium. & gets into hog.
Each joint is independent.

Scolex - (head) has hooks or suckers.



uterus cavity in Parenchyma



Eggs fertilize & pass to uterus & other sex
organs atrophy

Taenia Solium is slender.

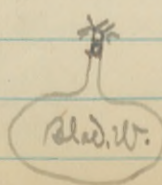


Both. Latus retains segments
& throws out eggs. Larvae get into water & fish

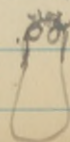
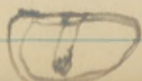
Jan. 14, 06

Taenia Saginata - Beef. has no hooks
Proglottides are very active uterine branches
are numerous.

Taenia Solium 7-10 uterine branches, No Hooks.
Flesh of hogs contains Bladder worms (*Asterocaulis*
cellulosae) & *Oxycysticercus Bovis* in hog
is in muscle 20-30 mm. long 1/2 wide. external



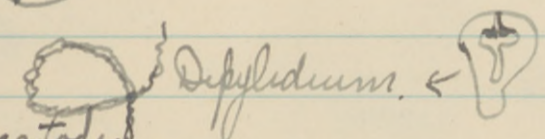
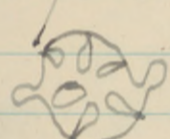
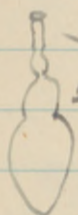
In stomach head & part of
neck remain



Cys. Bovis from muscle of jaw mostly
 Proglottides active & from excrement get
 on blades of grass & back into animals.

Dipylidium Canium. Dogs ^{or cat} sometimes in children
 get on Dog louse & louse is infected & gets
 back in dogs by their eating

→ in small intestine of Dogs (T. Echinococcus
 2 1/2 mm. long. Ech. Stage in Domestic
 animals & not uncommon in people
 including Sp. Ad. Brood sacs may be large as
 an orange mostly in Herbivorous -



Jan. 17, '06.

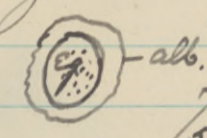
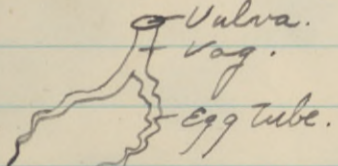
Nematodes.
 Trichinae
 Filicaris.

Uncinariasis - worm in intestine sucks blood
 in Poor whites of South.

Ascaris lumbricoides small intestines of man
 & mostly children. Common in Finland, Holland.

Seres mostly distinct in nematodes.
 Not so large in man 20 to 40 c.m.

Spicules sharp hook shaped on tail end this
 tail hooks around female.



Pass out with feces.
 70 to 50 μ.
 50 to 40 μ.

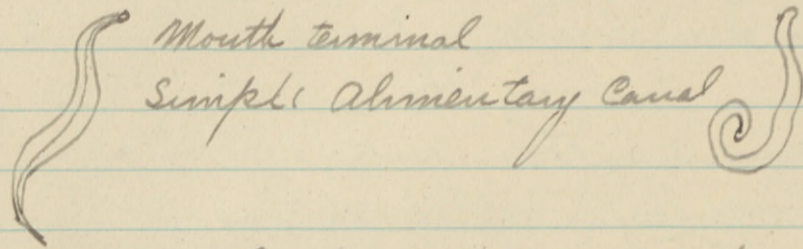
Must be kept in moist place 2 or 3 months
 & can then be inoculated.

Form long & cylindrical. genital opening on ventral
 side mouth is Terminal

Straight Alimentary Canal, triangular lumen
 Body covered with thick cuticula
 Excretory system opens near mouth.
 Nerve ring surrounds Esophagus near front.

and four nerve bands run back, connected by commissures

Oxyuris Vermicularis limited to children.
female 10 MM. Male 3 to 5 MM.



live in large intestine, produce irritation.
Crawl out of anus at night may get
in vulva. Egg may get on finger & into
mouth. May occur in large numbers.

Family

1. Ascaridae

Genus *ascaris*. 250 Species.

.. *Oxyuris*.

2. Filariidae - *Trichinella* - *Filaria* -

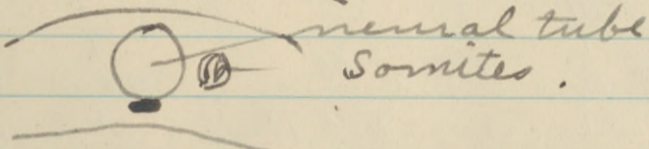
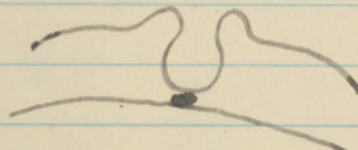
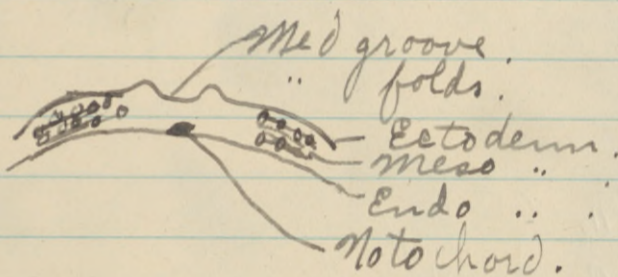
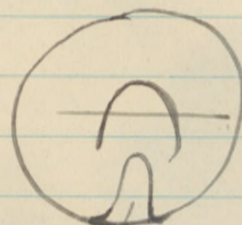
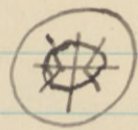
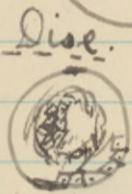
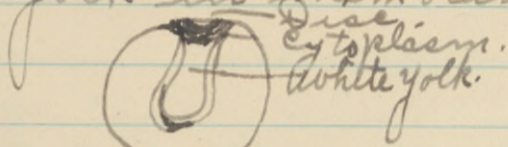
3. Strongylidae - *Uncinaria*.

Feb. 12 '06.

Starfish ovum.: Holoblastic seg - equal. Div.
 Meroblastic Seg.
 Discoidal.

Development of Chick.

1. Shell two parts.
2. .. Membrane. two layers. Air chamber between.
3. Transparent part. Chalaza from ends to y.
4. Yolk. in membrane.



Somatopleura. Splanopleura.
 Amnion formed from Somatopleura folding over
 Embryo

Cytomorphosis -

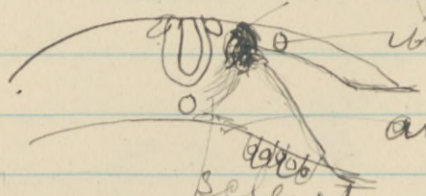
1. Undifferentiated Cells
2. Progressive Differentiation.
3. Regressive ..
4. Dest. Death. "

Law of unequal growth.

Histogenesis of formation of tissue

Organs origin of organs.
 Epidermis Nervous system. &

first sp. N. 2nd Div. of Brain, 2 sense organs
muscle plate outer layer somite
myotome
cuticular duct.



area pellucida. Zona
sclerotome Bodies / Vertebrae.

Endoderm + Meso. Sphero layer.

Bld. Ves. formed.

Ductus Cuvieris.

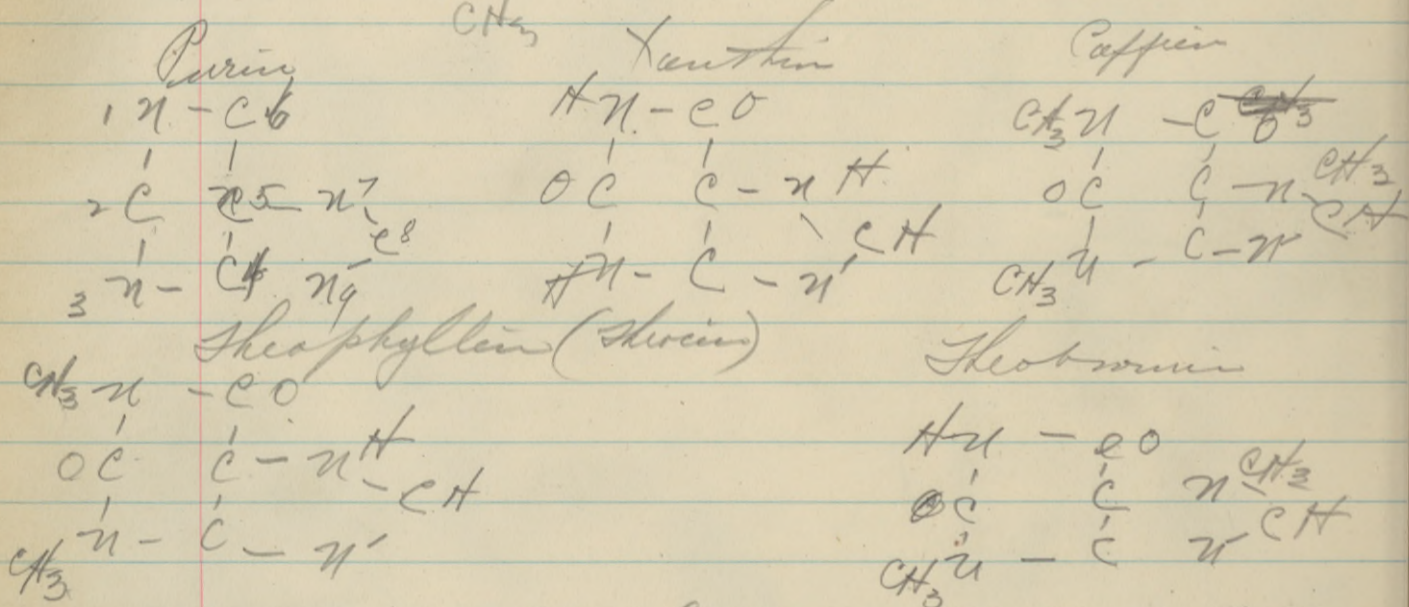
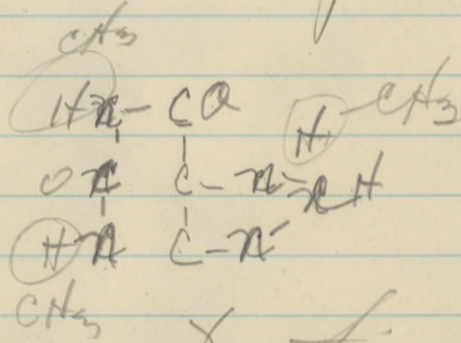
Mesenchyme.

Endoderm less developed. Epi. of Digestive
tube: Lung, Liver, glands etc.

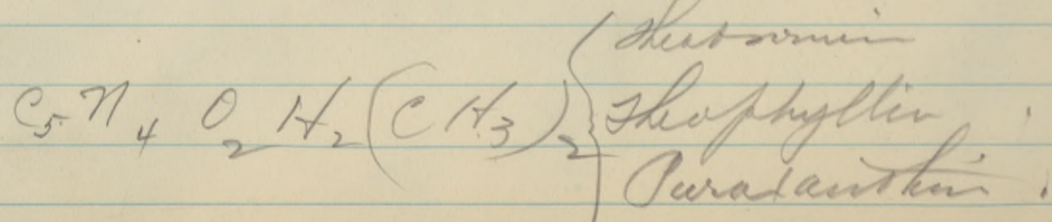
Notocord

Mesoderm: Supporting tissue / Bone.

Blood + Vascular System + G.U. System.



Beef tea = Peptone comp. from proteins



Dr. Nicholson

Oct. 18, '06

Wounds of Abdomen: { Non Penetrating.
Penetrating.
Non Penetrating diag easily made. Inspection & touch.
Small wound should be enlarged. Keep clean its
Close large wound. Penetrating Wound. do not insert
finger or probe. Normal Saline Sol. Punctured. gunshot.
Stab. Ascertain condition of viscera Prog. depends on this.
Existence of air not dependent. Explore wound by careful
dissection. Incise above & below.

1. General 2 Local symptoms of Dif. in Pen & Nonpen.

1. Vomiting may be result of injury blood indicative of Stomach

2. Pallor. may come from shock.

3. Pain not important in differentiating. 4. Pulse

5. Hemorrhage. large amounts in Abd. usually an aching
Weak. fast pulse Air & hunger when much hemorrhage
takes place. Operates in Hemorrhage & where contents of Bowel escape.
Lembert, ^{Peritoneal} Sutures 4 or 5 to inch. Examine viscera
in line of injury. Murphy's Button.

Compress Ab. ~~press~~ ports to find place of hemorrhage.

Handling intestines causes shock.

Oct. 22, '06

Ulcer of Stomach. & Duodenum
Necrosis of wall probably cause of local origin
funnel shape. ^{terminal part} most often in Lesser Curv & Pyloric orifice
Young women. Sym. Pain. in area of tenderness & vomiting & blood
Vomit blood without Cer diag positive. Ant Wall
may perforate. Post Wall. Perforation. Previous of Supposed
Dyspepsia for months. Surgery advisable after more than one
hemorrhage of considerable amt. & recurring. If in Post wall
open ant. Wall. Lembert sutures on Post wall. Mortality
May have stenosis. cicatricial not common result of
destruction of Mucous Membr.

Oct. 29, '06

Abdominal covered or partially by Peritoneum.

Dec. 17, '06

gallstones usually preceded by inflammation & infection.
Long jaundice may have hemorrhage on operation
lack of coagulation. Test coagulability prior. More than
5 min. contraindicated.

Chloride of Calcium 1 gr. & so. feed gelatin.

Cholecystotomy indicated.

small incision parallel to ribs. No op today
Stones in duct more serious.

Stomach: foreign bodies may cause symptoms resembling gastric Crises? Locomotor Atasia. Use Brad. Give food which form a bolus. potatoes etc. don't give purgatives.

Jan. 7. '07. Ulcers: Anaemia, Syph. ale. Embolism, Acidity Burns / Skin. causes.

Excess HCl. Blood Brighter red. Anemia some loss of flesh. Nausea, Pain. Vomiting.

Keep Patient in bed & use Rectal feeding.

Large doses of Bismuth 60 to 150.

Nitrate of Silver is good. Carbolic Acid 2 drops 5x a day

Laparotomy. gastropexy. attach center of ant Body of Stomach to body wall.

For dilated stomach attach Post & ant. Wall & push in Lesser curvature.

Double stomach. may remove one or fold one upon other & make opening between.

Cancer Stomach of Carcinoma produces atrophy of & dilatation of Esophagus. food retained in Esophagus may become enormous.

Should be recognized early. Dyspepsia sym.

1. age after 40. 2. Pain. 3. Anemia loss of flesh.

4. Haemov. Vomiting. Tumor not so important.

Decreased Mobility HCl. free is absent.

If Lymphatics are involved don't bother stomach

May grow away from Lumen. Radical early

before Cachexia & other parts involved.

Next to Uterus most frequent for Primary.

1. Cylindric Cell. 2. Encephaloid 3. scirrhus of Colloid.

2. Rapidly destructive. substance like Brain substance.

Jan. 14. '07. Hernia 90% reducible contain omentum.


Inflam trouble, heat, swelling, tender may

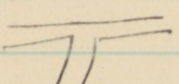
be caused by escape of contents from Bowels.

Incarcerated, obstructive, obstruction of Bowel

May not be complete. Causes digestive disturbance
 Strangulated also affects circulation, may
 perforate. Toxaemia causes death. General
 sym. Pain, Prostration, High temp. Vomiting.
 Higher up earlier vomiting. May have gas &
 frequent small stools. Reversed Peristalsis.
 Inguinal 80% of Hernias. Oblique 90%
 Direct is mostly Bubonicele.

Infantile 60% cured by operation.

Soft pad is better. Richter's  ?

Littre's Hernia  is a diverticulum.

12 Blank Leaves Not Scanned

Fibrous Bronchitis

It has Bronchioles covered with fibrin +
when loose are balled up + expectorated.
found in people of Tubercular tendency.
found with some skin Diseases.
Between ages 20 + 40

Most frequent in Spring + fall

Symptoms: Commences with Chill, temp
runs up, Compressed feeling in Chest, interferes
with Resp.

Bronchial casts are distributed quite general.

Treatment: is to try to remove casts.

Inhale - warm steam give Pilocarpin
may cause flow in mucous.

Lo. of Soda good for permanent treatment.

Congestion of Lung - Active + Passive. -

Active Congestion congesting Alveoli, air vesicles
+ increase in temperature.

Preceded by Chill

Sudden exposure to intense cold.

Passive Congestion - Weakening of Heart.

Mitral Insufficiency mechanical form.

Pulmonary Hemorrhage.

May be capillary small + opening from
a number, or bursting of large.

Pul. apoplexy due to infarct. + breaking
into substance of lung, is rare.

Spitting of Blood is indicative of T.B.

Maybe in Healthy person.

T.B. is frequent.

Blood is Dead when vomited

" " Alkaline vom. Nose, Pharynx, Lung etc.

" from aneurism expectoration continues for
several days - serious -

Bronchial Ragia indication of Pneumonia.

Cancer of lung may cause breaking.
 Broncho Ectasis Dilation of Bronchial tube
 may cause small arteries to give way.
 Hemorrhage may take place from Abscess.
 Heart Disease - most frequent is Mitral
 Disease.

Vitrious Hemorrhage. where disturbance of
 menstrual flow.

Japan & China due to Worm in Bronch.
 Tubes. Distome Lungara

When due to T.B. usually takes place
 at night.

Diapedeses. keep Bowels open use Opium
 Keep quiet Ergot Adrenalin.
 Ergot + Opium.

Pneumonia. Infectious Disease Lobar. Croupous Fibrous
 Pneumonitis. Untid fever.

Runs a course termination in lysis.

Terminates when enough antitoxin is formed
 to counteract disease.

Serum does little good.

Due to Diplo coccus Pneumonia of Rankel,
 found in 20% of Healthy people.

Vitality should be lowered.

Wide spread. Dudden changes favourable.
 fall & Spring best time. most frequent acute Dis
 20 to 30 in 1000. Violent Exposure.

Males more frequently. fatal after 50 yrs.

Debility & is Secondary to Bright's, etc.

Once had is more likely to develop.

immune for about 6 months.

Epidemic in certain localities, or in houses.

Affects other organs. may be a cause of Pericarditis

When apex Pneu. may have a Meningitis.

More frequent is Endocarditis. more or less

Pleuritis

3 Stages stage of Red Hepatization 1st Engorgement.
 " " gray " "

May have violent Hemorrhage in Engorgement.

Tension of Pulmonary circulation increased
 lasts 24 to 36 hrs. This Precedes Engorgement.

Crepitation in Engorgement Stage.

Capillaries swollen, fibrin in air cells is
 semiliquid

Red Hep. fibrin fills air vesicles, Bronchial
 tubes, has granular appearance.

Certain cells are slower to be involved & here
 is where there is crepitations when lung
 becomes solid we have Bronch. Breathing
 Alveolar walls are infiltrated leucocytes
 are found in interlobular tissue &

there is approaching of
 Gray Hep comes after crises, fever has
 subsided, leucocytes & gradual softening
 Leucocytes aid in clearing up, & looks
 like Purulent Secretion This is
 called Resolution. When this process
 is retarded small abscesses form
 or another termination is Interstitial
 development of fibrous tissue & this
 destroy function of these cells

R. Lung is more frequent involved than left.
 51% 32% 16%

Symptoms

ushered in by chill lasting 20 min to hr.

comes on abruptly, fever rises rapidly to 104-4 $\frac{1}{2}$.

after chill cough commences, dry cough.

Pain on side where pain is located usually upper

may be referred to abdominal region. Grunting with

cough. Cheeks red, Eyes Bright. Respiration increased

& is an effort, may hear crepitant Rales.

Bronchovascular Murrer over-inflamed part.

16 - 72.

45 - 100 favorable Prog.

60 - 110 unfavorable Prog.

Expectorate Mucous tinged with Blood
later Rusty color Sputum Pathognomonic
Old People & insane do not always have these
signs.

Second Stage - early we have Crepitant Rales made
by Inflamm. products thrown into Air Vesicles.
Later material has filled air vesicle & such Rales
is not heard then late stage is consolidation
& Dull percussion & Bronchial Respiration.
If extensive Bronch or Chest Voice is heard
As Dis progresses Symptoms increase
Delirium, Leucocytosis, high colored Urine,
Increase Uric Acid.

Pseudo Crisis temp drops & Patient seems
to be improved & after symptoms are more serious.
7 or 8 days have true crisis Antitoxin has
been developed which counteracts the toxins of Organism
Heart should be examined frequently.

second Pul. sound is under to lesser Circulation

R. Side is Dilated & interferes with
Cyanosis appears. Sound is muffled.

Prognosis grave in old people. Not bad in children & healthy
adults.

Don't rely too much on treatment; most times is over-
medicated. Pneumonia with Meningitis fatal.

Meningitis most apt when upper lobes are involved.

Endocarditis interferes with recovery. Peris not so serious
Pleura nearly always involved.

great deal depends on the heart.

When Pulmonary second sound is dull there is
increase in Beat & may lead to muffled sound.
Brachycardia. Prognosis bad strain on R. Ventricle.
Toxins bad effect on Heart & muscle cause of Delirium.

Treatment. Self limited Quinine not large dose 3grs. every 3 hrs.

Reserve Digitalis for Extreme Measure.

Strychnine acts as tonic without increasing contraction.
a valuable remedy where heart shows weakness.

Alcohol - Whisky Brandy are Best.

Don't use Opium. Sulphonal. Bromide of Soda to
allay Nervous Debility.

Fibroid
Phthisis

Interstitial Pneumonia:

Phthisis means wasting, or contraction
Unilateral disease, condition where
fibrous tissue takes place of the normal.

are brot about by various conditions.
Septa & Alveolar walls, & Pleural
extensions, & Interlobular tissue.

Local & Diffuse forms.

Tubercular invasion have some local.
fibroid tissue in walling in foci.

Abscess of Lung, Gumata etc have same
local condition that is substitution of
Normal by fibroid tissue.

Diffuse variety cause is a sequence

1. Acute fibrous Pneumonia when
there is failure of normal course to
undergo Resolution, or partially
after organization there is contraction.
2. Chronic Broncho Pneumonia result
of Tubercular Condition, lung
becomes absolutely dull.
3. Pleuridigeous form originates in
dry Pleura & fibrous material
extends to lung - air ves. Broncholes etc.
4. Miller's. Coalminers Phthisis etc. ^(except large)
at apex of lung. due to a form
of Dust.

Temperature is Normal & an increase in
T.B.

is a Chronic Disease for it is a
sequence of some acute disturbance.
Physical Exam. There is Bronchial Resp. as
no air enters lung. there is also Bronchial
Cavernous Resp. & surrounding tissue is hard

Dullness on percussion. more than ordinary
also a woody dullness or flatness.
will extend to point of substitution
there is also a contraction & the
healthy lung is enlarged. & presses
on the mediastinum causing displacem^{ent}
ment. Heart may be pushed out of
position may be on right side.

Treatment: Prevent T.B. infection. support.
strength, give tonic, Small doses of
Bichloride of Mercury.

Jan. 2. '06. Common in old people frequent in young.
Broncho. Secondary in majority. or sequel. Typhoid
Pneumonia Measles, Whooping Cough etc.

Affects those suffering from H. & K. trouble.
Bilateral disease. ^{originally} (Capillary Bronchitis)
frequently Cap Bron. Difficult.

Terminal Bronchi are first affected.
then extends to air vesicles.

Lobular Pneumonia from extent from Bronchi.
to air vesicles.

Extends to air vesicles in spots.

Areas of cells devoid of air.

May have Peribronchial thickening -
Aspiration Pneumonia. due to inhalation of
food presence of Blood which passes
down to small part form a localized Pu.
T.B. Broncho Pneumonia. spreads as tubercle
spreads.

Splenization is areas inflamed & becomes
harder & may be entire occlusion.

Termination is by resolution, suppuration.

may terminate in gangrene (serious).

.. Fibrosis small fibrotic
spots remain & contract becoming useless
o normal cells dilate & compensate.

Jan. 9. '06. usually secondary may be primary
Diagnosis: Help when disease precedes.
 When patient seems to be recovering a rise
 of temp may come, resp. increased general
 uncomfortable condition. - examine lungs -
 Is Bilateral exists in identical parts.
 Preceded by Bronchitis which extends.
 has been called suffocative Disease.
 Lobar comes on in Healthy person
 from 3 to 15 more likely to be Lobar.
 Deathrate from 30 to 50%.

Prog. depends on preexisting disease.

Treatment: See that excretions are good.

Dose of Calomel. Have a moist atmosphere
 a temp. of 68-70° favors breathing.

If Dyspnea is great give emetic. Epsom Sy
 don't keep them nauseated. 1 teaspoonful " "

Cough Mixture Carb Am - 1 gr. every 2 hrs.
 Sy S pills
 Aqua Dist.

Do not use Opium

Use stimulants when needed. Whiskey

Jan. 16. '06. Yourishment. Predigested milk. Liquid Peptonoid.

Emphysema
 of Lung.

Two forms
 Hypertrophic + Atrophic (Senile Emphysema).

Development of Hypertrophic Emphy. may be decreased
 or stopped. Distension of air cells + atrophy of
 cell walls. may break together. Heridity Weak
 lungs a great factor. may be due to defective
 development of alveolar tissue. Cause may be
 due to increase functions by long retaining
 air as glass blowers. Musitation

In suspected patients advise Hygienic measures -
 Increase of alveolar pressure encroaches on
 blood vessels cause rise in Bld pressure
 + hypertrophy of R. Ventricle. also there
 may be an Edema of lung from same causes

Tendency of Heart is to grow to the right.
 Swidity after full extent of development &
 on extra exertion are cyanotic.

Dyspnoea in early stages. Prolonged
 Expiratory effort.

Treatment: little to be done. Hygiene. Fresh

Intercurrent attacks of Bronchitis

Pleury Inflamm. of Pleura.

Jan. 30. 06.

1 Dry & Adhesive Primary & Sec.

2 Effusion acute & Chronic.

Dry may be Primary or most frequently
 complicating or secondary.

More or less lymph on surface of Pleura.

Have changes which bind down Pleury.

Independent dry pleury is rare in
 healthy people usually complicates T.B.

Secondary Process most frequent cause
 of Dry Pleury is T.B. infection.

Pleury & Effusion is brot about by sudden
 change in temperature. Most likely caused by
 Microorganisms. Onset sudden. lancinating
 pain. With effusion from T.B. infection
 onset is slow. pain not so intense.

Pain may not be over affection occasionally.

Pain first 24-36 hrs is intense. dry
 stage Pleurae are rubbing against each other
 when effusion comes on pain subsides.

May have large amt. of Pleural Effusion.

May compress one lung but other will compen-
 sate but when solid Dyspnoea comes on.

If Dyspnoea is great fluid should be drawn
 but not all of it. Golden yellow color.

this causes drain of blood. & causes weakening.

Albuminous & has proteins of Bld. Serum.

Cholesterol, Uric acid & some sugar may be found.

Feb. 6. 06.

Friction reduces when fluid is absorbed. may mis-
 lead to diagnosis of Pneumonia sound is fine soft

sound is double on Inspir & Expir.

Aspirate in six weeks. not completely.

Some pressure is on Heart, also may be misplaced.

Physical Signs. Inspection: Tendency to guard & favor diseased side. lancinating pain at point usually, may be referred. above almost same as in Pneumonia.

Pain on Inspir & Expir in .. usually on Inspir.

Auscultating in Pleury there is a double friction sound. no friction sound in Pneumonia. after 24 hrs on inspir there may be Crep. Rales.

after 36 to 48 hrs. cessation of Pain.

due to effusion. In Pneumonia Pain is increasing.

Flatness more than dullness due to lack of air some air in Pneumonia.

Vocal resonance defective due to air not getting into lung. Bronchial voice in Pneumonia.

Empyema absent of Breath sounds.

(Baellus sign) fever runs different course.

Chills, rigor, fever irregular. more emaciation more systemic disturbance.

Feb. 20.06. Hydrothorax. is secondary condition

& is Bilateral. secondary Dropsy.

may be due to Cardiac Broken compensation or Kidney & Liver trouble.

PneumoThorax Hydro. Pys.

Bursting of cavity of Lung into Pleura Cavity may come from Wound. Heine of Lap-
ragn.

Symptoms of PneumoThorax Tympanitic resonance chest is bulging. Vocal Phrenatous diminished & also Breath sounds. Coin test.

Mediastinum Tumor. in Whooping cough.
Measels etc. may have T.B. infection of
these enlarged glands.

Mar. 13. '06. Tuberculosis. First walling off for protection.
May have caseation & formation of cavities &
in this way spreading. T.B. in air cells
may cause Broncho Pneumonia.

Heredity is very rare in this disease.

Mar. 20. '06. Fresh air prevents spread Jewish most nearly
immune. 3 to 8 yrs. less apt. to occur. after
15. is Respor. Intestinal. Women slightly more
than men. Typhoid form of T.B. Acute.

Irregular Temp. in Acute T.B.

Mar. 27. '06. Pneumonic type. alveoli filled & a consolidation
at that point. both apices affected, does
not terminate by crisis (fever). course of fever.
fever varies more in T.B. Pneumonia.

Runs a short course, many terminate in 3 weeks
in death. Rusty sputum becomes 'Prune juice'.

Broncho Pneumonia. Temp. not so high. irregular
resulting from acute diseases
spreads. Sclerosis may develop.

Chronic form. slow form. Conferata. Desperata
Modern. 1, 2, & 3 stage.

1st Insipient. of greatest importance.

April 3. '06. Chronic T.B. Symptoms. Slight variations
in temperature, to a very 2 or 3 hrs. for a week.

Subnormal in early morning hrs. weight at
same hour each day. Stomach disturbed.

Some expectoration in morning. Loss of flesh.

Examine Heart. Pulse 90 to 100. Percuss with
fingers some resistance felt. dullness. Auscultation.

Prolong Expiration, roughened, jerky. Murmur click
on deep breath, increased vocal resonance. then

have them whisper. (increase resonance). Treatment.

Hygienic. Anti tubercular Serum.

Presystolic murmur generally heard before first sound of heart, usually called mitral diastolic stenosis. generally a contraction of Mitral valve. may be tricuspid generally heard anteriorly at apex.

Systolic murmur heard with first sound, generally heard due to Mitral regurgitation. caused by blood flowing back to atricle heard plainly near apex like distinct blowing also heard posteriorly below scapula. Systolic murmur heard aortic notch heard during first sound, due to Aortic stenosis. or constriction of Aortic Valve, more roughened murmur.

Diastolic ^{murmur} after second sound caused by regurgitation from aorta to L. Vent. defective valve.

April 9, '06. Pericarditis: follows infective disease.

Idiopathic in Children. Extension of another disease. Acute Plastic Pericarditis (Butler Broad).

May have fluid. T.B. Cancerous Chronic Pericarditis Pericarditis & Rheumatism may precede.

Septic & Purulent Pericard. is very painful.

Friction in rhythm of Heart.

Effusion impedes action of Heart. may have bulging. Symptoms not so pronounced.

Inspiration presses Pericard & there is cessation Pulse. Pulsus Paradoxus.

Cardio Hepatic Space should be normal.

Keep Patient quiet. may have to use aspirator.

Watch Bowels. Blister over Heart. Fomented.

Dose of Sodium. 2gr. to begin to 10gr.

April 17, '06 Endocarditis. Inflamm cond. of Endocard.

Acute & Chronic. Benign & Malignant or ulcerative. Rheumatism most prob. cause.

Simple Inflamm. valves mostly affected.

Vegatations on Tend Cordae. may cause Embolic trouble. found mostly in children & young adults.

Various infectious diseases also cause.
 Mitral Valve most frequent affected
 Auricular side. Aortic vent. surface next.
 Bld. current has to due to these processes.
 R. Side in foetus affected.

After birth L. side mostly affected.
 Endo. does not always follow Rheu. but there
 may be a history of Sore throat Tonsillitis etc.
 May Complicate pregnant woman.
 Pulse rapid & weak.

Malignant or ulcerative due to various kinds
 of germs. more pronounced destruction. is a Septic
 Patients becomes reduced. Eruptions similar to typhoid.
 Prognosis: bad. Strict attention & Dietetics.
 Ice bag. Digitalis not indicated.
 Salicylate when Rheu. probably a cause.
 Keep quiet.

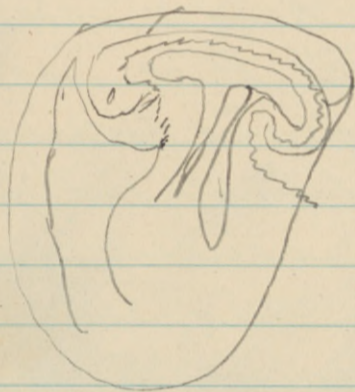
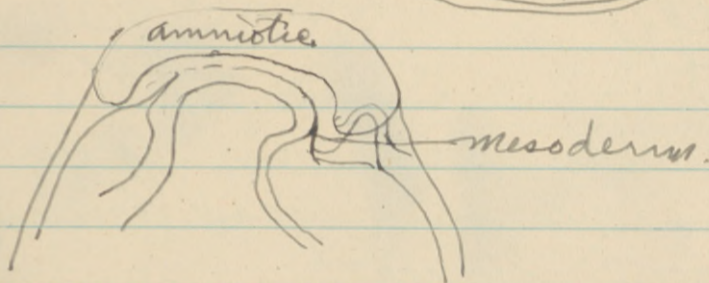
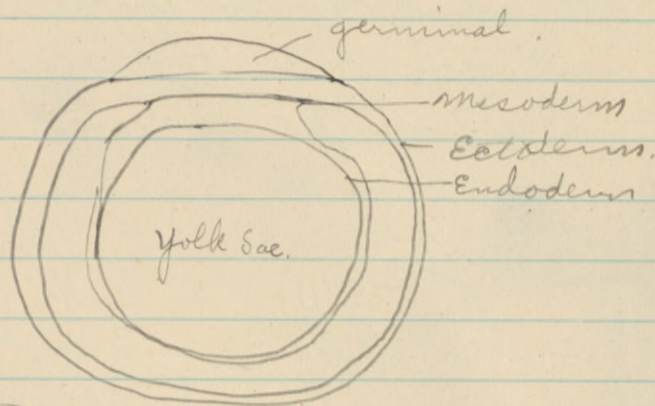
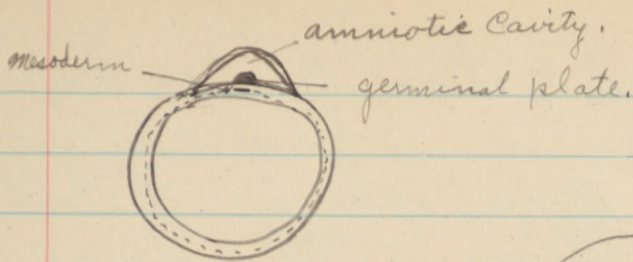
April, 23, 06 Results of Endocarditis. Affects Mitral
 valves (incompetency) most common.
 may bring about a Stenosis. & Dilatation
 of Heart; causing insufficiency of valve in
 such Discompensated Hearts.
 Auscultation reveals murmur.

May 1, 06 Aortic Insufficiency 1/3 of Cases.
 Comes from Endo Card. from Rheu. Cusps
 are distorted & ulcerated. Arterio Sclerosis
 accompanies. found to people addicted to alcohol.
 Typical Beckhart. develops. Rare as congenital.
 Water hammer pulse. Early Manifestation
 Dyspnea, Dyspnoea, Liver Lung, etc.
 Murmur after second sound in region of ^{aortic} ~~tricuspid~~
 Normal tension 135 mm. may drop to 110.
 Disproportionate
 Aortic stenosis, little leakage
 1911

Nov. 7. '06. Delirium Cortis extended for few days shows organic change.

Sodii Sv. $2\frac{1}{2}$ gm.

Tr. Dig. D. 4 gm.



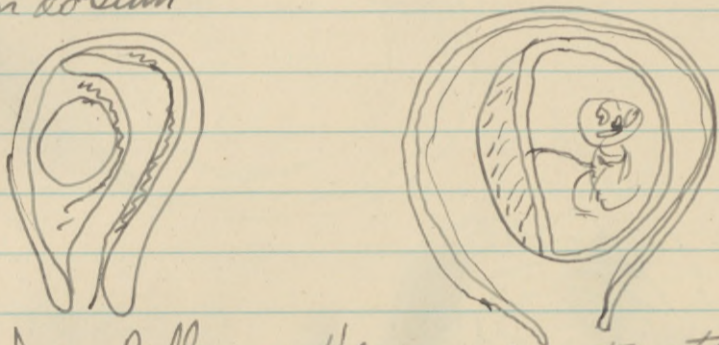
* Trophoblast. has power of dissolving.
 Decidua, & will destroy blood
 ves. wall & ^{maternal} blood will enter trophoblast.
 Primary Intervillous space where this blood
 enters.

At this stage Mesoderm sends out projections
 & this vascularizes the Projecting Villi.
 Trophoblast & now is known as Chorion Villi.
 Syncytium layer formed superficial in
 trophoblast due to Maternal blood in contact
 & lower layer into Langhans Cell.

first has no cell wall or division
 Langhans is more distinct cell.

No mixing of Different Blood.
 fetal blood takes oxy & gives of CO_2 by
 means of osmosis.

Chorionic Villi Excretion, Nutrition Respiration,
 " " " " begin in latter stage
 to atrophy → hypertrophy as to Bld supply
 as next to Reflexa. Bld. Sup. is poor
 this is called Chorion laeve & other Chorion
 from basium



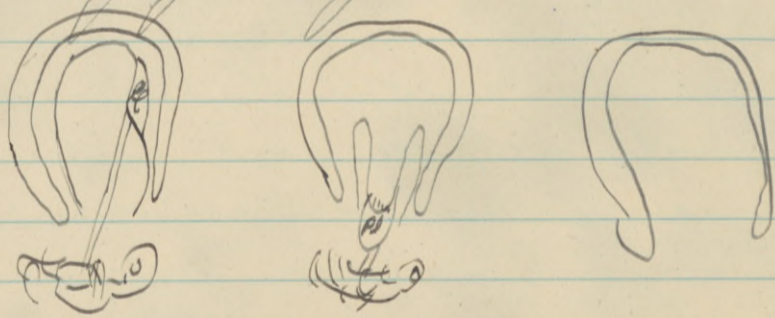
Decidua Reflexa & Vera join together.
 Albumin Urea some sugar amniotic fluid
 500 to 1000 CC. Sg. 1007

Fetus may secrete urine or may be secreted
 by Amnion Protects fetus, may nourishment
 Oligohydramnios - Small amt. of amniotic fluid.
 1. Amnion may agglutinate with fetus.

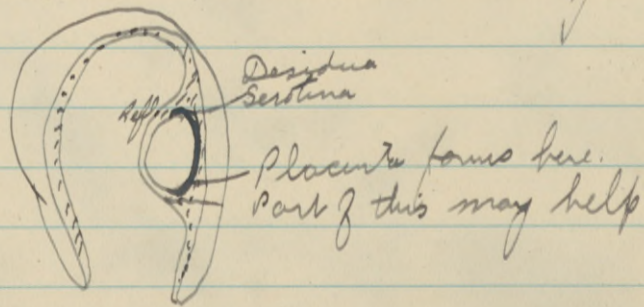
Polyhydramnios - excessive fluid.
 Umbilical Cord 50 to 60 CM.

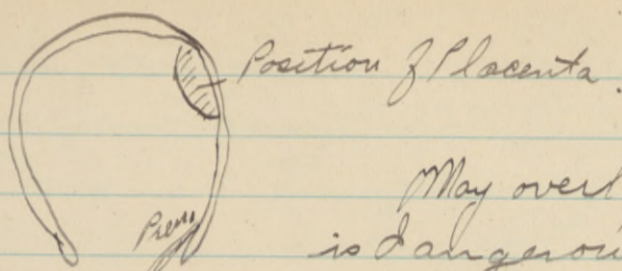
Wharton Jelly - Embryonic Con. Tissue.

Lysol

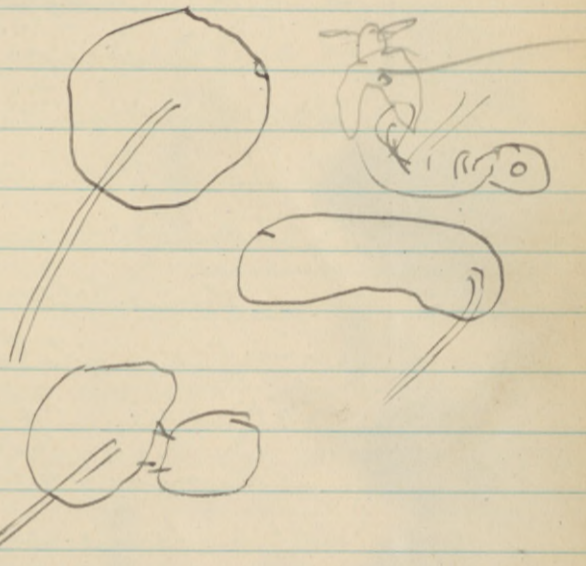
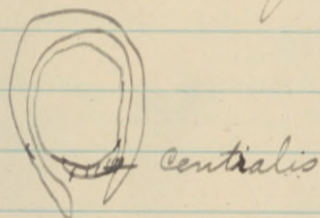
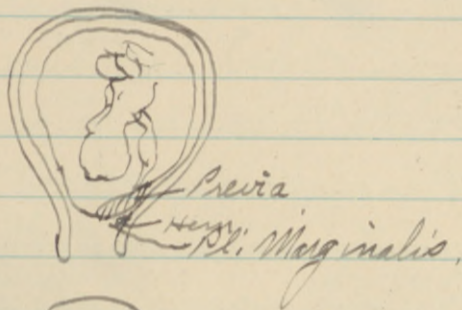


Placenta Membranacea large thin as below.





May overlap cervix (Pl. Previa)
is dangerous condition
Part is detached when cervix opens, & causes
a hemorrhage in early part.



Auto-intoxication of Pregnancy.

Vomits first 5 or 6 months.

Change in Parenchyma of Kidney.

End products of Metab. have toxic products.

Eliminated by focus. urine, perspiration.

Chemical destruction is another means of
Elimination.

Pregnant woman eat more indigestible

More toxic end products from fetus etc.

circulation throws into maternal part.

may be dissolved & get into blood.

Placenta a toxic tissue

Circulation fetal tissue making it toxic.

Heterogeneous to fetus.

Fetal metabolism may be cause when dead
symptoms stop.

Constipation natural, interferes with toxic
elimination also respiration interfered with.

Compressed Rd. Arteries ^{water} etc interferes with kidney.

Rd affected causes some albumin.

Liver organ of Chem. Destruction.

Jan. 12. 06. Path. Toxemia when Equilibrium disturbed.
Fetal Metabolism.

Circulation.

Organs of Defense unable to keep functioning perfectly. Insufficient at time of Pregnancy is bad. 1. May be Congenitally deformed

2. Diseased Condition. Undeveloped Thyroid cause of toxemia.

Prediseased & Diseased caused by Pregnancy.

By twins accumulate in K₂O form to be sub for Blood & by same again affect K₂O.

Symptomatology Nausea, Vomiting.

Headache, convulsions. Increased irritability of Nervous System.

These diseases which occur in Pregnancy are due to these toxins ~~and~~ by these increase in severity & any other causes given for this only aggravated the condition.

such as Hypertension etc. & the different diseases such as Eclampsia & Severe Vomiting are caused by different kinds of toxins (Ehrlich's Theory of Bases).

Treatment: Decrease as much as possible the introduction of toxins which is very limited. Interruption of Pregnancy in severe cases.

Increase Elimination & action of Defense Organs.

Jan. 18. 06. Placenta Vein 1. 2 arteries.

Arterial Bld in Vein

Ductus Arterialis between A. V. & Inf. Ven. Cav.

Other part goes in liver & to Inf. V. Cava & some from Vena Cava Proper. Carried to R. Auricle

→ Strikes Foramen Ovale con. to L. Auricle then

Eustachian Wall reflects bld to L. Aur. then into L. Ven. leads the Aorta branches to H₂

& Desc. Aorta to Hypogastric arteries which.

Com. with P. A.

One part from R. A. to R. V. & into Pulmonary Arteries. & Lungs not Developed but goes thro Ductus Botalli to Aorta.

Dec. V. C. also enters R. A. & this goes to R. Ven. Cannot go thro For. Oval.

Obstetrics
Dorsett.

Natural Labor

Unnatural labor is where distotia is present.
What is cause of Labor: Fetus Mem. Placenta become foreign bodies at a certain time & Nature attempts to expel it.

Expulsion of After Birth ^{Amnion. Chorion.} Placenta. Clot.



Placenta Uterus active Plac. Passive
& is detached by uterus.

Muscle of Cervix dilates
the rest contracts.

Fluid is dilator of uterus. evenly around cervix. Dynamic contraction is in Cervix by introduction of finger.

When Bag breaks only a certain part of water escapes. the rest shut off by Fetus forming valve.

Feb. 9. 06.

9 Lunar Months. 280 Days. count back 3 months + add 7 days. from beginning of last menstrual period. does not hold good with irregular menstruation.

Presentation refers to part of presenting body
Position relates to presenting part ^{relation to} canal.
position determined by Heart beat.

L. O. A.

L. O. P.

R. O. A.

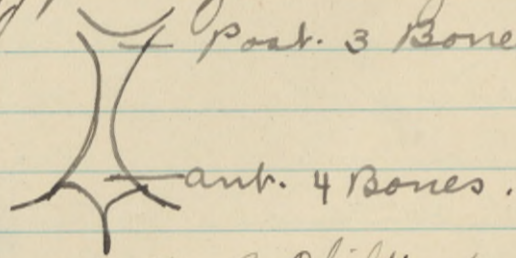
R. O. P.

Three stages for convenience.

First " from begin^{ing} till Presenting Part passes thro cervix of uterus.

2 - 3 stage

Prominence of Sacrum higher level than Pubis.
Egg Plant Blue of Cervix & Vagina.



Feb. 16. '06 Movements of Child's Head.

Head is passive fixation of Body uterine neck dilates. flexion makes long diameter shorter.

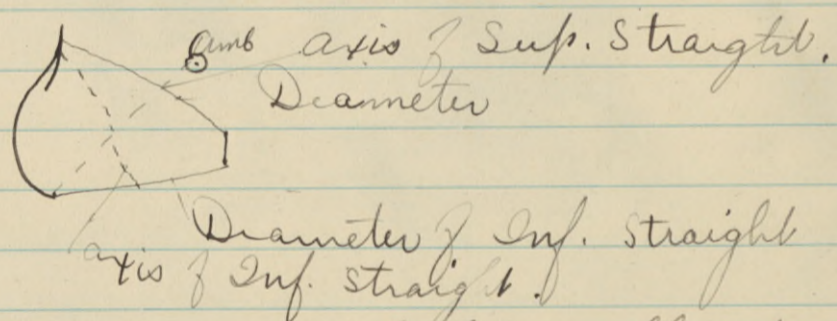
Extension flexion & rotation

Ex. means elevation of chin

Fl. " dropping " "

first flexion, rotation then extension then external rotation.

Bladder or bowels may be full. Cord may be around neck.



Mar. 2. '06. Patient lies on back knees flexed on right side of Bed. Give enema for bowel, pass water. Douche before labor is Gysol preferably. Vaseline put up in tubes. Examine Cord of Rectus & Bladder thro' vagina. next condition of Cervix. to see how far case is advanced next size of Pelvis. & to find out if patient is pregnant or not. Condition, thickness & elasticity of Cervix. Straighten legs to relieve cramps. After chin drops over Perineum there is rotation & lower arm is born. then child's born. Close eyes see to respiration. If cyanotic let Baby bleed some. If asphyxiated place child in hot water.

Mar. 16. '06. Perineum Wound closed immediately.
 Cervix repaired to stop bleeding.
 Sepsis may come on immediately, initiated by
 chill, rise in Temp. may be rigor, sweats!
 Examine Placenta. May have organisms entering
 ab. Cavity & Peritonitis comes on. Lymphatics
 may take up material & have general sepsis
 without Peritonitis. Engorgement of Breasts
 may cause high fever on 3rd day. not serious.
 Use Placenta forceps & Sims Speculum.
 follow with irrigation then curet & wash
 again. 20 gr. Iodoform suppository, sterile in
 neck of uterus & pack carefully with Co. gauze.

Mechanism of Labor we understand the
 operation of the mechanical forces
 & the execution of the mechanical
 movements necessary to secure
 the passage of the child thro' & its
 exit from the Parturient canal.

Prof. Hypeo.
 Oct. 3. '06

1. Obstetrics means caring for woman (& child)
 during pregnancy, labor & puerperal state.
 Medicine art of healing.

2. Synonyms: Midwifery, Tocology, Parturition,
 Accouchement, Mdicentics

3. Obstetrical Science means. The classified knowledge
 of the laws of human reproduction.

4. Obstetrical Art means - The rules drawn from those
 laws which are to be observed in practice.

Oct. 5. '06

English School dates from Royal College of Physicians
 at 1815. Dr. Linaer. Peter Chamberlain reinvented
 the Obstetrical forceps early in 17th Century

Sir Fielding Ould of Dublin described Mechanism of Labor
 1741. Dr Demare 18th 19th Centuries wrote of consequences

of Puerperal fever thro' unclean Drs. & medicine
 French School dates from time & work of Paré 1510

great surgeon & Obstetrician called by Smellie The discovery

Restorer of Midwifery 17 Century first hospital for
instructions to men. Andre Leuret 1747-1758 improved forceps

Namusian 1718 described Phenomenon of Labor.

German School 1773, 1815 most accurately described
mechanism of Labor. His Classic Phamphlet (1818) called
Euclid of Obstetrics. (F.C. Naegle)

Greek History. Hippocrates was born in Cresculapian temple
where father was Priest & Physician 400 B.C. mother a Midwife
Called father of Medicine 1. First scientific writer on Medicine
including Obstetrics 2. Separated Priesthood from Medicine.
3. Introduced clinical study kept records.

Plato 400 B.C. Aristotle 330 B.C. founded Alexandria Library.
Celsus 25 B.C. Cicerus of Medicine Soranus 98 A.D. first
book on Obstetrics. Aetius 502 A.D. Compiler of Med
Knowledge, described Version, Craniotomy, use of forceps,
speculum, erochet.

Arabian School Rhazes. A.D. 850 described use of fillet
& Obstetrical instruments used by Egyptians.

Oct. 17. 06.

Hygiene of Pregnancy. {
Diet.
Clothing
Exercise (w/ fresh air & Sunshine.
Rest & Bathing
Elimination { Kidneys
Bowels
vaginal douche.
Sexual intercourse.
Care of { teeth
nipples.
Mental Condition.

Physician should give special attention to. { Examination of Urine.
Pelvometry.
Physical & Vaginal Ex.
at (7) Mo. of Pregnancy.

Pregnant woman should be warned of & consult Physician for:
Danger Signal. a. Abdominal Pain.

B. Vaginal Hemorrhage. C. Persistent headache & dizziness.
D. Epigastric pain. E. Nausea & Vomiting late in Preg.
F. Edema { Local
General
Onset of Puerperal Eclampsia.

Should avoid { Lifting, stretching & reaching.
Collision & over exertion.
Blow upon abdomen.
Riding over rough roads.
Long railroad journeys.

Diet: Drink water & milk. Milk increases size of child. avoid strong tea & coffee & alcohol.

Exercise: with care & judgment. Moderation.

Vaginal Douche. May irritate. Hot Douche 4 times a day causes abortion. Never use Hot. warm. tepid one to two pints with no force.

Sexual intercourse: Avoid, just 2 or 3 Mo. not near the time of Menstruation period. & latter stages.

Care of Teeth & Nipples Keep mouth clean more apt to suffer from bad teeth. Neuralgia common. Deficiency of Lime Salts. or acid eructations may be cause. Mouth abounds with Lactic Acid. Milk of Mag for teeth.

Last 2 Mo. Raise Nipples moderately every day in poorly developed cases. Keep clean & soft.

Oct. 24. 06. Obstetrical Medications. 1. During Pregnancy.

Dr. Hynes. a. ~~Ergot~~ 3. Strychnine. Syr. Lacti-Phos/Lime.

Uterine Tonics & Aborti-

Anaesthetics.

faciatis } Viburnum
Cemifuga Fl Ext 1/2 Dr

Avoid Ergot. & large doses

of quinine. Aletris

During Labor: anaesthetics. Ether

+ Chloroform. Chloral Hydrate.

Morphine & Cocain. Spinal

anaesthetics; Morphine & Ergot.

During parturition;

Ergot; Strychnia.

advantages of. a. Diminishes Pain.

Relaxes uterine spasms & assists in

dilatation of Uteri. Lessens danger

to Perineum.

Disadvantages: lessens uterine

contractions. predisposes to post

partum hemorrhage. When excess-

ively used, to blood change, to sub-

involution, sepsis & dangerous to

child. Fl Ext. anesthetic preferred

given after 3rd stage of labor.

Hypodermic most reliable in dose

of M. 15 to 3T. Especially indicated

after chloroform. Benefits.

Lessens danger of Haemorrhage &

Sepsis. Lessens after pains & promote

involution

Persistent headache. Dizziness

pressure back of eyes points

toward Ureteric poisoning.

Uncontrollable Vomiting connected with Ureteric condition.

may be of septic origin. Edema indicated with Kidneys.

Oct. 26.06. anesthetics - partial Chloroform & Ether.
 Soothes pain, quiets nerves, relaxes Ovis
 Pressure from 80 to 30 lbs. sq. in. Excess causes changes in blood
 cells & Fatty Deg. Heart etc. Induces Post Partum Haem.

Oct. 31.06. Fluid extract of Ergot. (aseptic preferred)
 give after 3 stage of Labor. Hypodermatic administration
 most reliable. Dose 15 min. to 3T
 Chloral Hydrate for spasmodic contraction of Os. 15 grs by
 mouth every 15 min for 3 doses. or 20 grs. etc by rectum
 Morphia for highly irritable patients.
 Morphia ^{small} 1/2 gr. 1/3 Chloral Hy in Pepp Water 5 tea spoonful.
 every 15 min for 3 doses. Cocain for local application to
 Os. Uteri. for great pain. Spinal Anesthesia inject
 Cocain & Eucain into Cord. not used much.

Ergot especially indicative after chloroform.
 Benefits: It lessens danger of Hemorrhage & Sepsis.

Lessens after pains & promotes involution.

Ergot & Rye most important Solid, powder & fluid extract.
 Th. Ex. contains Ergotinic Acid ^{Constituted} Sphalaraly this acid
 contracts Involuntary muscles. Aseptic form devoid of Acid. Ergotinic P.D
 first contractions are Peristaltic then tetanic contraction. Tonic Ointment
 Strychnia. gives strength & vitality & tones uterus.

Nov. 8.06. Indications for induction of abortion.
 Mothers life threatened by path state of herself or foetus as from

<p>Maternal</p> <ol style="list-style-type: none"> 1. Nephritis. 2. Uncontrollable vomiting of Pregnancy. 3. Irreducible retroversions of Gravid Uterus. 4. Marked contraction of Pelvis (and below). 5. Pernicious Anemia. 6. Chorea & Insanity. 7. Chronic heart Disease. 8. Placenta Previa (some cases). 9. albuminuric retinitis. 10. accidental Hemorrhage. 11. Eclampsia. 12. Disease of Growth affecting Pelvic organs. 	<p>Foetal</p> <ol style="list-style-type: none"> a. cystic degeneration of Chorion. b. Rupture hydromnios c. Foetal death. 	
		<p>Abortion.</p>
		<p>I Labor.</p>

I Labor.

1. Natural
2. Artificial
3. Postponed. { child alive.
4. Missed. { child Dead.

I Date.

1. Ovarian - 3rd wks
2. Embryonic 1-3 mo.
3. Foetal after 3 mo.

Classification

Spontaneous.
 Artificial } Therapeutics.
 Incomplete. } Criminal.
 Missed.

Drugs used to induce abortion.

Ergot, Quinine, Pilocarpin, Ustilago.

Oils of Tansy, Pennyroyal, Savine, Parsley.

Act by causing congestion of Pelvic viscera.
 all are unreliable.

Nov. 14.06. Indications for induction of Premature Labor.

Generally for life	Fetal	Premature ossification. Habitual death late in Pregnancy.
Mother or fetus.		
Threatened by some	Maternal	a Pelvis $2\frac{1}{2}$ - $3\frac{3}{4}$ C. U.
Pathological Cond. as.		B. Placenta Previa.
		C. Extreme debility.
		D. Eclampsia.
		E. accidental hemorrhage.

Premature labor indicated with.

Pelvis $2\frac{1}{2}$ in. at 28 ~~th~~ wk.

" 3 " " 32 "

" $3\frac{1}{3}$ " " 36 "

" $3\frac{3}{4}$ " " 38 "

Reliable methods for induction:

1st 3 Mo.

a. Tampon cervix with Iodoform repeat in 2 hrs.

B. Dilate instrumentally or uterus remove foetus by finger or curet.

2nd after 3 Mo.

Same as Premature.

3rd To induce premature labor.

a. Catheterization of Uterus (Krause's)

b. Tamponade of Cervix - Vagina. Still better Uterus.

c. Dilatation of Cervix (Manual or water bag).

d. Rupture of membrane. Dührssen's incision of Cervix.

When indicated terminate labor by forceps or Vent.

To induce premature labor.

Methods: Catheterization of uterus (Krause's)

Dec. 5.06.

Dec. 7.06.

{ See Kitcher.

Dec. 21. 06. Indications for Symphysiotomy

1. Flat pelvis & Contracted.
2. Conjugate Vera 7 to 9 cm 2.6 to 3.1 cm.
3. Impacted Brow Face & post. Position.

Contraindications { Pelvis less than $2\frac{3}{4}$ in.
 Tumors cancer or other obstruction
 Ankylosis of Sacroiliac joints.

Dangers { Sepsis.
 Fistulae - Ves Urethra - Intestines / Locomotion
 Haemorrhage & Injury to soft parts.

Symphysiotomy lengthens all diameters.
 With separation $2\frac{3}{4}$ in. C.V. increases $\frac{1}{2}$ in.
 Obliquely $1\frac{1}{2}$ in. Transversely $1\frac{1}{2}$ in.

Jan. 4. 07. Indications for Caesarian Section.

a. Contracted Pelvis.

Ant. Post. Diameter below $2\frac{3}{4}$ in.

B. Mechanical Obstruction of Pelvis by soft or bony tumors & Ovaries

C. Impaction - Irreducible - of child in transverse presentation.

D. Obstetrical accidents or anomalies { Rupture of Uterus
 Eclampsia.
 Placenta Praevia

1604 first successful operation.

Porro Operation 1st Labor prolonged, bag of water ruptured. Extensive Manipulations, making sepsis probably.

1876 Removed whole uterus. 70% Miller raised uterus out 2nd.

Diseased uterus requiring second operation.

3rd Growths etc obstructing passage.

Saenger 1882 New method of suturing save 90%.

Advantages: a. No Haemorrhage from Uterine

b. No Uterine wound to suture

c. Wound is Extraperitoneal hence less chance for Sepsis.

d. No Subsequent Pregnancy.

Embryotomy; Embryulsoomy,
generally cutting below head.
Crainotomy upon head.

Crainotomy.
Evisceration } Evisceration.
 } Excystation.
Decapitation - decollation.
 } amputation } Extremities.

Instruments for Crainotomy } Perforation. } Blat's
 } Craino clasp. } Swellies.
 } Cephalotube.
 } Basotribe.
 } Forceps.

Indications for Embryotomy.

1. Malproportion between Child's Pelvis.
Hydrocephalus.
2. Monstrosities & other mechanical obstacles
to delivery such as impacted shoulder Presentations.
3. Post. Rotation of Chin in hollow of sacrum
locked twins.
4. Child dead or a monster.

Female Pelvis.	Brim	ant Post.	in.	cm.
		Trans.	4	10.1
Living.		oblique } R.	4	10.1
		} L.	5	12.7.
Internal Diameter.	Cavity	ant. Post.	4 1/2	11.4.
		Transverse.	5	12.7.
		oblique		
	outlet	ant Post.	4 1/2 - 5.	
		Trans	4	
		ob.	4.	

Est. Diameter by Pelvometry.	} Living	Intercristal	10 1/2	26.6
		Interspinous.	9 1/2	24.1
		ant. Post	7 1/2	19.
		Oblique	9	22.8.

Dia. of Child's Head	}	Occip frontal	4 1/2	11.4
		" " Bregmal	5 1/2	14.
		SubOccip Bregma.	3 3/4	9.5
		Fronto mental	3 1/2	8.8
		Bi Parietal	3 1/2	8.8
		Bi temp	3 1/4	8.2
		Bi mastoid	3 1/4	8.6

Distocia arises from anomalies of

1. Forces:

- a. Excess = Precipitated Labor.
- b. Deficiency = Delayed labor inertia uteri.
- c. Spasm & irregularity, rigid os & Cervix uteri Tetanus.

2. Passage:

a. Hard Parts Pelvic deformities.

b. Soft Parts

1. Atresia of Cervix.
2. Rigidity " " "
3. Impaction " " "
4. Malposition " Uterus.
5. New growths " " "
6. Stenosis & rigidity of Vulva.
7. Haematuria of Vulva.
8. Labial Abscess & Cyst.
9. Condition of Bladder.
10. Tumors, swelling of various tissues.
- 11.
- 12.

3. Passengers:

a. Malposition of Head. Occip. Post. Cases.

b. Malpresentation.

1. Face. 2. Brow. 3. Breech. 4. Transverse.

c. Prolapse of limbs.

d. Abnormal foetal development.

1. Shortness of Cord.
2. Unduly ossified skull.
3. Large size of Fetus.
4. Death of Fetus.
5. Disease " " "
6. Pleural Births.
7. Monstrosities.

Causes of Inertia Uteri.

1. Emotional Disturbances.
2. Full Bladder & Rectum.
3. Imperfect development of uterine muscle.

4. Fibroids
5. Disease of Uterus.
6. Excessive uterine distention.
7. Abnormal adhesions of Membranes.
8. Dry Labor.
9. Displaced uterus.
10. Frequent Labor.
11. Precocious or advanced age.

Labor may be rendered difficult by:

1. Abnormality of involuntary forces.
- Voluntary .. Abd. Muscles.
- resisting forces of inertia uteri

Jan. 30. '07. Delayed Labor may be defined as occurring whenever at any stage of parturition a considerable period elapses without satisfactory progress or when signs of Exhaustion of mother or child appear.

Uterine inertia is that condition in which the uterine contraction by weakness or irregularity are insufficient to dilate the Os. 1st stage or expel fetus 2nd stage.

Explanation of certain expressions indicating character of labor:

Primary inertia: sluggish action of uterus from lowered muscular or nervous tone, as extreme age, invalids, cases of twins, weak pains occurring at long intervals.

Secondary inertia: generally slight obstruction but contractions feeble or strong at beginning of case. Uterus exhausted flabby no tenderness. No constitutional reaction save fatigue 2nd stage. Tetanoid contr. of Uterus developed with obstruction.

Tonic contractions. uterus hard, tenderness marked constitutional symptoms develop rapid pulse, sighing respiration, face anxious fever, restlessness, vomiting dry & coated tongue, Coma, Convulsions, Death. treat cause. Nervous weak women should have strychnia for 20 days before labor. Quinine good. When Os indilatable may rupture waters not otherwise.

Jan. 9. '06. Pavement Epithelium covering of Uterus. some ciliated form to carry ovum. Basement membrane & muscular part.

Mucous sacs, glands. in Epithelium dipping in mucous structure

Muciperous glands involved when cervix is inflamed caused by some organism.

Acute & Chronic. Endometritis.

No organisms beyond External Os. - thus a laceration may admit such. Find cause for treatment.

Acute: Symptoms of Early Inflammation.

Treatment: Rest. Cathartic. Aniline*

Prog. depends on cause & treatment (Radical).

Curetment. Irrigation mild antiseptics.

Cotton - glycerine for 12 hrs. day time.

Beware of Curet when inflammation is deep seated.

Jan. 10. '06. Displacement of Uterus: 35° tilted forward. freedom of movement before & Back. limited to sides. Power itself. its weight concern disp. weighs 2-½-3 oz. Lack of Proportion of ligaments etc. Upward dislocation. tumor association.

Downward .. (prolapse) 1, 2, 3 degree.

Laceration of cervix

Jan. 17. '06. 2 ½ times as often cancer in female as male.

60% of female Cancer are found in uterus

Must be due to injuries or physiological disturbances. injuries at Child birth common

acid secretion to irritate. & Microorganisms

introduced. Primarily in neck of uterus. rarely in body

Age of Child Bearing period. after Menopause is not so frequent.

Symptoms. General History. age. Mucous membrane

Bleeds readily when touched. I had examined

Microscope. Radical treatment.

Jan. 24, '06. Uterine Fibroma may occur at any period in life. More Early than Carcinoma location Post. May be sub-mucous. Subperitoneal. It is Hypertrophy of Non Striated Muscle fiber. + Connective tissue. grows slowly. Develops from Capsule has few bl. vessels. but surrounded by large vessels. usually Interstitial. May be cast out. Pain a symptoms. Prognosis favorable. Remove early.

Hemorrhage prominent symptom.

Differentiate from Pregnancy & Carcinoma.

Feb. 21, '06. Menorrhagia, Amenorrhoea, Dysmenorrhoea
Amenorrhoea

Dis. difficulties attended with pain. Men. Flow during period.

Amenorrhoea due prob to organic change.

Misplaced Uterus.

Menorrhagia cause. Nervous strain.

Laceration of Cervix. Endometritis.

Retention of some portion of Secundines - Anemia,

Feb. 28, '06. Fallopian tubes. 4 in. long.

Isthmus $\frac{1}{2}$ in. Ampulla. $\frac{3}{4}$. Fimbriated 2 in. covered outside by Peritoneum

Muscle fibers similar to those of Uterus. above & to one side of Broad Lig.

Lined with Ciliated Epithelium.

Glands of Rose Mueller.

* Phocellix. * Hydrocalpine.

Amputation indicated.

Ectopic Pregnancy.

Ovaries Almond size $1\frac{1}{3}$ in. Trans. $\frac{1}{2}$ in Perpendicular
Ant. & Post. borders. located in Infundibulum of Uterus
held in position by covering of Peritoneum. Covered
by Columnar Epithelium. Infundibulo Ovarian
Lig from Fimbriated fold of tube.

Covered with dull Columnar Nucleated Epithelium.
Graffian follicles 40 to 70,000. Tunica Membrana & fibrosa.
Membr granulosa. Liquor funicula, ovum $\frac{1}{100}$ in.
E.A. Envelope, yolk. Germ. Vesicle, germ. spot. 300. in.
Cystic Ovary. Most frequent in middle life.
Use Anesthetic to examine.

Neoplasm of Ovaries. Rarely has.

Fascia Ovariana. thinning of Muscles of Abdomen.

Draw down uterus if tumor does not move it is
not attached.

Post operative suppurative Peritonitis.

Peritoneum. Lym. gl. absorptive power
Microorganisms may exist within body at
time of operation.

{ Glycerine	} 100. powder Alumina.	
{ Sulph. Mag.		} Water
{ spts. Turp.		
{ Water		

Wet. of Oil
Bom.

Examination at Patient's home

1. Lying lengthwise on bed.
2. Lying crosswise on bed.
3. Lying on Kitchen table.

Anesthetics. Antiseptics. Boil gloves 5 min in
 $1\frac{1}{2}\%$ Sol of Bicarb of Soda.

Preparation of P. for Examination. Empty Rectum
by enema or Cathartic evening before. Empty bladder
by Patient herself. don't catheterize. Give Douche if
instruments are to be used. Lubricant Liquid soap
Sterilized White vasaline for instruments. Glycerum

Dr. Dorsett.

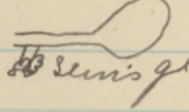
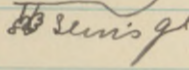
Oct. 9. '06 Born. 1. Index finger & thumb extended other fingers on Perineum.
 Oct 15. '06. 2. All fingers & thumb extended.

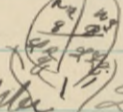
Gynecologic postures of Patient.
 1. Dorsal. Elevated. 4. Knee Chest: Elevated.
 2. Dorsal Sacral. 5. Lateral prone or Sims
 3. Erect Positions. 6. Horizontal Recumbant.

Microscopic Examinations. { tissues.
 Discharges.
 Tissues. Obtained 1. Curetment. 2. Excision.
 3. Removal of Entire Growth.
 Discharges. 1. Slides.

Oct. 16. '06. Uterus movable Fibroid tumor. Anterior Mural
 Dorsett. 2. Subperitoneal. 3. Submucous.

1. growth in wall of uterus. all originate in wall of uterus.

Oct. 22. '06.  Vulvo Vaginal glands are between hymen
 Born.  & labia.

Examination of Abdomen: 
 R. Upper quad. Gall Bladder Liver
 L. " " Stomach, Spleen, Part of Kidney.
 R. Low q. Ap. Sec. Organ.
 L. " " Rectum & Organ.

Inspection. Palpation. Percussion. Mensuration.
 Auscultation.
 Inspection: Contour. Movements of Ab. Wall. Appearance of Skin.

Oct. 23. '06 History: Name: ~~age~~ address. Date of first visit. Age.
 Dorsett. Physical signs. Number of ^{children} Number of Miscarriages.
 Married or Single. Age of first menstruation. How long ill.
 Principal symptoms. Diagnosis.
~~Menstruation~~. Supposed cause.

Present condition. Date of last confinement.
 Menstruation { Regularity. " " Miscarriage.
 Amount. " " Catamenia.
 Duration. " " By whom referred.
 Symptoms. " " cond. of bowels.
 Discharge { Character. " " Bladder.
 Amount. " "
 Consistency. " "

Pain along Great Nerve means inflammation of Pelvis.
 Pain { Locality.
 Degree.
 Character.

Pain in top of Head Chronic Pelvic uterus trouble.

Physical signs: (Case seen at Baptist Santam.)

Nov. 13. 06. Patient. 44 yrs. hemorrhage 3 yrs ago. Bleeding for 2 yrs. Later history of Bleeding & bad odor. Ulcerated spot at cervix. Odor comes on when endometrium beyond Os is involved.

Nov. 20. 06. Classification of Wounds

Dec. 17. 06. Subcutaneous injuries of Vulva.

Open - Incised. Lacerated. Punctured.

Echymoses... Hematoma is circumscribed.

septic or aseptic. Shock may accompany Lacerated W.

Secondary haemorrhage severe at times Sluffing may

take place: Hot fomentations. H_2O_2 . Punctured wounds

may be infected.

Diseases of Vulvitis:

Haematoma circumscribed swelling due to infusion

of blood into connective tissue. Causes: Claustric Vagina

Pregnancy. Direct. Labor. Traumatism, musc. efforts.

result of forceps. straining at stool. Cough. vomit etc.

Large Haematoma. Pain. Swelling disturbs Bladder & Rect.

May become infected. May become absorbed or encapsulated.

Open. Close or pack. Deep sutures. encapsulate capsule.

Do not suture during Labor.

Jan. 7. 07. Gonorrhoeal Vulvitis specific infection. Gonococcus.

Most frequent cause & violent. Urethra becomes involved early. Bartholin's glands may be affected.

Occasionally inguinal glands. Violent character & history of other glands involved. Prog: guarded.

Latent form of disease. Treatment: Destroy cause.

Bichlorid 1/8 5000. 5x a day. 25% aqueous sol.

of Argpyrol on tampon. Compress on Vulva.

30 grs. to oz of Nitrate of Silver to swab parts. dust then

with mill powder. Vulva Vag. Bartholin's glands

are affected. Gon. most frequent cause of Abscess.

Discharges. Extension. Traumatism may cause it.

Puerperal sepsis may cause abscess. Glands may

become cystic. Abscess usually unilateral. Pain

itching. Pruritis. Dorsal position most comfortable.

Swelling & oedema. some fever. opening of duct like flea bite (Gon. Macula). fluctuation may be felt. Contents are infectious pus.
 Paliative before suppuration. place in bed use hot flaxseed poultice. Open bowels Morphine for pain. For suppuration. free incision. Curette wash out 1 to 5000 Bichloride & Carbolic. then open up duct & curette it & disinfect it. Don't suture opening but pack & use compress. May have relapse.

Varicose Veins of Labia Permanently involved etc. usually in 2. Majoria. 2 Causes. 1. Pregnancy. 2. Other interference of Venous Cir. Pelvic Exudate, adhesions tumors deep Uter. Consti.

heavy lifting. Vom. Straining.

When large symptoms itching burning pulling down. aggravated by walking coitus. Dark blue colored veins. Boggy sensation pressure empties & fills. may be very large. During Preg. partly disappear after gestation.

May rupture under skin Hematoma may become adherent. & form Ext. Haem. May become infected. Eczema & Ulceration may occur!

1. Paliative 2 Surgery.

1. In Preg. Lint Compress. T Bandage. regulate bowels. don't strain or lift. Lie down. Hot or cold compresses. Lead or Laudinum water may relieve. Direct pressure on opening for Haemorrhage.
 2. Operation Incis 1/2 in use Calgut & ligate & dissect out & close. Antiseptic compress

Jan. 8.07. Rupture of Perineum: Trauma.

Jan 14.07. Occur on forcette. labia. Vulvo vaginal orifice

Veneral Ulcer. on cervix. Chancroids. Vestibule. Rarely found on walls of Vagina. Thighs urethra. Abd. anus.

Virus can be carried. Prostitutes mostly affected.

Anatomic relation causes a worse prog. basis. Secretions also irritate. Urine also. friction during walking

Differentiate from Herpes. Chancres. Cancer. Eczema.
 History. Chancroids appear within first 5 days
 to 12 days. there is rapid development - multiple
 Involvement of Lymphatics. may break down & form
 tuberc. Characteristic appearance. looks punched
 out edges undermined. painful to touch, inflame.
 profuse discharge. Treatment: Destroy local
 infection Cautey. cocaine then burn. or acids.
 Mercuric cataphoresis: ^{+Pole} Cleanse with H_2O_2
 Place gauze between labia. use dusting powder.
 Stimulating ointment. Zinc Oxide.

Chancre initial lesion of Constitutional trouble.
 Not so characteristic in female. Location is
 opposite on female & male. less frequent about
 Vulva & parts. 1. Labia Majora. 2. fourchette. 3. clitoris.
 4. Clitoris 5. Mons Veneris. 6 groin. rarely on cervix
 Not on walls of Vagina. Diag: Herpes. Chancroid Cancer.
 3 wks. after inoculation. Indurated mass may
 simulate Chancroid when irritated etc.

Jan. 21. 07.
 Born.

Mercuric Cataphoresis for Chancre.

Secondary Syphilides. Constitutional tr. first
 May discharge use Bichlorid of Mercury.
 Vag. tampon 2 daily. Silver Nitrate Stick.

Veneral Warts produced by Heat, irritation, moisture.
 Remove them. Remove cause. Keep dry.

Tertiary lesion. Gumma. - Labia Maj: round
 tumor, becomes soft. Bluish discharge, suppur.
 Adhesion of Clitoris similar to Prepuce.

Examine Child at 3 months. this sets up Neuroses
 ill health. Masturbation. Remove adhesions.

Cover parts with Carbolyzed Vaseline.

Vagina. Diseases mostly in lower 1/2.

Cystocele. } to see rectocele etc. ask P. & Beardow
 Rectocele. }
 Neoplasm. }
 Cysts. }

Jan. 29. 07. a. Malformation of Vagina.

Dorsett. 1. Persistent Chloasma. Common opening.

Feb. 4. 07. 2. Absence of Vagina failure of Mahler's D. to unite.
3. Double Vag. imperfect coalescence? Mahler's Ducts.
Stenosis of Vag. contraction of Mahler's ducts.
B. Wounds of Vag.

1. Associated with other structures.

2. Labor. Coitus.

^{sym.} Not much Pain or Haemorrhage. Impaired ^{me} friction.

Retraction of edges. not longitudinal. May have fistulae.
May have shock. Results depend on extent thereof.

Cellulitis, Peritonitis, fistulae etc. Treatment: check blood.

Don't use styptics. Look for shock. pack uterine secretion

trim edges. stitch - catgut. Pack with antiseptic gauze.

rest. dress every 24 hrs.

Feb. 25. 07. Cystocele.

Tear of Ant. Vag wall. Relaxation.

Laceration. Proapsed uterus.

Sensation of distention when standing. dragging in Pelvis.

Ant. Colpoarrhesy. operation for cystocele.

Mar. 3. 07. Rectocele symptoms / distension etc. difficult defecation etc. bulges on straining.

Operate to repair. Post. Colpoperineorrhaphy.

Mar 11. 07. Uterus: Malformations double - duplex. tubes have not come together. Septate. ∇ two horned. ∇ one horned.

Rudimentary: no organs. Fetal uterus: arrested at time of birth.

greater part of U. is C. Canal. Infantile uterus. up to Puberty.

Absence of Uterus.

Injuries of Uterus: rare.

1. Parturition: rupture.

2. External Violence.

3. Internal " operations. curettage. Crim. abortion.

Treatment for puncture: Rest, keep bowels open, no Douche.

No enemata. If septic open up abdomen

→ sew up hole if aseptic or removal if septic.

Mar. 18.07. Lacerations of Cervix. from labor, forceps, ergot.
premature rupture, Malignant infiltration. Abortion.
complete & incomplete.

Symptoms: Subinvolution. Salpingitis etc. bearing down
pain in pelvis, headache, backache. Leucorrhoea. sterility.
constipation. May lead to cancer later on.

Vag. touch, indirect inspection.

ulceration in Carcinoma. May have eversion of Mucosa.
Radical treatment in about 3 months.

April 1.07. Version - flexion. - Inversion: Tumors, weak
wall etc. Torsion. Causes of displacements:
Those which interfere with strength of uterine ligaments.
" " destroy supporting power of pelvic floor.
" " impair sustaining action of pelvic organs.
" " weaken retentive power of abdomen.

Feb. 7. 07. Anomalies of Pelvis in { size.
causes: } Inclination.

Diseases of Pelvis:

Rachitis.

New growths.

Osteomalacia.

Anomalies of form:

Fracture.

Caries.

Firm union of joints.

Loose

Disease of Spine. Disease of Bones of Limbs.

Forms of contracted Pelvis:

more common Varieties

Rachitis - Flat -

Justo Minoris.

Oblique Contraction from hip joint.

Less common:

Kyphotic. Scoliotic. Osteomalacia.

Male shaped. Spondylolisthetic

Roberts transversely contracted.

Naegeles Obliquely.

Narrow of Brim. Simple Flat. Rachitic pelvis.

Narrow at Outlet Justo Minor, Male. Kyph. Roberts & Naegeles

Brochounicles Diet:

To lessen size of fetus. Morning small cup of Coffee.

+ 3 VI ^{noon} any kind of meat, eggs, fish, sauce, green
Vegetables, fat, salad, cheese. Evening as for noon

+ 1 1/2 of Bread + Butter, fluid per day limited to 12-15 oz.

Red or Moselle Wine avoided. Water, Soups, Potatoes.

sugar, creams & beer. A flat pelvis is where the Pubic bone
is higher & lies near the Promontory.

Feb. 27. 07. Face - 1 - 250.

Brow. 1 - 1800.

Assist. Delivery by.	}	Breech Presentation	} - 50-60.
		In Dorsal ant. Position	
			Expressio fetus.
			Strong vol. efforts mother.
		In with assistant	Smellie's method.
			Wag and Martin ..
			Forceps.
	}	Dorsal Post Positions	above with rotation
			of trunk.

Breech Delivery Method.

Vigands:

Child rests on one arm finger in mouth making traction with other hand press over Pubis.

Moreeans:

Child rests on one hand's arm & other hand on child's back fingers over Clavicle. Supra Pubic Pressure by Anesth.

Prague:

Left hand to back of child the other holding legs near ankles. traction downward then upward.

Deventer's

In last manner make traction backward & downward.

Mar. 8. 07. Multiple Pregnancies.

13000000.

twins - 1 - 89.

Triples. 1 - 7910.

quad - 1 - 371126.

1000000 twins.

Boys 50000.

girls. 46000.

Br g. 54000.

Twin Preg. Precon.

April 3. 07. Uterine Mole (true & false) fleshy mass formed in & expelled from uterine cavity.

True - origin in & presents with Comp. parts of Products of Conception.

False is one which has no connection with Cora. Hydatidiform Pregnancy is a form where there is degeneration of chorion. Like Vener. Mole.

1 - 2000 Preg.

1. Haemorrhage. slight continuous.

2. Rapid growth of contents of uterus. Childless.

3. Passage of cysts from uterus.

Dangers: Septic Haemorrhage. apply Tr. Iodine. One Post Partum Haem. have at hand.

Hot water. ice. Brandy. ether ergot.

Hypoderm. Syringe. Medicine. Gauge. fountain Syringe.

Treatment. Preventative.

Remedial.

Danger: ~~Signs~~ previous. high pulse. - 100 per. imperfect retractions. Other signs of blood.

Sym. Outflow of blood. No uterine globe.

Sym. & signs of severe haemorrhage.

1. Manipulation of uterus - pressure.

2. Ergot. 3. Irrigation hot sterile 420. 120°.

4. Tampon with gauze. compresses & bandage. Keep bladder & Rectum empty.

Remedies of acute anaemia due to Severe Haem.

may become Malignant. may or passed 1 1/2 yrs.
 Ovarian involvement.

29 to P. ins normally. Placenta site Prev 395
mostly.

Preph. Tr: Slow delivery of child.

Pressure on uterus during & after delivery
uterus failing to retract rub ice over hypogast.

Empty bladder. Ergot after delivery of child or Plac

Primary - during first 6 hrs. / Plac primum.
Secondary - after 6 hrs. Plac. site.

Causes: 1. Inertia of uterus.

2. Retained Placenta.

3. Full Bl. & Rect. prevent contractions.

4. Weak Constitution.

5. anaesthesia, Plac Prev. Inertia etc..

April 12.07. Eclampsia:

occurs: before, after & during labour. 1-200-500 Cases.

Earlier severer.

Like Epileptic Convulsions & simulates several conditions.

Cause not well defined: is a Toxaemia most likely arising from metabolism of Mother & foetus. May be Creatin or other toxic products!

Toxaemia acts on Nervous system. Pathology like infection. Affects many organs Liver and Kidney mostly. 90% . On Death Liver & Kidneys always affected. They contain Haemorrhagic spots & necrotic tissue. similar to ac. yell. atrophy. & Hyperemesis.

Prognostic signs & symptoms.

Urine:

albuminuria.

Tube casts.

Lessened urea.

Blood corpuscles.

Edema. Debility, frontal Headache, Nausea and vomiting late in Pregnancy. Contracted Pupils
Visual disturbance & Epigastric pain.

Spasm follows, eyes fixed, Stupid Dull
Epileptic status. first signs twitchings of face
Arms twitch, bites tongue.

Spit blood. coma, stupidity follows.

Spasms repeat & may be frequent.

Puls 140. Respiration labored. fever 104

Prognosis depends on severity. Die after

15 Con. or fever 105. Primipera over 40 dis.

Prim & Cred. nephritis die unless premature labor.

Lids. Lachrymal. conjunctiva.
 Lower lid pulling down & have them look up.
 Upper ... by diversion down
 Sup Rectus & Levator of upper lid act together.
 Conjunctiva of Eye ball next. Inflamm
 most pronounced at margin of Palsia.
 Para Corneal injection is indicative
 of Inflamm within the eye ball
 Reddish around edge of Cornea mostly.
 Next. Cornea - Normal transparency
 interfered with.

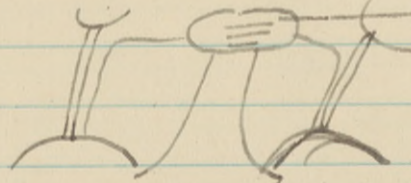
Focal illumination by use of
 Microver lens 2 in focus for examining
 Anterior Chamber: if normally deep.
 foreign sub in a quous & these are
 conspicuous by their color, Pus. Blood. etc
 are heavier & settle down

Iris & Pupil.

Iris if inflam color is darker.

Size & Motility of Pupil. light most
 important factor Size varies average 2.54 mm.
 young larger.

Movement of Iris. Shade one eye for
 1/2 min take off cover & watch contraction
 which is quick. call direct action to eye.
 indirect action is of fellow eye
 corpora quadragemina.



sph. of Iris.

Crystalline lens. May be loss of transparency
 seen in form of opaqueness examine by
 oblique Illum. & Ophthalmoscope (Hemholtz 18.5
 Concave mirror with perforation.

Direct Examination

Indirect .. is interposing Biconver lens

Yellow Spot Macula Lutea

Feb. 7. 06.

Tension of Eye Ball. examined by touch.

$$T = +1 + 2 + 3.$$

$$= -1 - 2 - 3$$

Motility of Eye. all movements are rotary.

1. each eye alone. then both together.

can be rotated about 50° in all directions.

.. .. laterally till cornea touches

Ext. Canthus. Internally

Conjunctiva. Near point of convergence.

in young is 10-11 C.M.

Subjective Examination.

1. Exam.

2. .. of Field of Vision

3

Periphery of Retina is 50 of Yellow Spot.

$$V = \frac{6}{6} - \frac{6}{9} - \frac{6}{36}.$$

Test near vision + accommodation.

at 10 yrs = 14 dioptics. near point 10 C.M.

20 - 25 C.M. 40 - 36 C.M.

Presbyopia - weakness of accommodation comes on between 40 & 45. at 70 lost.

testing take age into consideration.

Vision depends on state of refraction & general condition of whole eye.

Field of vision tested with Perimeter white objects used.

Sextant places in field where spot is dark.

White Black, Red Green, Blue Yellow,

Complementary get same grey in each.

Maxwell mixing is rapid rotation.

Color blindness acquired or congenital.

Red green Congenital most frequent.

Yellow Blue.

Feb. 14. 06. Lachrymal gland under outer border of Orbital Ring may have inflammation or abscess formation. Treated as all " + abscesses.

Tumors Carcinomata, or Sarcoma fibrous composition. swelling pushing eyeball out of place causes double vision.

Incision along outer half arch don't injure tendon of Levator. Tumors usually encapsuled when removed Prog. good.

Lach. Duct. Canaliculi. Excretory Apparatus Puncta may be closed mechanically by foreign bodies. cilia, dust. may be congenitally closed. Treat. is to open it.

Lach. Sac. + Nasal Duct. Chronic Inflamm + Suppuration + Chronic Dacryocystitis.

Swelling of mucous membrane + close lumen & there is a contraction of submucosa lining causing stricture. most frequently at Beginning + ending of duct. may be more than one.

tears accumulate in Lach. Sac causing extension can be seen. is usually in a state of inflammation may be mucous + Pus. upon pressure fluid escapes thro Puncta + diag made therefrom.

gets in Cong. Sac + is inflam when in lower + inner is indic to Lach Sac.

Constant tearing. Do not operate when Chronic Inflamm. of Lach Appar exists.

Treatment. 1. to reestablish lumen

+ reduce any stricture

2. to get rid of any inflam.

Probes are used 1 to No 10 Lach or Bowman's always used flexible probes.

to Probe slit usually upper Canaliculus

Make use of gradual dilatation

Lach. probe remain 15-20 or half hour.
Largest duct size of Bowman No. 10. Probe.
When using anaesthetics follow one probe
with another.

anel syringe used to inject fluid
& will come out of nose or be swallowed.
when flows out over cheek canal is closed.
To reduce inflam in Nasal duct & Lach. Sac
Use antiseptic solution with anel syringe.
Prognosis only fair. Entire Lach. Sac
may have to be removed.

Feb. 21. 06. Affections of Tarsus, free edges, Muscles.
Free Edge. Chronic Inflamm. process (Blepharitis)
disease of Childhood. Similar to Eczema.
Squamous form number of gray caps around
cilia.

Ulcerous. Abscesses, small, under these caps
& around cilia. Ulcers may become large.
in children not well kept. Diseases of Skin
may complicate

Treatment: Cleanliness. Boric Acid Solution
Warm crusts soften with Glycerine etc.
Nitrate of Silver best application 1% Sol.
Ointment 2% yellow Oxide of Mercury applied
in evening. May be advisable to remove
some of cilia & clean deep part of ulcers.
Maddosis where cilia fall out.

Sty acute abscess formed around a cilia
Tarsus. Chalazion, (Retention Cyst) near
sharp border of lid. may have pus & pain.
Remove small may recede. open from
inside & verticle.

Lupus. Epithelioma from free edge of lower
lid usually.

Trichiasis any condition where cilia are
going in wrong direction. may affect
the eye ball. Will hair where gets to Eye Ball

Trichiasis accompanies abnormally curved tarsus. Causes of Trichiasis, Diseases of Conjunctiva, Granular Conjunctivitis long standing Blepharitis
 Treatment: Extract. Destroy roots by use of needle electrode. H. for entropion.

Feb. 28. '06. Ectropium lids standing away from eyeball. lid becomes dry & becomes inflamed chronic. most frequent on lower lid. Senile Ect. due to relaxation & want of fat. caused also by disease of Conjunctiva (Cicatrical tissue, & Burns make it secondary. & Diseases of Skin; Eczema & Lupus.

Treatment: Different according to Cause. Slit Canaliculus. Snellen Operation.

Stitch thro' Conjunctiva & thro' skin on Cheek tightening every day. forms cicatrix which contracts lids back to place.

If elongated excise triangle of Mucous Cony. & Tarsus. When caused from cicatrix, transplant skin after cause has been remedied.

Transplanted flap must be $\frac{1}{2}$ size & best to have pedicle

Blepharophimosis. narrowing of Palpebral fissure. caused from Granular Conjunctivitis

Blepharob Slit external Canthus 4 to 6 mm. unite skin to Edge of Conjunctiva to prevent healing Wounds of Lids. Perforating sew up Conjunctiva first, then unite with free edge of skin.

Affections of Muscles of Lid. Orbicularis: Spasms tonic & chronic twitchings require into habits.

Paralyzed cause tearing cannot be closed Eye may be injured treat. same as facial paralysis.

Ptosis affection of Levator muscle. Paralysis. consequence of Paralysis of III Nerve
 Congenital Ptosis due to want of development most frequent unilateral

Treated by Surgical procedure, stitch tendon down to skin drawing it downward
may substitute Corrugator for Levator.

Conjunctiva diseases. 45 of Diseases of Eye.
Inflammatory processes: 6 forms.

1. Simple 2 Purulent. 3 granular or trachoma
4. Croupous, 5. Diphtheritic, 6., Phlyctenular.

Mar. 7. 06. Hyperemia Lach. Conj. Misuse of Alc. Tob.
Dust. interocular affections.

dryness of lids, unpleasant when closing.

No undue discharge in Hyperemia.

Mucous discharge & Purulent. mucopurulent.

Simple Conjunctivitis by irritation by dust etc.
most freq due to infection. Staphlo, Pneumo.
Diplo, more or less contagious

Catarrhal Conj. may be in epidemics. In
mild forms is mucous secretion, sticks cilia
together, most pron. on Palp. Conj. of lower lid.
As a rule cornea is not affected.

Treatment: Cleanliness. remove discharge regularly.

Boric Acid 3%. Lig Plumbi Sub acet.

Bichlor Hg. 1:5000. Clean 2x a day or more
often according to severity. To restore Conj

to norm. we use Caustic or astringent.

Caustic may produce Necrosis of upper layer.
Astringent

Alumina weakest.

Sulph of zinc 1% sol.

Tannic acid. 1% sol.

Sulph of Copper. 1% ..

(Caustics) stick. Blue stone

Silver salt Nitrate $\frac{1}{2}$ to 2% Sol.

Neutralize Nitrate of Silver by Silver Salt Sol.

Protargol { 5 to 20% produce less pain.
Arg y hol

Catarrhal Conj. Astringents sufficient

Purulent + where but Bac is found Caustics
are used.

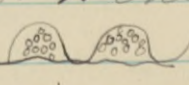
Chronic Conj. Caustics are used.

Purulent due to gonorrhoeal infection.
 Blepharitis of New Born takes place infection
 at birth. first stage is red etc & in
 a few days thick yellow purulent discharge.
 Upper lids swells found also in Diphtheria
 Usually lasts 4 to 8 Weeks. Dangerous disease.
 lies in fact that cornea becomes implicated
 with ulcers. grayish discolor in beginning
 & enlarge rapidly. may destroy entire cornea
 & perforate cornea & Vit. H. may escape.
 ulcer never passes into Sclera. Upper lid
 is hard in Diphtheritic Conj.

Treat. Cleaning of entire Sac. by irrigation.
 with Bichlor. or Permang. $\frac{1}{1000}$ (fresh)
 1 gr. in pint of water. Rest & careful dressing
 Caustics stronger. Nitrate of Silver. $\frac{2}{100}$
 Application to Conj. of upper lid first.
 Once a day as a rule not often. Wait till
 previous Scur has passed off.

If ulcers form don't cauterize. give some
 Midsiatles.

Blepharitis neonatorum due to infection of
 gonococcus. in infant. appears 3, 4, or 6 day
 after birth. Prophylaxis: be careful of hygiene
 Wash eyes with antiseptic sol. & drop in Sol. N.
 Close well eye with transparent. shield. Water glass

Granular Conjunctivitis (Trachoma)
 found in low altitudes. more severe in
 lower states. Path: 1. Enlarged follicles roundish
 whitish bodies.  Conj. becomes rough
 & granulated. Conj swells, becomes thick.
 Heals up & is transformed into cicatricial tissue.
 later stages there is atrophy.

Chronic Disease. Acute N. discharge after a
 few days & becomes mucopurulent. upper
 lid swells not large

Conj. red: swollen, Hyperemic, then the granules appears.

Chronic Trachoma: Symptoms in upper lid.
Swelling, irregular outline, enlarge lymph follicles (Sago grain) itching? No business, No impairment of sight when Cornea unaffected. ^{conj.} Palpebral Conj. Embedded Lymph. follicles. Mucous Character of discharge.

Trachoma treated early subsides in 7 to 8 weeks, very chronic disease, 10-20 yrs. may affect Cornea + lids. 1. Pannus (superficial sparsely over Cornea + formation of Bld Vessels from edge of Cornea, between Bowman's Caps. & Epithelium.

Pannus found in other diseases mostly from Trachoma grows from above downward. A reaction to irritation of lid or an infection similar to Trachoma may be formed on Cornea not so progressive. On lids Cause of Entropion, Tarsus become affected & may cause turning in of Tarsus. Trichiasis also present. follicles become smaller (Blepharophimosis). Treatment: Remove content of follicles, with forceps & use Cocain. Caustics etc. Sulph. of Copper, (stick form) or Blue stone.

have edge smooth. apply to upper fold. Transmission, evert upper lid make application from below upward. once in 24 hrs.

2) Cold application to counteract pain.
3) Nitrate of Silver 1/8 sol. Bichloride Mercury 1 to 500 makes a Caustic, 1 in 24 hrs. also... Where discharge is Purulent N. of Silver & Bich. are best. Change remedies occasionally. Where ulcers are present Nitrate irritates.

Pannus Complication, when small, no treatment necessary will clear up with disease. Excision of part of Cornea Ulcer. proper cleansing. Scraping if necessary Dilate pupil to prevent British Lids bury lids to proper shape.

Blepharoplasty, widen fissure by previous described operation.

Croupoid Conj.

Croupoid discharge lies as secondary covering over conj. affects lower lids. After a week Membrane becomes loose & is cast off. duration two or 3 weeks. after membrane leaves mucous purulent discharge.

Benign disease. Cleanliness, & Antiseptics. Don't remove Membrane too soon. $\frac{2}{3}$ to $\frac{1}{2}$ Sulph. Zinc. $\frac{1}{2}$ Nitrate of Silver.

April 4.06.

Diphtheritic Conj. is exudate in mucous membrane. usually on lower. Swollen lid is very hard. first stage watery discharge later stage of Purulence. Increase Temp. Glands in neck swell. Cleanliness. Antitoxin.

Phlyctenaceous Conj. Vesicles on conj usually at edge of corneal. Contents of Ves. is clear fluid. found in poorly nourished children. Scrofulosis etc. no mucous discharge. Mercury Prep.

yellow Ointment in form of Ointment. put into Conj with probe. Calomel for severe cases.

Tumors, cysts, angioma, Epitheliomata.

Pterygium. grows horizontally. apex toward Cornea usually goes from nasal side.

Cornea when diseased power of reflection lost. curvature change.

Superficial & interstitial

Ulcer serpens. no conj. disease present.

due to 1. injury. 2 infection. Pneumococcus & Strepto. ulcer of Cornea is typical. may grow to pierce Ant Chamber. & aqueous humor escape.

Ulcer decaying is pressed outward.

Hyphema accumulation of Puss in Ant Chamber accumulate in lower part. As uterine tissue forms in healing Ulcer. grayish color. thicker white. To. Check progress. by sterilizing ulcers w/ cautery

Cocain 4% Solution 1 drop in eye & close follow
in 20. 3 min. & will anesthetize the Cornea.

Cocain is not efficient more than 2 weeks.

Conj not affected as is Cornea. Cocain
dilates pupil. So. Powders have been used.

Paracentesis of Cornea for Myopia treatment
Wear stops when perforation forms!

Luke warm applications.

Herpes Zoster. warm applications.

Dentritic Keratitis, & Acetia like trees.

Or. apply antiseptic remedies.

Scars are tattooed black.

Staphyloma bulging of Cornea due to previous ulcer.

Remove

Donders
Dec. 11. 06.

Emetropic Parallel ray focus on Retina.

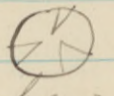
Hyperopic. " " " " Behind.

Myopic. " " " " in front.

Subjective:

Objective: 1 0

May 30b. Acquired Cataract. { soft. cortical 40 to 60
Hard - - 60

Soft.  soft mass takes 2 yrs. to grow & opaque
Hard begins at center to be opaque takes
5 to 10 yrs. to mature.

In soft. Ant. Chamber becomes shallow.

Both eyes affected usually

Frequently follows Diabetes Mellitus

Mephthaline

Treatment is surgical.

Decision. Incise ant. lens. capsul.

practiced up to 15 yrs.


Extraction.

Comp. 1 Soft. Decision.

ant. & Post. Cataract - no operation needed.

90% recover.

Aphakia loss of lens of eye

Eyes need lens 

By accident; Aduma lens may sink into Ant Chamber

Glaucoma disease of Eye Ball

Increase intraocular tension. 1, 2, 3 degree.

cause unknown. in later stages of cys.

Ant Chamber is shallow, Dilated pupil.

Inflammation this is only disease where
pupil is dilated with inflammation.

Excavation of Optic N. due to intraocular pressure

1. Simple has no inflam. loss of sight.

2. inflam symptoms - Inflammation.

Iridectomy for treatment allows fluids
to flow out at normal place.

Pterygium horizontal growth over cornea is
 Triangular in shape. More frequent to exposed people.
 Nasal form most common. Many times no
 subjective symptoms. grow slowly.

Treatment: Surgical.

Dionin used in absorbing clot from
 subconjunctiva.

Keratitis.

1. Interstitial 2. Parenchymatous. Phlyctenular.
 Cause inherited or acquired Syphilis

418

Ry. Surgery.

Mar. 1. '06. Treatment of Fractures.

Reduction & Retention. Use anesthetic to overcome Muscle contraction & Nervous Irritation. Follow with Morphine. Plaster Paris. To reduce carefully manipulate to proper place. by following course of its act in dislocation.

Oct. 8. '06 Advantages of Ry. Surgery

1. To the Injured
2. To the Ry. Co.
3. To the Public.
4. To the Profession.
5. To the Ry Surgeon.

Distinctive features of Ry Surgery.

1. The emergency character of the call.
2. The great force producing injury.
3. Infrequent litigation
4. Social Status of Ry Employee.
5. Collateral duties of Ry Surgeon

(a). Making Reports.

(b). Economical management of Cases.

(c). Physical Examinations etc. etc.

Description of Injuries.

Contusions. Bruise, mesh, crushing.

Degree. Mild. severe.

Effects: Hyperemia, swelling Ecchymoses. Extravasation
Gangrene.

Lacerations. Tears smooth, ragged

Incisions cuts. by edged tools.

Fractures: Partial, simple, compound, comminuted.

Sprain. Mild. severe, wrench. Disorganization of joint.

Dislocation Partial, complete, compound.

Internal injuries. Effects, Contusion, Ruptures, hemorrhages. concussion, compression.

Contused & lacerated wounds Punctured wound, Stab wound
Gun Shot Wounds.

Oct. 22. '06

Report of Injuries

Age. Color. Rel. Occupation.

Date & Place.

Person calling Surgeon

Insurance

Injury Description. How occurred - statement
Probably time of recovery. Any Blame attached.
Services.

Examination of Eyes
Distances & Color.

Ear. Power of Hearing.

General forms of Disability.

Nov. 5.06.

Fees of D.C.R.R.

Patient within limits of city or town where Physician resides. (Two Dollars) first visit if only ^{or:} Medical Treatment
Introduction Catheter.
Sunstroke. Contusion
minor cuts etc.

Five Dollars { minor Surgical Op.
1. Amp of one or more fingers.
2. Fracture of Ribs
3. Dislocation of Bones of Hand & foot.
4. Ligation of artery below elbow or knee.

Ten Dollars { Dislocation of ankle wrist or jaw.
Fracture of Scapula.
Clavicle.
Forearm.

Fifteen Dollars { amp above wrist.
Dislocation of Shoulder Elbow or knee.
Fracture of Patella - Femur.

Thirty Dollars { amp at knee
Thru leg, foot, arm.
Excision of any of the larger joints except Hip.
Severe epifract of skull.

Fifty Dollars { amp of Hip.
amp. Shoulder.

one Dollar ^{for each} subsequent visit in all of above enumerated cases.

1. One Dollar minimum fee.

a. Office Consultation one or more prescription.

b. Minor Surgical treatment.

c. after dressings of injuries.

d. Opening of Small abscesses.

e. Removal of foreign bodies from Orna.

f. Vaccination.

g. Introduction of catheter.

Ordinary treatment of Eye & Ear.

Cauterizing Wounds.

after treatment of Uterus or Rectum.

Small Burns or scalds

Physical examination for lodges without Urinalysis

Tongue tied.

Certificate of Disability.

Hypodermic Injection.

Chemical Urinalysis.

Two Dollar list: Ordinary visit. outside one per mile.

Treatment of Hemorrhoids. Prolapse.

Opening Dupuy's abscesses.

Irrigation of Bladder.

Removing Embedded foreign bodies requiring Cocain.

Incised or lacerated wounds not more than 2 sutures

Exam. for lodges with Chem. Urinalysis.

Ordinary Sprains.

Skin grafting.

Just adjacent fresh lacerations.

Antiseptic cleansing of punctured wounds.

Three Dollars.

Minimum fee for night visits.

Life insurance with urinalysis.

Antitoxin injection.

High enemata.

Phlebotomy.

Microscopically Examination.

Five Dollars.

Reducing fracture of fingers toes.

Wound dissections.

Treating wounds of five stitches.

Treating severe Burns.

Removing foreign bodies nose throat.

Small growths.

Deep abscesses.

Difficult Catheterization.

Professional Consultation.

Removing Cinders or powder stains.

Chem. & Micro Urinalysis.

Night visit unusual detention.

Operation for ingrown toenail.

Insanity Cases.

Are called as witnesses.

Reducing Hernia.

Tapping Hydrocele.

Exam. in Syph. & gon.

Severe sprains of large joints.

Removal foreign bodies. splinters etc.

Gun shot wounds.

Questioning Bladder.

Irrigation of Bladder.

Arduous cases.

Cutting structure.

Removal Tapeworm.

Chem. & Micro Stomach Cont.

Dislocation of Patella.

Ten Dollars. Amputation of finger & toes with care.

Deep extensive lacerations.

Reducing fract. forearm & leg with.

Dealing with gun wounds.

Removal plac.

Attending miscarriage.

Tapping.

Small growth removal with cautery.

Recent Accidents of Perimeter.

Resection of abs.

Export tubercle in count.

Wound of fingers

Tonsillectomy

Normal loba & vent

tract leg. Patella am.

Disloc. Shoulder or knee.

Potts.

Relieve Bow, fract

tract of skull not depressed

Removal of ribs

Curettage

Perforated hernia

\$25 for prep delivery

Difficult skull of complete fracture

Fracture of

Post mortem

\$30 Hemipoint amp. for am. et.

comp. fract. of

Disloc. of

Wound of Bow

\$50 Amp. High. Show. Amp.

Severe Comp. skull fract.

\$100 Appendicitis. St. Sid. gall Bl. et.

1/2 added for assistant. Above as Minimum.

Emergency Bag:

Splint - Plain-tressed.

Cotton 1/4 lb.

Bandages - 1/2 Doz.

Gauze 15 yds.

Rubber tissue.

Towel - soap-brush.

Tourniquet.

Adhesive Plaster.

Court Plaster

Bottles antiseptic, 50% Sal. ac. carb.

alcohol. Iodine Turp.

$As + H \rightarrow AsH_3$ or arsine.

Prep of arsine:

1. Arsenides + nascent H.
2. Whenever reducible comp. of arsenic is brot in presence of nascent H.
3. By water on arsenides of alkali metals.

Phy. prop: 1. Colorless gas.

2. Sol in 5 parts water free from air.

3. Easily inhaled & most poisonous of As. Comp.

Chem Prop of AsH_3

1. Neutral in reaction.
2. In air its H is reduced by oxygen.
3. In O. it is reduced to metallic As.
4. Burns with bluish flame $\rightarrow As_2O_3$
5. Cl decomposes AsH_3 violently $\rightarrow HCl + As$ or As_2O_3
6. Oxidizing agents decompose readily.

As + Halogens: Forms Comp with all.

Donovan's Solution. Liquor arsenic et Hydrag. So.

$As + O \rightarrow As_2O_3$ & As_2O_5 or arsenic trioxide

& Arsenic Pentoxide

As_2O_3

1. By roasting native Sulphides of arsenic with charcoal in current of air.
2. By burning As in O. or in air.

Phy & Chem. Prop:

1. 3 forms. Crystalline, Vitreous, Porcelain. (glassy)
2. Heavier than water yet it floats due to fat that particles of air are attached to surface.
3. It is called white As. in Commerce.
4. Impure form is Ron Rats.
5. Sweetish taste.

Chem. Prop:

1. Sol. in water is acid & H_2 as O_3
2. Neutralize by bases \rightarrow arsenites.
3. NaOH dissolves it forming Na arsenite.
4. Readily reduced \rightarrow metallic arsenic
5. Oxidizing agents convert it into As_2O_5 .

As_2O_5 - arsenic Pentoxide:

Prep. 1. Heat As to redness in O or air.

2. Oxidizing As_2O_3 .

3. Burning As_3H_3 in excess of O .

Prop: Phy:

1. Amorphous powder.

2. Colorless - white

3. Dissolves in $NaOH$ → arsenate

Chem:

1. $As_2O_5 + 3H_2O \rightarrow 2H_3AsO_4$ (Arsenic acid)

2. Can be reduced giving metallic As or As_2O_3

3. It is anhydride of Arsenic acid.

Arsenious acid.

1. Formed by dissolving $As_2O_3 + H_2O$.

2. Liquor Arsenious acid = 1% sol of As_2O_3 in HCl .

3. Fowler's Sol = 1% Sol. of Pot. Arsenite.

use $As_2O_3 + KCO_3 \rightarrow \uparrow$

3. Scheele's Green → Cu arsenide.

4. Paris ... → Comp of Arsenite of ~~Cu~~ Acetate of Cu
Arsenic acid. or H_3AsO_4

Prep: As_2O_3 + oxidizing by mix of HNO_3 & H_2O .

Prop. 1. Colorless, syrupy liquid.

2. May become semisolid.

3. May crystallize. Crystals are deliquescent.

4. In presence of Na , H . → AsH_3 & H_2O .

Compounds of As & S . same as native forms.

Poisoning by Arsenic:

1. Usually taken by mouth.

2. Metallic or elementary As . is not poisonous.

3. AsH_3 is most poisonous of all Comp.

4. As_2O_3 is form most frequently used. crystal may be seen on lining of stomach.

5. K. Arsenite often used in poisoning.

6. Na " used to clean vessels, food or water taken from such vessels may cause poisoning.

7. Arsenides & Arsenic.

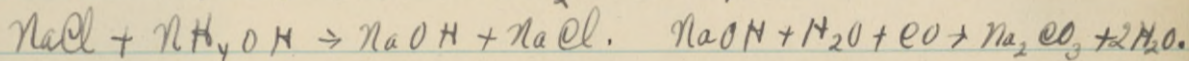
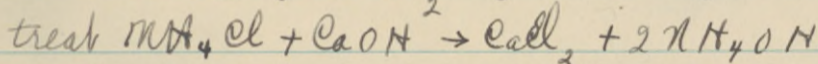
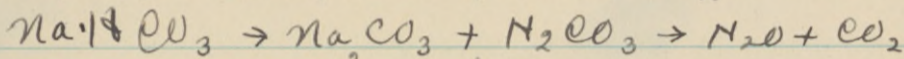
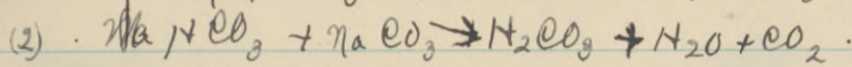
8. Sulfides especially may cause poisoning.

9. Schiele's green
 10. R. on R. — Paris green. —
 11. Pigments from green Wall Paper.
 12. Some green colored candies.

Test Spot.

- Jan. 24.07. 1. Volatilization Sb. 440° as 1000° .
 2. Sol. as sol in Na. Hypochloride.
 3. Place deposit in tube & make mirror test.
 See Arsenic Tests?

Feb. 6.07. Carbonic Acid H_2CO_3 unstable. 2 Salts. Na_2CO_3
 $NaHCO_3$ Bicarb. $Na_2CO_3 + H_2O + CO_2 \rightarrow Na_2CO_3 + 2H_2O$
 Leblanc's & Holway's method of prep. Na. Carb. $NaCl + H_2SO_4 \rightarrow$
 $Na_2SO_4 + 2HCl$. Drive off HCl. mix remainder with C. $\rightarrow CaCO_3$
 $Na_2SO_4 + 2C \rightarrow Na_2S + 2CO_2$ $Na_2S + CaCO_3 \rightarrow Na_2CO_3 + CaS$.
 $CaS + O \rightarrow CaSO_4$ is insol & reked out into water & CO_2 absorbed.
 Solway. $NH_4HCO_3 + NaCl \rightarrow NaHCO_3 + NH_3Cl$.



Carbon Bisulphid CS_2 heat C + S $\rightarrow CS_2$

Prop. Lig. heavy. peculiar odor. best solvent for S + P. Poison to inhale.

C + N \rightarrow Cyanides or CN_2 gas. Pungent odor. Poisonous. can lig.

burns. with blue flame gives KCN. (Prussic acid.) Prep. KCN + H_2SO_4

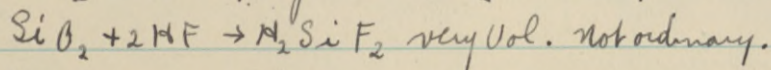
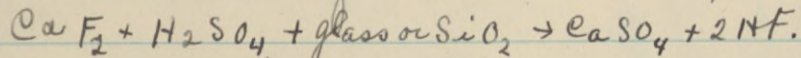
$\rightarrow K_2SO_4 + 2HCN$. Prop. colorless lig. taste oil / Bit. alm. Poison

Prep KCN. $KOH + HCN \rightarrow KCN + H_2O$. Toxic. Most poison. Sym. falls

at once. dizzy. nausea. Resp slow. Wt. weak & stops suddenly. Antidotes.

No time. Ant resp. affect ties so they can't take up O.

Silicon Si. 28. fine comp. SiO_2 Imp. constituent of glass.



Feb. 5.07. Antimony. Sb. 120. occurrence as sulphide

Prep. roasting with Carbon Prop. a metal.

Stibium SbH_3 Prop. that of a gas. Prep. same as antimony.

Tartar Emetic or Pot. antimony tartarate Prep. Boil 3 parts of

antimony trioxide with 4 parts of Cream of Tartar.

$1/2$ Sb. O_4 $1/4$ O_6 Dose as Emetic + 2gr. Expect. $1/8 - 1/6$

Poisonous sympt. on overdose & long cont. dose.

Bismuth. Bi ^{at.w.} 207. occurrence as Sulphides. roast with Carbon. Prop. Metallic. - Most important Bi. Subnitrate. Bi Subcarbonate. Bi Subgallate = Dermital.

Carbon: C. at.w. 12. occurrence - Diamond.

Graphite. Hard & Soft. Coal. allotropic forms.

1. Diamond - no ash. 2. Graphite - 5% ash. 3. Amorphous coal. Anthracite Coal 98% Bituminous 70-80.

Peat small % . Lamp Black pure. from incomplete oxidation animal charcoal. Coal gas is made by destructive distillation of Coal. Illuminates:

Ethylene C_2H_4 Propylene. Butylene. Acetylene. also $n.CO_2.H_2O$.

Water gas prep. by passing jets of steam over carbon in form of coal heated to redness. $C + H_2O \rightarrow CO_2 + 4H$.

Constituents 1. H. 2. Carbon. 3. CO_2 . Water gas.

Carbon Monoxide Prep. 1. burning incomplete oxidation

2. Oxide + H_2SO_4 + Heat. Phys. Prop. Colorless, odorless, tasteless.

Burns with blue flame. Nearly insol in water Reduces

Phys effects. Narcotic, Dizziness, Headache, nausea.

Mental Dullness, Coma & Death. treatment Ast. Resp.

Remove source of Poison. Supportive. 1. H. & Resp. Stimulant.

Inject of Saline Solution.

Mar. 11.07. Paraffins: Saturated Comp. stable.

CH_4 Methane. Marsh gas Illuminating gas from decomp. of Organic Matter.

Fire damp is Mixture of O & CH_4 .

CH_4 Methane.

C_2H_6 Ethane.

C_3H_8 Propane.

C_4H_{10} Butane.

Petroleum: crude oil

Kerosene: from .. is that part which distils between 150 & $220^\circ C$. Treated with 2% Sulphuric Acid.

takes out unsaturated Hydrocarbons. add $NaOH$

to neutralize acid. Redistil.

Benzene mixture of Paraffins C_5H_{10} C_6H_{12} etc.

cleaner, rubber etc. - Passes off first gas alone next.

Petrolatum Lig. is heavier
alboline.

Lebarregue. Sad

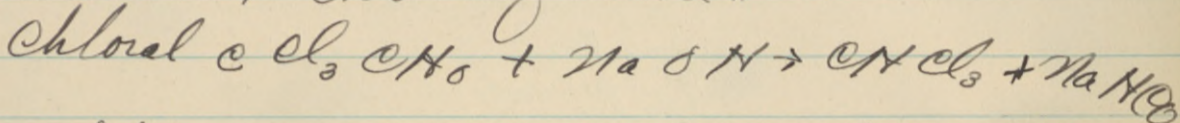
Vaseline. remains.

Paraffin.

Substitution product Methane.

trichlor Methane. - chloroform.

Prep. Commer. treat acetone CH_3COCH_3
2 acetone + Chloride lime.



Mar. 18. 07. Alcohol. water where 1H is replaced by hydro Carbon.

monatomic - C_2H_5OH

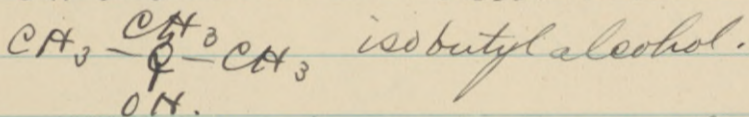
Diatonic $C_2H_4(OH)_2$ glycol.

Triatomic $C_3H_7(OH)_3$ glycerine.

I. C_2H_5OH

II. OH attached to carbon which in turn attached to
 $C_2H_5 - CH - C_2H_5$
OH.

III. OH to C. which in turn to 3 or more C atoms.



Primary alc. when C. yield aldehydes.

Secondary " " " " Ketones with same C.

Tertiary " " " " Ketones with less C.

Distilled { Brandy.
Whisky.
Rum.

Malt. Beer. 3.5 - 4.5

Ferment. wine. 15 - 20

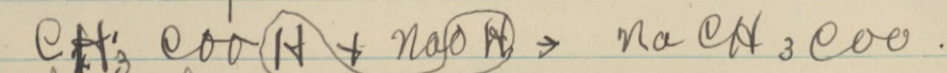
Champagne - Carbonates wine.

Compounds obtained from alcohols by dehydration. - - -

Ethers 1. Simple. - when Radicals are same.

2. Mixed " " " different.

3. Compound or Ester: alcoholic radical + acid radical.



Ethyl Ether.

Mar. 1.06 Proencephalon.

Mes

Rhomb

○ Axillary Neuron to Post. C. Col Gal. Burd to Dendrites to Per) Medulla & thence to parts

of Brain.

Motor

Cortex. Primary N.

Ant. Cord Muscle.

Afferent or sensory { Pain
Special Sensation { Thermic
 { tactile - contact etc
 { Muscular + articular sense.
 { Smell, sight, Hear, taste.

Excito Reflex.

Efferent Motor to Vol. Strips Mus. Vaso Con.

Secretory.

Inhibitory

Cirbro Sp. Mech. Visceral Mech.

1 Psychic.

1 Secretory.

2 Sensory.

2 Troph.

4 Voluntary Motor.

4 Vaso Motor.

5 Reflex.

Ant. Lat Post. Col.

Post. { qual
 { Burd.

fibers entering cord Post divide into asc + Desc. ends some pass to Ant Horn

○ } " " " Clark's Col, most pass to Nucleus of

Paul + Burd in Md.

From Clark to Direct Cerebellar tr.

" " some go to groves (Heat track)

Cerebral.

90% Cord.

Direct Py.

Rolandic centers of Motor.

Precentral for extremities + Cran. N.
Lowest Apertulum. Hypogloss. facial
Hand wrist Sh. Feet to Mischal

Upper Neuron has inhibitory action

Sensory ending in Ant. Horn exciting.

Precentral Conv. center of Motion for opposite side.
Lower part. face, tongue, larynx, Mast.

Mid. " arm, fin. hands

Upper. Lower extremities.

Lower part. 3rd frontal Conv. muscle of speech.

Caudal end 2nd " " " center of cause

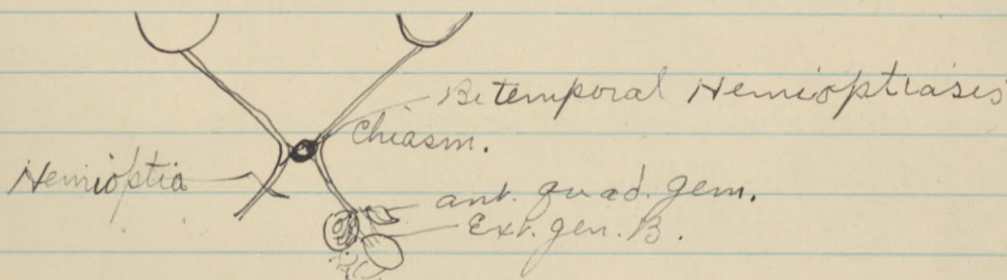
when irritated to move head & eyes to opposite side.

Pre-frontal area higher of psychical functions.

Primary center for Optic is Con. of Optic

Thalamus + Corpora Quadrigem + Ex. Fasciculate
body. end in Area of Occipital lobe. Cause
partial Hemisp. Bl.

Post Central Conv. Center for sensory impulses.



gyrus Angularis affected cause Agyria.

Cerebellum. Loss of Control of Muscles.
two Lateral lobes + a middle.

No nervous symptoms from Lat. Lobes.

Cerebellar Ataxia from middle lobe staggering
gait. Connected to other parts by Peduncles.

Restiform body. Inf Ped.

No Psychical functions but Equilibrium

Symptoms of Nervous Dis.

Neurosis morbid nervous state

Phycosis .. mental ..

Motor & Sensory.

Exaggerated, Lessened, perverted. function

Hyper, Hypo, A. para.

Objective & Subjective

" Sym can be seen directly.

Sub. " felt by patient.

1 Mental & Cerebral 1

3 Sensory Asthenial Neuroses

4 Trophic ..

5 Vasomotor & Thermic ..

6 Secretory ..

Mental irritability, depression, emotional morbid fears, lack of self control, fixed ideas, weak memory & concentration.

Cerebral Sym: Vertigo, disorder Equi, insomnia, somnolence, ² stupor, Coma, Headache,Motor Sym: Exaggerated Motility, Tremor, ¹/₂ fibrillary, ²/₂ Tremor Proper, 1. Intentional Tremor, 2. Passive, 3. Constant, 4. Tonic, 5. Clonic, 6. Coordinated.

Movements Coercive Mov. Athetosis.

Muscular tension. Associated movement.

Reflexes.

Lessen Mot. Paralysis, Parases. loss of Reflexes

Hypotonia.

Fibrillary Convulsion, 1. Clonic, 2. Tonic.

Epilepsy both are present. When painful is Cramps
Coordinated. Convulsive seizure associated with unconsciousness.

Coercive Mov. are sudden jerking twitching mov. of certain muscles, are purposeless not under control are incoordinated. at times only indiv muscles twitch.

Tie Movement, (Habit Spasm) is a form of Coercive movement confined to group of M. which work together.

is coordinated movement, more or less under control of individual. In this movement are of more definite character. Types of muscles
 Expression, Resp. Speech.

Athetosis. peculiar form char by slow successive extension, flexion, pronation & supination of finger, hand, arm or analogous of toes & leg. rarely ceases in waking except for short time.

Contracture.

1. functional - unable to contract arm -
2. Organic - in tracts -

Associated Mov. are those which occur involuntary when opposite side moved.

Hemiplegia. Half body paralyzed

Para " two lower limbs.

Paresis partial paralysis.

Reflexes. a motor response to sensory impression

Involuntary &

4 kinds reflex

1. superficial. 2. tendon (deep) 3. visceral 4. Idiopathic or direct.

Sensory functions belong to nerve of special & general sensation. may be depression or loss increase or perversion of sens funct.

Anesthesia loss of tactile

Analgesia loss of Pain

Therm " " " temp.

Muscles sense to Pain & Sense.

Ataxia loss of sense of muscle.

Disturbance of muscle sense is Loco motor Ataxia.

Definite & Coordinated Movements are made possible.

Static ataxia loss of Equilibrium. disturbance in sense muscles.

Coordination is perfected by repetition

Deep sense interfered with is incoordination.

Cerebellar ataxia.

Astereognosis - loss of sense of form
 Hyperaesthesia increase sense of touch.

Hypo .. decrease

Analgesia loss of pain sense.

Hyper ..

Hypo ..

Parasthesia loss of all morbid general sensation except pain.

Delayed sensation (or more second claps) 1/2 sec is normal.

Referred sensation.

allochuria transferred sensation.

referred to opposite side.

arthropathies affected joint.

acromegaly disturbance of Pituitary.

angio Neurosis

Simp. perverted gait

Hemiplegic ..

Spastic gait both sides affected.

Stepage raising leg to raise toe.

Rhombism.

Argyll. Robert's Pupil does not respond to light.

Testing reflexes have patient relaxed. move leg & feel contraction in quadriceps ex.

Difference in tendon reflexes important. tap with same intensity.

Jendrassik method to withdraw attention.

Ankle Clonus

Patellar ..

Reflex motor response to sensory impulses.

Lesion of Pyramidal above center of Reflex arc

causes stag. reflex. in 1 limb if 1 leg also

St. irritation in sensory tract increases reflexes.

Certain drugs Strychnine.

Diffuse disease above Reflex arc.

Lesion complete transverse absence of Reflex.

Oct. 5. 06.

Dr. Schwab. Oppenheim. Day neu.

Progressive Bulbar Paresis, slow progressive degeneration of 12.10.7. Motor nuclei of Medulla.
 Apoplectic - very fast. rare. Degenerated nuclei.

Pseudo. not in med. rare.

Myasthenia gravis no change in Post Mort.
 Very emotional.

first complaint. speech nascent. get tired speaking
 could not swallow well especially liquids,
 which came thro nose.

Phy. Ex Tremor of Tongue, no dist. sensation

Tr. Supportive little can be done. Prog 1 to 5 yrs.

Path. Degeneration of Nuclei of 12.10.7. in floor of IV Ventricle
 & Cerebellum of Nucleus with gray discoloration & atrophy
 of nerves as they come from Medulla, there is an
 atrophy finally of muscles of Lips & tongue.

Oct. 9. 06.

Mental Diseases. Mind is experience.
 sensitive ness, choice, & movement.

Intelligence.

Spoken Language Sup. Temp. Lobe Conv.

Written .. Angular Gyrus.

Inferior Frontal for muscles of speech.

Sensation underlying element of mentality.

Intellect - think

feeling - of ^{emotion} motion

Will - regulates actions

Insanity is that state of Mind in which the
 subject is no longer able either Temp.
 or Perm. to draw logical conclusions in
 accordance with age, race, education etc -
 Illusion & Hallucinations, delusions are prevented
 in Insanity.

Delusions is an error of judgment out of which
 p. can not be reasoned.

Illusions are faulty interpretations of scenes with
 physical foundation.

Hallucinations is a Perverted interpretation without
 physical foundation.

Oct. 11.06 Schwab: Inorganic or functional no chance in Post Mortem
Tic. general movement purposeless in character.
in groups of muscles or single.

Bilateral etc

Chorea differentiate.

Treatment of Tic is Physical treatment.

Bell's Palsy.

Reaction of Degeneration present in Periphery.

7 only in Peri.

3 Branches " "

Tabes Dorsalis.

Oct. 16.06 ~~Shaddock~~ Insanity { functional.
Organic.

1. No Path. Lesions. no signs of inheritance or organic.
follow shock. accumulation of Poisons. Uremia.

Melancholia & Mania: Simple Insanity.

2. Anatomical changes in Brain substances.

Syphalytic causes. Alcohol. Lead. Deposits in Meninges -
Tumor, Uremia, Diabetes. Thyroid Diseases.

3. Due to Mental instability! inherited. May be due to
defective conformation of Skull. Change in convolution
or arteries. In this type there is recurrence, Periodicity.

Remissions with relapses. Prodroma state, delusions.

Absence of Cause. except degeneracy.

form Periodic, recurrent, 3rd Neurotic.

4. Due to arrested development, glandular deficiency.

Cerebral hemorrhage.

Treatment of Melancholia: Inhibition of Mental & Physical
activity out of all proportion to cause. Symptoms. Depression
& inhibition of Mental activity. Cause: emotional &
Physical: Phy. Disturbed Nutrition of Brain. Stomach is

secondary. Depression always present & monotonous.

Simple, & Mel with delirious. Del may be Moral & Hypochondria.

Active or Passive. Symptoms: Mental distress & depression in
meanness & expression of grief. Sluggish liver, defective Stomach

Constipation. Urine loaded with Phosphate & Indican

Slap disturbed. speech slow & monotonous. Debaches

Neuralgia. great agony.

Prodromal symptoms of apoplexy.

Oct. 19 '06. One sided Paresis. loss of good use of Muscles. TB. 3 yr. ago.
 Schwab. Numbness of fingers. Make careful Physical Examination
 Careful History. Must be some lesion of Heart.
 Hemorrhage. Embolus or Thrombosis cause ^{apoplexy} Stroke
 Valvular disease may cause it by Embolism.
 Softening from Enfarct.
 Hemorrhage from arteriosclerosis into Brain (Syph. etc.)
 Thrombosis from Slowed current.
 Nephritis may exist with Arterio Sclerosis.
 Treatment Nitro Glycerine & K.I.

Oct. 25 '06. Second Aortic Slightly accentuated. Examine Urine.
 Paresis, general Paralysis of Insane. Dementia Paralytica
 Unequal pupil, fixed Pupil. Double Vision. Opthal -
 Slight paralysis of Out Rectus.
 Tabes Syph. ^{cerebral} Paralysis possible. Optimism.

Nov. 20 '06. Chorea Acute infectious disease.
 Chorea Chronic.
 Symptoms may follow Hemiph. Plegia.
 Adult Chorea. Huntington type in family degeneration
 Mental symptoms incurable.
 incoordination, purposeless, dif in time, frequently
 one sided. Relative Acute & Acute Rheu. Focal.
 Endocarditis.

Post Diph. Paralysis depending on Diph is curable.
 Neuritis.

Nov. 9 '06. Paranoia?
 Nov. 13 '06. Neuritis. Inflamm. more particularly degenerative, structure of N. altered.
 Post Column. & Peripheral Nerve same substance.

Nov 15 '06. Cerebellar Symptoms: Ataxia. may be caused by tumor.
 Friedreich's ^{reisch's} Ataxia. is an hereditary Ataxia
 Alcoholic Neuritis most common.
 Complains of abnormal sensations in lower Extremities. Cotton pads.
 Feet hurt in walking, Hypersensitiveness. lancinating character.
 Pains slight or severe, increased on pressure or movement.
 Weak in legs. calf muscles extremely sensitive. Anesthesia of
 touch. Muscles are flabby & soft. wasting of limbs.

May be masked by edema. fat may obscure foot drop ant. muscles
 of ^{spring} ~~though~~ involved. Reflexes are reduced or absent at knee & ankle.
 Paralysis is rarely complete. muscles are unequally paralyzed.
 Reaction of Degeneration present. indicates nerve is undergoing
 degeneration. Muscles of forearm & hands Ex of wrist. P. & Muscles Sp.
 N. ^{muscles} smoothly affected. May begin in hands first. As a rule
 neuritis develops symmetrically. upper & lower. Calves
 toe touches first. - Tabes Fecl. Distal. Bladder & Rectum
 rarely involved when so there is more than a Pure neuritis.
 Cord must be involved. sometimes Optic Neuritis. Heart's action
 may be involved. develops slowly. in regression some muscles may
 contract forming deformities. (the calf muscles etc). Some
 delirium. dullness. loss of memory & certain date. Recovery slow.
 Women more susceptible. Treatment: get rid of alcohol. protect
 affected limbs keep warm. keep feet in proper position.
 Massage & Elect. Nourish patient. Relieve pain. Watch heart.
 Application of strong current faradic no pain noticed in Tabes.
 Bladder involved in Tabes also gives pains - Angell Robinson also
 Areas on surface correspond to Root centers in Tabes. Atrophy
 is a final result.

Nov. 27. '06. Lead common cause of degeneration of nerve. Degenerative Neuritis.
 Preceded by other symptoms. May be first. usually begin in
 upper extremities the one most employed usually. Both alike reg.
 development is slow. weakness in extensors of fingers & hands
 causing wrist drop fingers are flexed at some times. Supinator
 Longus escapes. May go further & involve flexors. Triceps escapes.
 atypical type may involve Biceps & Deltoid. Muscles involved
 show twitching. later may be reaction of Degeneration. No disturbance
 of sensibility. No paraplegia. Lower Ext. may be involved giving foot drop.
 Prognosis: If P. is removed from lead is good. Treatment: get rid
 of Poison use K.D. ^{mg. 50} Open bowels. Use Diaphoretics & treat symptoms.
 Arsenical Paralysis May come on slowly after acute poisoning
 Remonitory Sym. Pain & peculiar sensation in hands
 feet at same time. weakness followed by atrophy parts affected by
 preference are Peronei of Legs & Extensors but flexors more
 freq than in other two diseases. Sensitiveness of muscles
 more to pressure. anaesthesia, ataxia freq.

Reaction / Degeneration. may resemble Tabes. dif. early indication of atrophy Reaction / Deg. Prog. good. recovery in mild cases in a few weeks. otherwise long. Diphtheria is a paralysis depending on action on peripheral nerves. 2 varieties: Local. & general. May follow mild or severe case of Diphtheria. Paralysis occurs a few weeks after convalescence. Common location is in soft palate which becomes motionless may be involvement of Ciliary muscle. but no loss of reflex to light. Abducens may be involved. swallowing may be interfered with. Recurrent Laryngeal may be involved. Cardiac nerves may be involved. Involvement of Extremities comes later others may have disappeared. May be limited to loss of Deep reflexes. This may go further & give rise to deg. change in nerves. History good in differentials. Bladder & rectum not involved. Prog very good as a rule. may be slow. Prog of General Neuritis depends on extent & involvement of Brain & Cord. No sensory involvement in Infantile Paralysis except in beginning.

Treatment of Neuritis in general is to sustain vitality support to prevent deformities, anodynes. use of Electricity Rites / Massage where patient can stand this.

Dec. 4. 06 Tabes Dorsalis - Post. Spinal Sclerosis. - Locomotor ataxia. wasting of Post Cord. disturbs motor & sensory systems. causes is Syphalis. In children Hereditary. Dementia Paralytica. about same only affects Cortex of Brain. Time 1 to 35 yrs after infection 5 or 6 as a rule. 10 times as frequent in Men. same as syphalis: affects nearly all parts of nervous system. Sensory especially. Sensory symptoms first appear. 1. Pains in legs - lightning - come & go. occur in Paroxysms. 2. girdle pain. 3 Crises are pains. in various Organs as named Gatriete. very common. 4. Pads under feet. 5. Sensation of Creeping over skin. 6. Diminution of Pain sense. This analgesia may affect skin & deeper structures. 7. May be hyperalgesia. 8. frequently show retardation of sensation. 9. May be dissociation. 10. Inability to locate impression on surface. 11. Sensibility in Muscles & joints is lost & Patient cannot locate position. 12. Loss of Reflexes. Achilles may go first. This is a slow process. Interruption of Reflex are causes loss. Post Roots mostly affected. Loss of tonicity of Muscular tones.

13. Transitory ocular palsies quite common. Ptosis also common. Pupillary symptoms are early & quite common (Argyll Robertson) at first sluggish. Myosis. Small pupil due to involvement of cord in upper dorsal region. that is sympathetic does not oppose the Motor oculi.

Jan. 4. 07
Phaddock.

Deg. of Peripheral Sens. gang. Optic Atrophy is frequent. May be involvement, atrophy of Cells of Ant. Horns. Also lateral tracts are at times involved. Belt of Nipanstheria at nipple line may extend all way round or part may be wider on one side. this has a root distribution. this point is practically diagnostic.

Rhombergism May be unilateral.

Paralysis of one or both Vocal cords.

Tabetic or Charco joint. rapid swelling with no indication for it. limb may be swollen joint may be very loose. Don't open joint.

Perforating ulcers usually on feet where there's pressure. Herpes Zoster do to lesion of spinal roots. Muscles may be affected by involvement of Ant. Horn. which fibrillary twitchings go to show.

Multiple Sclerosis may simulate.

Cerebellar Tumor ..

Jan. 11. 07.

Injections of Calomel treatment of Babansky.

No treatment only to check trouble.

Sit patients on table & bend body for nourishment of Cord. Reeducation. Loss of muscle tone cause Contrind- Pain - don't give Morphine. $2\frac{1}{2}$ gr. ^{aa} Antipyrin Phenacetin $\frac{1}{100}$ Nitrogly. $\frac{1}{16}$ gr. Op. mixed with Comp. Licorice Powder. 3 doses - 15 min apart & long rest of few hrs. 4 or 5.

Morphia hype. for gastric Crises. Electricity not very good good Hygiene etc. may not go very fast. Keep up hope of 1. $\frac{1}{4}$ to 1 gr. once a week suspended in Olive oil in Buttocks give only 3 wks. Begin large dose of Iodides.

Combined Post & Lateral Sclerosis. Ataxic Paraplegia in a person with weakness & ataxic.

Inflam. of cord diffuse may produce this.
 May occur from vascular interference. Caused
 by invaded elements which don't follow there.

Friedrich's Heredity Ataxia.

Involves Post & Lat Pyr. Cerebellar & Gowers
 tracks. Poor Embryonal development.

Reflexes may be exaggerated. Symptoms not so severe
 as in Tabes.

Tr. May use actual Cautey along spine in P. L. Se.

Friedrich's affects members of one family. Comes
 on early. is developed in Mother. Mostly Males.

Undersized cord & Cerebellum mostly. Atrophy of Cerebellum
 alone not cord in some cases. - Marie's Disease -

Jan. 18, 07. Staggering stumbling gait. Not a true Rhombegism.
 Constant moving.

Very few sensory symptoms.

Deep reflexes are lost early. Exaggerated
 in Cerebellar form. Sphincter not involved with.

Nystagmus jerking of Eyes. Difficulty of Speech.

Atrophy Optic common in Cerebellar type. anomalies
 of Pupils in this form. Face blank. Two deformities
 lateral scoliosis, Clubfoot: increase of Planter
 arch & hyperextension of toes chiefly big toe.

Disease progresses slowly.

Simulates Multiple Sclerosis. Reflexes exaggerated.

Amiotrophic lateral Sclerosis. (Sharko's)

Involves Motor cells of ant-horns. Disease
 begins in Cerv. & goes down & upward.

Lateral tract first. Exag. reflexes. spasticity.

Atrophy. Hands chiefly involved progresses rapidly.
 1-3 yrs.

Syringo Myelia.

Infantile Paralysis. acute ant. Polio Myelitis.

Young Children, P. M. Intense Cong. in all cord.

Gray Columns. later foci of destroyed gray matter
 scattered about. Begins as a fever. may become
 paralyzed suddenly all extremities or some.

May be hemiplegic. Likely to be pain-joints -
 after a day or two there are no sensory symptoms.
 Atrophy develops slowly. Cong. recedes.
 Response to Faradic Current usually lost in 10 days
 others may recover. There is Reaction of Degeneration

Jan. 25 '07. Infectious in character. Sphincters escape.

The galvanic response in muscle.

Reflexes are lost in those connection of ab. muscle
 Motor & trophic affection. Regression after
 some time. Muscles of R. & D. doomed.

affects all structures. Affected limb smaller etc
 Lower limbs mostly affected. Extensors mostly.
 Hand extensors & Deltoid mostly. Delt Long & Bic. 2000
 Nuclei in Medulla are involved.

Cerebral Palsy is Hemiplegia, spastic, Reflex Ex
 False Syphilitic Paralysis: lack of union of
 Epiphyses & Diatheses of long bones.

Birth Palsy: Deltoid, Bic. Brach. Coraco. Dyl. Spinal
 Root
 Prog: good if Med. is not involved.

Massage & Electricity. Prevent deformities.

Duchenne-Aran: Atrophy. Vasc. supply
 ant. Cord. involving Motor Reg. of ant. horn.

May be due to Syphilis. Hereditary in Cases.

Involvement of Upper extremities. Disturbance
 of finer movements of Hands first. Habitual Movements.

Feb. 7 '07. Prog. Sp. Musc. Atrophy Small Thorax Em. - then interosae

Lumb. & others. Peculiar cond. of thumb. Claw hand
 hollow space between bones. affects other hand then Deltoid.

forearm etc. May progress slowly. Usually Lower Cervical.

Sphincters escape. No sensory disturbance. Weakness proportion
 to atrophy. Usually Contradiction-affection of Cells of Cords.

Reflexes are diminished K. jerks + W. Muscles easily fatigued.

Too tight bandaging causes change in Muscles.

Charcot's stag Reflexes. Syr. My. Sensory symptoms
 Rest. Massage. No treatment. Elec. N. & Stryp.

Syringo Myelia. Abnorm. Tensity in Sp. Cord.

Symptoms depend on location not process. Lesion in Gray Matter Post to Lat. invading Post Horn & Ant. H. & by pressure involves W. Matter. this is Comb. of Sensory & Motor & Spastic. Lou. Cerv. & Up. Dorsal.

Dist of Sens, Pain Retention of touch. Dissociation of Sen. Neurons. May be exag. of Deep Ref. of Lou. Ex. Morvan's.²

Feb. 28. '07. 1 Emotional insanity Depression, Exaltation.
2 Intellectual ..

Mania or Delusion is rapid change of thot.

Melancholy monotonous one lined; predominate thot.

3. Primary Delusional insanity.

4. Delirium incoordinate dreamy hallucinations not aware of surroundings etc. this prolonged is hallucinatory or confusional insanity.

5. Dementia acuta. Primary acuta elaboration of all thot.

Functional insanity

Physic degeneracy a cond. of development Ment. & Phy which leaves the individual short. in comparison to his race.

Degenerative vary from simple in form. cause etc. Paranoid - Delusional insanity -

Mar. 7, '07. Dementia Praecox. early & rapid failure of mental faculties. 14-23 yrs. (Hebephrenia) (Insanity of Puberty).

Cataleptic resist all movements. & retain certain attitudes. delusions are not systematized. few cases recover. Cause defective nervous state.

Alcoholic Insanity. organic. general Bld change in brain no cure.

moral & Intel. symptoms. outbursts of rage on emotional side. frequent depression & suicide. weak memory progresses to dementia. leads to abuse. delusion of persecution. tremor etc. Cramps in Calves - Muscular weakness. Chronic.

Melancholia due to alcohol. short duration.

Wall. of sight & Hearing.

Opium is useful in treatment. Ac. Mania is grave.
 Temporary insanity Hall. of hearing, may commit murder.
 Sym: Use History. Anesthesia of lower Ex. Pains. grand Delusions. etc.
 general Paralysis Lym. of Cord.

Ac. Epilepsy.

Mar. 14. 07. Myelitis. Inflamm. of cord. cross destruction.
 May have laceration from Haemorrhage.
 from affected parts we have an ascending & descending
 degeneration. may have pains darting down limbs.
 Girdle pains. numbness below lesion. disease progresses
 & patient becomes paraplegic. loses control of
 bladder & rectum.

Hypersensitive at line of demarcation.

Complete lesion loss of reflexes.

Babansky's indicates organic lesion of motor
 track & early tendency to bed sores. Best prognosis
 when Dorsal region is affected.

Tr. Mercury in large doses. See over Spiner.

add one ^{ounce} ~~grain~~ in Cervical for segment.

1 to 6 Dorsal add two

6 .. 11 3.

Level of nipple - 5 Dorsal segment.

.. .. Naval - 9-10

Perineum & Coecum to lowest part of cord.

Mar. 28. 07. Multiple Sclerosis.

Insular. Disseminated. Sclerosis en Plagues.

May follow infectious fevers. - age - 18-30.

May occur in young. Rather diffuse plaques
 may be large or small or irregular, found
 mostly in the white matter. May affect the
 optic nerve. by several plaques or large ones
 intruding. Spastic gait; stiff & staggering.

Intention tremor may affect whole body. pure
 Cerebellar gait staggering not spastic.

apoplectiform & Epileptiform seizures.

Reflexes exaggerated, foot clonus. Babansky
 sensory losses common.

May be interference of higher centers senses. Slight atrophy of Optic Disc Extramural or temporal Segment Ext. Ocular muscles are weak. May have irregular myosis. Nystagmus common. May have Gastric Crises trophic disturbances rare may have vivid muscular atrophy but is usually late. Glycosuria probable from irritation around 4th ventricle & in region of Medulla. Vertigo. Disturbance of speech slow scanning way, explosive & monotonous simulates hysteria. May begin sudden or progresses slowly or in remission form. May live a long time. Prog not bad. May reach a certain degree & recede.

Treatment: French use actual cautery along spine.

April 4.07.

Brain Haemorrhage. Apoplexy is simply a state of sudden stroke etc not nec. Haem. tho frequent Causes: arterial disease. deg. of walls. gen. involvement of advancing years. Millary aneurisms. & bursting. Bld. tension plays important role. At first apoplexy later symptoms of Center affected.

Lenticular Striae - Mid. Cerebral - Op. Th. Sub. Cap. Ang. gyrus. Sub Cap = Motor tracts & Optic nerve. Predis: alc. Syph. Rheu. gout. Lead etc. & accident cause Haemorrhage. Strains etc.

P. falls. coma. Pallor passes to Congestion Conjugate deviation of eyes. & head. tells side of lesion. in Pons looks toward lesion. In Pons looks away. if irritating looks from it & in Paralyzing looks toward it. in Isthmus & Pons Via Versa. Immediate after Reflexes are increased & soon absent later increased. Babansky occurs within one hr. Rectal Temp lower rises in a day or two if high is fatal. Paralyzed side temp. higher. Unilateral sweating. Lower face more involved. face drawn away from Paralyzed side. tongue deviates toward paralyzed side. Paralysis of Hand & arm is greater. Lesion in Cap. Speech little affected. Dif. articulation if in Hemisphere.

Post Part / Caps. Hemi anaesthesia. Hemi blindness
if Optic Thal. involved. Some involvement /
sensation thro' Capsule Int. Some trophic
disturbance with state of coma.

Todd. English - desc. "Mowing gait"
foot clonus. Skin Reflexes lost. Deep Reflex. exag.
jaw jerk reduced to clonus. Pupils normal.
Smooth Platysma weakness on that side.

Oct. 2, '06, History taking:

Mother's Complaint. } fits.
 } cough
 } chill.

Past History: measles, scarlet fever, whooping cough.
Family History: (Syph.) Tub. C. Rheumatism.
 Miscarriage.

Present History:

How to approach: undress baby.

(1) Inspection. Type of Respiration. Position of Head, etc.

(2) Palpation. Glands. Rickets etc. Knee jerks.

(3) Auscultation: 1. Back. base, then in front.

(4) Percussion.

Rickets. Holt's test

Oct. 3, '06. atk: Normal child. 17 to 20 inch. 280 days, old 50 cc.

Female 7 lb. Male. 7 1/2 lb.

Sudden ^{continued} decrease of wght. means malnutrition, mal assimilation. Or onset of some path. condition.

Average doubles initial wght. at 5 or 6 mo.

" Treble. " " " 15 mo.

at 7 yr. wght. should be double that of 1st yr.

" 14 " " " " " 7 yr.

Decrease in wght & length, is in direct proportion of amt. of Proteid & salts of Mother's milk.

1st yr increases 4 or 5 yrs. in %.

2nd yr. increase 3 & 4.

2 yr. 3 to 5 in.

3 yr. 2 to 3 1/2 in.

4 " 2 to 3. " hence 1 2/3 to 2 in every yr.

Slow or arrested growth due to malnutrition or

Syph. rickets. Cheatinism,

Proportion. Thorax at nipple 1/2 length + 10 cm

Cir of Skull around frontal + Occ. Pr. is measurement of thorax + 2 cm

This meas. falls below 32 cm. Child is apt to be premature.

When exceeds greatly 37. Path. Cond. Rickets or Hydroceph.
Observe quality of Pulse. rate 120 to 140 at birth.

2 yr. 100-115. then to 80 or 90.

Wght of Hair is 20.5 gm. $\frac{3}{8}$ Ounce.

RBC. 6 million & $\frac{1}{2}$ M Both diminish for first 10 days.
WBC 18 thous. " " Spg. 1060.

Ductus Art & Ven. For. Cr. Umb. require some ates
except Cr. Resp. just abdominal. Upper portions
of Lungs not always filled (atelectasis),
Child should breathe with mouth closed.

Rate of Resp. 30 to 45 Min.

Oct. 8 '06.

Att. Temp. at birth 99.5 to 100° in 1 hr. falls to 97.
then rises & in a week comes to normal.

Premature child normally temp is below normal.

Stomach lies almost vertically. slightly expanded
a cylindrical shape. at birth $\frac{5}{16}$ to $\frac{1}{8}$ at Birth when
normally full. at 2 wks. $2\frac{1}{2}$ fl oz. 2 mo. $4\frac{1}{2}$ fl oz. 6 m. 6 oz -
at 12 mo. 9 oz. Liver is $\frac{2}{3}$ larger relatively at Birth
than an adult. Smal. intestines average length $9\frac{1}{2}$ fl.
large. 10 in. $\frac{1}{2}$ of this is sigmoid flexure.

Stools discharge at birth are dark greenish streaks together
constitute of Epr. Hair. content of stool lasts 3 days.
first secretion of Mother's gland not milk but serves
to drive out Meconium. After 3 days stools are lemon
yellow color. slight odor. slightly acid & 5% water.

Starved food reaction more acid & brown.

In disease there may be false membranes, pus. blood.
mucus, parasites, & foreign bodies.

Stools 2 to 5 day normally. Amt. 1 to 2 ozs.

Albuminous food gives putrid odor to stools.

Color change in disease. Intes. inflam. - green stool.
Clay color due to disturb of Liver. weak & feeble.

Children have large stools & watery lack of capacity ab.

Cholera Infantum. colorless, like rice water. musty
odor. Inflam of Smal Intes. stools are liquid & large
Inflam of Large, liquid, small & frequent & coated
with diseased mucus.

Head at $1\frac{1}{2}$ yr. is $\frac{1}{3}$ larger than at birth in next 5 yr. 2 in $\frac{1}{4}$ next 10 yr. 1 in.

Ant. & Post fontanelles. Ant. $1\frac{1}{2}$ Ant & Post Trans 1 in remains open $1\frac{1}{2}$ to 2 yrs. Post. closes soon

Oct. 10.06 atk. Symptoms:

Posture: healthy child sleeps most of time.

on back limbs slightly flexed or on side.

Babe should sleep sound Disturbed sleep due to Hunger or indigestion. do not dream

Colic a form of indigestion smile in sleep due

& contract of lips associated with intense heat.

Syphilitic & Rachitic Child. sleep badly.

Classes of diseases have typical position & expression.

1. Affections of gastro intestinal track.

2. Diseases of Respiratory Apparatus.

3. " of Brain.

B. Does not sleep quietly. tosses & tumbles & sleeps with more comfort on Belly provided there is no ulceration or Peritonitis. Child cries nearly all time when awake except before & right after eating.

general expression of waste in general Ex. of face. wrink form. muscles flabby. Depression of Ant. fontanelles.

Hatchet face (sunken cheek & eye, pointed nose & chin) Expression is that of care & discontent & disgust.

skin becomes clay loss of elasticity.

(2). Broncho Pneumonia: face flushed, eyes bright, anxious countenance & expression of pain in early stages.

later dull. Nurses for short time & drops nipple attempt to cry & cease suddenly. Cough short also puffing

ending with grunt. Breathing Rapid superficial lacking rhythm. dilation of Alae Nase when there is obstruction

Dyspnea. Cyanosis when dyspnea is increased.

In great obstruction, depression of unsupported part of Thorax. supra Clav. Intercostal spaces. etc.,

Skin hot & dry. sleep disturbed.

3. acute Inflamm of Brain body is flexed head retracted

Opus Thotimus. Eyes usually closed, pupil dilated & irregular, brows corrugated, muscles of jaw contracted, fontanelles full & bulging. Skin hyperaesthetic. Cry nocturnal, sharp shrieking. Meningitis & bone disease produce this sort of crying, contraction of eye brow means headache, pain in head or irritation of eye in turning head away from light. Crying hand to head suggest Otagia. Constantly rubbing nose may suffer from intest. parasites. Cough ^{low} & honorous in Spasmodic Croup. Coarse & harsh in true croup, Cough clear & distinct in Bronchitis early is dry later moist. Painful & suppressed in Pneumonia & Pleury. Convulsive more efforts inspiratory than ex in Pertussis ^{with} Dry & Paroxysms from intest. parasites. Also dry & spasmodic Char in Typhoid. Malina & remittant. Or Diffused dentation may be Spasmodic ^{& irritat.} cough.

Cry shrill loud at night from sleep or in a child well in day means disturbed digestion. Cry lasting from 5 to 10 min several times daily no fever or brain trouble means spasm of Bladder. Cry in passing urine acid.

Sharp cry during defecation passage of anus.

Sharp loud cry at night & awake. Brain inflammation.

Hygiene. Do not bathe except eyes, mouth etc.

for first 24 hrs. grease with lard or vaseline.

Bath daily in 100° last bath a short time as older bath colder. Reduce temp 1° per Month. At two yrs give sponge bath in water 90 to 95° for feet. & water used 20° lower, 1 min. follow by friction. Chilliness of Nose tips etc water too cold. Clothing should be loose, warm, light no constrictions.

Oct. 15 '06. first 6 wks. 21 hrs. sleep out of 24 normally. not well without it. After 8 wks requires less sleep. End of 1st yr. 14 hrs in 24. at 2 1/2 to 3 1/2 yrs 10 hrs of 24. awake in daytime. Well ventilated rooms. temp. 68.

Continual wakefulness. give Br. of Na or K. 3 grs. at 6 mo & 1 yr. diluted.

After 1 yr. 1 gr. each yr. Asphixia Nematotum, two forms

1 Antipartum: Present before birth usually die.

2 Postpartum. Causes 1/2. Partial or complete separation of placenta. Interference of Air by pressure of Cord

around chest or neck. Pressure of Cord between head or breech & Plevia of Mother. Inspiration of Amniotic fluid. Postpartum results from immaturity cannot respire cause atelectasies. long continued pressure on Head or cord. Improper application of forceps pressure cause hemorrhage into 4th Ventricle or Ventricle.

3 grades. 1 degree. spunk. cold water. Clean mouth. Blue. 2. Dived or apoplectic in more robust. Tonicity in Muscles. Eye balls bulge. Convulsions injected. 3. Asthenic form occurs in weak children, surface pale. loss of tone of muscles. Lips blue. loss of cutaneous reflexes. Relaxation of Sphincter Ani. Meconium may pass during labor. In Breech presentation Meconium passes.

Diagnose Antepartum by auscultation before birth. Pulse rapid. weak. intermittent.

Symptoms of Post Partum above. Prog 1 & 2 good 3 bad. Heart ceases to beat in 5 min after birth apt to die.

Sylvester's Method. raise arms with something under arms. Skull test .. thumb in index & swing.

Hot Bath & Cold water. Whisky bath.

Caput Succidanum. infil of Bld & serum on Presenting part of Child's head. Cephal Hematoma under Pericranium elastic touch. elevated. oval. never open May have bony film covering. softer crackles at times. or bony formation around tumor on skull.

Meningocele: tumors which are hernias. may be membranes or fluid in membranes or membranes & brain substance.

Oct. 16. 06.

Presently

Nervous Manifestations of Rickets.

1. general convulsion. 2. Tetany. 3. Laryngismus Stridulus
Chloroform. Ether. Chloral. Morphia for Convulsions.

Chloral 4 mv. 4 gr. 1 yr. 6 gr. 2 yr. 8 gr. 3 yr. warm Milk.
Morphia. 1/48 " : 1/24 " " 1/16 "

Chloral hydrate per Rectum. Bromides, Antipyrin.

2. Tetany. suddenly stiffen, Head extended. does not lose consciousness. Elbow & Shoulder, Knee & Hip movable. Chroastek's tap facial

Trousseau's press on vessels & nerves of Elbow causes attacks of rigidity of arms etc.

Laryngismus --- suddenly stops breathing, cyanotic.
Prog. had. Cold water. Antipyrin

Barlow's Disease (Scurvy Rickets). 6-18 Mo.

Screams on touching, Paralysis, Bruised.

~~60~~ Blood under Periosteum. Echinoses. Blue Echinoses around teeth. Discard Rheumatism Paralysis excluded by reflexes.

Treatment: Raw milk. Orange juice. Raw meats juice Potatoes.

Dosage. Under 6 Mo. & under 1 yr.

under 6 Mo. $\frac{1}{2}$ yr. old dose. $\frac{\text{age}}{\text{age} + 12}$ of Mean Dose.

over 6 m. $\frac{2}{3}$ " " "

Oct. 22 '06 Athanas Leturus Neatorum. (Jaundice of New Born).

38 5 day after birth some show yellowish discoloration in conjunctiva first extends continuous 5 or 6 days

& normal color comes on. all secretions affected. Urine Brilliant Orange Hue (excess of Bile Pigment). This is a Phy. form of Icterus. Probably due to destruction of R.B. globules.

May be portal blood entering via thro. Duct. Urosis?

Occurs in 60% of New Born. More prevalent in Hospitals.

$\frac{1}{6}$ gr. Calomel & $\frac{1}{2}$ gr. Licid. Epicas. $\frac{1}{6}$ gr. Bicarb. Soda

Malignant Jaundice. due to retention of narrow Element of Bile. results from Stricture of Duct of Gall Bladder. Catarrh of Gall Bl. Duodenal Catarrh. Defective Hepatic Circulation Asphyxia. Malena. Syphelia. Long continued exposure to cold & dampness. Symptoms are prolonged from previous. Drowsiness. Subnormal Temperature. Refusal to nurse. Stools black & tarry. If due to stricture. Stools are Clay Color. Treat cause.

Phosphat. Sodium. Calomel. Kidskin active. Breast Milk.

Stim. Kidneys

Winkler's Disease or acute Hemoglobinuria Swelling of glands in Lungs Patches. Mesenteric glandular. Liver & other ab. viscera undergo fatty deg. Hearn. changed to Bilirubin urine Red Brown color in each hour. & various forms of Mercedesii. Aint small.

Passed with straining effort. Bluish tint of Contenance. Cyanotic changes into deep yellow. Sym. begin 4 day progress rapidly then comes Diarrhea, Vomit. Child dies of Conv. or Coma. 19/23 died Tetanus Mortuorum (Nine days fits). Cause Infection with Tetanus B. Entrance wound of Umb. due to filth. Comes on about 9th day.

More common in Blacks apt to occur in tropical countries. As late as 15th day & early as 2 or 3 day.

1st sym. Trismus (fixed cord) muscles of Jaw & face inability to nurse. frothy cord around Lip.

Spasm causes (Sodium Chloride) Whining cry. jaws unhook on day of death. Climax is reached in 12 hrs. frequently go into conscious muscular spasms. tonic & Clonic Comb. Die in spasm or Coma. Convulsions are broken by current of air or sudden noise.

Generally last about 2 day. sometimes get well. Prog good comp. & length of time disease lasts. Treatment: Chloral per Mouth or Rectum. Chloroform for Spasms. Hot Baths.

Inspiration Pneumonia: occurs from inspiration of septic Material. general in Women, Jono. & Entero type lobular. Disease dangerous. Stimulats: Alcohol. May inspire in Utero. Clean Mouth.

Oct. 23.06. Rheumatism attacks Heart. No two Physical signs occur together. F.H. Strong family History. M. Complains "growing pains". Torticolles. Tonsillitis. Rheumatic rash. walk on its toes. stiff Hamstrings. Chorea, Chr. Endocarditis. These never occur together. Pericarditis. Peliosis Rheumatica. & Rheumatism Purpura ~~urticaria~~. Erythema Nodosum on tibia. Rash.

8. Synovitis of joints. Treatment. put to bed milk diet Alkaline drinks - R. Salicin.

Lig Ammon acetatis
ag. Cinnamonii

Occurs in children not under 3 or 4 yrs old. Rheumatism usually follows precedes Chorea.

weak Remang of Potash, weak Sol for mouth good as deodorizer

Oct. 24 '06. Disease of Digestive track. Common up to first Dentition.


Atkinson. Stomatitis 1. Simple Catarrhal, 2 Aphthous, 3 Ulcerative.
 3 Mycose, (Parasitic form). Gangrenous, Syphalitic,
 Diphtheritic. Mercurial, 1. Simple Hyperemic mucous Membr
 of Buccal cavity. Alteration of secretion in character & amt.
 Causes: Traumatism, Gastro-intestinal disease, eruptive fevers,
 dentition most frequent cause, Result of Pertussis.

Symptoms: Slight temp. 100°. child irritable, indisposition to take food.
 takes water, rejects nipple or spoon, may be vomiting, constipation
 generally occurs early. Pain on contact. Mucous Membr first dry
 then red, swollen, lips swollen, enlarged lymphatics, later there is
 increase of saliva, disagreeable odor, tongue may be coated & swollen.
 Muciferous glands enlarge to assume a papillary appearance.

Treatment: 20 3/4 Sol. of Boracic Acid in cold water on soft mop. (Abs. cotton).
 Salicylate of Soda for application 1/10. Nitrate of Silver 1/2 10 Sol.
 foods cold & liquid. Keep bowels open.

2. Hyperemia of Mucous Membr Mouth. small superficial ulcers on
 tongue, gum & interior of lips & cheeks. 10 to 13 Mo. may occur at any age.
 folloes gastro Intest. Dis. acute fevers, common in
 convalescence of Pneumonia. Symptoms: High fever, excessive
 irritability increase salivation, sometimes vomiting, constipation
 common. lymphatics enlarge more or less. Oval outlines
 inward dentition of ulcers. these ulcers are superficial gray or yellow
 around ulcer is zone of Red. (enlarg. cap.). appear in successive crops.

tendency to cohere. Treatment: Regulate Bowels. Keep mouth clean. Lig diet.
 Chlorate of K. 20 to 25 gr. to oz of water for wash. Nitrate of Silver.
 Iron internally. Nutritive Enema. Boxax & water for wash.

3 Stomatitis or Mycose (Parasitic form)  Thrush.

Candida albicans yellowish white film can be
 wiped off leaves red surface. Comes from use of dirty nipple & spoons.
 sugar etc. observed in wasting disease of children. found in Court. from
 acute disease, in ^{mycose} ~~mycose~~ children Treatment: Borax & Soda. Boracic Acid
 20 1 dram glycerine 2 of water qst 3. as a wash. Rhubarb & Soda internally.
 Carbolic Acid 2 gr. Saly of Soda Boracic Acid 1/2 of glycerine. 2 of Rose Water
 q. s. 7. 4. Ulcerative: destructive in Broken down condition begins around
 teeth. spreads rapidly & extensive. Rarely found in children under 5 yrs.

page. Non contagious, becomes offensive, Treatment: Chlorate of Potash. dil. Sol.
 Syrup water, 58 grs. KClO₃, Dil. Sol. 1/2 of water 28. 7/10 3. Good Cl. 1/2 5/10 dil.

Oct. 30.06. Malaria one of 3 vomiting diseases (other 2 are
 Clements. Lobar Pneumonia & Scarlet fever) accompanied by Presilitis
 Malaria no malaise. clear moist tongue. older children complain.
 1. Myalgia: intermittent torticollis. Pseudo Appendicitis,
 gastric form. Rheumatic form. Headache or Hæmorrhagia.
 2. Typhoid with intermittent temperature. young babies often
 turn blue or pale without a chill. Physical Ex. Skin jaundice
 with dark stools. Mucous surfaces: Spleen can't palpate in
 small children; signs of enlargement are rigidity & R. Rectus
 Temp. may be high yet child may feel well. Chill indicates
 second infection. Pigment granules of white cells always present.
 Treatment: Use Hydrobromide or Chloride Quinine Sulph gr^v
 dilute Sulphuric Acid gr^{viii} reduces solvability from 1-400 to 1-8.
 Never give Calomel with Hydrobromide or Chloride. 3 forms of Quinine
 best are Hydrochloride, Hydrobromide, Bisulphate. Milk diet give
 large amounts at day & let sleep at night.

Oct. 31.06. ~~Spasmodic~~ Cyclic Vom. In Nervous children. Vom is severe at intervals.
 Atkinson 1st is contents. 2nd mucous, frothy serum sometimes blood stained. not due to
 errors of digestion. Material is acid (eric). Severe prostration follows these attacks
 Gen. preceded by 12 to 24 hrs prodroma: child is weary. Anorexia may be constipation
 always dull & languid. no appetite. sense of discomfort in abdomen or stomach.
 Temp. slightly elevated. pulse fast. vomiting almost constant. Temp falls during
 an attack of vomiting. pulse may be weak & irregular. Def. Diag: Apt to be history
 of vomiting previously. Not preceded by irregularity of diet. By persistence of
 vomiting. lack of tenderness over stomach. self limited disease.
 Treatment: Calomel. Alk. Kathia.

Acute Gastritis Acute Inflamm. of glandular tissue of stomach.
 interferes with digestion. Symptoms may come suddenly. pain
 in epigastrium. annoying. cry continuous after taking food. Bluish tinge
 around mouth. look of disgust. Temp. 103-104. Vomiting a gradual till stomach
 is empty. ^{longer} Vom. comes early. deficient in HCl. Tongue is coated heavy white
 brown tinge. edge of tongue is red & dry. Always anorexia. diarrhoea. contains
 altered mucous. Attack may begin with convulsions. extreme Epigastria
 tenderness. Abdominal tenderness. sometimes a Pharyngitis. Prognosis:
 good if properly treated. & in strong children. Sometimes Nephritis complicat.
 Acute cases: avoid food for 24 to 48 hrs. avoid Cow's milk.
 give Alb. (Egg water) Boil water. bit rice
 stools change color ^{4. mild chlor Mer gr III.}
^{Dolor Epica gr III}
^{Food Bismut}
^{gr III}

Then give Cathartic. teaspoonful Castor Oil. for Vomiting give
 ʒss Cal. with ʒss & ʒss Arsenite & Copper. for continued Vom.
 Try Mus Vomica 1 or 2 drops before eating. When Bowels are involved
 Castor Oil & inject Cold sterilized antiseptic sol high enema. Subnitrate
 & galat. of Bismuth. Salol. Sodii Bicarb. ʒss & amb. injection.
 1 & 3 times a day ʒss & salt solution. Regulate diet. cold
 sterilized water to drink. give few drops of Brandy with water.
 during convalescence. fresh air, exercise, sufficient ventilation.
 Keep body clean & warm.

Nov. 7. 06.

Chronic gastritis. chronic inflam of lining memb of
 stomach attended with thickening which result in decrease in
 quantity & alteration of quality of gastric juices. Mucous coated with
 glary tough tenacious mucous alkaline in character. digestive powers
 become subdued. digestion slow & incomplete undigested is returned
 gas forms & distension result. result in irritation, tenderness.
 prolonged & excessive use of fats may cause this. improper food. & persistent
 acute form. mucous memb is grayish with spots of injection red. Pylorus
 roughen. Cells sometimes destroyed. fatty deg. takes place. this destruction
 is scattered. Mucoid deg. precedes. after comes atrophy.

Symptoms: Continuous of Acute less Violent. Vomiting. food, mucous, bile fluid.
 immediately after eating. Child lies on back. legs drawn. Apothetic look. Blue line
 around eyes. Abdomen enlarged & tender to touch. eructations of gas sometimes acid.
 Bowels usually constipated. attacks of Mucous Diarrhea. Tongue coated in Base & center
 brownish gray. edges red & glazed. Papillae enlarged. face old look. muscles flabby.
 Skin dry. tendency to eruptions. Stomatitis of Parastitic forms. appetite feeble. eager desire for
 water. Sleep irregular & disturbed. Hands & feet cold. wasting. temperature at times.

Outlook in healthy children not bad. Treatment: regulate diet. cows milk is
 acid & some is Neutral. rich in fat & salt is domains. Cows rich in proteids food
 not appropriate is in stool mainly casein of Proteids. Barley gruel & water
 used to prevent coag of Casein. Change starch food. little saliva in mouth (Dextrinized)
 Potmeal water in Constipation. Citrate of Soda & alkaline Cows Milk. Warmly clothed.
 Dry rub in morning. with salt bath cool with feet in warm. Avoid irritating diet
 plenty of sleep. Massage belly gently. Electricity is used. Lavage with warm alkaline Sol.
 Calomel & Soda in minute doses. Phosphat of Soda well diluted ʒss a day. Dilute HCl when
 Bismuth subph. & sub nitrate for excessive vomiting. open air, gentle exercise.
 Bitter tonics

Nov. 12.06 Diseases of intestinal Canal.

Atkinson. Acute Enteritis: simple Diarrhea. Acute Catarrh.

begins with increase frequency of stools, pain in abdomen. Stools increase from 5 to 20 in 24 hrs. loose, greenish yellow. later are streaked with blood, more or less mucous, pain just before stool around noon. Loss of fullness of face. Abd. not tender at first, later tender. Vomiting not usual. May begin with convulsions. Pulse & Temp. not increased. Prog. good, with good treatment. Tr. 1 Dram. Castor oil. $\frac{1}{6}$ gr. Calomel with Branmuth & Salol.

Sub galate of Bismuth 3 gr. Subnitrate 10 grs.

Cinnamon. Water. Chalk Mixture.

Lime Water. every 2 hrs.

Don't use astringents till evacuation has taken place. Stop milk food. Sterilized water for 8 hrs. with 15 to 20 drops Brandy every 3 hrs. Egg w/ tea. 1 dram. every 2 hrs. Beef Extract. 24 hrs after normal stools return to milk.

Tr. Nutt. N. for Stomach tonic. For Vomiting: Liquid Calcis ʒi
Bismuth & Galate of ~~Castor~~ Cerum. aqua Cinnamonii
Chloroform. ..
1 dram every 15 min.

Nov. 13.06. Chronic Enteritis.

Clements. Bedwetting 1. Age 7 child. 2. wets bed only. 3 wets bed & clothes during day. 4. wets clothes during day.

I. wets Bed only occasionally { Cold in head.
nocturnal epilepsy.
" " " Always. { Adenoids.

Treatment. Cold: ordinary treatment. Don't let Epileptic sleep by self. Adenoids remove.

II. Incontinence by day & night { primary reaction { hyperacidity.
abnormal constituents { alkaline.
Idiopathic { all.
Diabetic { short Bladders. Sug.
Anemia. Diabetes insipidus.

Acid Treatment: Stop meat. lemonade in plenty of water.

Liq Ammonia Acetatis & Pot. Citrate.

Alkaline: Render urine acid by Sod Phosphate will acidify in 12 hrs.

cut off fruits, give meat Albumin

Sugar: first look to diet. Diabetes abnormal amt of urine.

Anemia: Use tonic to improve blood.

III. Diurnal incontinence. Vesical Calculus caused by irritation of mucous Membrane. Belladonna questionable

Purulent discharges from genito Urinary tract is gonorrhoea in 90%

Treatment. Pot. Permang. with Protargol 4% to 10%
Children under 2 may be masturbators.

Nov. 14. 06.

Chronic Enteritis: Chronic intestinal indigestion, Chronic enterocolitis. result of continuation of acute form or return of acute at short intervals. may follow any acute infectious disease. May be result of a bad cold. Results from bad hygiene. Type of Hot months more severe than cold. Rare in breast fed babies unless constitutional troubles complicate. 3rd Mo to 3 yr. Occurs about 17 Mo. at time of Dentition. Painted Cows Milk most common cause.

Symptoms: Stools liquid as a rule, vary sometimes semi-firm, contain grayish white masses like putty, offensive & putrid odor. contain bacteria. contain mucous, undigested food, sometimes blood stain some Pus. Stools are green at beginning of each return. stools 4 to 10. Pain with stools child cries just before. Tenesmus accompanying frequently. Moderate loss of flesh. progressive form may end in Marasmus. Child is pale, tongue is coated with brownish yellow fur, clear at edges & tip. slight temp. & pulse rate. gastric complications are unusual. glands large.

Prognosis depends on treatment. time of disease.

Treatment: avoid milk, ~~milk~~ give flesh in liquid form. albumins. vegetable fruits. keep body clean, brandy frequently.

Proteids are stood better than fats & sugars. Give injections of Cod Liver oil daily. or Cocoa Butter. Lanoline. occasional doses of Castor oil small doses. 10 to 15 drops 2 or 3 x a day. Calomel occasionally. Phosphate of Soda with Calomel. for Liver. Intestinal irrigation; 2 to 3 qts warm sterile water. also normal salt solution. Peto Naphthol Bismuth. 5 grs. Podophyllum 1 gr.

Nov. 20. 06 alcohol 1 dram. 3 to 5 drops Morning & evening. Tr. Nux Vomica

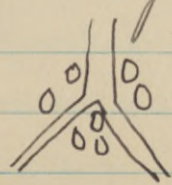
Causes 1. Tetany 2. Tetanus, 3. Otitis Media 4. Naso Pharyngeal Head Obstruction, 5. Cerebral anemia due to exhaustion. retraction (false hydrocephalus). 6. Meningitis due to Pneumococcus. ~~meningitis~~ 7. Cerebral form of Pneumonia & Typhoid.

Bulging fontanelles prove Meningitis.

T.B. Meningitis is Ant. Head straight. facial signs.

Tumor causes pressure congestion & Choked disc.

T.B. Meningitis Opthal. Tubercles on Choroid.



Seven Bronchial Glands.

Chronic Whooping Cough from enlarged Glands press on Recur. Laryngeal Nerve. Cyanosis from Pressure on \angle . Innominate Vein. Large Veins. over Clav.

auscultation fluid vein Retraction Murrur.

Percussion Dull over glands.

Treatment: Syr. Do. & Dose.

Signs of Enlarged Thyroid: Dullness over Sternum.

Nov. 21. 06.

Acute Milk Intoxication: Cholera Infantum produced

by intoxication of milk & milk foods. Summer Disease

Very uncommon in Breast fd. emaciation great. sunken fontanelles.

It lasts for couple of days there is hypostatic congestion, capillary

congestion of mucous membrane. Stools liquid entire mucous

membrane of Colon is congested. Multiple ulcers may occur.

Symptoms. Mild Diarrhoea. Characteristic onset, sudden.

vomiting & purging, nascan continuous cyanosis. collapse,

cold clammy sweat, continuous evacuation green then gradually

colorless, consisting serum, desquamated epithelium, odor

musty, acid. Swarming Bacteria. unquenchable thirst.

(Child then dies of Coma which comes on very much like opium poisoning therefore be careful about giving opium.)

May inform for, but so other symptoms return increased.

Prognosis When you continue to use milk will surely die.

Stop Milk. Feed only Sterilized water in small frequent

Doses with little Brandy or whisky. Wash out Stomach &

intestines 1% Salt Solution warm. No time for Cathartics.

After Lavage, Stomach give 3 to 5 grs Calomel. Hypodermoclysis is good

in extreme cases. Vomiting check 1/10 gr. Morphine combined

with Atropia 1/100 gr. don't repeat if heart is too weak

Digitaline 1/100 Subsalate of Bismuth 5-10 grs. After child is almost well

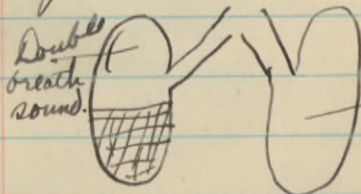
temperature may return use hydrotherapy not medicines.

If child is too cold give warm bath.

Nov. 27. 06

Types of Pneumonia. Vomiting at onset. Prostration in Lobar Pneumonia

Clements. Easy. Rapid. Shallow breathing.



Double breath sounds transmitted from trachea thro solid media.

Loud on axis of compensation.

Fluid does not convey sound because lung is collapsed. Diff of Pleurisy & Pneumonia is absence of tactile vocal fremitus. Diff of collapsed & consolidated is Bronchial Breathing in consolidated lung.

Pulmonary abscess gives friction sound is present not in Empyema. Needle moves when in lung then withdraw.

Nov. 28. 06. Dis Colitis. Dysentery Patches of ulceration, acute & Chronic.

Atkinson. occurs some times as an epidemic, always mostly dependent on a Bacteria. Diphtheritic Dysentery are patches of gray Pseudo Membrane on healthy membrane. Peels off & leaves a bleeding surface which usually ulcerates. Greater extension here than in other parts. Bacteria conveyed by drinking water. Sudden chilling often causes the attack. prevails in hot weather usually. late hot days of September. Some affection of Liver are also present. Symptoms, form diarrhoea - discharges a small frequent consisting of mucous & at times jelly appearance stained at times by blood. Abdominal Tenesmus present. Vesicle tenesmus. Urine scanty & highly colored. Most children have elevation of temperature, some distention of abdomen with tenderness. Patient rapidly loses strength. Face becomes pinched, tongue is dry & coated by brownish fur. tips red. May be hemorrhages. Shreds in chronic cases appear. Stools assume various forms. Sigh of Respiration. Pupil dilated. May be convulsions.

Treatment. Diminish amt. & more frequent. Albuminates are good.

Keep warm. hot stupes. give boiled water. & plenty of it. Castor oil.

Irrigation. large injections. use no force. 1/2 lb. may be used.

Pulv. opiac gr. ʒss.

Sug. of milk is very good.

Pulv. Mars & Hydrag. gr. ʒiii

Pulv. Aromatic gr. ʒi

Sacra alba . gr. ʒv

~~soft~~ Pulv No X. Sig. one every 2 hrs.

Emulsion of Starch. & Deodorized Tr. of Opium.

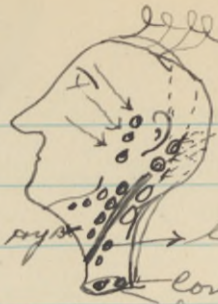
Cocaine 1 gr. Ex of Egotiquas 12 grs. Aristol gr. 5.

cocoa Butter grs. Mass. Make 12 suppositories of size fitting child, every hr. Give some form of Alcohol for weakness Tokay Wine. sweet. Egg Mgg.

hot fomentations.

Dec. 4 '06
Clements.

Adenitis:



Post Cervical

Est Jug Pharynx larynx etc.

Lower part of Pharynx.

Communicate with Bronch & Axillary supraclav.

Post Cerv. gl. Enlarg. 1. Eczema or Lice.

Pre auricular. Otitis Externa.

Sup Cerv. at angle jaw. (connect with other sets above.
Ears due to Otitis media.

Sup Cerv. Angle of Hyoid - show Diphtheria.

Angle jaw to lobule of Ear above. Parotid below cervical.

In front or behind Sterno Mastoid at level of Hyoid.

is T.B. Lymphatic. 1. Acute Simple 2. Chronic Simple.

3. T.B. a. Anatomical nature. 3. Physical characters. c. Degree of sensitiveness. d. Discrete or fused. e. Skin involved. f. onset.

g. Constitutional. Acute Simple (v). Infants up to 3 yrs. discard

T.B. under three Bronch & Mes. mostly. Syr of Iod of Iron.

Iodhyd for T.B.

Whooping Cough. Nervous terminations in Bronchial mucosa is attacked by infectious cause. causes cough.

Begins with running nose. fever. cough at night.

Clements. Vomits later. then whoop. Lympholysis in Whooping cough.

Dec. 11 '06. Diphtheria:

1. Nasal (after affects. Gard 6 wks.

2. & Tonsillar

3. Pharyngeal.

4. Laryngeal (Croup). Dangerous at time only no after affects on account of glandular arrangement.

2. Membrane on Tonsil & Post. Wall!

Follicular Tonsillitis.

may be small necrosis.

Glands at angle of jaw indicate severity.

Patch may be dry Color. Don't depend on detachability.

Goes to bed wakes up with sore throat. any form of patch

Temperature 100 is Diphtheria may be higher.

Paralysis: may occur during attack or during convalescence.

Wulla. Heart during attack.

Nasal voice During convalescence. } Soft Palate.
sheds by nose.

Ophthal. Externa or Enterna. Multiple Neuritis peripheral - This recovery is good.

Head drop. Respiration affected Intercostal Cough - Non Explosive Stomach Pit bulges during Expiration - Diaphragmatic paralysis. Pulse irregular. Vagus paralyzed.

Mulford's Antitoxin for late Stage Paralysis. Large doses over Buttox (Comby / France) 500 units for 3 wks.

Dec. 22 '06 An extreme form of Malnutrition not depending
Marasmus. so far as known upon a constitutional or
Atk. organic disease. caused probably by malnutrition & assimilation.

1. Primary & Secondary.

1. Primary. is applied to cases where profound & persistent babies malnutrition in infants fed on properly modified milk. These babies so far as known have no underlying disease constitutional so far as known.

2. Wasting usually found from improper feeding or in course of Const. Disease or Chronic indigestion or resulting from acute enteric disease not gotten well is known as Secondary. These are more hopeful cases.

1 & 2 Clinically alike. History may differentiate. symptoms: Loss of adipose tissue. wght. stunted skin loose & flabby. cheeks sunken. fontanelles ant. depressed. cold extremities. purpuric appearance on skin. cyanosis on abdomen & legs.

subnormal temperature. Mouth & tongue dry & red.

Appears about 2 or 3 Mo. Bottle fed infants.

Blood concentration. Anemia. Atelectasis frequent.

Starvation similar. T.B. dullness in front.

Lymphitis occurs early.

Treatment: wet nurse. Keep body warm.

Internal stimulation. alcohol. Modified

cows milk fat. 15%. Sug of 12% 18%

.75% whey proteins. 25% caseinogen proteins. Lime acetate
Sodium Citrate 1 dr. to 9 of food.

Jan. 8. 1877. Acute Bronchitis.

Capillary ..

Broncho-Pneumonia.

Lobar Pneumonia.

Young baby Br. Pneu. is rare. under 1 yr.

Larger some air enters & Br. Pneu. present.

Acute Bronchitis fever regular 101-02.

	Acute Bronch.	Cap. Br.	Br Pneu.
onset.	grad.	grad.	grad.
Temp.	Mod & sustained	High Remit.	High Remit.
age.	any.	under 1 yr.	any age.
Local Phys.	Bilateral	Harsh breathy or suppressed.	Bilateral & Unilat.
Dyspnoea		no expectorations	Basal Crepitations.
Prostration	absent.	extreme	fairly severe.

Treatment: Acute Bronchitis.

Calomel Cathartic.

Comp. Tr. Benzoin teaspoonful & put
in Hot water & use steam

Lig. Ammon. Acetas

Sodii Bicarb.

Episcac Wisc.

Syr. Toluol.

Rx. Tr. Camphor. Co.

Syr. Episcac.

Syr. Tolutana.

Rx Guaiacol Carb.

Syr. Pissis Liquid.

Syr. Tolutana.

} young Baby.

Vapor Cresoline lamp.

Jan. 10.07. Lobar Pneumonia: missed.

Broncho-Pneumonia. Lobular. Capillary Br. Pnev.
an inflam. of walls of Terminal Bronchi & Alveoli
adjacent, Primary & Secondary.

Primary usually under 2 yrs. May occur at any age
but is most common under 5. Younger child worse Prog.
Secondary are more numerous & dangerous. Measles.

Whooping Cough. Diphtheria. Bronchitis. acute Discolitis.
Scarlet fever. Variola. Path Inflam of walls of Small
Bronchi. walls thick & infiltrated. extends to surrounding
alveoli. Scattered areas of dullness. are Bilateral.

Bronchial lymph nodes are enlarged. Areas of atelectasis
areas between Scapulas as a rule. No distinctive stage.

Develops by irregular invasions of successive portions of lungs.
Resolves also irregularly. Inflammatory product is cellular
products may develop into con. tis & form a Chronic Pneum.

Results of Disease: Emphysema, usually from Pertussis. T. B.
gangrene. Symptoms vary: of two kinds in primary form
Whooping cough. Rapid Resp. Fever rises. Whoop ceases &
comes back when Pneumonia is well. Cyanosis some. increase Debt
Temp. may be high. More involvement faster Respiration.

Phy. Signs like Bronchitis except dullness. small moist Rales.
Early auscultory sounds are high in axilla.

Treatment: Muriate of Ammonia is stimulative expectorant.
Strychnine, Digitalis & Kⁱ. Nitroglycerine, Stry. Digitaline
for heart failure. Atropine for Cyanosis. $\frac{1}{100}$.

68-70°. Milk shift position. Hot bath for stimulation
of Resp. Comp Syr. Hypophosphite in Convalescence. Colic
Water & Kidneys.

Jan. 17.07. Catarrhal Laryngitis - False Croup.

reduces lumen, also spasm, awake in spasmodic condition.
well during day. usually extended from above.

Temp 101-103 during attack. Eating too much before
going to bed no temp purely Neurosis.

Pseudo Croup. Membr. may not always be due to
Klebs Loeffler B. Chloroform disappears Nervous form.
Give Epinephrine in small doses for spasm.

Open bowels. Sulphate of Hg. emetic.
 1 Drop under 2 yr. Tr. ^{aconite} ~~Spice~~ Root. Cresoline Vapors.
 Bronchitis fever cough dryness pain Bronchial
 Nodes are often affected. 100-102° Sibilant Rales
 between Shoulder blades mostly. Moist rales
 when secretions returns.

Broncho Pne. Localized dullness. Dyspnoea.
 Symptoms are aggravated.

Keep warm. Aconite - Muriat of Ammonia

Jan. 22.07. Cong. Syphilis.

1 st stage from birth	2 nd Stage 3 rd wk. to 1 yr.	Latent Period.	3 rd stage. Begin 2 nd dentition
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- 1 mother may give birth at 6 mo.
- 2 " " " " 9 .. dead.
- 3 " " " " " " Signs of Syph.
4. " " " " healthy for 3 mo.

Baby safe after 3 Mo.

1st stage { this shuffles, Rash. } macule. Papule Pust. Poriaria
 Pemphigus. Rupia. Mild Cases.
 others severe. Rash comes on Palms & Soles.
 shedding of skin

Mucous Memb. sensitive on mouth. Mucous Patches
 or Ulcers, stretching to angles of Mouth Rhagades
 Condylomata of anus.

Enlargement is Epiphysis in Syph.

Rickets Epiphysis

Pseudo Syphilitic Paralysis of New Born.

aged differentiates from Paralysis; Severe Rickets
 Ulcer around Nail.

Frontal Bones may project

No Hair no Eyebrows. Bones, skin,

Eyes - Plastic iritis.

2nd Stage. Bones - Chronic Periostitis, Tibia mid flared off
 sabre shape tibia Rickets lower third.
 Saddle back nose Hutchinsonian teeth W W

Syphilitic Keratitis, gray peculiar cornea. Deaf.
Acute Rash does not reappear.

Phagedena in skin 2 stage.

Mucous Memb. Guernate no Pain.

Nervous, Infantalism

Salivation. Diarrhoea is mark to go by.

Pulv. Hg Cum Cracta. gr. T 30r 4x a day.

Ung Hydrog. size of big pea 15gr.
stop when skin clears.

Jan. 24 '07.

Exanthemata diseases which have skin eruptions.

Scarlet fever: Mostly over 6 months.

acute infectious Dis. Char by short incub. rapid

efflorescence. fever. crimson eruption. sore throat

Desquamation in decline. 4-6 day incubation.

Prodromic not more than 1 or 2 days. Eruption

appears in 36 hrs. after illness begins.

fades about 6th day. Desq. begins 1 day after.

Period of quarantine 40 days from beginning.

Scarlet fever is serious. occurs in epidemics usually.

During school sessions.

Complications Angina. severe sore throat

thin greenish yellow hue, layer. extensive. contains

Streptococci. Endocarditis. Stitis Media is

quite common. Nephritis common. Alb & Casts.

Red disappears on pressure. Puneta

Temp 101-03. Higher temp. more dangerous.

May begin with Vomiting or Convulsions.

Eruption first on neck, wrist, buttox.

Tongue light white coat. becomes strawberry.

Crimson eruption. fever.

Treatment: Isolate. Ventilate room. nail

curtains of Carbolic Acid over door.

Tr. of acetate for fever. 1 drop ever 1/4 hr for 1 hr then cap.

Carbolized Vaseline over body. lowest temp prevents escape.

Cold baths for fever. Spray H₂O₂ for throat.

~~Paracetamol~~ Paracetamol for Ear trouble. 1/200 acetate Dry

of Digitalone for Red. Comp Galap for effusion - acetate of iron

of iron bottles. Dig poultice. over loins.

Hydrocephaloid: Diarrhoea, head retracted & fontanelles sunken. Drainage on Brain Pseudo Meningitis. often called T.B. Meningitis. Treatment is to stimulate. Saline injection etc.

Jan. 31st of Measles: Char. by Naso Bronch. Catarrh. eruption
path. fever. incubation & period of onset. more infectious than scarlet fever. occurs epidemically once in every two years. May attack adults. does not recur as a rule. Prog. very unreliable. first attack in community is severer. Incubation 10-14 days uncertain may be 20 days. begins with coryza, watery eyes. cough-thick watery 3-5 days then temp rises. eruption begins usually on face. Koplik's spots in mouth bluish white elevations on red base. Remittent fever. is peculiar. Scarlet fever is sealy pink. scales are larger. Measles is Bran. Complications: Broncho-Pneumonia. Otitis Media. ulceration of Cornea. Meningitis. T.B. quite common. comes on later.

Treatment: Decoction of glassed tea & whiskey sweeten & flavor with lemon juice, drink all wanted.

R Syr. Elixir. Sweet spt. Vita. Paragone. Syr. Squills.

Feb. 7, '07. Rubella. - German Measles. - shotty feel. Post cervical glands are enlarged.

Feb. 28, '07. Symptoms: sudden vomit. temp 101-03. after 3 or 4 days Infantile paralysis sets in. Muscles of lower limbs. then upper. Paralysis. improvement in 4 wks begins. Muscles early fail & respond to faradic current but increase with galvanic. Pseudo Hypertrophic Paralysis. atro all muscles paralyzed except gastrocnemius. Previous History.

Mar. 5.07. Milk Modification:

① Sodium Citrate ② Calcium salts.

Sod. Citrate aqueous Sol. gr. 64.
 aq. Dis. 3 VIII.

1/3 Skim milk + water.

1/2 1 teaspoonful of Sod. Citrate to ounce.

2/3

R. Milk 3 II

Water 3 IV

Sod. Cit. Sol. 3 ~~IV~~ VI

one feed.

Cows. Cows! Woman's.

Reaction acid acid

Proteids 3. 2-1. contains more lact. alb.

Casein to lact. alb. 3-1. (3-1.)

Fat. same

Sug. 4% 7%

Bact. swarming sterile.

① Pasteurizing. 155°

Boiling prevents T.B.

typhoid.

Cholera.

Scarlet.

Causes - Scurvy.

R. fat 3.50.

Sugar 6.50.

Proteid 1.25.

alkal. .5

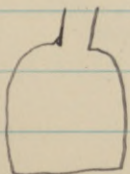
fatty diarrhoea.

Sugar causes acid erodes anus.

Proteids .. Colic.

Sol at first 4% when stands becomes 7% then 10%

35° take 3 VIII of upper 1/3 milk.



6.50 take 2 table spoon of milk sug in solution.

1.25 3/8 bottom 2/3

.5 add 20 gm Sod. Citrate to ounce of milk.
 boiling water.

Mar. 12-07. Difficulty of feeding baby at breast -
 a gaining weight; constant colic. ~~to~~ loss wt. no colic
 B baby on bottle

Mother's milk too much proteid she must
 take more exercise large amt of water test
 again at end of week baby gaining wt.

Loosing wt mother does opposite. may
 have to remove child in either case but
 last is usually most urgent.

Modification of milk always begin low
 as 3 mo begin with 1 mo.

M 203 mixture

By Fat - 3.00	} = 6 3/4 (10%) = 2 1/2 measures teaspoons
Sugar 6.00	
Proteid .75	
Alkali 5.	
	2 tablespoons of lime water
	13 ounces of boiled water.

4-7-10% are the useful proportions.

Make whey by coagulating with rennin.

Mar. 14-07. 3% fat to begin continue for 1 month go up to
 4%. too low fat cause Rickets.

6 times in proportion amt of water first year.

Tuberculous women should not nurse.

Suffering serious complications during labor.
 Chorea or epileptic.

Serious chronic disease. & Delicate.

Women secreting poor milk & deficient amt.
 first month 10 times a day once at night.

2 hrs apart. 4 to 8th. wk. 8 nursings a day.

2 to 4th mo. 7 times a day not at night. 4-10 Mo. 6 times.

10-12-5 a day. Inadequate nursing. Temperature
 more or less 101-02. especially from 2 to 4 days.

Child is uncomfortable. loses in weight
 after 3 days gain 4g a wh. or more. Dry hard stools
 trig at breast.

Papoid? & make agreeable.

Red boiled Sugar Beet for mother's milk.

Mar. 19.07. Diarrhoea

acute. 1. mechanical Food.
chill.

2. Infectious form.

a. Exogenous

Toxic & cholera infantum

b. Endogenous.

Coli Communis.

Cyocyanous.

Proteus.

Streptococci.

3. Dysentery. Coli Communis.

Streptococci. amoeba.

chronic. a. Lienteria.

b. Mucous disease.

Observe condition of skin: inelastic bad prognosis.
due to oedema due to renal inadequacy.

Treat, cut out milk. Support patient.

Chlorea Infantum & severe ilio-colitis only use opium.

Blood & mucous signify dysentery.

Wash bowel for ilio-colitis.

Stool of Lienteric Diarrhoea.

large, indigested.

Treatment. Diab. Arsenic - arsenicalis.

large, oily matter, odor bad. - Mucous Disease -
food digested. Mucous thrown off which increases.

Calomel. & Bismuth alkali.

Rx. Sod. Bicarb

Spts am. Ar.

Inf. gentianae.

Mar. 21.07. Early proteids $\frac{1}{2}$ - 1%. 2 Mo. $1\frac{1}{2}$ % 4-5 Mo. 2%

Don't use whole milk till one year.

Too low Proteids cause anaemia.

Fats 3 times proteids normal 1-3 Mo.

" 2 " " " 3-9 " "

" = " " " 9-14 " "

Milk of 10% fat most often used.

% of fat is always $\frac{1}{2}$ no. of oz. used in 10% Mist.
 Removing upper $\frac{1}{2}$ = 12%.

Skimming = 16%.

Cream: subtract protein % from fat %
 multiply remainder by total amt. per day.
 divide quotient by 12.

Whole Milk multiply amt. of mixture by
 Protein % \div by 4. this gives total amt. of milk
 & cream - the cream = whole milk.

Amt. of sugar multiply difference between
 sugars & proteins.

April 4.07. Infantile Therapeutics. Don't give nauseant dose.

Highly seasoned soon disliked by child. Small bitter
 doses better. Change of air & environment good.

Study alkaloids. Triturates. Calomel. $\frac{1}{2}$ -40.

Arsenious Acid for Chorea, tonic etc. Fowler's 1-2 drops.

Atropin $\frac{1}{400}$ - $\frac{1}{200}$ gr. Dover's Pu. $\frac{1}{40}$ gr.

Bromides frequent small doses. arseniated Coffee. ^{good}
 good in diarrhoea. Lavage of Stomach. Purgation. irrigation.

Phenacetin. good Antipyretic 1 gr. every 2 hrs. 5 gr. 2 gr.

Alcohol good stimulant. well stood.

Flaxseed lemonade with alcohol for measles
 to bring eruption. Brandy 1-8 = 1 yr. of age.

$\frac{1}{2}$ oz in 24 hrs. Brandy - 4 yrs. double.

Tonics: Cod liver oil. not when tongue is coated - 10-20 drops

pure. Peptonarginate of Iron. Scrophulos use

Syr. Do. Iron. give in milk. Bland's Mass or Pill

not absorbable.

Paragoric 1 mo. 1 min. 3 mo. 2 min. 1 yr. 5-10 min.

5 yr. 30-40. Dover's 1 mo $\frac{1}{2}$ gr. 3 mo $\frac{1}{4}$ 1 yr $\frac{1}{8}$ $\frac{1}{2}$.

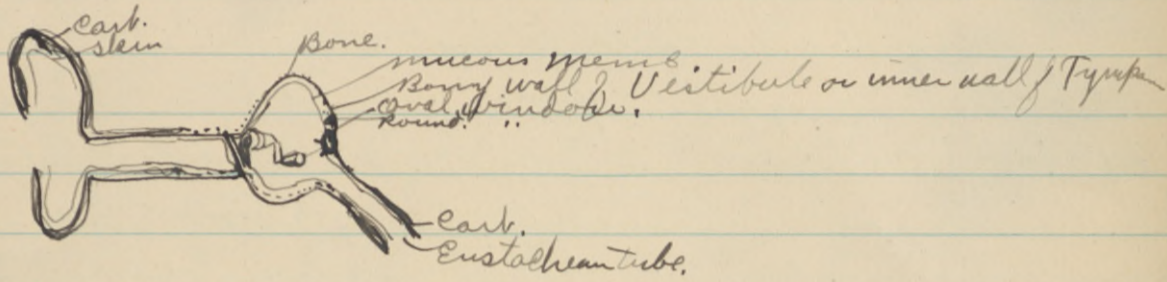
5 yr. 2-3 grs. Morphin ($\frac{1}{100}$ 1 mo) 3 mo. $\frac{1}{200}$ (1 yr. $\frac{1}{400}$) (5-30)

Codein $\frac{1}{200}$ 3 mo. 1 yr $\frac{1}{40}$ 5 yr $\frac{1}{10}$ - $\frac{1}{4}$. Don't repeat
 dose of opium till first passes away.

Chloral for anodyne 1 mo 1 gr. 1 yr 3-5 grs.
 every 2 hrs. good in convulsions give by rectum

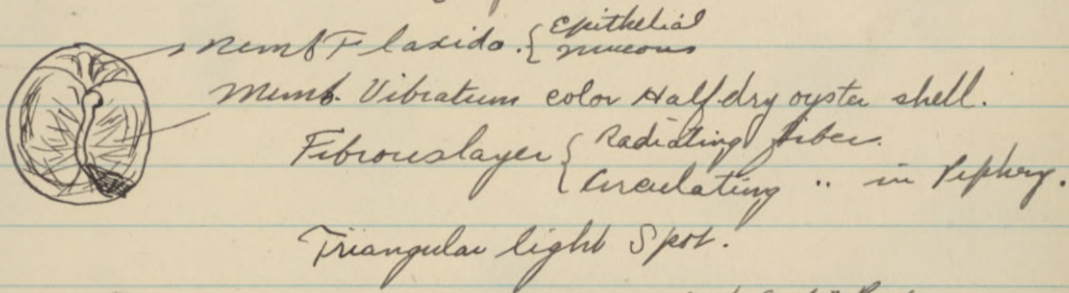
Oct. 8, 06 Ear: Wilde Specula

- 1. External: Auricle Ex Auditory Canal
- Middle: Aud. Mem. Tym. Int by ant wall of Vestibule
- Inner: Ear.



Between Fibrous & Mucous Memb. are ossicles.
 Promontory between oval & round windows.
 Skin, Fibrous, Mucous, & Tym. Mem.

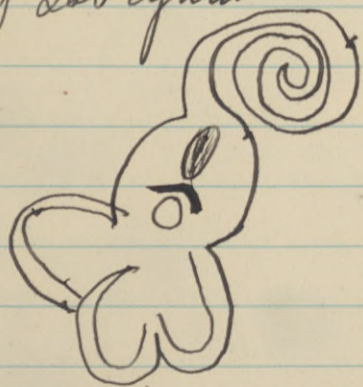
Oct. 15, 06



Four segments of Drum Membrane. { Sup ant & Post
 Inf. " " " " " "
 Lines Bisecting each other in center.

Oct. 17, 06. Corda Tympani. New Plexus on Memb.

Vestibule Cochlea & Recessus Cochlearis. { Labyrinth.
 Promontory between Oval & Round Window.
 Round Window covered with fibrous Memb. safety
 Valve of Labyrinth



Membranous Laby within
 Bony Laby.
 Between Membr & Bony is
 a fluid called perilymph
 Within Membr Laby is
 Endolymph.

Nerve endings suspended in Endolymph.
 Cordae Tympani.
 Scala Cochlearis. 24000 Cordae Arches.


Music & Noise. - Cochlea interprets musical tones.

Gaynor's Physics.

Oct. 25. '06. Eustachian $\frac{1}{2}$ to $1\frac{3}{4}$ in. lat wall of Nasal Pharynx to Tympanic Cavity. Isthmus near entrance to Tym Cav. Isthmus tube. at point where bony & cart. tube join Inner $\frac{1}{4}$ is Bony outer $\frac{3}{4}$ Cartilaginous. Cartils in Scroll form $\frac{3}{4}$ Boundary. Mucosa in Ruggi. 72 μ in.

Oct. 29. '06. Max. Anterior connection to Middle Meatus. Another entrance is thro' Molar. Tooth. or go thro' alveolar process. Semilunaris Hyatus connects all these sinuses.

Nov. 5. '06.

 Tonsil Tonsel.

Plica of Tonsil mostly affected in Peritonsillar abscess. Ventricle Morgagni.

Ventricular Band

Vocal Cord Glottis.

Nov. 14. '06. 1. Pain, 2. Deafness, 3. Discharge, 4. Tinnitus, 5. Vertigo.

1. Pain caused by Plugging of Eustachian.

" " Reflexly from lower end of Eustachian tube.

" " by involvement of Cordae Tympani.

" " by extreme exposure to cold.

" " by mechanical irritation.

" " Slap causing pressure on Drum.

2. Deafness: 2 varieties of conducting apparatus.
 1. Conducting apparatus Ossicles, Oval window.
 2. Perceiving " as nerve endings of Auditory N.

Impaired hearing may be caused by Rheumatism, Syphilis, long continued Chronic Catarrh, Inflamm.

of all joints of Malleus, Incus & Staples.

3. Discharge indicates perforation of Drum Membrane except in moist *Otopya*, funiculosis.

Purulent Discharges come from Tympanic Cavity.

Cure Patient should not blow nose.

4. Tinnitus is ringing of ear. ~~due to~~ Mechanical by mechanical irritation, Vascular: Venous Stasis arterial tension, Arterio Sclerosis.

Nervous. Tremors may occur in gravid uterus.
 Kidney trouble, Coriça, fevers, Medicines.
 is continuous, intermittent or pulsating.
 Vertigo. Equilibrium centered in
 Semicircular Canal. Unilateral is local
 symptom in ear. Bilateral is general by pressure
 of some of the Nerve endings.

Dec. 3. 06. Otitis Media

1. acute Non Suppurative Catarrhal.
2. Chronic
3. acute suppurative or Purulent.
4. Chronic

6 to 8 wks. divides acute from Chronic.

90% is secondary to Nose affection.

No 1. (Earsache) Air supply cut off by closure of
 Eustachian tube. Tym. Mem. first reddened then
 bulges from excess of mucus

Dec. 5. 06. Catarrhal becomes suppurative when pathogenic
 organisms enter.

Pain, impaired hearing. Pressure on stapes causes
 pressure of Perilymph & thus vertigo.

1. not yet bulging
2. bulging
3. bursted.

Don't use syringe or inflation where there is a
 fluid in Mid. Ear.

Postnasal Syringe. antiseptic alkaline solution. (Dobels Tablets)

Bicarb & Bicarbonate ^{soda}. Glycerine, Carbolic Acid.

10 or 15 grs. Borax ^{Bicarb soda} 1/2 spoonful gly. & Carbolic 2 3 water.

Drastic Purge. Mg Citrate. Aspirin.

Dec. 10. 06. Acute suppurative Otitis Media:

Make Pathological Examination by Microscope.

1. Staphylo Pyo. aureus
2. Pyogenes albus
3. Streptococcus.

3. first in Primary. Field renders rather severe.

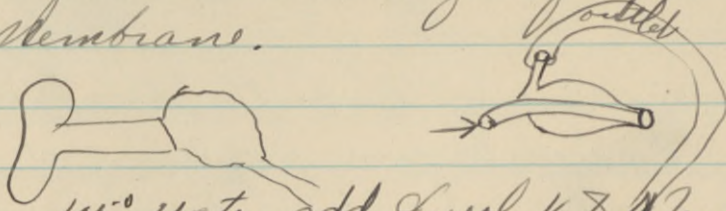
Suppurative, more destructive. Don't use water but
 pack with dry sterile gauze. Never inflate in
 acute inflam. of Middle ear.

lasts from 2 to 4 wks. Boracic Acid Powder

avoid too much. Spray on tympanum.

Aristol

Dec. 13. 06. 1. sequel destruction of soft parts. striped Mucous Membrane.



105° water add Lysol $\frac{1}{2}$ to $\frac{3}{4}$ in gal. Water use every few hrs. $\frac{1}{2}$ gal. every 2 hrs. low pressure. Cold carbolic irrigated. Wille incision. Leeches. Comp. Tr. of Do. good counterirritant. use swab for painting over Mastoid Process

Cessation of profuse flow is dangerous goes other way. ^{sequel.} 2. Aural Polypus has source only in middle ear.

Dec. 17. 06 suppuration in attic is serious & chronic. Post per. is in conjunction with Ineus. Ant. Malleus.

High Shrapnel's Membr.

Membr almost destroyed Sup. is in attic aditus & Mast. granulations not much formed with Pin hole. Ref. Never use cocaine on mucous Membr over 10% never spray cocaine. Adrenalin chloride diminishes toxic effects of Cocain. 1 to 1000 brushed over after 1 to 10% localin alternate a few times. Adrenalin blanches surfaces prevents absorption.

Jan. 10. 07. Outcome of Suppurative Otitis Media. Syringe may be used in certain cases where you cannot reach with msp. Continued flow of Pus the focus is in Mastoid Antrum Chronic form may not trouble much but acute exacerbations are severe.

1. Acute. 3. acute exacerbation.

2. Chronic

Suppuration of Mastoid may occur primarily. Temperature not reliable as to extent of Process.

R. angle between Temporal line & line of Post. ^{mast. antrum} ~~and~~ ^{is} place of Elevation.

Schwartzes. Simple Mastoid operation. Classic Radical.

Jan. 17. '07. Nose - Extensive Mucous Surface - 36-72 sq. in.
 Rhinitis { hypertrophic. a.
 { atrophic. B.

Sense of Olfaction is in upper section. Mid. & Upper.
 Resp. function lower.
 a. is Prolif. soft tissue of Mucous & Erectile tissue.
 Develops slowly. Section Epi multiplied. Erectile
 tis. inc. Fibrin elements present. Bone hypertrophic.
 Nasal Turgescence. Turg is temporary. Hypertrophic.
 Elasticity shrinks turgescence.

Atrophic Cause obscure. may follow above.

Jan. 21. '07. Hay fever. Rhinitis produced on nerve endings of
 action of Pollen. of Ragweed. Milkweed. Golden Rod.
 Rose Cold. Neurotic Rhinitis.

1. Path Cond. of Mucosa. 2. a Pollen. 3. Neurotic.

Antitoxin of Dumbau. Pollentine.

Jan. 24. '07. Valerianate of Zinc good in these Nervous Conditions.
 20 or 30 grs 2x a Day pill form.

Adrenalin Chloride 1-3000. Spray.

Don't use cocaine as a spray.

Ad. Cl. Blanches & constricts Mucosa.

Keep Nasal opening open to prevent asthma.

Sedative Spray.

Rx. Mentholi. gr. iv oily spray.

Camphor. grs ii

Ol. Gaultheri grs ii

Lig Petrolatum ʒ iv.

Devil's atomizer. both water & Oil.

Keep P. out of Dust & bright Sunlight.

Feb. 4. '07. Follicular Tonsillitis. Parenchymatous -

Diphtheria fever not so high. usually begins unilateral.

Exudate limited to tonsil in tonsillitis.

Chazy white Exudate in Tonsillitis.

Chazy product of Bacillus in tonsillitis. Saw 6x under a mag.
 bleeds in Tonsillitis - is deeper. Grip Tonsillitis is a cross.

Tonsillitis is shorter duration.

acute & secondary to Erythema.

Mar. 4. 07. Nasal catarrh. deflected septum irritated & cong of compensated side Vasomotor disturbances increasing secretions.

Chronic Rhinitis: 1. Simple. 2. Hypertrophic. 3. atrophic. 4. Specific.

1. Constant exposure to irritation. Sl. Path. change.
 2. Secondary to frequent irritation frequent colds / head.
- Turgescence is inc. Bld. Supply in Mucous Membr.

Mar. 11. 07. Trichloroacetic acid for hypertrophy.
 Chromic acid. on silver props. cocaineize first.
 Preserve Mucous Membr.
 Maxillary antrum to mid turbinal bone.

484

486 -

487

Oct. 23. 06. Hydrogen. Sym. H. At. Wght. 1.008 Mol. wght. 2.016 Lit. .0899 gm.
1 gm. occupy 1116 liters Standard Cond.

Occurrence: 1. 1776 ^{and get} Cavendish. 2. At. 2 pts in 10000. 3. Near Volcanoes
4. Near fumaroles. 5. Comb with water & some or organic Comp.

Prepar.: 1. Acidulated H_2O + Electricity. 2. Decomposing H_2O by certain Metals
as Sodium. $Rin Cold. Na_2 + 2H_2O \rightarrow 2NaOH + H_2$ 3. By mineral acids
on metals, as Zn. $Zn + H_2SO_4 = ZnSO_4 + H_2$.

Physical Prop.: Colorless, odorless, tasteless gas. 2. $14\frac{1}{2} \times$ lighter than air
3. 1 l. wght. 0.0899 g. 4. Can be liquefied. 5. Can be ignited by finely divided
Platinum. Chem. Properties: 1. Very inert body 2. H_2 & HCl gas. for HCl in light in
dark do not combine. 3. It is combustible gives higher heat than any known Sub.
4. Does not support combustion. 5. Comb. with $\frac{1}{2}$ Vol. of O form H_2O .

Always in same proportions. Law of Definite Pro. 6. Reduces at High temperatures.

Ferrum Reductum of Pharmacy. 7. Nascent H. is in ionic state. active body.

8. It acts somewhat as a metal. may call acids salt of H. Uses: 1. To fill Balloons.
2. as a reducing agent. 3. Drummonds light or Blow pipe light.

Oxygen Sym. O. At. wght 16 Mol. wght 32. Liter wght. 1.43 grams.

16 gm. occupy 11.16 l. at St. Cond. Occurrence. Disc by Priestly. 1774

& by Scheele in Sweden. 2 Occurs in air. in Organic Comp. some
inorganic & most widely distributed of substances. Prepar. by heating

Red Oxide of Hg or HgO. 2. HgO heated $\Rightarrow Hg_2O + O$. Heat $Hg_2O \Rightarrow Hg + O$

3. Heat MnO_2 to Redness $\rightarrow 3MnO_2 = Mn_2O_3 + O_2$. $MnO_2 + KClO_3 \rightarrow$
 MnO_2 not changed. $2KClO_3 = 2KCl + 3O_2$

Phy. prop. 1. Odorless etc. 2. Sp. G. 1.1056 3. Dissolves in water to 3%.

4. Can be liquefied 1 l. wgt 1.43. Chem. Prop. (1). forms oxide of all elements
except F, Cl, Br, Helium, Argon, etc. 2. Very active chemically. 3. Most elements
combine directly with O. at comp low temp.

Combustion. is rapid Oxidation of a body with production of light & heat.

Oxidation is slow combustion with evolution of heat but no light.

A body is combustible when it will ^{unite} with O. to form light & heat.

Carbon Comp as a rule are combustible. 4. Ignition point is temperature
to which a body must be heated before it will unite with O. & burn.

Candle flame & lamp flame. Inner zone Middle & Outer

Outer zone is oxidizing flame. ^(Inner zone) Middle zone consists of gases being formed

middle zone is reducing flame.

Oct. 29.06 1. Name of Drug. 2. Source. 3. Chemistry ^{group.} { Class.
Formula.
Incompatibilities.
Tests.
How made.
Brown. 4. Pharmacy ^{Dosage.} U.S.P. 5. Physiologic action.
6. Therapeutic action. 7. Toxicologic action & Antidotes.

Oct. 27.06 Uses of Oxygen 1. Oxidation. 2. Disinfectant. 3. Blow pipe analysis. 4. Chem. Comp. 5. Bleaching. 6. Active Principle in H_2O_2 & O_3
Ozone Preparation: Electric sparks passed thro a Siemens ozone tube containing oxygen. 2. In air after Electric Storms. found 3. Near frictional Electric Machines. $K_2MnO_8 + 3H_2SO_4 = H_2SO_4 + 2MnSO_4 + 3H_2O + O_2 + O_3$ 5. Ozone in Atmosphere 1 Pt. 700,000
Allotropism. Allotropic forms of O. = $O=O$ O_2 .

Properties: Those of Oxygen intensified. Tests: Starch & KI = Blue
Ozone breaks up KI.

Water & Hydrogen Peroxide. Water exists in Solid, liquid, Vapor. Solid below & up to $32^\circ F$. Between 0 & 100 $^\circ F$. above 100 Vapor.

Prep. 1. H & O in a tube + Electricity 2. Burning H in Air or Oxygen.

3. Neutralization of Acid & Base. $NaOH + HCl = NaCl + H_2O$.

4. In reduction of Metallic Oxide. Physical Prop. Liquid.

no taste, bluish color. Boiling pt. $100^\circ C$. 3. Water Expands in freezing.

4. little pure water in nature. Chem Prop. Many metals + water = Hydroxide

with SO_2 & CO_2 get acids. Dissociates salts into ions. taken up by drying deating agent P_2O_5 , $CaCl_2$, H_2SO_4 . Natural waters are never pure.

Potable: spring, well, river lake water. Clear of good water: { Potable
mineral.
saline.

Clear, colorless, odorless, must not be too cold, agreeable taste, free from organic matter.

7. must not have too much hardness, due to power to decompose soap, due to

acid carb & sulph / Ca & Mg . Hardness temp. or permanent. 1 due to Carb.

Perm due to Sulph. To get rid of Hardness 1. Temp. Boiling $CaH_2(CO_3)_2 \rightarrow CaCO_3$

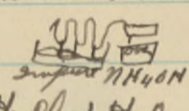
+ H_2O + CO_2 2. By adding lime & water. Perm. Hardness. K_2CO_3 + Na_2CO_3 .

Evidences of Organic Matter: 1. Nitrates & Nitrites. 2. free Am. 3. Albuminoid Am.

4. Total Day consuming power.

Oct. 30.06. The point to all Precipitations is to render a soluble compound less soluble. Tests for nitrates & nitrites in water 1. Diphenol Amine in strong H_2SO_4 equal volumes of H_2SO_4 & water + (a few drops) gives a deep blue. Nitrites alone 2. Carry out same way as no. 1, except use Meta Diamine gives yellow to brown. 3. Water + little H_2SO_4 + K Permang which produces purplish color after 15 min color disappears if organic is present
1. Purifying water 1. filtration. 2. Sedimentation Natural. 3. Sed. by Chem Means.
4. Boiling. Mineral water 1. Carbonated. 2. Sulphureted. 3. Alkaline Na/K.

4. Saline 5. Chalybeate or iron. 6. Acid cont. H_2SO_4 or HNO_3
 7. Thermal. Official forms *Ague Dick* Medicated water 18 of them
 Hydrogen Peroxide. H_2O_2 occurrence: 1. Traces in water. 2. Traces in snow. 3. air.
 Prep. $BaO_2 + H_2SO_4 \rightarrow BaSO_4 + H_2O_2$. 2. $BaO_2 + HCO_3 \rightarrow BaCO_3 + H_2O_2$
 3. $BaO_2 + 2HFl \rightarrow BaFl + H_2O_2$
 Commercial Prep. Ordinary $H_2O_2 = 3\%$ Solution, Glycine 5-25%
 Use. Bleaching by direct oxidation. 2. acts on lead of oil painting
 3. Disinfectant. 4. Tests for Blood & Pus.

Prep. 1. From Phosphorus in confined space $P + O = P_2O_5 + N$. 2. Pass air
 over metal copper or iron heated to redness. 3. Liquid air N. given off first
 4. By heating $(NH_4)NO_2 \rightarrow H_2O + N_2$. Properties: Phys. Chem. Colorless etc.
 2. Incombustible does not support combustion. 3. not poisonous. 4. Inert Chem.
 5. Unstable Compound. 6. By Elec. Current $N + H$ will unite to form NH_3 also
 $N + O \rightarrow N_2O$ (Lg.). Comp. $N + H \rightarrow NH_3$; source: 1. Decomposed animal matter
 2. Commercially Prep. from coal which contains 2% N. Byproduct in formation of
 illuminating gas.  Impure NH_4OH from gas works.
 treated with $HCl \rightarrow NH_4Cl + H_2O$. \rightarrow Sal Ammoniac. $F. Cl_2O$
 $2NH_4Cl + CaO \rightarrow \overset{NH_3}{\text{^}} \rightarrow$ in water = Com.

U.S.P. *Aqua Fortior Am* 28% by Wght. *Aqua Am. Debitum* 10% by Wght.
 Prop. Pungent. Colorless. gas cannot be breathed 2. Not combustible in air
 but will burn with dif. in O. does not support Comb. 3. lighter than air. Liquefies
 4. Very Sol in water. 5. Sometimes called Volatile Alkali. Tests: 1. odor.
 2. flames with HCl . 3. Litmus test. uses: 1. Salts of Am are used as fertilizers. 2. Therap.
 Salts are expectorants. 3. Manufacture of Ice. Lig. Am.

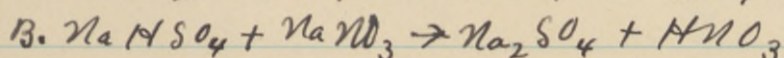
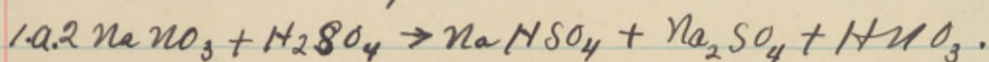
N_2O 5 known Oxides of Nitrogen N_2O (Lg.) Nitrous Oxide or Nitrogen Monoxide.
 Disc. by Priestly 1776 first used as an Anesthetic by David Davy.
 Prep. 1. Heating Am Nitrate in retort NH_4NO_3 to $210^\circ - 250^\circ \rightarrow N_2O + 2H_2O$.
 for Anesthetic purposes should be run thro' Sodium Hydroxide.
 Prop. Sweetish colorless gas soluble in water & alcohol. Supports Combustion
 3. For Anesthesia liquid from tubes glass cylinders. Stages of Anesthesia: ~~Exc.~~ *Clauden.*
 1. anesthesia 3. Danger asphyxia. acts as Excluding air 2. affects Central Nervous Sy.
 Excreted: Does not decompose in blood. Merely dissolved in blood. thrown off by lungs
 as Nitrous Oxide. Other Oxides 2. N_2O_2 Nitric oxide 3. N_2O_3 N. Trioxide
 4. N_2O_4 N. tetroxide 5. N_2O_5 N. Pentoxide.

Nov. 13.06.

Nitrogen
Acids.

1. $H_2O + N_2O \rightarrow 2HNO$ hyponitrous acid $0.9 \text{ no } 0.9 \text{ no}$.
2. $H_2O + N_2O_3 \rightarrow 2HNO_2$ has not been isolated - nitrites well formed.
3. $H_2O + N_2O_5 \rightarrow 2HNO_3$ has been isolated.

Nitric acid. Prep.



Properties: Colorless, heavy, fuming liquid. 2. Sp. grav. 1.52. 3. Exposed to air turns yellow due to production of N_2O_4 . 4. Strong Oxidizing agent.

Tests: 1. few drops H_2SO_4 + Iodide + $HNO_3 \rightarrow$ decolorizes. 2. Copper turnings + $HNO_3 \rightarrow$ greenish blue liquid red fumes.

Physiological effect: 1. small doses is stomachic large doses is corrosive & viv. poison tissues become yellow at first. Antidote: 1. Milk/lime. 2. Sodii Bicarb.

Atmosphere: 1. Mixture of gases. 2. one liter weighs 1.2939 gm. 3. 14.44 times heavier than H. 4. Composed of 20.61 O. 77.95 N. by Volume. 23 + O by Wght. 73 + N. by weight.

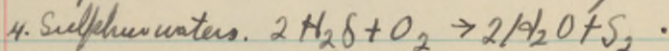
Argon, Helium, Xenon. 1% Water Vapor. CO_2 4 pts in 10000 NH_3 Traces of AsO_2 over cities. Traces of H_2SO_4 . Liquid Air. Air first put under pressure 2. Surrounded by cooling mixtures. Properties. bluish liquid. 2. Sp. gr. 9. 3. boils at $-191^\circ C$. (a) Nitrogen passes off more rapidly (b) leaves 50% N_2 of O.

Disinfectants Atmosphere 1. Heat. 2. gases. Ozon. Ox. Cl. Bm. etc. 3. Solids.

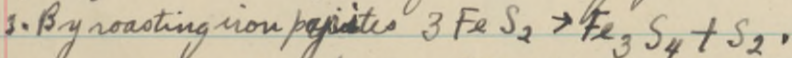
4. Liquids: (soluble solids) \checkmark Deodorize \rightarrow Destroy germs & does.

1. Dry earth. 2. lime. charcoal. ashes. 3. Liquid. Lead Chloride. $ZnCl_2$ (Barnettes Fl.). H. & Na Permang mixed (Condy's fluid). 3. Gases. Ozon. formaldehyde. Chlorat.

Sulphur. 1. Occurrence. Volcanic regions, 2. In Clay. 3. As sulphate. gypsum etc.



Prep. 1. from native Sulphur. found in Clay by distillation. 2. dist. by apparatus.



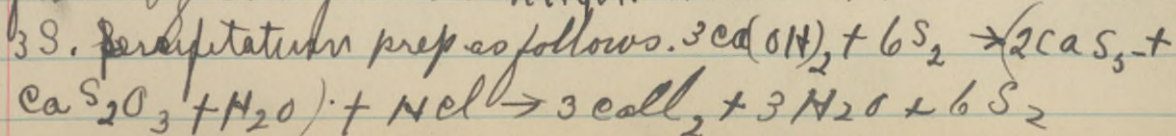
2. just flowers of Sulphur. \checkmark First not taken. 3. Roll Sulphur or Brimstone.

In B. heat fast. Physical Properties: 1. Ordinary Sulphur yellow solid.

2. Boils at 448° Melts at 115° . 3. Non conductor. 4. Insoluble. 5. best solv. CS_2

allotropic forms. 4. 1. Native Sulphur in Octahedral Crystals. 2. Melts at high temp then cool get monoclinic crystals. (Dimerphous) 3. Heat to Boiling point & plunge into cold water becomes pretty like. 4. Amorphous powder.

Official forms of S. Sulphur sublimatum. 2 Sulph. Saturated = flowers of S. digested in NH_4OH then washed.



4. Unguentum Sulph. 10% Sulph in Benzated Lard.

$H + S - H_2S$ or Hydrogen Sulphide or Sulphuretted H.

(H_2S_2 Hydrogen persulphide not important.)

Occurrence: 1. In volcanic gases in mineral springs. 3 result of decomposition of various sulphides 4. Result of decomposition of organic matter. Preparation: Treat FeS or ferrous sulphide with an acid = $FeS + H_2SO_4 \rightarrow FeSO_4 + H_2S$. properties:

1. Colorless, transparent gas, 2. odor of Rotten Eggs. 3. heavier than air 4. can be liquified. 5. Poisonous when inhaled. Chem. Prop. Burns with blue flame $H_2S + 3O_2 \rightarrow 2H_2O + 2SO_2$ 2. Decomposed by Halogens.

3. $KOH + H_2S \rightarrow KSH + H_2O$. Uses. used principally in Chem lab. as an analytical agent. Phy. Prop: 1. Narcotic poison 2. Acts as a reducing agent on blood preventing oxy haemoglobin from taking up oxygen. 3. By stomach does no harm. 4. popular remedy for gout. Rheum, etc. 5. Poisoning may be acute or chronic generally acute. Treatment in acute oxygen gas, pure air, stimulation by brandy, some give Cl. Water.

Sulphur & Oxygen & Sulphur dioxide
Prep. 1. Copper + $H_2SO_4 \rightarrow CuSO_4 + SO_2 + H_2O$. 2. Burning S. in oxygen or in air, 3. $H_2SO_4 + C + heat \rightarrow 2H_2O + 2SO_2 + CO_2$

Phy. Prop. 1. Gas. pungent, suffocating. 2. Soluble in water making Sulphuric acid $SO_2 + H_2O \rightarrow H_2SO_3$. Chem. Prop. 1. Non combustible 2. does not support combustion. 3. Nascent H. reduces it to H_2S & H_2O . 4. Valuable reducing agent taking up O. from H_2SO_4 uses. 1. Disinfectant. 3 lbs. sulphur. burned for 1000 cuft. of space. 2. Deodorizing agent. 3. Bleaching agent.

Sulphur Trioxide SO_3 Prep. 1. By distilling Nordhausens Sulphuric acid

$H_2S_2O_7$. 2. Passing SO_2 gas thro cyl. containing finely divided Platinum

Sulphuric Acid. H_2SO_4 Prep. 1. By Platinum method. (oil of Vitrol)

2. a. FeS_2 roasted in O. b. $2H_2NO_3 + H_2SO_4 \rightarrow H_2SO_4 + 2HNO_3$
 S_2 or S_2 gives SO_2

c. $2HNO_3 + 2SO_2 \rightarrow 2SO_2ONNO_2$ nitrosil sulphuric acid.

d. Jet of steam $\rightarrow 2SO_2ONNO_2 + H_2O \rightarrow 2H_2SO_4 + N_2O_3$

Prop. 1. Heavy oily liquid 2. takes up water forms ortho Sulphuric acid + heat.

3. Peculiar action on unsized paper produces parchment paper. 4. Phy. H_2SO_4

5. forms a series of salts Normal sulphate & acid sulphates. Med. effects

1. Dilute is tonic & astringent. 2. Large doses is chronic poison. Antidote

lime water. Mag. Sod. Bicarb. Official Prep. 1. Strong H_2SO_4 oil of Vitrol

2. Dilute 10% . 3. Aromatic this is also sol. Tinct. of ginger & cinnamon

Nov. 26.06.

Tests. BaCl. General Properties of Halogens.

1. Electro negative. Fl. Is least.
2. Pungent odor.
3. Disinfectant.
4. Bleaching agents.
5. Form Binary compounds with most elements.
6. Lower members set free the higher.
7. Comp. with Hydrogen have marked acid properties.
8. Have but little affinity for O. all form Oxides except Fl.
9. Valence 1. Fluorine At. Wt. 19. Val. 1. Sp. G. 1.3.

occurrence in ~~fluorite~~ ^{cross par} (Ca F₂). 2. Crystals NaCl fluoride.

Prep: By decomposing Pure Hfl. in Platinum tube with El. Current.

Prop. 1. Pungent gas. 2. Decomposes water gives Hfl. H + Fl. Prep. Ca Fl.

+ H₂SO₄ → CaSO₄ + 2HFl. Prop. a transparent liquid 2. fumes giving

off Pungent odor. corrodes skin 4. Ability to etch glass by removing its silicon. Fl. forms no oxides. Cl. at. Wt. 35.5 Sp. G. 2.47 Val. 1. -2-5-7.

generally in form of Chlorides of Sodium. Prep. in 2H₂SO₄ + MnO₂ + 2NaCl.
→ Na₂SO₄ + MnSO₄ + 2H₂O + Cl₂. (B) 4HCl + MnO₂ → MnCl₂ + 2H₂O

2. By decomposing Chlorinated Linn. 3. Manufacture of NaOH by Elec.

of Na Cl. Phys. Prop. 1. greenish yellow gas. pungent odor. 2. 2 1/2 times ^{denser} than H₂.

3. Can be liquified. 4. Poisonous to mucous Membr. Chem Prop. 1. has

strong affinities for H & Metals. 2. all metals are tarnished by Chlorine.

3. Burns in atmosphere of H gives HCl. 4. Allotropic forms. a Chlorine prep in

dark is not active. B. Cl in light is very active. 5. Bleaches because it

has a strong affinity for H. Takes H. from water. & sets free nascent O. & this

O. oxidizes the colored to colorless comp. Most important comp is HCl

occurrence in Nature 1. Volcanic regions, in Stomach of Mammals.

Prep. 1. H₂SO₄ + 2NaCl. → Na₂SO₄ + 2HCl. By direct union of H & Cl. a. in

tube in light. B. Tube with El. current. 3. as By product in Leblancs

Method for Production of Na₂CO₃ Phys. Prop. 1. Colorless transparent gas

2. Pungent Penetrating odor. 3. does not support combustion 4. Sol. in water.

5. Sp. G. 1.21 = 32% acid. Chem Prop 1. strong acid. 2. forms salts called chlorides.

3. When HCl is dry it has no acid properties. Official prep. Acidum Hydrochloricum

Sp. 1.15. 31.9% acid. Acidum Hyd. Dil. 10%. Tests: 1. MnO₂ + 2HCl. = Chlorine.

Silver NO₃ = White PP / AgCl. 3. Mg(NO₃)₂ + 2HCl. → MgCl₂ + 2HNO₃

+ Ann O H. = Black PP / precip. Aqua Regia: 180 cc HNO₃ + 820 cc

of HCl → yellowish liquid. Nitro HCl acid.

Bromine. Br. At. Wt. 80. Sp. G. 2.99 Val. 1. Occurrence never free 2. Salts

of alkali metals & alkali earths. 3. Algae of seaweed. 4. Saline Spring

Prep: from sea water by evaporating & crystallizing which leaves Br. compounds

Bromides & Cl gas set free Br. 2. Most of it today comes from Manganese

springs in starfish. Phy Prop. 1. Heavy dark red, mobile liquid 2. gives off at ordinary temp. gives off spiritant fumes. 3. Sol. in water. readily soluble in ether & alc. & CO_2 Chem Prop. similar to Cl only weaker.

HBr. Prep. 1. Phosphorus $\text{Br}_3 + 4\text{H}_2\text{O} \rightarrow \text{H}_3\text{PO}_4 + 5\text{HBr}$. 2. $\text{KBr} + \text{H}_2\text{SO}_4 \rightarrow \text{KHSO}_4 + 2\text{HBr}$. Prop. It is a gas colorless 2. Can be liquified.

3. Sol. in water. 4. forms salts called bromides. weaker acid than HCl.

~~Nov~~ Dec. 4/6. Iodine Occurrence: seaweed. 2. Springs with Cl or Br .

standing sea water. mostly from seaweed. Prep. 1. Seaweed dried in sun 2. Burned in shallow excavation at a low temperature as not to volatilize I₂. 3. Ash called Kelp. it is then leached in water. 4. Then evaporated in open pans which allows some other salts to crystallize out. 5. Mother liquor called Do lye - which is left in pan - is mixed with 4 Vol of H_2SO_4 & stands 24 hrs.

H_2SO_4 breaks up carb. & hyposulphides & Sulphides.

Na_2O remains & unites $2\text{Na}_2\text{O} + 2\text{H}_2\text{SO}_4 + \text{Mn}_2\text{O}_3 \rightarrow \text{Na}_2\text{SO}_4 + \text{MnSO}_4 + 2\text{H}_2\text{O} + \text{I}_2$.

Phy. Prop. 1. Blueish black crystalline solid. heated gives off violet vapors. 3. only sl. sol in water. 4. Sol in alc. & K.P.

Med. uses: 1. Counterirritant. 2. Alterative internally. 3. Eliminated by K.D.

& Saliva not by skin. official Prep. 1. Tr. Do. alc sol. 70gms Do 50gm K.P.

to 1000 cc alcohol. Colorless Tr. Do is made by adding Am Hydr

to ordinary Tr. comb with Do & forms NH_4I . 2. Lugol's Sol.

(5gms Do 10gms K.P. H_2O 75. 100gms.) Unguentum Iodii 4/10 Do

rubbed with KI & H_2O & mixed with Lard. I₂. colorless

gas. 2. Breaks up easy giving free Do. Prep. $\text{I}_2 + \text{H}_2\text{S} \rightarrow 2\text{HI} + \text{S}$

Tests for Iodine. I. Starch test. 2. Carbon Bisulphide dissolve

Do giving Blue Color. 3. Silver Nitrate \rightarrow yellow P.P.

KI. crystalline sol. salt. Prep. $\text{Metalic I}_2 + 6\text{KOH} \rightarrow 5\text{KI} + \text{KIO}_3 + 3\text{H}_2\text{O}$

Evap. to dryness then heated the KIO_3 breaks $\rightarrow \text{KI} + \text{I}_2$.

Antidotes: Starch, flower, milk, white Egg.

Phosphorus. Occurrence: 1. Disc. by Brand 1669. in urine. 2. Rediscovered by Galin 1769.

in Bones. 3. Most common mineral is $\text{Ca}_3(\text{PO}_4)_2$ Most P comes from Bone.

Prep: I. Ash of Bones treated with H_2SO_4 $\text{Ca}_3(\text{PO}_4)_2 + 2\text{H}_2\text{SO}_4 \rightarrow \text{CaH}_4(\text{PO}_4)_2$

+ 2 CaSO_4 dis in water leaves CaSO_4 undissolved. II This Sol of NOI + Charcoal

+ Sand is evaporated to dryness then heated $\text{CaH}_4(\text{PO}_4)_2 \rightarrow \text{Ca}(\text{PO}_3)_2$ Ca. with P.

+ water. $\text{Ca}(\text{PO}_3)_2 + 2\text{SiO}_2 + 10\text{C} \rightarrow \text{CaSiO}_3 + 10\text{CO} + \text{P}_4$ Phosphorus

carried under water & condensed.

Allotropic forms 1. Yellow or waxy Phosphorus. 2. Red Phosphorus.
 3. Metallic or Crystalline. Properties of Yell. Ph. Translucent wax like solid.
 2.5 splyg. 1.82. 3. By light becomes covered with W. Powder. (P_2O_3) 4. Luminous
 in dark. 5. Exposed to moist air gives odor of O_3 one. 6. Insol in water. Sol in alk.
 best solvent is Carbon Bisulphide. Red Ph. (Amorphous.) Reddish brown
 amorphous powder Splyg. 2.14. Insol in Carbon Bisulph. Does not show
 Phosphorescence. 5. not poisonous to workmen. 6. Heated does not melt but
 sublimes. 7. formed by heating ordinary Ph in an atmosphere of H_2O for 36 hrs.
 to a temp. of $260^\circ C$.

Chem. Prop of Yell. Phosphorus: 1. Easily oxidized. 60% Burns yellow flame.
 P_2O_3 . 3. May be burned under water by throwing jet of O. on it.
 4. For reason in 3. must be under water. 5. Differs from Red Ph. which
 is not easily oxidized. 6. unites readily with all Halogens. 7. forms Comp.
 with all elements except C. & N. Phys. Action. 1. by handling causes burns.
 2. Overdoses cause severe poisonous symptoms. 3. After Poisoning. weak pulse
 cold extremities. 3. Burning in stomach. 4. Garlicky breath. 5. Dilated Pupils.
 6. Collapse. 7. Average time life is 3 to 4 days. 7. amt. $\frac{1}{8}$ to $\frac{1}{2}$ gr. may be poisonous.
Antidotes: 1. no real Chem. Antidote. $CuSO_4$ as an Emetic & gives metallic
 coating to Ph. rendering it more harmless. $KMnO_4$, H_2O_2 .
 2. Emetics. Stomach pump. 3. Mucilaginous drinks. Never give fats.
 4. Ozonized turpentine. 5. Supplicative. Chronic Poisoning: workers
 in Ph. match factories. 1. fatigue. anemia. necrosis of jaw. fatty liver.
 & Kd. swollen gums. Inflamm. mucous lining of Mouth.

Analysis of Stomach Contents. 1. Dilute Contents with water. 2. acidulate
 with weak acid (Tartaric). 3. Distil this on sand bath. connected with
 Liebig's condensers. & Pass in $AgNO_3$ this is done in dark - Phosphorescence -
 Black P.P. of Ag_3PO_4 . Old match S + P. Safety M. $KClO_3 + MnO_2$ etc.
Compounds of Phosphorus. Phosphor + H. PH_3 → Phosphine. Prep: .
 $1. 3NaOH + 4Ph. \rightarrow 3NaHPO_2 + PH_3$. Properties: 1. gaseous. takes
 fire spontaneously in air. 2. Collected under water. 3. Sparingly sol in water.
 4. In organic Comp. containing Ph. Decomposing under water
 give us impure Phosphene. this comes to surface & burns. forming
 Iquis fatters or bill of the wisp: P & Halogens combines with all.
 $P + O \rightarrow P_2O$ Phos Monoxide P_2O_3 Phos trioxide. P_2O_4 Ph tetra.
 P_2O_5 Ph. Pentoxide. Acids of Phosphorus. Hypophosphorus acid.
 H_2PO_2 Prep: $BaH_2(PO_2)_2 + H_2SO_4 \rightarrow BaSO_4 + H_2PO_2$
 $Ca(H_2PO_2)_2$ = Calcium Hypophosphite. NaH_2PO_2

Phosphorous Acid. H_3PO_3 Prep: $P_4 + 3H_2O \rightarrow 3H_2 + PH_3 + H_3PO_3$. Salts are called phosphites. H_3PO_4 Phosphoric Acid.

Prep: $P_2O_5 + H_2O \rightarrow 2HPO_3 + 2H_2O \rightarrow 2H_3PO_4$ ortho ...
 2. Boiling $P + HNO_3 + H_2O \rightarrow H_3PO_4 + \dots$

Salts of Phosphoric Acid. 3 series. Normal salt. Na_3PO_4 acid salt. 3. Double salt. $Mg. NH_4 PO_4$ triple Phosphate.

Properties of Phosphoric Acid: Colorless. nonfuming. strong acid. 2. 85% absolute acid. 3. Sol. in water. 4. Sp. gr. 1.707

Chem. Prop. Heat $2H_3PO_4$ loses $H_2O \rightarrow H_4P_2O_7$ (Pyrophosphoric acid).
 Heat $2H_3PO_4 \rightarrow 2HPO_3 + 2H_2O$ or Meta Phosphoric acid. glacial Phosphoric acid.

Arsenic: At. W. 75 - mol. W. 300. occurrence 1. As_2S_3 orpiment
 2. Realgar As_2S_2 3. Cobaltite $CoAs_2S_4$ 4. mispickel $FeAsS$

Prep: 1. Heating mispickel in clay cylinders & condensing.
 gives As_2O_3

2. Heating As_2O_3 + Charcoal & distilling off
 2. Distill from FeS_2, As_2O_3, Fe (arsenical pyrites) = $As_2 + 2FeS$

Properties of Metallic Arsenic.

1. Brittle steel gray metallic paste.
2. Exists as amorphous - iron lustreless mass.
3. At higher temp. yellow form.

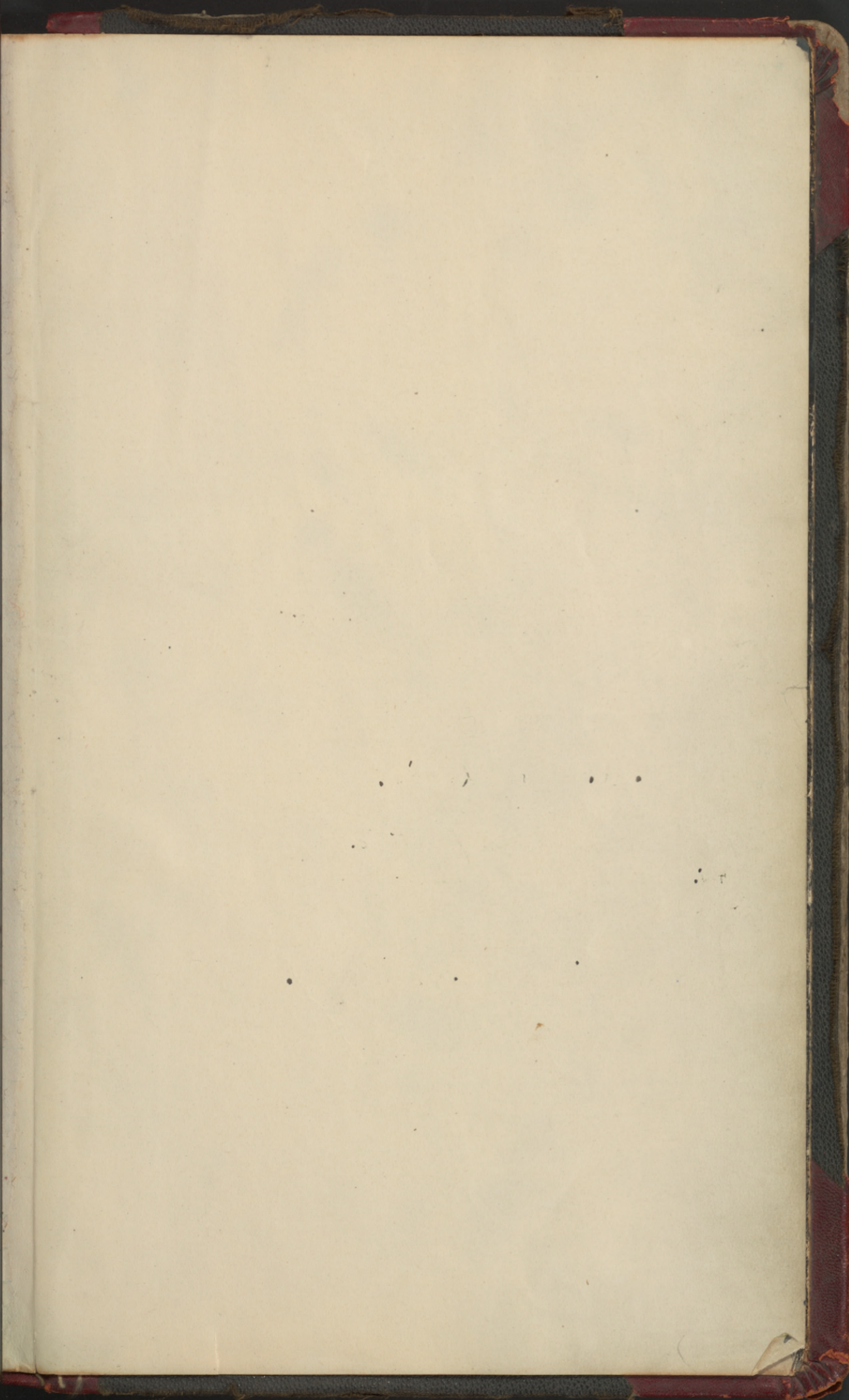
Chem Prop:

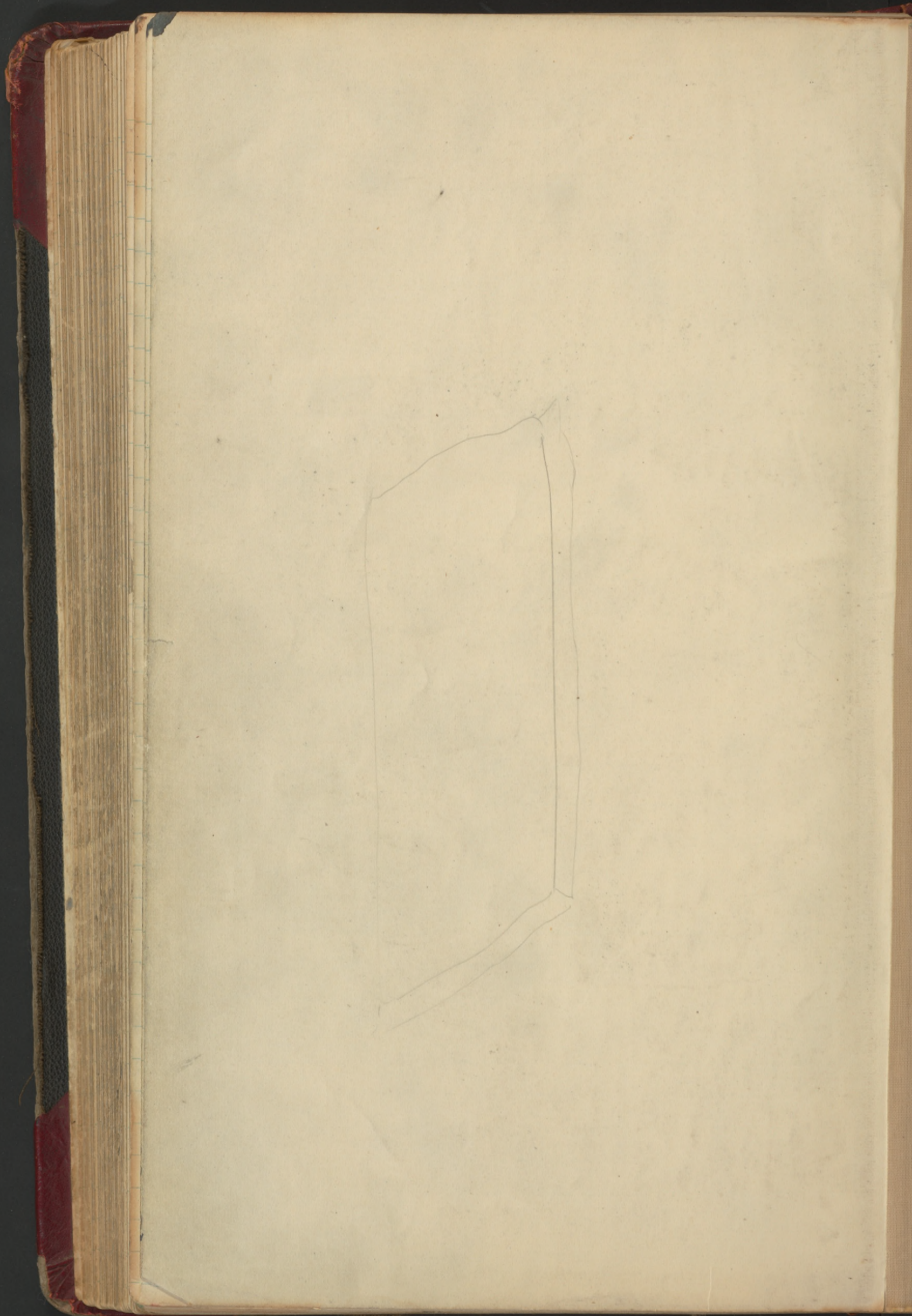
1. Insol in water.
2. Sublimes.
3. Vapor has yellow color, garlic odor.
4. Heated Burns with blue flame. $\rightarrow As_2O_3$.
3. Combines directly with most elements.
6. Combines with H. only when H is nascent.
7. HNO_3, H_2SO_4 dissolve it without forming salts
8. $NaOH + As \rightarrow$ Arsenite

Uses of Arsenic:

1. Used in fire works - Pyrotechny.
2. Fly paper.
3. Rough on rats.
4. Shot making.
5. Used extensively in medicine.

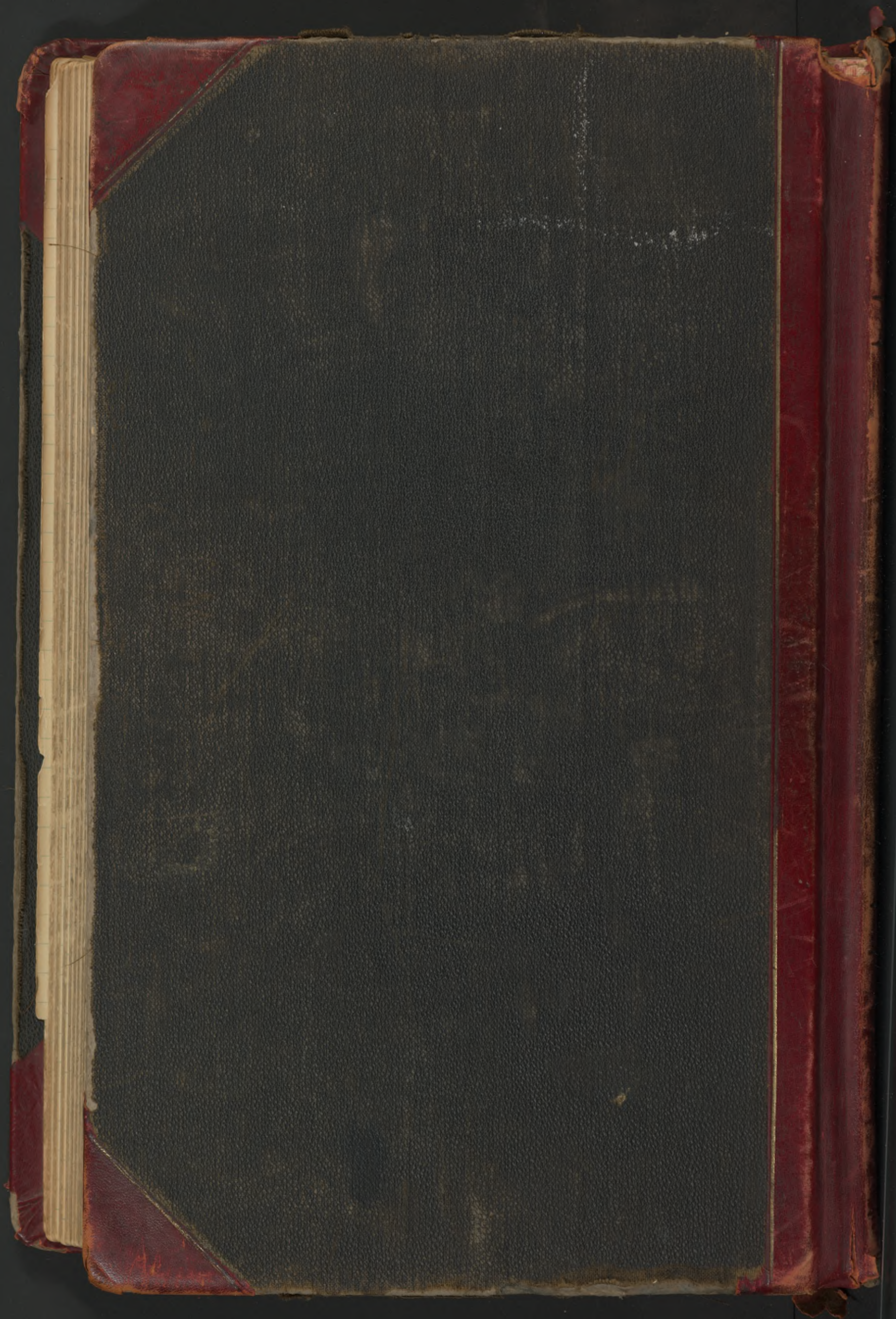
- 28 Therapeutics - Prof. Friedman.
 143 Physical Diagnosis - Prof. Summa.
 200 Medicine I - Prof. Crandall.
 280 Medicine - " Summa.
 340 Chest Diseases " Lemen.
 240 Surgical Pathology " Lutz.
 100 Clinical Chemistry.
 300 Parasitology. Johnson.
 365 Obstetrics - Prof. Ehrenfest.
 160 Physiology - Prof. Lyon. Skin. Duncan
 60 Quiz Work Friedman.
 380 Gynecology. - Laidly, Dorsett,
 400 Eye. - - Bark.
 420 Fractures & Dislocations - Mc. Candless -
 313. Embryology. Wilson.
 430 Nervous Diseases, Schwab, Graves, Chaddock.
 450 Children's Diseases. Atkinson & Clemens.
 475 Ear, nose, & Throat. Goldstein.
 420. Ry Surgery. Fairbrother.
 109 G.M. Lewis.
 315 Surgery. Geiger & Nicholson.
 57. Electro Therapeutics.
 490-425. Chemistry. Dr. Neilson.
 372-392 Obstetrics. Dr. Hypes.
 160. Skin - Dr. Duncan.
 118 Dietetics - Dr. Neilson.





56 to 100 March.

Cerebro Spinal fever }
Lobar Pneumonia. }
Diphtheria ang. }



October 22nd, 1906.

Ulcer of Stomach.

Recurring hemorrhages-perforating ulcer of stomach and duodenum frequently met with-origin-location-persons usually affected-hemorrhages-stenosis and perforation most frequent complications.

Symptoms. Fixed pain-circumscribed area of tenderness-vomiting soon after eating-hyperacidity of stomach contents. When patient vomits blood-(symptoms of carcinoma absent) diagnosis almost positive.

Surgical Treatment. Location of Ulcer.

Arrest of hemorrhage-excision of ulcer-suturing of perforation-method of procedure when ulcer occupies posterior wall-when ulcer can not be found.

Esophageal Stenosis.

Remote sequel-location at cardiac orifice-pyloric orifice-development slow process.

Diagnosis. When at cardiac orifice-at pyloric orifice-regurgitation solid food-presence of stricture and exact position determined by use of esophageal bougie.

Obstruction-retention of food-dilatation of stomach-diagnosis based on history of case-use of siphon stomach tube and inflation of organ. Radiograph. History reveals evidence of indigestion for years, incident to presence of unhealed ulcer-more recently caused by obstruction-results-treatment.

~~Notes~~ Duties of Med. Off.

minute surroundings finger marks etc.
Keep Diary, Memorandum.

Preserve History.

Death by violence: Exact time,
attitude, Position & Cond. of Body, Dress,
all surroundings, Photograph.

Domestic Matter. Expression of face etc
marks of violence. Progress of dissolution.

P. M. Preserve Stomach Examine Contents.

Observe Contents of L. Intestines.

Cond. of Windpipe, throat, L. & Rt.

genital organs. Remove & Bladder.

Examine for disease.

Adrenals. wgt. 10 gm.

cortex & medulla

Intermediary zone belongs to cortex.

Cortex - columns of cells. containing glistening granules of lipid character.

medulla - contains numerous nerves. & multipolar ganglion cells. & nests of cells, stained brown with chromic acid - & are called chromaffin cells.

arteries - from Diaphragm-aorta & Renal - Branches anastomose & form a network subcapsular & pierce thro cortex & form cap. network in the medulla.

accessory chromaffin cells & tissue are found. on Carotid artery in gang. of Sympathetic trunks & Solar Plexus.

Superior Mesenteric & Hylus of Kidney

& along course of Sympathetic nerves.

Total amt. Extra medullary tissue is equal to med. Part.

Cortical substance can be found in hylus of KD. & in KD & in Internal genitalis

Phylogenesis. There are two independent systems -

The Chromaffin or adrenal system is of Ectodermal origin & is part of sympathetic

Cortical system - interrenal system - develops from ventral part of mesoderm

Clinical knowledge with regard to pathological conditions of the ad. gland has, unfortunately, not yet ~~been~~ been joined to the facts established by Physiological research with such happy completeness as to give that reward which all workers ardently desire, the power to control & check disease.

Cortex of gland. small in encephalic

secretion of adrenalin by glands is controlled by Sympathetic Splanchnic Symp. nerves. & the secretion is a stim. to all plain muscle supplied by Symp. system & these muscles are maintained in a certain tone by ad.

The cortex is not controlled by nor related to the nerves.

Have to do with supplying the secretion which influences the growth & reproductive power of the animal.

suprarenal cortex & sexual glands are laid out in
Wolffian duct & have origin in that place of Colonic
epithelium from which the sexual glands originate.
This early separation of the two systems becomes
nil as the development of the glands occurs & both
systems give way to a nearly common function.

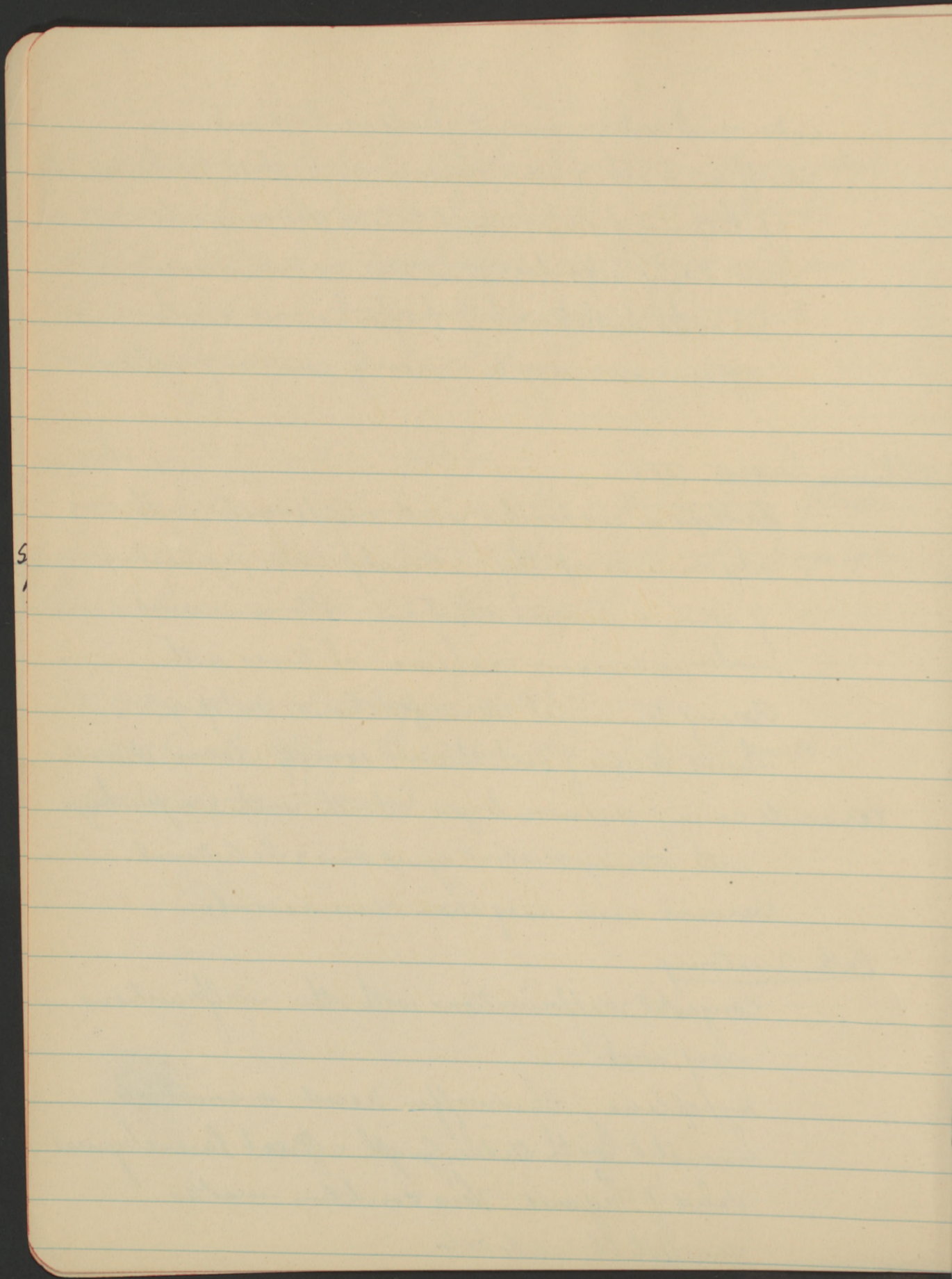
Addison's Disease 1855-

Develops in 3rd & 4th decades quite insidiously with
adynamia & apathy. Constipation - pigmentation
of skin & mucous membrane - Pts. succumb
under increasing cachexia - at times with
stormy terminal manifestations. Autopsy
shows disease of both adrenals usually caseous. T.B.C.
Peracute cases of haemorrhages & death within a few days
with stormy cerebral symptoms & Intestinal
Chronic cases may show remissions.

Path. Anatomy.

Congenital malformations with other malformations
may exist.

Hypoplasia of Chromaffin tissue is sometimes
associated with status Lymph. & Great Parenchymal
valve of Thymus. This condition makes
susceptible subjects.



S
A

Path. Anatomy

Haemorrhage & thrombosis are found / Suprarenal Veins.
with resulting destruction or suppuration
also atrophy & sclerosis - causes shrinking
& coalescence of adjacent tissue.

Micro. Reduction of Parenchyma. flattening &
necrosis of cells. Thickening of vessels in sclerosis,
granula have been found.

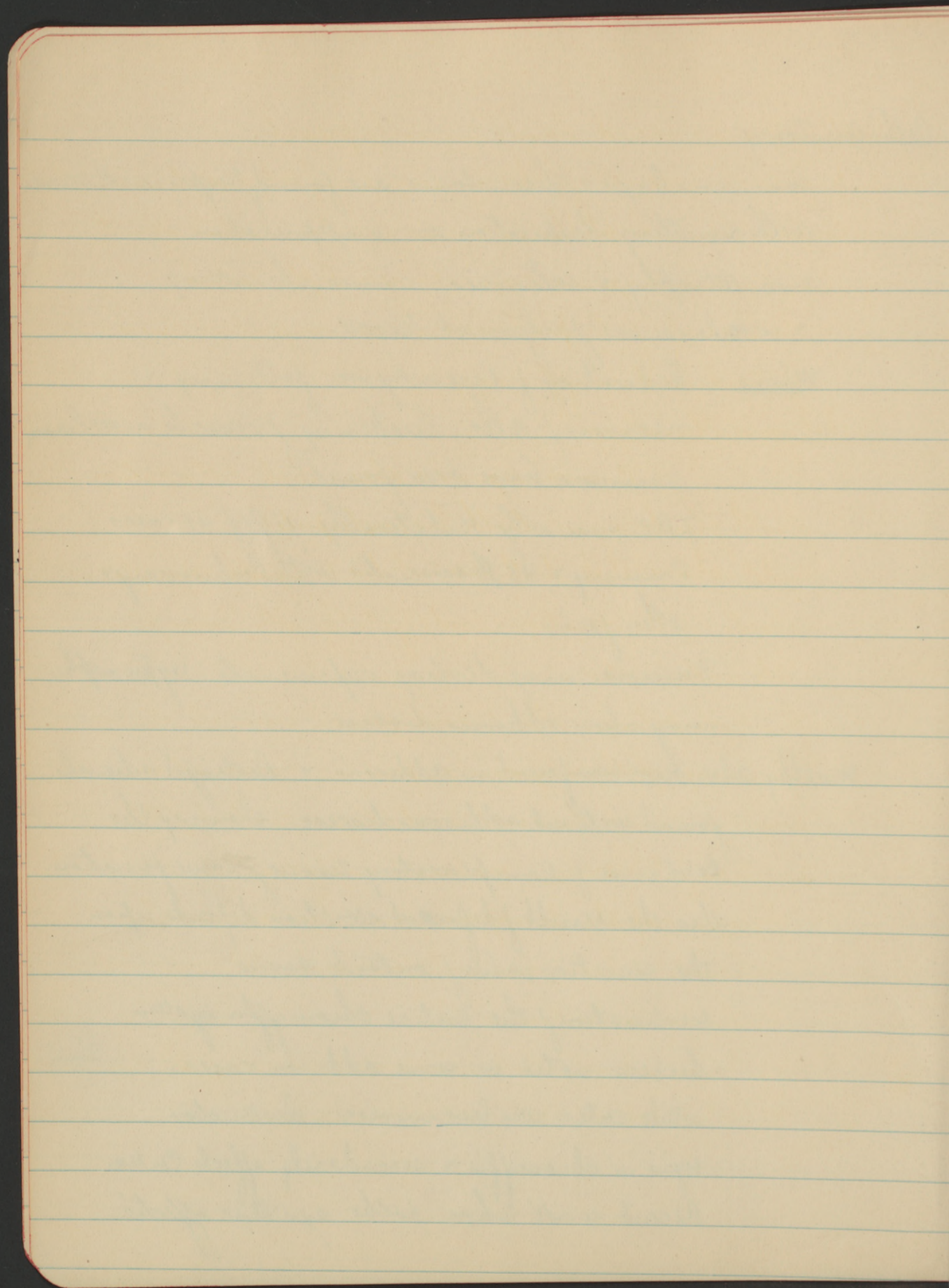
T.B.C usually Bilaterally. 17% of 49 cases
Primary & 48% associated with Pulmonary &
other foci.

Tumors. may destroy suprarenals. Hypertroph.
may show Addison's disease.

Healthy adr. have been found in Addison's & Destroyed adrenals
found without Addison's disease. showing the
existence of compensatory tissue of same function.
also the result of deficient secretion depends upon
the secretion value of outside tissue.

Destruction of the entire chromaffin system
has been noted in some Addison cases.

while cortex was less involved. Destruction
begins in chromaffin & secondarily affects cortex.
Recent work show both systems affected.



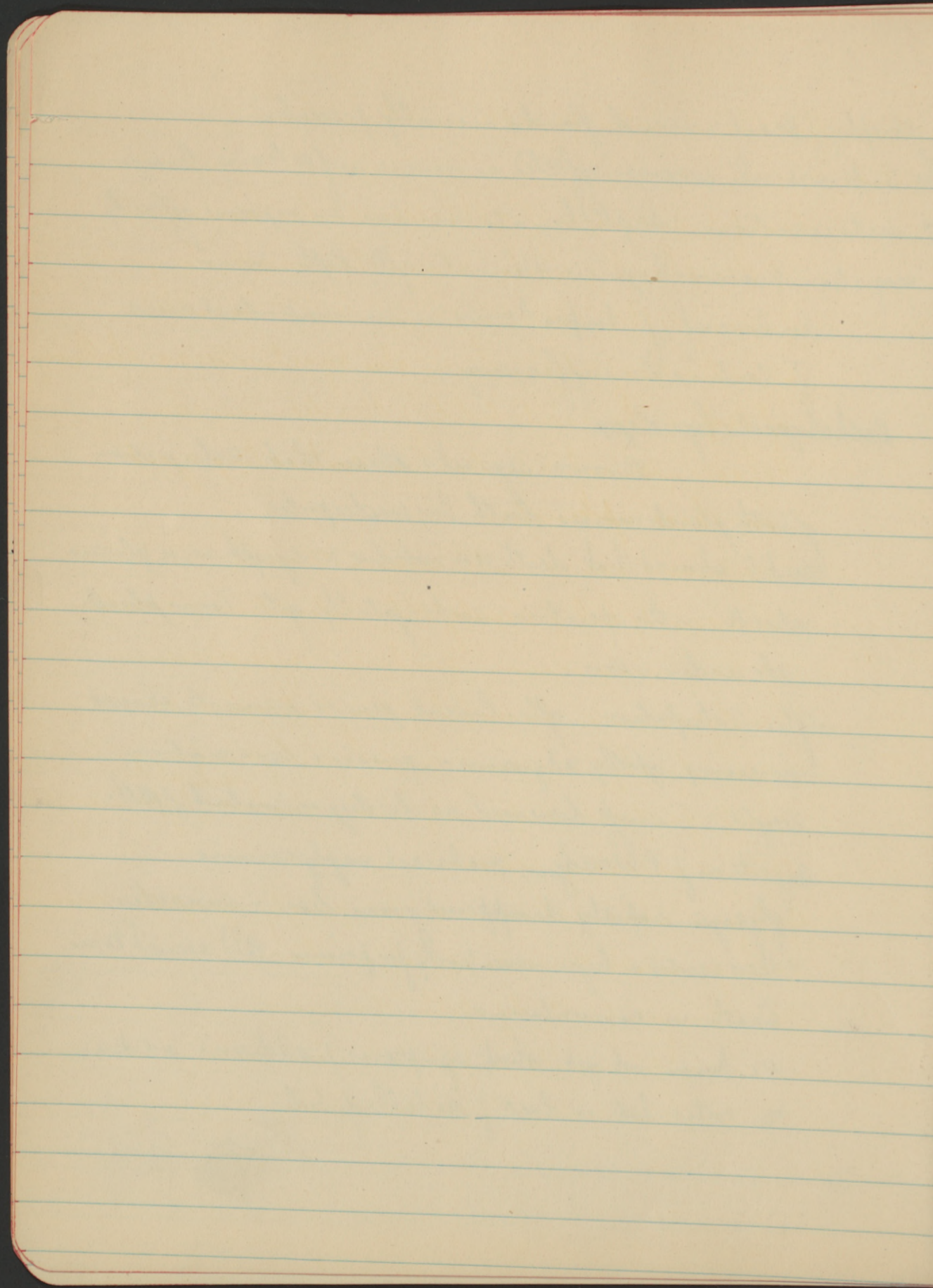
atrophy of Heart & Sexual glands usually present.
The Suprarenal becomes affected in severe infectious diseases
& intoxications. Diphtheria toxin has an especial affinity.
may show haemorrhages in animals after Diph. toxin
An Insuf. of Suprarenals is an important cause
of Cardiac Insufficiency.

Pathological Physiology

Brown-Séquard's thesis that extirpation
of both glands caused death has been disputed
Beidel showed that death was not due to Sympth. nerve plexus
shock as the operation ended fatally after Transplant.
ad. under skin.

after Extirpation - after latent period animals showed
increasing apathy & dynamia, paresis & emaciation
Weight & Temp decreased as did Sug. content of Bld.
injection of Phloredgen. produced no glycosuria.
glycogen rapidly disappeared from liver & muscles.
& there existed a higher sensitivity for poisons. Bld seemed toxic
Death in convulsions.

We know not yet which symptoms of Addison's are due
to cortex lack or lack of Medullary Seb.



chromaffin tissue active principle is adrenalin
action:

Powerful increaser of Bld. Pressure. thro. narrowing
of Peripheral Vessels. slows then accelerates pulse.
slows by Reflex excitation of Vagus center - so called
by activities of adrenalin - also by activities of shallow
of Resp. & the excitability of striated muscles.
Relaxes stomach & Intestines contracting agent
on three sphincters.

Mydriasis occurs under circumstances.

Diuresis by Dil. of Vessels of Kd. Salivation & secretion
of tears may occur. produces Hyperglycaemia
& glycosuria. by mobilization of glycogen & by
secondarily increased carbohydrate formation in liver.
Resp. quotient temporarily inc. Produces ^{neutrophilic} Hyperleucocytosis.
Above are accessory actions.

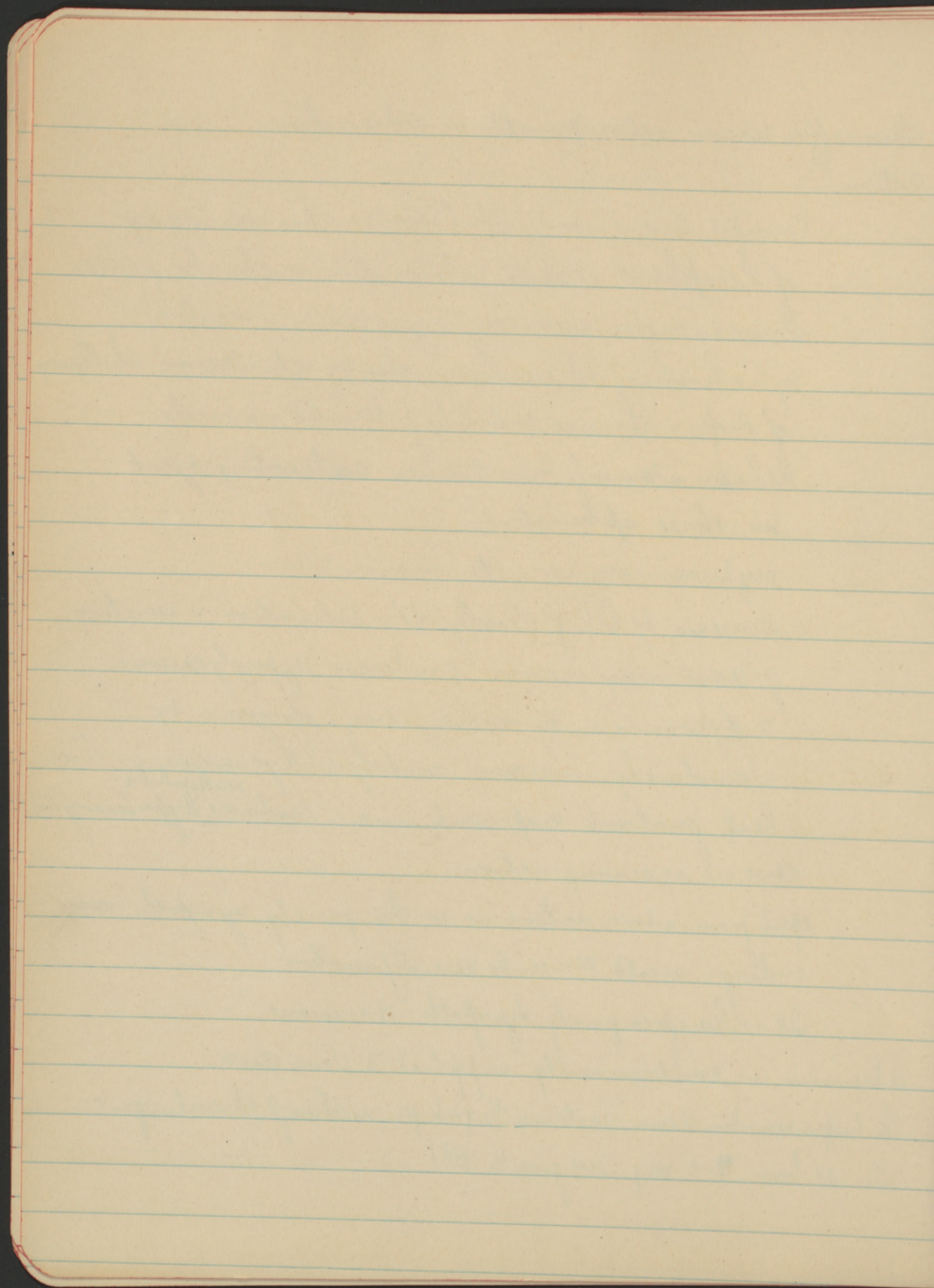
apart from above action is on the purely sympath. nerve
endings so called musculo-neural function.

It is therefore purely sympath. Harmonous.

Adrenalin is continuously supplied to Vena Cava.

The supra-renal vein contains $\frac{1}{2}$ part per million of adrenalin per c.c.

In 24 hrs. 9.3 mg. are given to Bld.



Thus that the activity of Chromaffin tissue & the excitability of Myoneural junction was regulated by centers in the Medulla since puncture glycemia is brought about dissemination of ad. from Chrom. system.

Puncture of Dog without Thyroid had no effect also there was no effect in dog with adrenals removed after puncture the ad. Medulla took less chrome stain & contained less adrenalin.

cutting of splanchnic nerves. prevents this and also glycemia is prevented.

Path of adrenalin in Bld. Stream:

Portal Vein Inf. Vena cava. Lungs

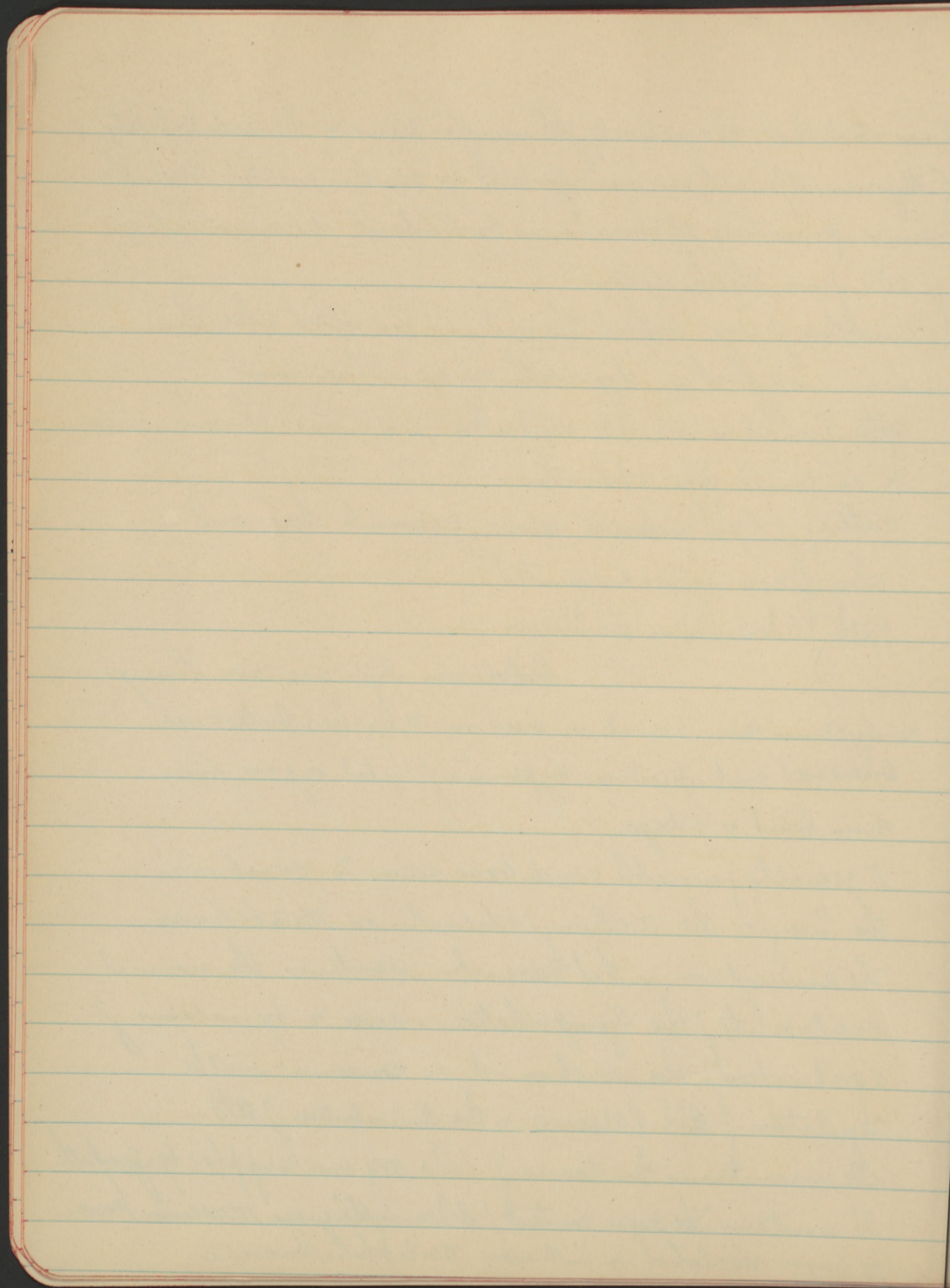
Systemic cir. most is used in Muscles & Intestines - Increased amt. produces Hypertension of Vital organs. Liver Brain Heart & Kidneys.

Especially favorable conditions seem to exist in the liver for the action of adrenalin on Metabolism.

The assumption is that Adrenalin maintains the normal excitability of the Sympathetic nerves & by means of a graduation of the secretion it is concerned in the regulation of Bld. Pressure. & the distribution of Bld.

It maintains the tone of all organs supplied by Sympath.

It maintains the sugar content of Bld. & influences Muscular power by sugar regulation & influences Neutrophilic Leucocytes



Function of Cortex.

contains an oxydase. & cholin.

Cholin acts as a toning agent on the auto-nomous nerves.

& is found in other organs.

whether this is an antagonistic regulation against the chromaffin system is questionable.

It is assumed that the cortex possesses a detoxicating function. as animals seem poisonous when adrenals are removed.

This may be due to disturbance of regulator function thereby lessens resistance.

Influences are noted on sexual development.
from cortex function.

Pathogenesis of Addison's Disease.

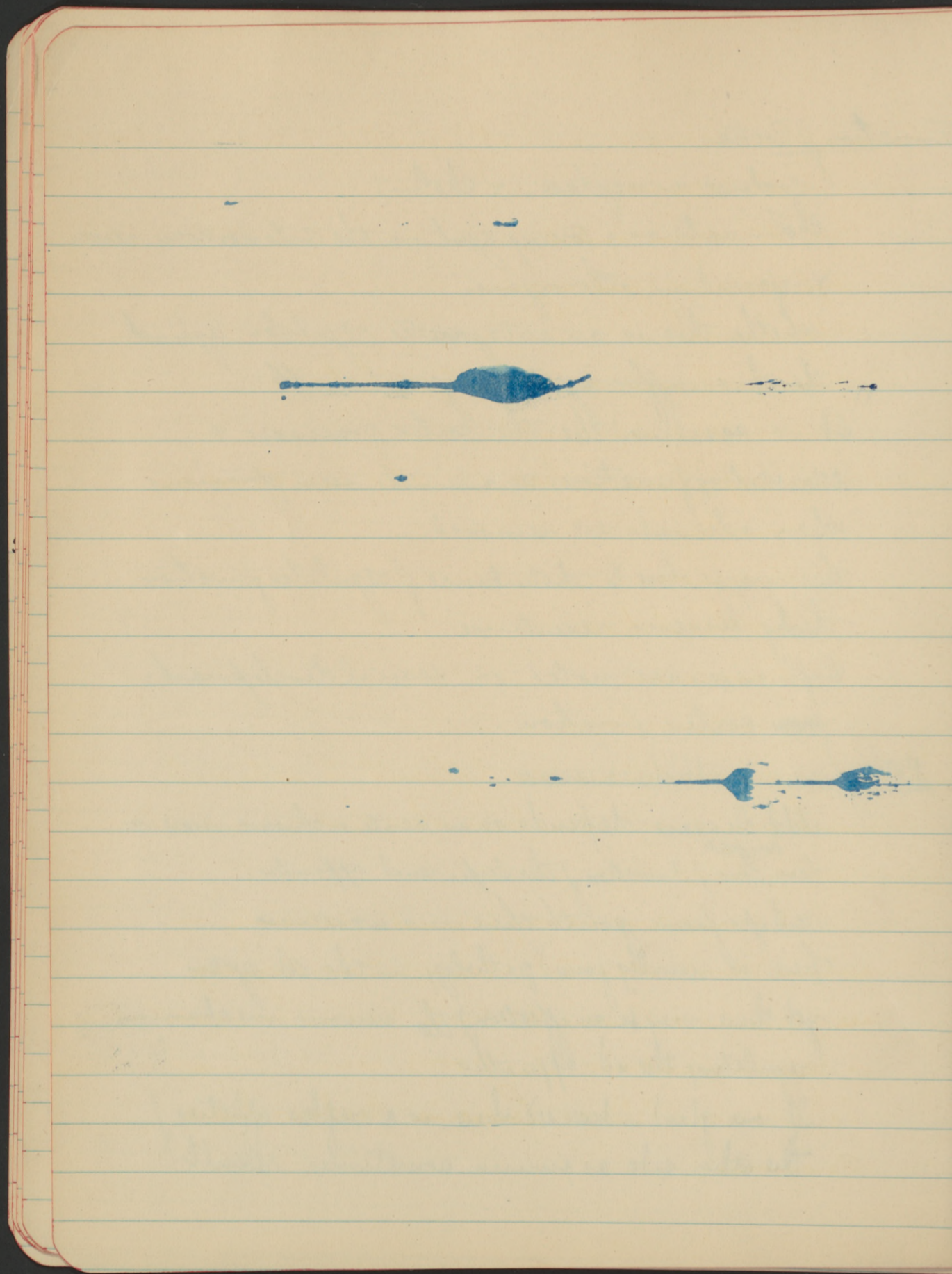
Add. Disease depends on an acute or chronic more or less ^{complete} loss of function of the suprarenal apparatus.

Perhaps from youth there is a weakness.

There is usually found pathology in the ad. system

yet there may be an affection of the nervous mechanism regulating the ad. apparatus.

If one gland is diseased there is a reflex affection of the other side as anuria sometimes results.



The symptoms depending on lack of function of Chrom. System,
are: low Bld Pressure.

low Bld sugar content.

High tolerance of grape sugar

Adynamia.

Mononucleosis, or status lymphaticus.

Tuberculosis associated.

Symptoms depending on lack of Cortex symptoms are,

Vomiting.

Diarrhoea.

Psychical dist.

Convulsions.

Delirium Coma.

Iron Free pigmentations are difficult to interpret.

Pigment found in Basedow's when there is inc. ad.

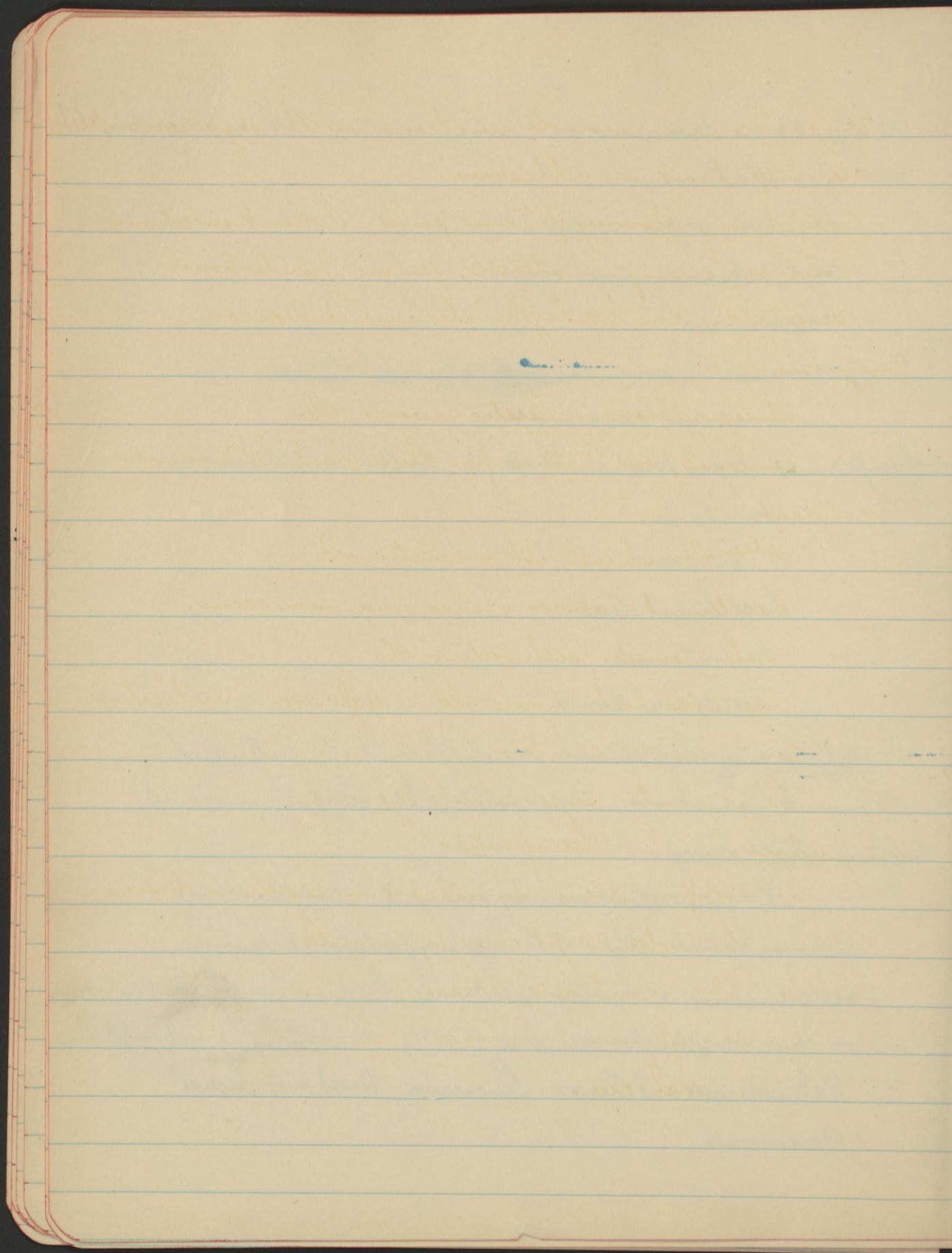
Differential Diag.

Pigmentations are very frequent, especially in
mucous Memb. when T.B. or other affections. Pregnancy

use of arsenic & chronic Hb. disease there are no pigmentations
on mucous membranes. also iron. Diabetes Pigment on M. Memb.

Scleroderma. Pellagra. Leucemia. Basedow's disease

Carcinoma.



Hypoglycaemia - mononucleosis with hyper eosinophilia
are important in Addison's.

Extraordinary slowing of Tense pulse - violent intestinal
colic occurring in attacks, failure of intestinal
peristalsis and localized intestinal distension.

Prognosis.

always dubious. Laxative cases get better.

Removal of one T.B. Supra Renal gland. led to a cure.

Treatment:

adrenalin should not be continued

Excitement. Tremor & insomnia may occur.

Wash Stomach. with Sodium Cl.

Vegetable diet. avoid alk. & HCl. acid. medication
avoid severe exertion.

Large amts. sugar should be given.

Use of Adrenalin in Therapeutics.

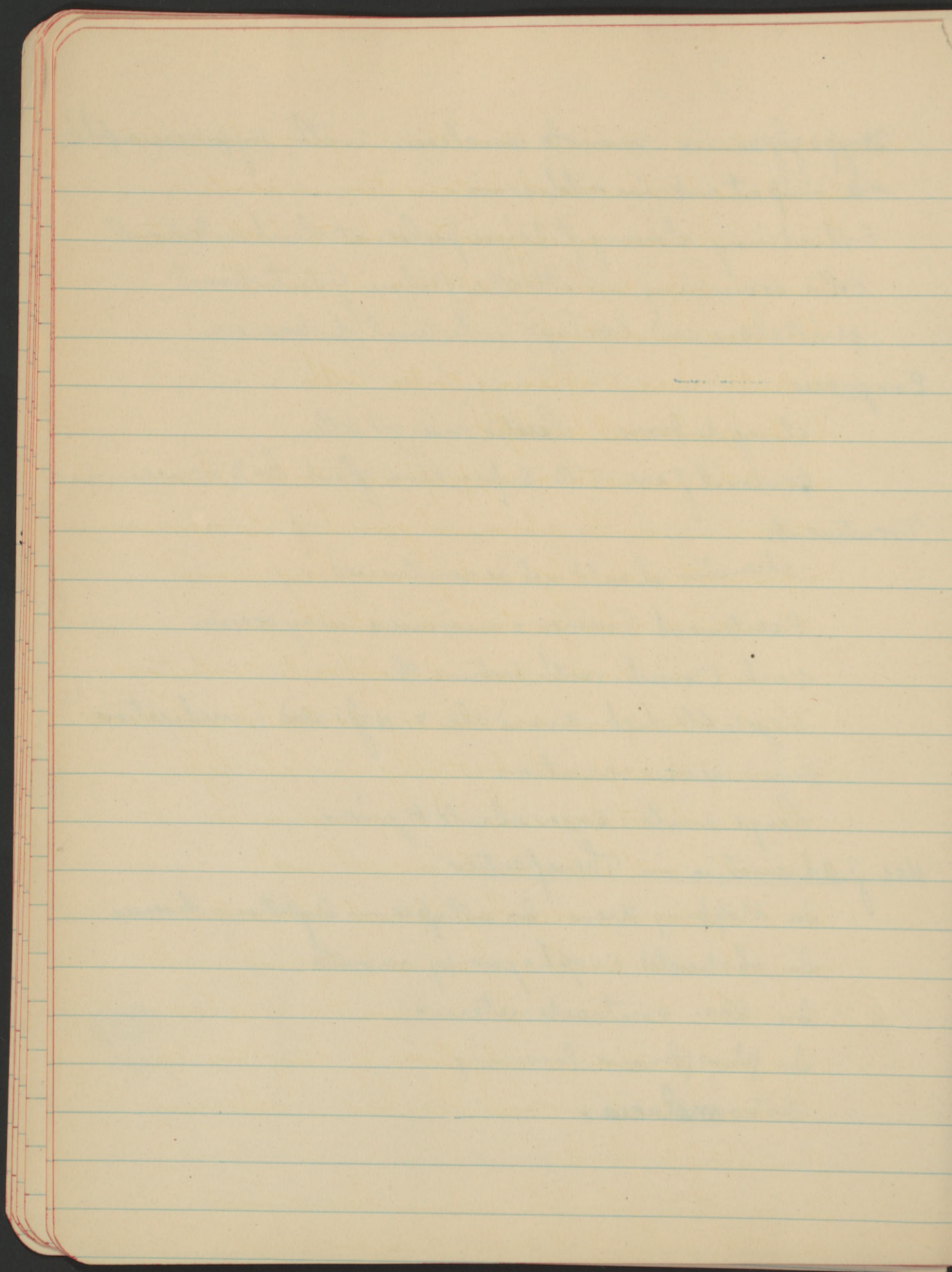
In stopping Haem. In collapse in Infectious diseases.

In obstructed Esophagus. by mouth.

In obs. contracts uterus.

In phosphorus poisoning

Osteomalacia.



Symptoms due to Failure of Function of Suprarenal Cortex.

Symptoms of Addison's, of Intoxication in acute & Terminal cases are supposed to be due to lack of cortex. Aplasia of Suprarenals. the aplasia of cortex is the more important

At Birth there is aplasia of cortex with Suprarenals well developed.

In adenomata & hyperplasia of cortex there occurs in youth abnormal growth of the organism & premature development of secondary sexual characters. & the genitalia. In adults an

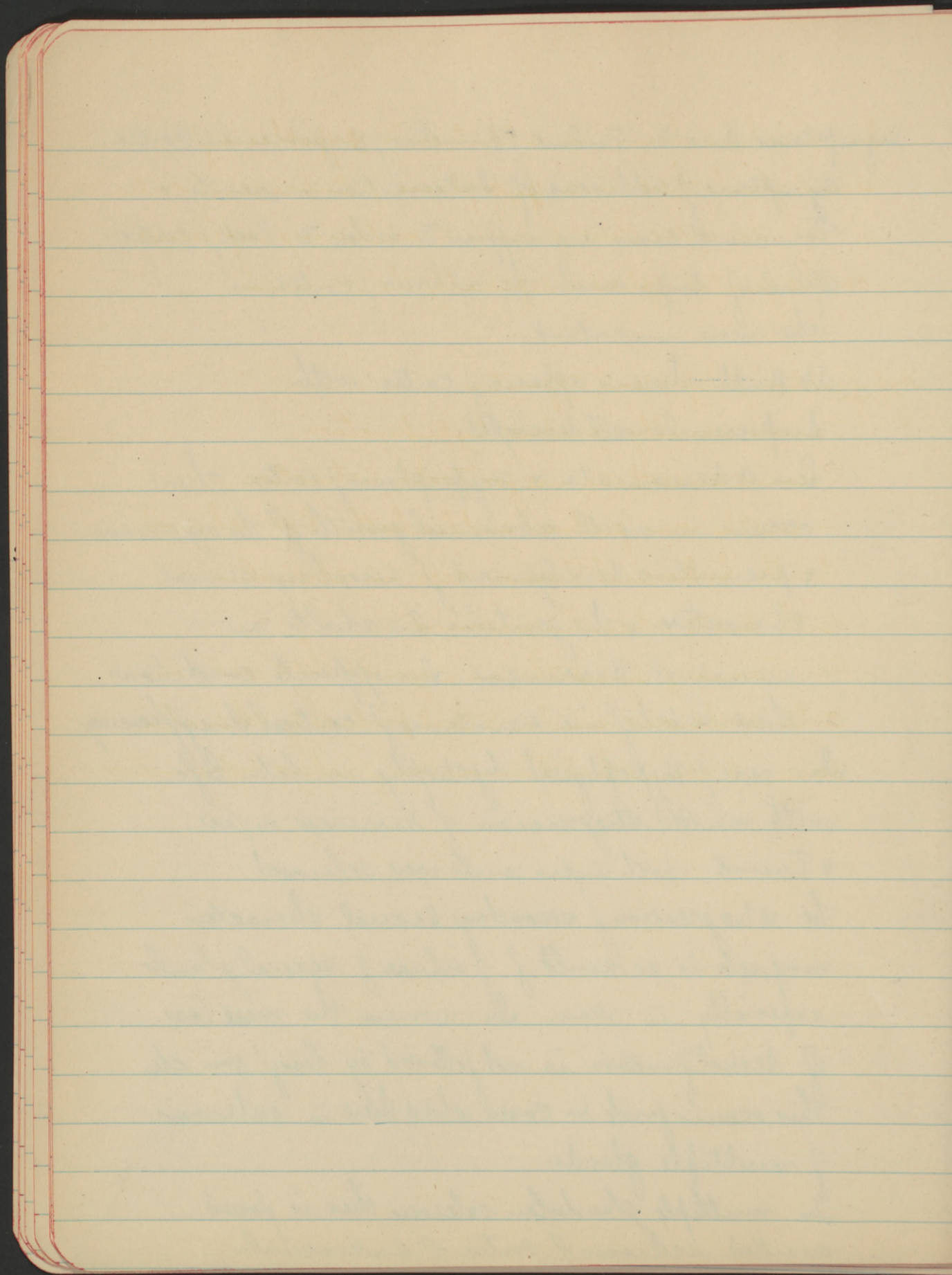
unusual hairiness. In opposite conditions there is belief in existence of cortical insufficiency

In case of Hypophyseal dystrophy in later life with marked retrogression of hairiness on face

& Trunk. both Suprarenals were sclerosed

The retrogression of secondary sexual characters may result as result of failure of sexual glands especially in men. In women the mere loss of sexual function is not followed by loss of hair etc. This occurs first in cases where there is sclerosis of multiple glands.

In multiple glandular sclerosis there is found marked sclerosis of cortex of Suprarenals.



In Eucruoidism in addition to Hypoplasia of sexual glands there is a Hypoplasia of Suprarenal cortex. From the cortex there proceeds a furthering influence on the genital sphere & especially the Hairiness.

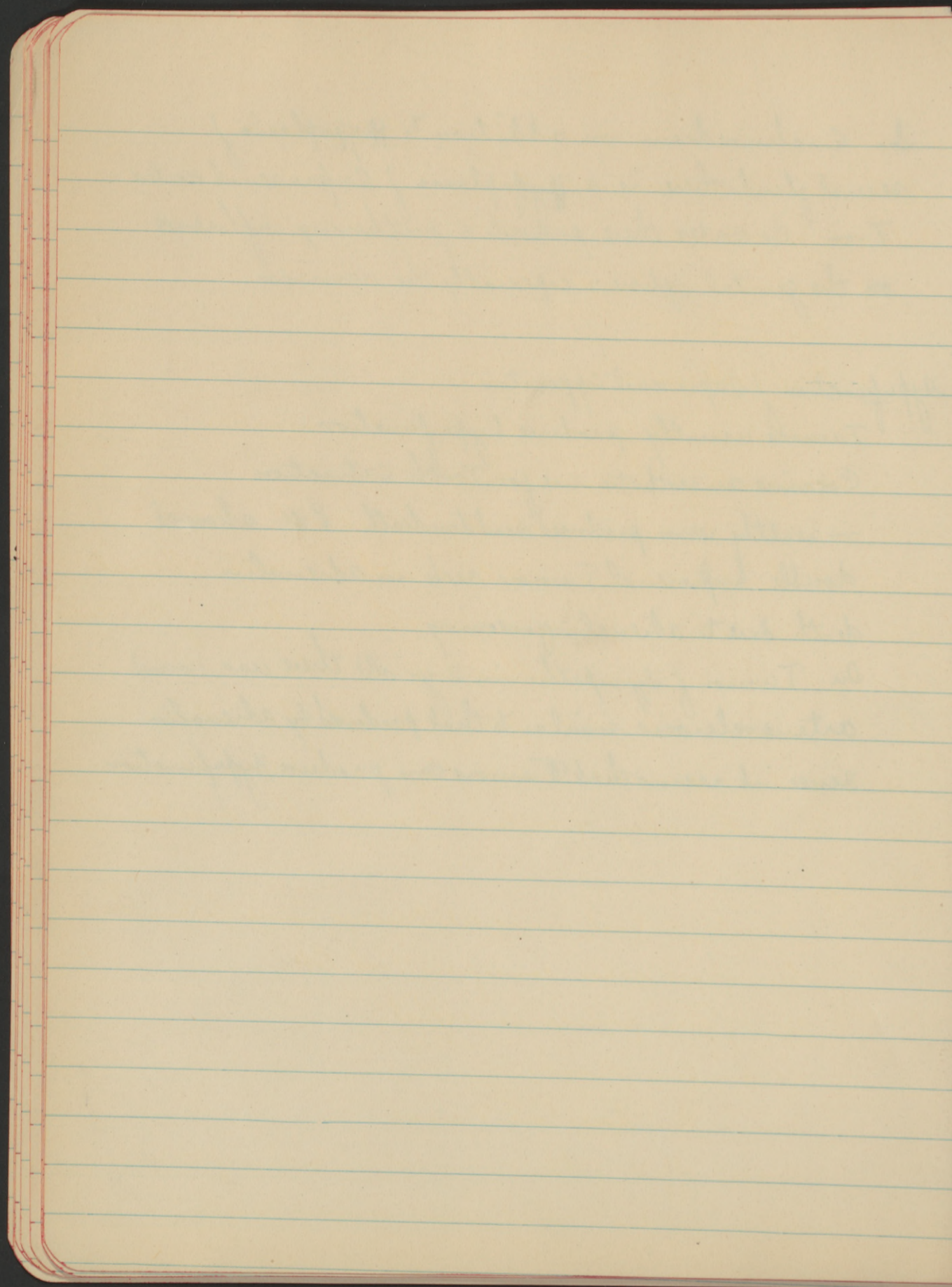
Hypofunction of Suprarenal Apparatus.

Tumors usually produce hypofunction.

Cocaine anaesthetic use for Tooth extraction in healthy man produced sudden death. P.M. showed double Suprarenal Tumor rich in adrenalin death due to adrenalin poisoning.

In Tumor of Sympath. in 2-yr. old there was found arteriosclerosis similar to that produced by adrenalin.

Hence it seems that Tumors can produce Hypofunction.



Pituitary Body.

Marie in 1888 - wrote of acromegaly & Pituitary tumors which stimulated modern investigation.

Body consists of 3 parts

1. Pars Anterior or. Pars glandularis.
2. Pars Intermedia
- 3 Pars Posterior or Pars nervosa.

1 is derived from Ectodermic wall of Buccal Invagination

3 is downgrowth of Thalamencephalon.

Anterior portion - glandular - made up of network of epithelial threads & columns interlined with thin walled Bld Vessels.

Intermediary portion is fine granular cells almost devoid of Bld Vessels this layer contains some colloid but no Iodine.

The Pars Nervosa - Post. - is composed of neuroglia of primitive type & contains granules & masses of hyaline substance derived from Pars Intermediary & contains pigment cells & granules.

Physiology.

Injected Extract raises Bld Pressure more lasting than ad.

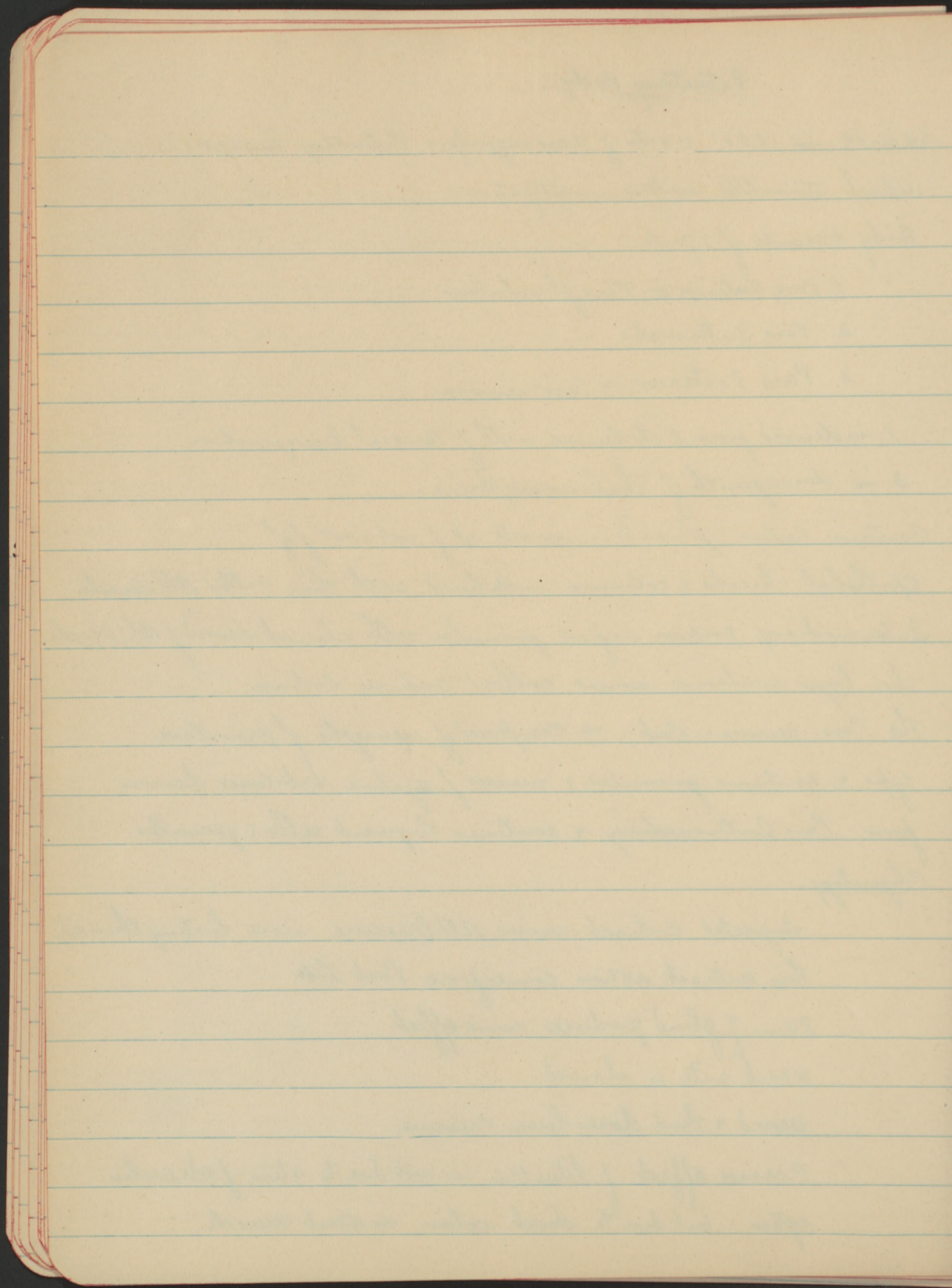
This extract action comes from Post Lobe.

Stim. of gland produces same effect.

Heart rate is slowed.

second & third doses lower pressure.

pressor effect of Pituitrin is not due to stim of adrenalin system. but due to direct action on Heart muscle.

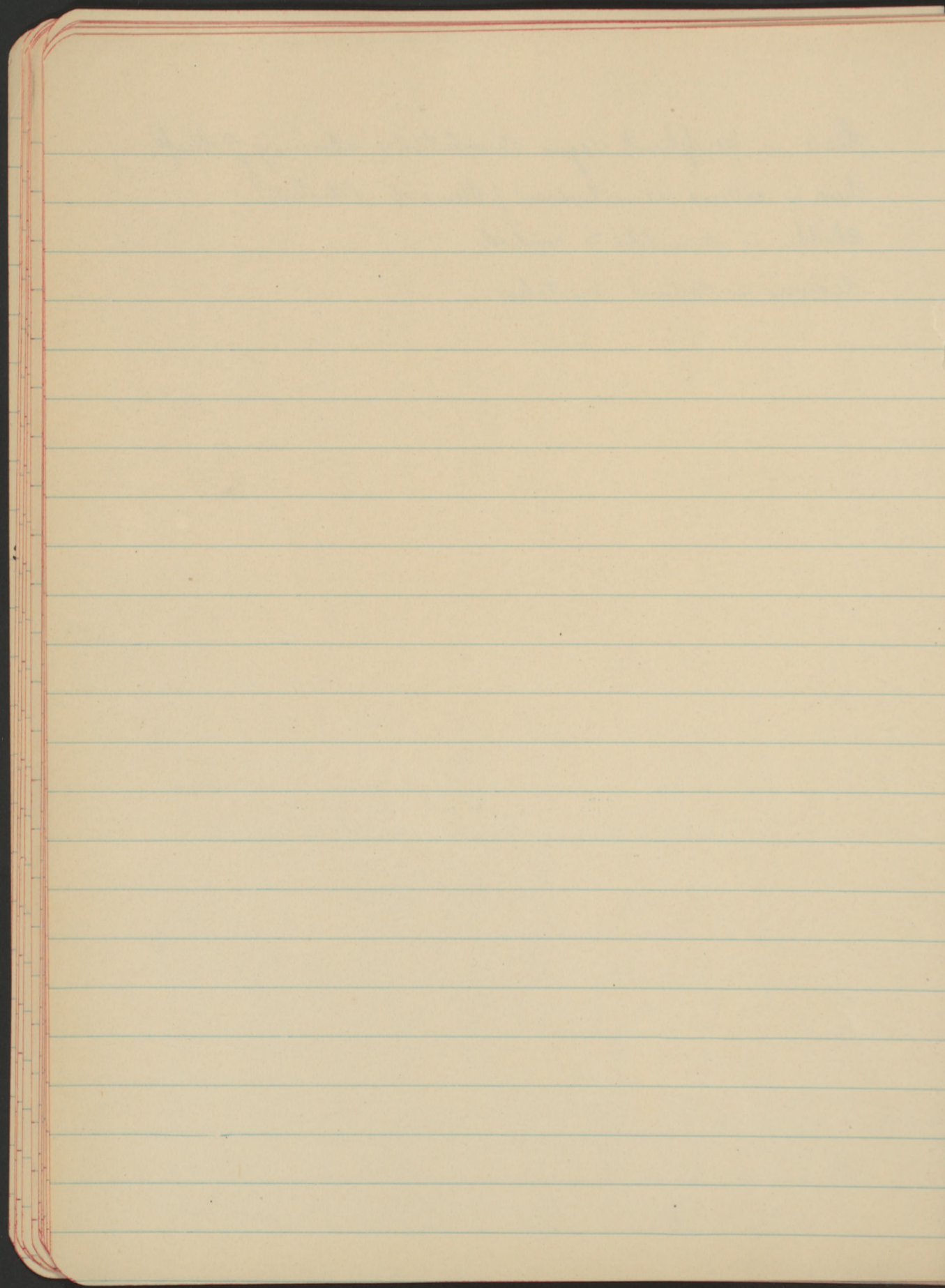


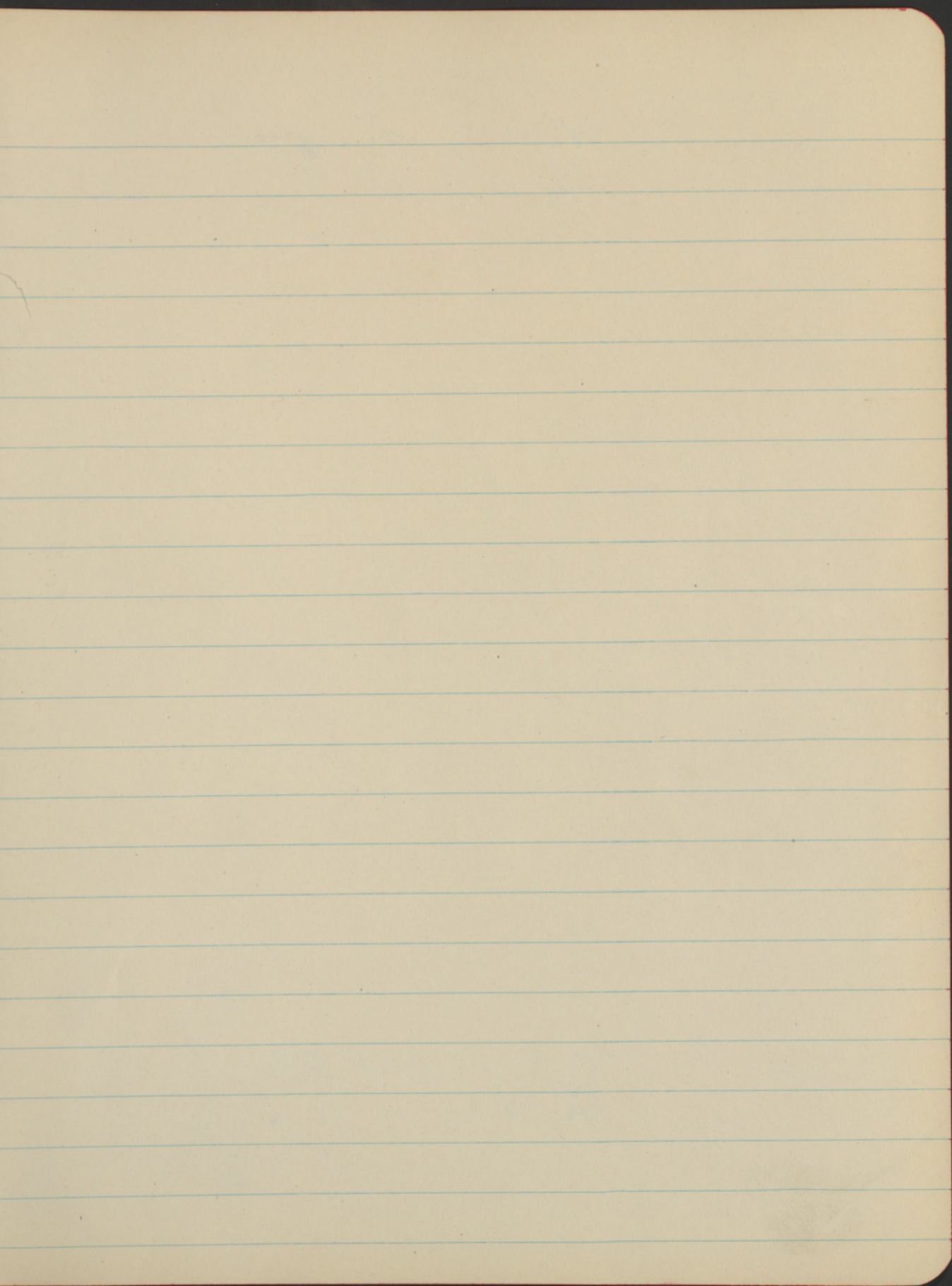
There is peripheral Vagus stimulation & slowing of Resp.

There is extreme sensitiveness of Uterus to Pituitrin

Bladder is stimulated to contract.

Restores Intestinal Peristalsis.





methods of Exam. Nervous System:

1. Mentality
2. Reflexes.
3. Sensation. - muscle strength.
4. Pupils

Dec. '08.

Disturbance of Intell.:

Imbecility.

B.T.

Paralytic Dement.

Mult. Sel.

Haem. & Softening.

Tremor:

Mult. Sel. - intention tremor.

Paralysis agitans.

Senile.

Goitre. Exop.

Toxic - Pb. Mg. Morph. alc.

Physiologic - over exertion.

Ataxia:

Locomotor ataxia.

Friedrich's ..

Cortical .. (B.T.).

Neuritis alc.

Mult. Sel.

Pain:

(a) Parenchymatous.

(B) Neuralgic.

(a) Irritation at terminal points.

(B) Trunks.

Neuralgic:

Localized, more severe, fatigued, remissions.
Tabes, Joint Rheumatism, Syphilis.
Diabetes. True Neuralgia.

Parenchymatous:

Organic visceral disease, Headaches of Meningitis.
Intracranial pressure. Toxic febrile Dyspeptics.
Anaemic Headaches, Migraine, Neurasthenia.
are not localized.

Coordination:

affected by sensation - ataxia -

Reflexes:

Spinal.	Spinal	} Sahli.
Cerebral.	Cerebrospinal.	
Complex.		

Spinal:

Tendon; Joint; Periosteal.

Cerebral:

Cutaneous; abd; Cremasterics; Eye; Plantar etc.
liberated by special sensation.

latent time longer, not so constant.
Dim. on Paralyzed side.

Complex:

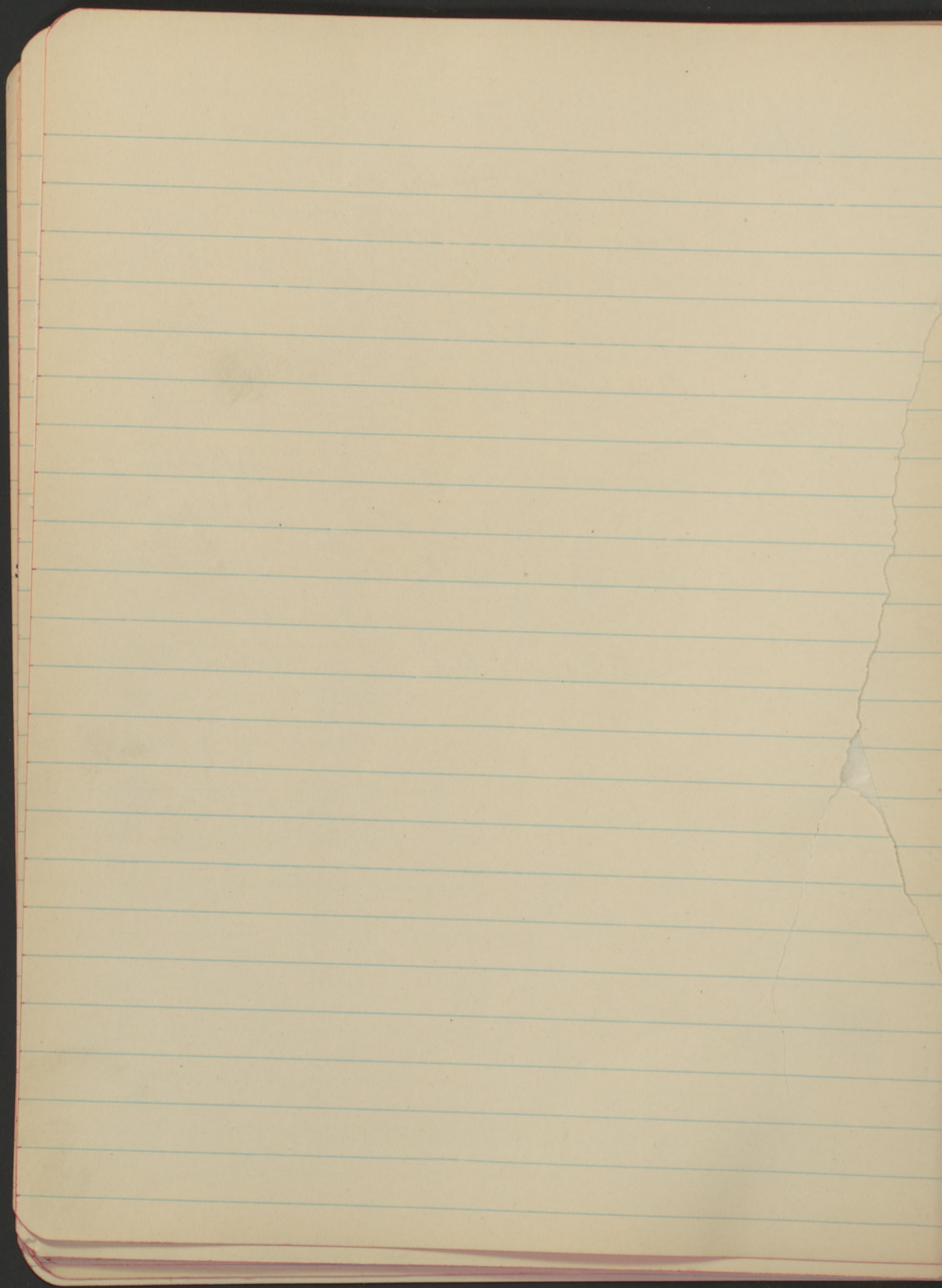
Sneezing; Vomiting; urinating; def; swallowing.

Cerebro-Spinal.

Cortex discharges lower arc.
May be damping effect.
May be new formed reflexes.
Lesions retained abd. & Crem. good sign.
Permits discharge affect. - not complete injury.

Reflexes

Increased: by irritation of lower reflex arc.
By destruction of inhibition.
Irritation of Inhibitors causes weakening.
Tabes. Peripheral neuritis.
Inhibitory fibers are in lateral columns.



Dec. 08

Stomach Indications for Operation:

1. Uncontrollable diffuse Haem.
(30% ulcers die in Haem attack)
2. Rapid loss weight. (no other cause).
3. Dilated atonic Cond.
4. Obstruction - Benign or otherwise.

Post gastro-Enterostomy.

- a. Ang. of Trite.
- b. Incurse Peri. expose stomach
- c. Replace all but parts used.
- d. Resect for Malig.
- e. Always loosen adhesions. app. etc. g.B.

Benign Obs:

1. Sarcinae - yellow Cotton Bales.
grow only in r+cl.
Don't wash first.
Large & Small - are digg.
2. vomit large amt.
3. Dilatation.

Lactic acid B.

Lugol neg.

abd. Paralytic. (Poor Intrauterine development)

1. Long.
2. arch acute.
3. misplaced organs.
4. St. Verb.
5. Colon V. shape
6. atony. Constipation.
7. Fl. R. Kid.
8. Fl. 10. Rib.

Umb. Hernia:

May be small.

Cause severe st. trouble.

Cramps.