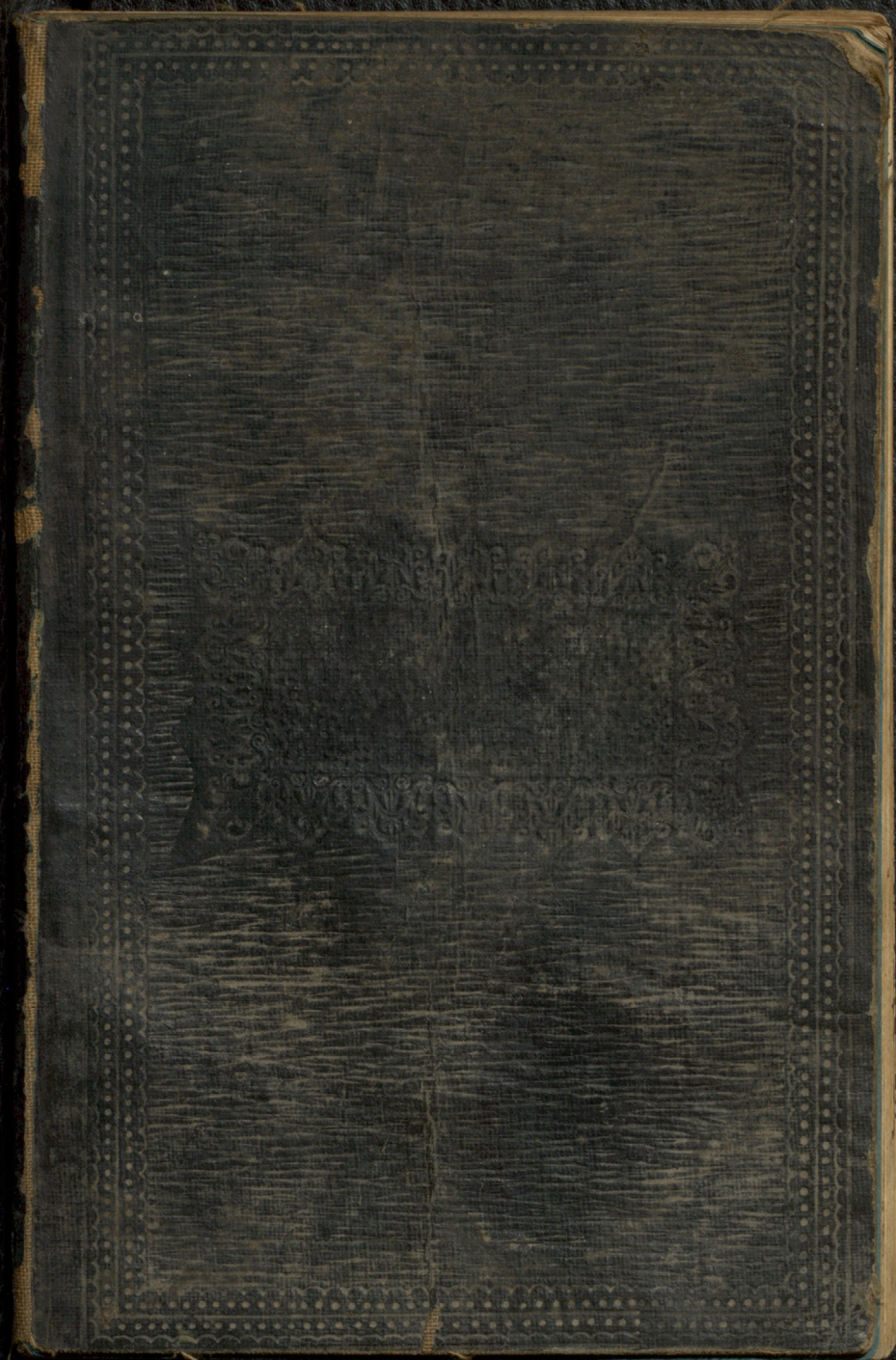






W. H. Holmes
(8. Nov. 1858. 39)

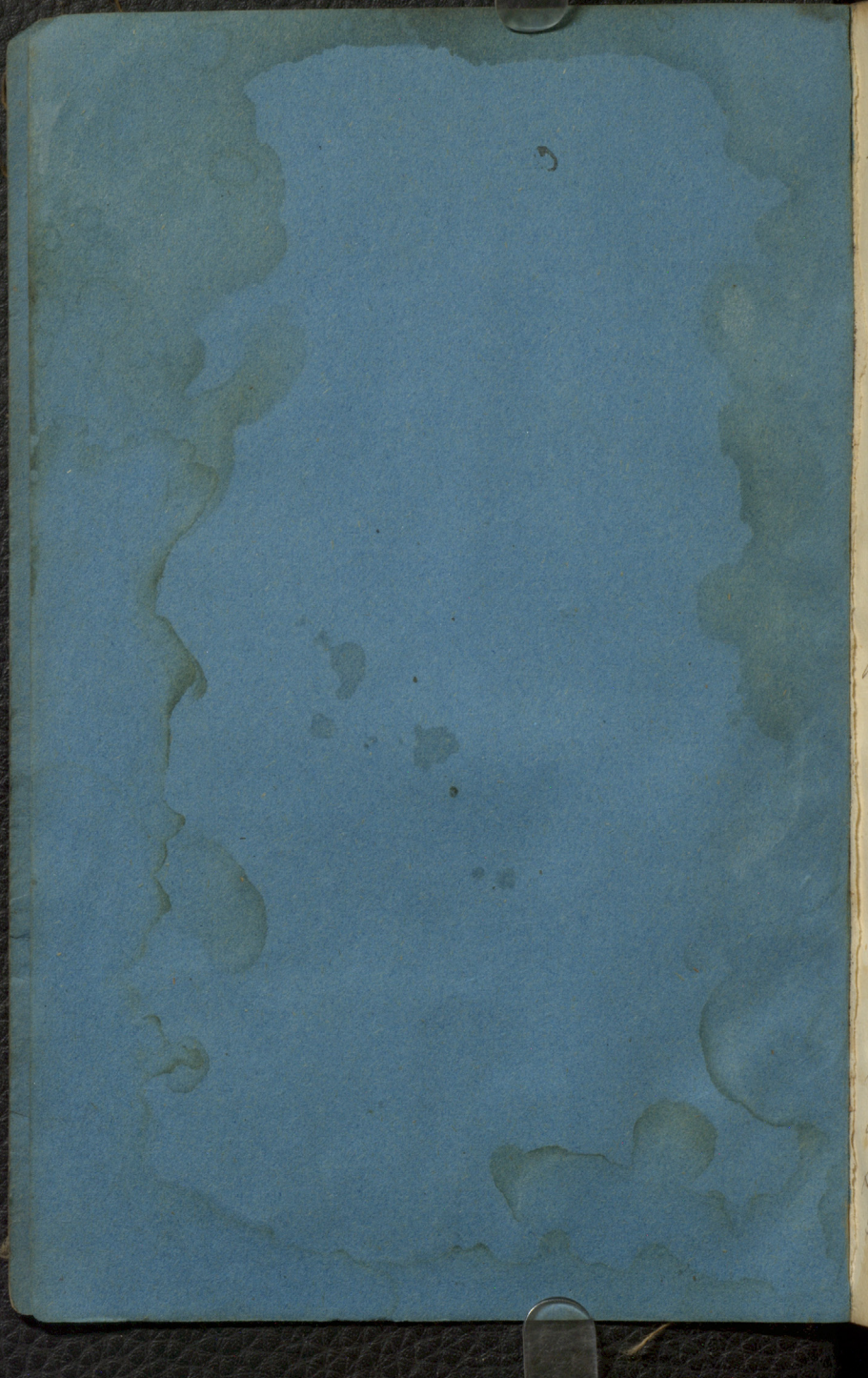
Theory & Practice

Dr. Holmes

2 to 4 P.M.

Notice

Lora Taylor May 4/67 CB



Nov^r 1858-59

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Dr. Holmes

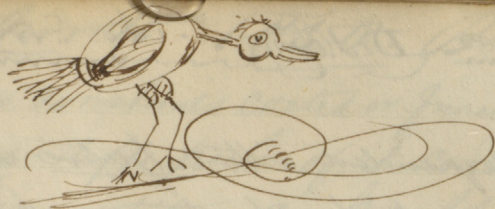
Practice of Medicine

Pathology embraces investigations of disease, putting aside modes of cure. Pathology divided into General & Special: ~~Pathology~~ : & into Semeiology - Diagnosis. Prognosis. Nosology, or nosography. Therapeutics. Prophylaxis: Hygiene one of departments of prophylaxis.

Sign is a mark by which you may distinguish one disease from another; symptom more general. Symptom less conclusive than sign. Sometimes no of symptoms up to in diagnosing ^{a particular} disease.

Cough is a symptom may be bronchitis phthisis pleurisy &c. but tubercular expectⁿ with other signs symptoms as fulcrum on percussion sign of Phthisis: Essential & accidental signs of disease

Pathognomonic sign is unmistakable.
Negative signs occasionally valuable
as much so as affirmatives.



Dr. Andrew Ferdinando Holmes
L.L. D. &c.

Dean Medical Faculty,
University
of McGill College,
Montreal.

Wm. F. O'Connell Whitwell.

Philipsburg
Canaan East
Missouri Co.

St. Armand West.
Diet Bedford

We become acquainted with subjective signs this description of patient: subjective sometimes become objective: signs in children generally latter. Experimental signs - as testing the arms or observing it thro' microscope - operations of percussion ^{and auscultation} to properly experimental signs. In investigating symptoms observe objective signs; more valuable than subjective.

Face & hands or the parts generally uncor. furnish important signs.

Position an important sign; & state of rest.

The face shows state of Circulation.

hectic fever detected by red patches; jaundice yellow skin - in difficulty of breathing blue lips or lividity of face generally will mark Expression of Countenance important sign. In Pleuritis peculiar drawn expression of face.

The tongue: consd. in regard to surface form, color, papillae: mode of moving it: occasionally papillae enlarged

Nov 10th / 1858. B.L.

Tongue is sometimes coated or furled with white covering - diff. parts of it covd. In fevers & inflam. white - dark or black appearance in typhus or near death. Tongue of diff. size - enlarged in dyspepsia

Papilla sometimes elongated: called strawberry tongue: red points sometimes protrude through white coating. In paralysis tongue difficult to manage: also in fevers.

The Eye. may be sparkling or dull, suffused or watery: or distended as in dis. of brain: in children eye sometimes open in sleep indicates dis. of brain.

Pupil v. dilated. or v. contracted. In compression of brain generally enlarged. In irritation of brain pupil contracted. Eye tranquil - sometimes, staring, in agitation sometimes protruded or sunken. In great exhaustion eye sunk into orbit. Peculiar color about eye in diff. diseases.

Sometimes we meet with Convulsion called *Oraus Sicconi*: thought to be prod. by peculiar plant in Sardinia: green appearance to face

+ grinning: exhib^d in Pentonville & elsewhere
Faces Hippocratic visible sometimes in
patients who die after great exhaustion.

Paleness of face, nose shrunken, eyes sunken.
forehead skin drawn firmly.

In Phthisis teeth often pearly white.

And the gums furnish signs.

The hands shew as Condition of Circu-
lation: also dry or moist state of hands
dry: nails sometimes blue: heat of
body disc^d. by feeling hands.

The Pulse thro' it we discover the state
of heart's action: maybe large or small
soft or hard: by large pulse we under-
stand that artery is fully dilated.

Hardly commonly attends full pulse, tho' it
occasionally exists with small
pulse called wing: Small + weak
pulse called thready: Vermicular
pulse both indicate extreme weakness.
Pulse may be fluttering.

Pulse varies according in rate of beating
pulse may b. regular or irregular

irregular in force: intermitt^g pulse - cessation
of beat. Sharp & jerking pulse. produces
sudden flow on fingers: Common in inflamⁿ.
Sometimes exists when no other abnormality of
pulse. False varies in frequency - Foetus'
heart 140 in a'. As persons advance
in life pulse becomes slower.

variation of pulse - when pulse becomes
v. fast not sign of strength.

Pulse in one ~~arm~~ wrist of sometimes differs
from that of the other - in aneurism of
axillary artery. In many cases pulsation
at heart lobe examined as wrist is not
sometimes a true index.

In examination of Chest: shape & size to be
cons^d. In persons predisposed to apoplexy
Chest sometimes round or Hb like.

Flat chest noticeable in Phthisical
patients: bulging of Chest observable some-
times one portion is depressed: measuring the
chest related to. Hearing employed in inves-
tigating des. of chest.

Percussion & auscultation ^{used} in disease of
Chest, Dis. of heart investigated by
percussion & auscultation.

Symptoms Nov. 11th 1858

In abdomen - touch generally enlarged.
stethoscope sometimes used - per-
cussion may detect dis. of liver & spleen.
Touch or pressure may detect inflamⁿ.
supplicated enlargements.

Symptoms from excretions

Urine & feces - state of urine symptom
of disease in whole system is:

Sweat, occasionally acid or alkaline
In death peculiar odor of body
dur. last perspiration.

Symptoms Connected with Disorders
of Mind. Some
on

Occasionally brain is affected & then is
an derangement of mind. Generally other-
wise however.

Wakefulness or insomnia indicates
excitability of brain Cannot continue
long with bad results.

Mind varies in its diseases as body.
Mental faculties in diff. states of power.
State of temper sign - irritata or inacta
A hopeful or despairing state of hair
Sensibility often increased, hearing, sight &c
Senses frequently perverted. Touch frequent
at P cold & hot become mutually changed
Clams hysterics. Numbness & tingling
Common sign of dis. In Epilepsy frequently
Creeping ~~symptom~~ sensⁿ pr. end of extrem^s.
to head: when fit comes on.

Diagnosis . . .

Means distinct. in disease. Diagnosis.

In every Case certain group of symptoms
diff in value: direct & indirect

In Catarrh. - signs, fever, Cough, ^{diff. in breathing} ~~asthma~~
expectoration. The first three not conclu-
sive, but latter confirms opinion of its
being bronchitis. Grounds of the symptoms.

Diagnosis, - divided into general & particular
1. Distinct between sympt & disease

L

6. Means of distinguishing chronic from dis. & organic

7. Transition from spasmodic to inflam-
matory pains.
Differential has reference to distance between
each individual disease.

Principle source of diagnosis is symptom-
atology. Examine patient with reference
to pains or uneasiness then form
symptoms; wh. influence ^{on} diagnosis.
History of disease important in
diagnosis.

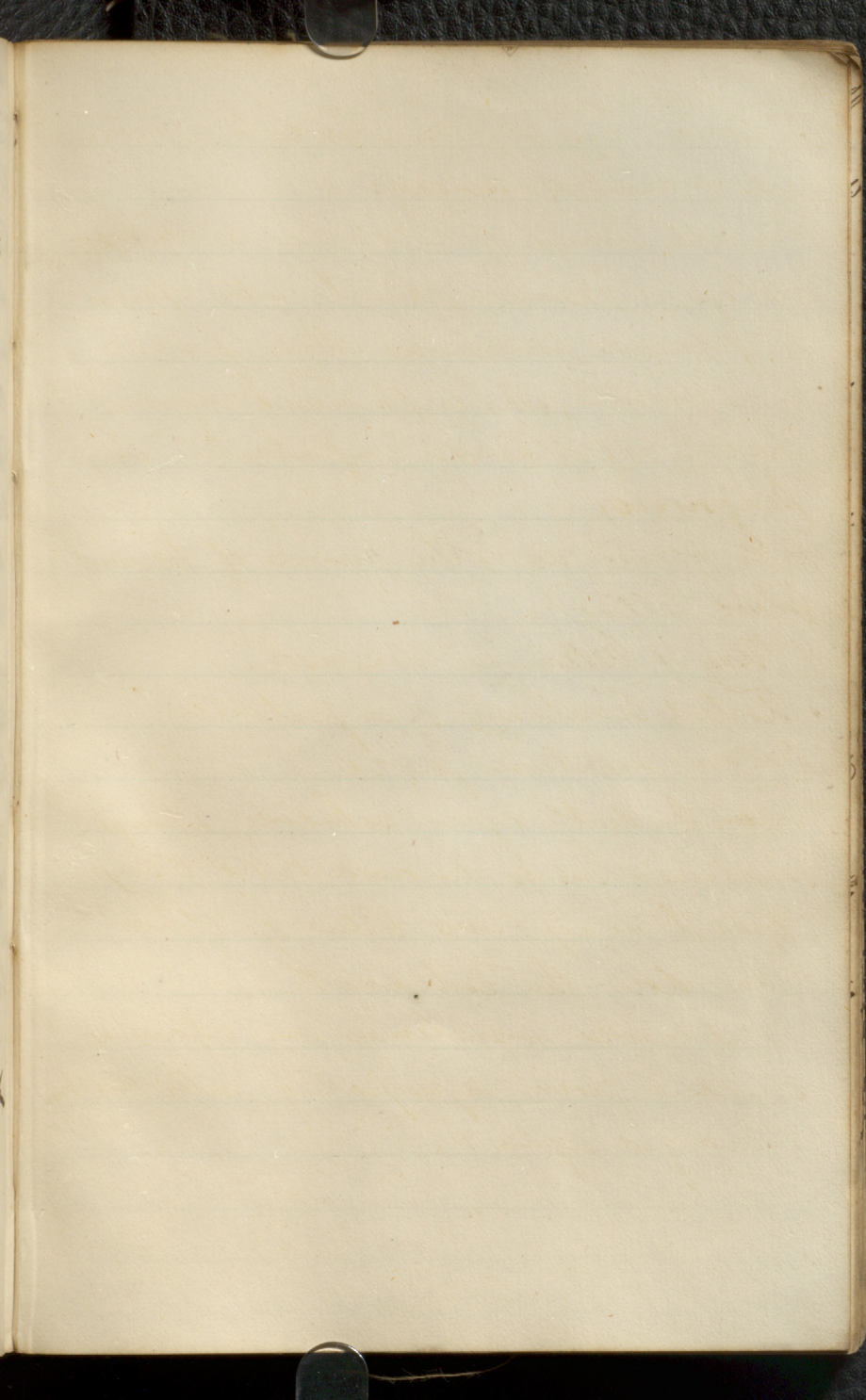
Table formed as to the powers of hearing
(blood telling).

2nd Way of determining disease.

Morbid Anatomy of importance,
diseases sometimes feigned.

~~Organs~~ In double organs as kidneys & lungs
sometimes one is diseased & no very
evident symptoms occur as other
organs does the lacteal duct.

In disease sometimes one organ is
diseased from sympathy with another
decayed organ.



... from ...
...
...
... individual disease.

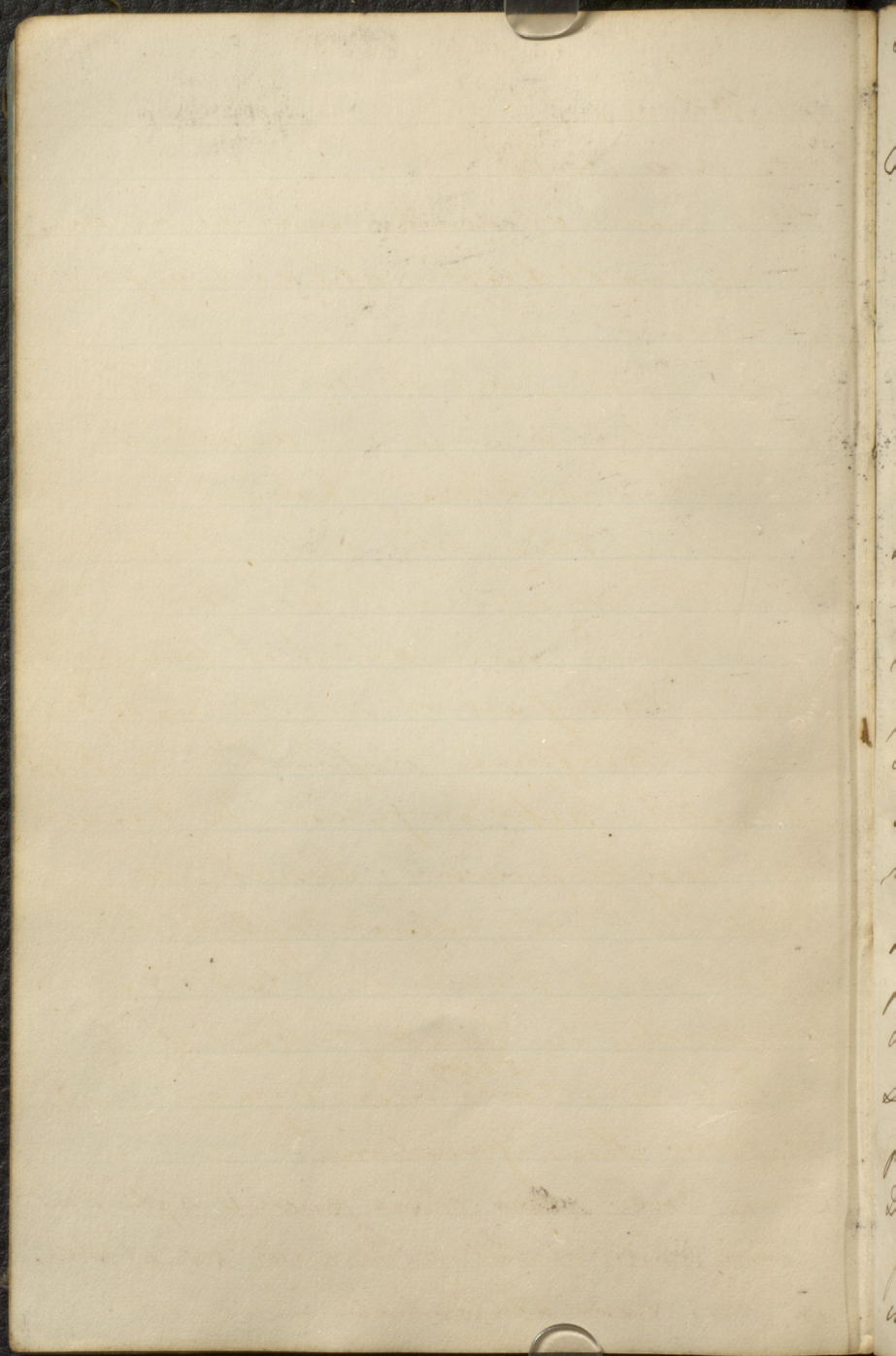
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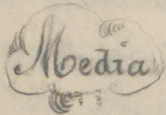
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Monday. Nov 15th 1858

Dr. Holmes.



Prognosis Cordis.

Diff. modes of death: syncope, ashenia
fr. disease of heart - apnoea & asphyxia
& Coma: "

When upper part of Medulla oblong.
is affected or injured death sudden
also when includes phrenic nerve,
but injury below this may not be attend-
ed with immediate death.

Some poisons have effect of benumbing
particular part of med. oblong or brain.
But if artificial respiration be kept
up until actⁿ of poison be passed
life maybe preserved. Sometimes
paralysis is gradual; affect lower
part first & ascends. Medulla may
be affected in small portion of its
substance. Parts ^{higher} below injury may
perform their functions.

Death may occur from general affection
from whole of the organs. in no of dis.
in fear from alteration in blood.

Poisons may be absorbed into blood, deprived
of a certain portion of its vitality.

Poisons may be from without or within
bite of poisonous animals. ■■■■■

Death from Necrosis:

Usual effect from poisons in blood
is change in its composition: putrid
condition of blood, as in severe typhus
fever, shown by petechiae or spots on
body.

Etiology

Heads of Causes of disease. In some
cases dis. arise spontaneously. In
some cases causes can be ascribed
they ^{can} judge accurately from one or two
cases: Certain circumstances can be
said to be causes of disease when we
find frequent connection between
them.

Causes of diseases divided into
i Remote ii Proximate. Remote divided
^{into} Preceding & causative
Proximate causes defined. That which
then present causes disease.

Proximate Cause known to be the essence of disease.

(Proximate causes.)

Term proximate Cause will be synonymous with Pathology: as in speaking of Consumption - pathology consists in deposit of tubercles in lung.

By proximate Cause we understand that morbid deviation from health.

Organic & functional proximate Cause. Organic divided into the state in which some material which is already in the body is deposited.

In diabetes action of organ increased; in ischaemia urine diminished in quantity & perversion of urine.

Remote Causes. divided into predisposing & exciting.

both generally necessary to produce disease

Sometimes diff. to determine whether a predisposing or exciting Cause.

Biostat describes life to be the aggregate of means whereby it resists external injuries.

Lucius
Predisposing Causes of dis.
1. Hereditary.

=
Dr. Holmes.
Wednesday, 17th Nov^r 1858

Exciting Causes

Divisible & common to all ii Specific.
^{Cognizable} or noncognizable signs.

Among ordinary causes circumstances of mechanical nature: as accidents. A light rubcloth may induce apoplexy or cerebral congestion. Mechanical causes acting internally. Stone in bladder full stone. Internal strangulation.

In respiratory matters air carried into lung loaded with deleterious substances. stone cutters. filices. miners &c. liable to this form of disease. Disease arising from pressure as from tumors. Shock. Good when mech. violence is great.

Chemical Causes

Whichever tends to produce change in

Composⁿ of body induces disease, as acids,
uneasy feelings produced by irritating
material within bowels - induced by
Cathartics. Blood becomes altered in
diff. dis. occasion^d Contains poisonous
matter.

Injuria. Produces derangement by
mechanical & chemical way. Food
may be injurious in many ways.
Defect in quality & quantity.
Condiments have no nutritive quality
sh^d be taken in great excess. &
Liquors in l. quantities & too often
produce injurious effects.

Food may contain improper mixtures
or adulterations. ~~Barley~~. Wheat
may contain Ergot of rye: produce
dis: called Ergotism: ~~Barley poisoning~~
~~etc.~~ Variety in food necessary
Magendie's experiments. Food must
contain azote. Disease may arise
from too large quantity of food.
Plethora unaided, Defect in nourish^t

induces general weakness. Body more susceptible to disease.

Violent bodily exertion may be an exciting Cause. may give rise to inflammation: hæmoptysis or hæmorrhage rupture. Liver apt to be oppressed. Excess of certain organs liable to produce disease.

Violent exertion or hæmorrhage produces dis. of Kidneys or Bladder.

Strong Mental Exertion.

Sudden death caused by excess of fear, joy, surprise. Debility produced Asthma or disorder of function of heart; induced.

Retention of the Evacuations

If absorbed tends to act as poisons. Faecal matter may be absorbed or urine. Uræmia produced by latter. Retention or diminution of Catamenia induces disease.

An issue or unnatural discharge may if dried up for some period

injury. Even driving back of Eruptions
On skin liable to produce deleterious
effect.

Excess of any discharge.

When pressure ^{has been} applied to any part &
suddenly removed may produce
debility.

Temperature. Changes or extremes
of temp: extreme cold, oppresses
weakens & paralyzes body: heat
Sir Astley Cooper founds that animals
kept ~~still~~ immersed in cold water &
at afterwards generate heat
Immense degree of heat can be borne.
over 300°. Cold heat debilitates body.

Coup de soleil may produce death.
Standing before a hot fire Eruptions
produce change in spinal cord.

First ^{effect} of cold directly destructive.

All secretory checked sensibility impaired
Surface become pale. if longer dead
white sensibility lost.

When infl. of cold is general it produces
typhus, &c produced. It what has
been exposed to cold usually presents
Wheat liable to Chills &c

Cold ^{Intensities} produces bad effects not on pt.
on which it has been applied, but
on another pt of body.

Cold of feet may produce sore throat,
inflamm. of ^{lungs} body or lungs: Emission
by it prod by Congestion
General cold usual less injurious
than partial cold.

During sleep cold ^{injury} liable to produce
bad effects on a pt of sanguine
Circulation.

Local Causes of Disease.

Supposed to be caused by certain poisons
in certain places. Arise from eman-
ations of earth or from exhalations ^{body}
or from malaria or Contagion
Endemic, epidemic, or infectious
Called Zymotic diseases.

Ague exists in swampy districts.

In mountainous districts persons living
in valleys subject to fever. Endemic
disease prevalent in certain locality
Juncia worm in ^{Asia} India supposed to be
endemic cause of disease.

Calamities of hair in Poland called
endemic altho' it arises from defici-
ency of cleanliness. Ague or intermittent
fevers caused by peculiar emanation
from marshy lands - called
miasm. ^{marsh or swamp} effluvia or malaria.

Of nature of marsh miasma we know
nothing. It is a discovery made by Wh.
we may discover state of weather.

Sepometer, actual amt. of putrescent
matter is determined by means of
Potassiumate of soda. Balls of ^{magnesian} an-
hydrous from Africa & Asia. Davy
thought it arose from sulphuretted
hydrogen but afterwards found to be a
mistake.

Dr. Holmes

Thursday 18th Nov/58

Malaria requires a certain, not too great a quantity of moisture with heat. Attacks of disease arising from malaria periodical. The disease ^{affairs} those not acclimated particularly. Chief results of malaria intermitt. & intermitt. from yellow ^{fever} & plague commonly supposed to arise from malaria also dysentery & nervous dis.^s Effect of abrog. of malaria not always shown immediately. In case of English Army sent to Holland were affected with dis. arising from malaria 8 or 10 mos. afterwards. Intermitt. often occur in Spring, explained on the above facts.

Epidemic Diseases

Occur at all times & in all places not confined to ^{any} locality. Often almost universal called pandemics, when virulent called pestilence. Causes of Epidemics

attracted to Atmosphere: in what manner
not known: Animals very liable
to Epidemics. Ozone supposed to be
O. in a peculiar state, great de-
seigning effect: held at one time to
be Cause of Cholera.

Ova of animals or seeds of vegetables
said to produce disease by being
absorbed & entering into system Cause
irritation to: Itch caused by animals
Diphtheria said to be effect of vegetable
fungi. Ferrugo & various skin dis.
caused by micro animals or skin mites.
Infectious Diseases

Derived from some matter from bodies of
persons labouring under dis. of this infec-
tious nature. Contagion employed
in more restricted sense than infec-
tion but used almost synonymously with
infection. Sometimes more applic-
ed of virus to thin part of skin - eye
mucous mem. of nose. will cause
the disease.

Holmes

Friday Nov^r 19th 1853

Therapeutics

Mechanism of medicine. All matters tending
to decay & death. Principle in the body
opposed to disintegrating tendency - or wh.
tends toward off disease.

This principle called Archæus, by Van-
Helmont; anima by Hæst. Cullen
calls it Vitalis medicatrix natura.
found to act both in regard to
solids & fluids. To look at this
power as less than instinct.

Existence of Vitalis medicatrix illustrated
In Cases of hemorrhage: The artery
wh. has been cut contracts & escape of
blood prevented: Artery has been tied
in animals & death has not followed
Anastomosis proved.

When an injury has taken place
in body nature sets up inflammation
but this is not to be let take its own
course. ~~Recommends~~.

Carr recommended that wounds
should be left as much as possible

to nature: ^{is} *Primum diligenter medicari*

Q In great majority of cases disease
will get well of itself.

Keep in mind differences in Morades
with regard to their Curability.

Always ^{let} well alone in disease.

Tuesday 24th - 58.

Inflammation

Redness swelling heat & pain in
external inflam: only one or two
met with in internal inflamⁿ
When a part has been injured
feeling of soreness & pain more or
less redness. If not extensive
produces no const^t symptoms.
If injury is serious & Circula-
tory system affected. Pulse
increased in strength, fever
Pains in diff pts of body. Then
feels up & down sympathetic effect
of local inflammation
head may ache - stomach - kidneys
thirst - tongue coated. This state
called inflammatory fever.
Met with in external & interⁿ
inflammations: Called also
sympathetic fever, symptom-
atic - Called pyrexia by
Cullen.

Under clasp Pyrexia are several orders
Phlegmasia - The term from somewhat
ambiguous - used synonymously with
pyrexia - sympathetic or symptomatic
ought to be prefixed ^{to} when we mean
the latter. In Pleurisy - person says
with shivering fit. At commencement
of Inflamⁿ many few symptoms of de-
pression: headache pallor: similar
to symptoms at commencement of
ague fit. Signs wh. indic^{te} internal
inflam 4. 1 Pyrexia 2 Pain seated
in an organ 3 Disordered condition
of function of that organ. 4 Disord
state of circulation. Often all
signs of inflamⁿ absent.

Dyspnea proportionate to local in-
flammation & importance of organ
concerned. When inflammation
has been extensive & patient
weakened often fever of a re-
mittent nature - sweating - hectic
fever.

Pain commonly present in internal inflammation: felt diff ^{or} agrees acute pain where serous membranes are affected. Pain of disordered mucous memb. dull, also inflam. of parenchymata of organs.

In endocarditis & pericarditis frequently no pain at all.

Pressure often shows tenderness of pts. or organs, as in Peritonitis. In pleurisy, in dis. of liver, pain on pressure sometimes felt.

Pain accompanied with tenderness generally sign of inflammation.

In inflamm of syn press laid no pain.

Pain not by itself is a confirmatory sign

When eye becomes inflamed it cannot bear bright light.

When larynx affected Cough.

Stomach affected vomiting.

Bladder is affected dysuria: Ex: of derangement of function.

In Peritonitis thoracic respiration
an important sign: derangement
of function one of the best signs
Not always certain however as these
organs are double as kidneys.

Or organ may be only partially
affected: as liver.

Physical signs, as percussion &
auscultation ^{diagnosing} import. in diseases of
Chest & heart. Crepitation heard due
to presence of fluid in cells of lungs.
If sounds are those of fine crep-
itation we know that lung itself
is affected. If there is coarse snoring
&c we know bronchial surface is
affected. In inflamⁿ of liver pain
of shoulder frequently complained
In inflamⁿ of spinal marrow pains
stretch around thorax. In inflamⁿ
of bladder & neck of bladder pain at
pt. of penis. Actions serve as signs
In inflamⁿ of brain, & mark some
times vomiting

When bladder is inflamed patient
makes violent efforts to expel urine.
due to action of muscles

Alteration in Nature of blood
important sign in inflam.

Blood becomes changed: serum is
changed contains more alb. than
normal. Clot contains more fibrine
tendency of fibrine & coloring matter
to separate: Buffy coat, yellowness of
surface of blood after it has stood
a short time. Does not occur in
first stage of inflammation.

If blood flows in a full stream
buff will form: If you wish to detect
buffy coat draw portion in deep
vessel: Buff appear on blood
drawn from Arteries & veins.

If blood does not contain a
quantity of fibrine buffiness
not seen.

Physiological action of blood when
it is not diseased: it coagulates.

after a short time. Drops of fluid form
on surface. serum; Crassamentum
fibrine + blood corpuscles. Blood
Coagulates in diff^t times. Sometimes
be. 5' or 30' or 40'. Supposed Coagulaⁿ
due to diff. of heat - disproved.
Late Physiologists regard it as a
vital action. Todd + Bowman explain
Coagulation of fibrine in this way
Richardson thinks Coagulation
of blood due to Ammonia.

Inflammation Wednesday 24 Nov^r/58.
In nearly all inflammatory exudates,
there is increased fibrine + lymph or
blood globules.

Rate of fibre in blood 2 pts increased
to 4 1/2. 5, 8, 9 average 4 1/2.

If blood is drawn in diff. cups buffy
coat not seen in all. Doctor
Alison thinks it due to vital
swiftness that fibrine parts from
After inflam. has ceased without cause.
in urine. Thick sediment or lateritious
sediment.

- Inflammation -

Three varieties of buffy Coat.

Sometimes ~~are~~ Coagulates very firmly.
hollow or cupped appearance of blood
due to violence of Circulation & inflam-
matory action. Inflammation of phrons &
serous texture ^{mem} both etc attended with
Cupped condition. In some cases meet
with buffy blood which does not contract in
this manner. Cassamentum softer &
separation not so decided.

3 Form buffy Coat abundant.

Separation of red globules not very
perfect serum strewed with them.

This appearance met with when
inflammations occur in other
diseases.

In inflamⁿ of mucous memb. buffy gran-
ulate marked: when serous memb.

Blood buffed & cupped in Pleurisy
Cystitis pleuritis.

Tendency to effusion.

When cases terminate quickly
in resolution there is less effusion.

Effusions

Effusions - ~~the~~ serum of blood exudes, after a time again sanguinous; effusion occasionally purulent; colorless occasionally cold sometimes serum intermixed with pus. When inflam. has lasted some time, as in Phlegmon, centre hard acute adema occasionally.

If inflamⁿ. continues, Globules of pus with other effusions:

First serum; next fibrine with serum afterwards pus:

Quantity of effusion various.

Serum constant exudation from serous membranes. In Pleurisy large quantity of serum thrown out.

On brain coma lost on consequence of inflam. When brain infl. memb. wh. surrounds it throws out serum wh. often occasions death, by its pressure.

William Whitwell

Montreal Montreal.

Jan

18

Effusion
of Serum & Lymph.

Thursday 25th Nov 58

Effusion often occurs on pts wh. are inflamed & hinder circulation thro' them, thereby create sloughing.

Effusion of Coagulable Lymph or fibrine first fluid, but becomes viscid & jelly like & yellow color. Fibrin not effused or coag. as serum. fibrine usually mixed with serum; sometimes alone.

Effusion of fibrin indic. higher degree of inflammation than ^{that of} effus. of serum. Fibrine forms into mass & becomes solid. in some cases: often in sepsis

in serous memb. for thin layers. over membrane: Celled adontothelial membranes frequently remain & become pt. of the body

Effus. Lymph occurs in serous & mucous membranes: as in croup. in effus. into larynx. When lymph & serum effused together appearance diff. Just may float in the latter. If serum is suppressed great adhesions sometimes prevented. Disposition

of lymph become organized: If quantity
of lymph be not v. great may be absorbed.
If v. great humor becomes vascular &
vessels form in it. vessels of neighboring
part extend into lymph. vessels also
actually form in lymph itself. Lymph
is plastic: from the facility with which
moulds itself to other organs.

Emplastiv, Encoplastiv, aplastiv.
This organization of lymph sometimes
occurs very rapidly: in 24 hours.

accord' to Sir Ed Home: Adhesion from
of coag. lymph exhibited in healing of
wounds when lymph is poured out.

In phlegmon or common abscess. Time
of incision formed by lymph when pus
forms cannot escape, otherwise it
causes inflam. by being absorbed
by healthy pts.

To prevent inflam. spreading cut
part up if possible.

Altho pouring out of lymph is generally
hospitall sometimes becomes hurtful
as in case of lymph produced
elsewhere

Even after a long period the Effusion of
Lymph may be injurious: as a band
may be formed & the intestine may
be forced into orifice & strangul.
may take place.

Event of Inflammation

Suppuration

Formation of pus How. When pus is
about to form diff. symptoms occur.
necessary that disease, sh. have
lasted some time: As in Common
Phlegmon: first becomes red & swollen
tender then symptoms gradually
increase. Pain changes becomes
dull & heavy & even sometimes
disappears. If pt is not
affected of disunion as in Osteo-
phorus or in Ocular textures,
pain will not diminish.

General symptoms of fever alter
skin become moist. The part
wh. has been hard becomes softer
night fluctuation is felt.

Inflammation sometimes preceded
by chilliness or rigor.

When a person has been suffering
from ~~rigor~~ inflam. for some time
& rigor come on we may be certain
of suppuration generally. In
Inflam of ear, rigor come on,
Pus may come on in a few
hours.

Three circumstances, wh. favor supp.
1. Intensity of inflam. 2. Access of
air 3. Peculiar condⁿ of blood.
Analogous or homologous effusions,
those wh. exist in body in health.
Pus heterologous; or nonanalogous.

Formation of pus vital action, pus
ought to be marked change in condⁿ
of liquor sanguinis. Doubt as to
whether it is first formed in vessels
or exterior to them. See the following
stages. Quantity of liquor sanguinis
thrown out into fluid 2nd Coagulable
fibrine remains same is absorbed

granular bodies formed in fibrine which
change into corpuscles prot small
but gradually grow up into pus globules
When pus poured out on surface of
membranes called purulent
effusion. Matter has initially a
tendency to surface

Tuesday 30th Nov 1858

In separating mortified parts not
much hemorrhage, natural closure
of blood vessels.

Two modes by which a person may
die of mortification: Collapse
or exhaustion or absorption of
noxious matter into system.

Come prod^d by profluent weakness
prostration pulse rapid & v. weak
Coldness of whole surface often
Combined with clammy sweat.
When gangrene has set in pain
entirely ceases often with regard
to internal gangrene.

Typhoid symptoms - lingre any & black
low muttering delirium, passing
frees & urine involunt similar
to symptoms of typhus: Persons
have recovered from gangrene of
diff. parts. Mortification may de-
pend on intensity of inflamⁿ.
Common: weakness in part affected.
If an organ is in a state of venous
congestion mortificⁿ apt to follow
inflamⁿ: Debility favorable to
mortificⁿ. Poisonous state of blood
favorable to mortification: Peculiar
food as Chat Coul^{re}. Expt of Age.
External mortifⁿ differs from inter.
Callu generally black internal not always
so - grey. ash yellowish color - lacte
Color of liquid which may be con-
ducted into part. - Former Remains
upper particularly to external mortifi-
cation. Of Disease called Melanosis
Sis appearance of black mortificⁿ.

Mortification

Sloughing Common in upper pt. of throat; not in lower as larynx. Not in pharynx & oesophagus - or veins or arteries. Bone suffused mortified - as suppuration: Occasionally whole bone will die called Necrosis. When bone is destroyed periosteum will secrete new bone material - abscess process opens space in new bone so that sequestrum can escape.

Lungs Commonly affected with mortification: all of their peculiar tissue: just blk: becomes softer. pulmonary tissue becomes brown blk - pulpy -

Liver sometimes found mortified Kidneys occasionally.

Symptoms of mortification of internal parts - as before with necrosis - Cannot be perfectly sure that mortification has taken place. Patient may have lived. Occasionally

these symptoms not reliable. In
Jaundice of lungs health very dis-
agreeable.

Jaundice semilis: occurs in old age
In poisoning from Ergot of Rye. causes
Ergotism from eating Ergot in Rye
bread: disposition to jaundice
upper & lower extremities. Mode
of action unknown.

In Charbon: Cause poison introd.
into body: in dissection around.

Effect of inflammation: hardening
of textures: parts become softened
by inflamⁿ after acute inflam.

Former occurs in Chronic inflam
latter occurs in mucous membrane
in hair. Parts become altered in
condition: bone or cartilage may be
formed where they do not belong
or with other textures. As result
of inflammation increases discharges.

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W. Holmes Mon. Tuesday 7th Dec. 1858

Treatment of Inflammation

General resemblance in treat: of all variety of inflamⁿ.

Treat. of inflam: to be modified according to
Circumstances character of inflam
Cause of dis: state of patient.

Active inflam. generally requires
active remedies of depressing nature
to bring down system.

Indications: Reduce action of heart
& arteries - withdraw blood.

Act upon extreme vessels.

Heat - antiphlogistic.

2 varieties: 1 Therapeutic 2 Regiminal
latter: low diet: quiet: no stimulus:
slowation in fact: allow drinks of
mild nature: Thirst is exciting Cause
& water dilutes blood: Heat ex-
cluded generally: not in inflam of
lungs: ventilation: those means
preventive or assistant.

Dr Bennett's plan: the important treat:
be considered ^{that} inflam: as must run
a certain course.

Dr. Alison Dr. Bennetts opponent
recommends bleeding as the first of all
antiphlogistic remedies.

Dr. Holmes' Case of inflam. of womb.
woman had ~~been~~ been weakened by flood
previously - Case of placenta previa -
she womb felt a lower pt. of abdomen
pain bleed to extent of 18 or 20 3 relief
immediate: + permanent.

Blood is stimulus to heart: as fuel
to flame: increases inflam. the bleeding
also diverts flow of blood.

Blood letting not employed in every case
In symptomatic febrile inflammation
important + generally blood letting aduante
False guide as to propriety of venesection.
Frequency not indication for bleeding.

ordinarily from 90° to 130. Generally
faster when patient is weaker.

Bleed if inflamⁿ. occurs in an impor-
tant organ - as in brain -

Time for bleeding generally in early stage
not later on account of weakness from
inflam. + changes which may have occurred
in ~~inflamed~~ organs.

~ Inflammation ~
treatment - Bleeding -

Age, sex, strength to be noted in regard to bleeding. Object of bleeding is to produce effect upon system: effect according to mode of taking blood: large incision produces quicker results & standing than the recumbent posture. Bleed generally till some effect is produced. if pulse becomes softer or patients symptoms relieved bleeding may ~~not~~ be stopped. Sometimes bleeding performed in recumbent posture & suddenly raised to semi-erect when syncope with or an approach to it will probably be produced. Bleed generally till some effect is produced not to certain quantity. Often one bleeding is sufficient when not repetition should occur before effect of first venesection has ceased. Hardness of pulse reason for venesection: but sometimes in peritonitis pulse not hard. Chesac calls pulse in such cases "no fallaciosa".

Inflammation
Treatment by bleeding

effect of bleeding is to make pulse softer: & produce effect on system.

Mode of Venesection

Locality not generally important. occasional in artery as Temporal external jugular vein sometimes opened: not usually employed. Difficult to stop sometimes. Dupuytren in operating ^{on neck} heard bubbling due to entrance of blood: In operating near neck be careful not to cut any large vein: on ac of danger of air entering. Not necessary to bleed till syncope is produced: weakness sufficient. Severe dyspnoea: stick in side: headache often immediately relieved.

{Wednesday holiday:
"Conception" - -}

Thursday 9th Dec^r 1858
Bleeding
in inflammation

Bleeding often necessary as local measure as
assistant to general bleeding. Local bleedings
where part is in a state of congestion &
where patient is weak. Local bleedings
in place of general. Cupping or leeching
in weak patients: latter in young
children: Local Haem. & prodromus
derivation as at a distance: as
leeches applied to feet in head dis.
in children.

It has been found that inflamⁿ
precludes tolerance of blood letting.
Persons labouring under congestion
of brain can bear 40 or 50 $\frac{1}{3}$.

In inflammation 30 to 40 $\frac{1}{3}$
^{phlegm} ^{inflammation} must less. 16 $\frac{1}{3}$
generally 15 $\frac{1}{3}$ can be abstracted
without producing syncope.

Flow will not bear more than
20 to 40 $\frac{1}{3}$: Delirium or Convulsion
8 to 10 $\frac{1}{3}$. Dyspepsia Chlorosis 8 $\frac{1}{3}$

Among means of subduing inflamⁿ
is **Purging**. diminishes blood: Large
quantity of fluid drawn from blood.
Persons know faint from large
depositions. Among inflamⁿ's benefit
by Purging those of head: derivative
effect: used when stronger means
injurious: in inflamⁿ of chest
occasionally beneficial. In
inflamⁿ of liver very useful.

In inflamⁿ of stomach & bowels
themselves purgatives inapplicable
~~Laxatives~~ Mild used if any.

Vomiting sometimes beneficial: in
inflamⁿ of chest by mechanical
effort: especially in Cases of chest
In small doses as emetic
evacuated in head cases.

Diaphoresis: stimulating sudorific
avoided but depressing as Opium, Tan
Emetic etc. avoid. Warm Bath.

Diuresis: saline. increase flow of
urine carry off morbid material

Remedies mentioned evacuating
Others important. As
Mercury ~~being~~ &c as affect
Mouth: exerts antiphlogistic power
Acts on of all minute vessels.
& aquaous Circulation. Acts on
bowels: liver salivary glands &c
Supposed to act directly on blood
so as to remove increased fibrin
& red globules: Called by Pearson
liquefacent: Causes absorption of
materials thrown down by in-
flammatory action: Called
corbafacent. If given too often
latent poisons become latent sore
inflammation comes on of
an unhealthy nature gives rise to
sloughing. - By first introduced
by Dr. Haughton who used what is
Called Calomel & opium treatment.
in hepatitis - extended to other
inflammations. Mode of admini-
strating as Calomel: mode of

action sometimes varied. Blue Pill
used: or Hg may be used as Oritmar.

It has been observed that an inflam-
matory condition produces kind of
tolerance of Hg. First stage state
of activity of vessels & then admin-
ister Hg. Beneficial when lymph
is thrown out. In Erysipelas
where lymph is being thrown out
Hg. is of great service.

In enteric lymph thrown out
requires to be absorbed: Hg.
administered & lymph was
visibly absorbed. In croup Hg.
administered & prevent throwing
out of lymph. Given in small
doses every 2 or 3 or 4 hours.

Small doses, frequently given
In adult affections breath & mouth
the tongue fleshy & whitish. Gums
burned & whitish some
saliva increased.

Not always advisable to cease
using Hg. as immediately after
we notice its effects. Smaller
doses. Hg. affects persons
differently: some easily inflamed
gums ulcerated: teeth fall out &c
by even small quantity. Care:
taken its use. No means of
checking inflam of mouth
Application of ice: warm water
as gargle when throat is raw

Beanoz & water: turnefar
leeches. Chlorate of Soda or Potash
as gargles.

Antimony. alterative: has
been largely employed in inflammation
Effect varied chiefly as nauseating
first effect dropsical: anasarca
& emetic: given so as to keep up
continued nausea: subsiding for
blood letting.

Antimony used latterly on different
principles. Italian Plan.

When given on alteration or con-
stimulant plan large dose may
be taken ~~after a few dos~~ by grad-
ually increasing quantity.

Significant. Antimony may
be used at once.

Antimony serviceable in diseases
of mucous membrane in Pneumonia
& bronchitis. Ant. & Hg. fitted for
diff. stages of Pneumonia. Ant. for 1st
or in other diseases.

No antagonism between Ant & Cal.
Both sometimes given. Indications of
Antimony used chiefly. Calomel
fitted for Pleurisy & Ant for Bronchitis.
Friday 10th 1858 Decr.

Cold. antiphotopsia

Applied on large vessels from heart.

Heat when applied with moisture
has sedative effect. Heat relaxes
tension. one effect. also often fits
& allows phos to melt without agitating
and with ebullient instability.

Hot & vapor baths: Tepid bath gives
an soothing effect: Hot baths not
generally employed till system is
reduced.

Steam excellent topical appli-
cation indicated in inflammatory
condition of bronchial surfaces.

Purifiers

Sub. of saline nature. by acids
with alkalies. Alate must
act beneficially on kidneys.

Purifiers med: have generally
diuretic power

Digitalis. diminishes force
pulse: occasionally used but not
to the extent it was formerly.

Has accumulative effect

At first nauseating: then brings
down pulse: not down to 30 or
40 in a minute: heart may stop
its action & persons die suddenly
Not given early but after blood
letting: does not cut when

Circulation is in a state of high activity. Digit^{is} requires to be watched.

Cotichicum

Acts directly on stomach, bowels, kidneys. As antiphlogistic in all sorts of inflammations. Used now principally as specific in gout & Rheumatism equally good seems to act specifically. has effect of urinary system.

Aconite. Fr. or Ex.

Powerful remedy. anodyne & sedative. In small doses frequently repeated. In Cases of Dropsy, by Lister Belladonna. similar to Rheumatism. Opium. In small doses stimulant or as direct sedative. Can-
not give after other measures have been used: ^{as being} has particular effect after venesection: as in Peritonitis: Calomel & Opium treatment. Give 3 grs or 5 Opium after bleeding.

Inflammation Treatment

Opium without Calomel not so advantageous: For 4 grs Opium with 5 or 8 Calomel after Bleeding diminished afterwards.

Opium has steric effect in small doses: in affections of head. Creates determination of blood to head.

In inflammations of chest as Bronchitis opium given to relieve irritation, be careful not to relieve it too much, on ac of danger of producing asphyxia.

In Cases of ^{inflammation} ~~asphyxia~~ necessary to give Opium - as of abdominal contents. To relieve pain. Relieves

In 8 days Dr. Stokes gave 10 grs Opium independent of opium. In Collapse from over Bleeding or other or aneurysms a Opium in large doses.

Inflammation Treatment
Counter Irritants.

Derivation & Resolution & many more
produce inflam. in part to which they
are applied: painful. Dead Hard to
part. Remedies of diff kinds
than which set on skin are
called Rubefacients: when they
cause pouring out of fluid, vesicants
& caustics.

Rubefac.^{tr} all kinds of Astringents

Rosin. Onion: Turpentine:

if allowed to remain on too long
may produce vesicants

Sinapisms of essential import.
act rapidly: act in few minutes

Turpentine very best remedy to
apply as it can be repeated

Turpentine does not affect parts
where skin as in Croup: may
be applied prof to parts of throat.

Cupping species of Resolution
dry cupping. Novent.

Blister applied with caution
when circulation is very
languid especially in
children: parts become black
before death.

Escharification produced rapidly by
Syringium moniae: in a few
minutes: blisters raised.
Seal the pt. by applying hot
water: or dip piece of linen in
alcohol & place it over skin
& syringe it: sufficient inflam-
mation to produce blistering

Influenza

Wednesday 15 Dec^r 58

Influenza. Similar to colds:
usually in treat^t of influenza
In slight cases: confinement & house
low diet: cathartics followed by expecto-
rants. Dr Thompson recommends Cal.
as purge at commencement of attack
diaphoretic & mild expectorants Specie
& Ant Tart of cough as severe opiate
If cough is severe Ant Tar in larger
quantities & repeated doses.
lobelia also recommended: acts same
way as Specie: Complaint charact^r
by acidity: venesection not adu^sat^r
in this ap: Counter irritⁿ.

Great danger of Inf. becoming Aethina
Bronchitis: apnea not un: disorder
becomes mortal in some cases in old
persons: adreumatic expectorants
as Squills: ammoniacum, senega.
Counter irritation: recourse to
stim. as Ammonia Dr. Camphor
Oil & Brandy.

Influenza: treatment.

Opium necessary to check Cough.
Guarded as apt to dry mucous
membrane: phlegm accumulates
& fills cells of lungs:
Subsequent attack of Influenza
debility means adapted to action.
Influenza fatal to

Croup: Acute tracheitis.
Inflamm. of trachea up & down.
Sometimes called Hiccup: Hiccup
Lymph from it.

Croup comes on sometimes suddenly
a precursor of Catarrh:
Croup insidious in its attack
If early Croup is manageable.
Common way in wh. Croup begins is
to come on suddenly at night.
loud cough & dyspnoea. Cough not soon
& cough not o. distinction: perhaps
amelioration on day following.
Next night worse & so on.
Peculiar kind of Cough hoarse.
Cough. Phlegm: tries to hoarse &
more

Croup

whispering or a whistle in drawing in breath.
Commonly face flushed, skin hot pulse
the signs of inflammation & fever.

Distinct. signs: Cough & dyspnoea
on inspiring Cough: varying in degree.

Distress: alternations: exacerbations
but only various things. Disorder
increases Altho change in symptoms

Symptoms change Cough lower
voice whistle hoarse, breathing more
difficult: difficulty of respiration
evident: tension or depression
lips blue hand tingy: the pulse low
cont'd. skin cold: dusky face hands
nails lips chills delirium or
drowsiness, death from suffocation
or exhaustion: Occasional dyspnoea
when before death.

Spasm comes on: makes can't breathe
In young child the expiration
swallowed: in older children diff
cough: common more by throat
fibrinous matter.

Croup

Sometimes streaks which have plugged
up windpipe occasionally have form
of trachea.

Croup fatal very rapid in some
cases In 3 or 4 days or weeks
ten days or 2 or 3 weeks.

Pathological signs of import.
of Croup is simple: disease is
that of child hood: that of adult
laryngitis - but real croup nearly
occurs in adult. Common 2nd year
may attack older persons 19 yrs.

Dr. Adams case 30 yrs girl of 13.

may be young: after teeth begin to cut
very young but so liable to it
Exhausting Cause Cold Cough Croup Damp
Common in low situation - but with in
old Chancery square opening off
Convent with damp manifested by
its attack per children in low situa-
tions as valley & rivers.

In Edinburgh rooms washed on Saturday
Croup on Sunday AM,

Croup

Croup hath to recur: usually sporadic: occas. almost epidemic:

this disorder may lead but as depth-
thent: not contagious now.

but arises from similar Cause acting
in nature.

Diagnosis rather of importance mistaken
by non-profer for Common Cold.

Diagnosis depends more on peculiarities
of breathing rather than Cough.

Cough peculiar to croup sometimes
is heard: hoarse & more of harshness
of trachea whizzing sound could
with clanging or hoarse Cough.

Sometimes hoarse when have Cough
is similar to that of croup.

Prognosis. Always dangerous as of danger
if ^{called} early not so apt to be so.

If symptoms mild hope of terminal
favorably: otherwise as potent signs
be with: pulse low. lips blue & red.
C: danger.

Death from extinction: easily.

Croup

15th Dec^r 58

or suddenly from suffocation mark
fixed velvety shrills of larynx.
Convulsions & head symptoms.
Sometimes come on. Salivary
Glandular: peculiar infection of
kind: brought down & known best of
Propriety in most cases & doubtless
Risk of sudden suffocation.
P.A. Larynx inflamed. Congest.
Swelling of cellular membrane. Vascular. very
commonly, false membrane, or exudation wh.
may adhere to lining of inner surface or be
loose: thin like puriform fluid.
fibrine: pathognomonic of croup
danger in croup from the ^{false} membrane.
Reason of child throwing head back.
Sometimes united of false around
and p.p. patches: Sometimes
distinct tubs cast off: Tub
formed rapidly: 7 hours formed
in one case after tracheotomy.
Membranes which form on
inner surface different from

Croup

Thursday 16th Dec^r 1858

Croup Treatment cont

leeches: placed at distance fr. part
on top of sternum or across of Abdomen to
feet: difficult to find vein in fat children: open
jugular vein tho' not recommended: look for
vein on back of hand: S. Chene used to re-
commend Ant: Tart: bleeding almost sym-
ptomatic: not a much blood necessary.

Hothe thinks bleedg means of curing time

Restis on sternum: Turpentine:
fomentations: Keep throat surround
by hot applications: flannel & hot H₂O.
Some recommend rubbing throat with Ant.
Tart. but infer to Turpentine.

After application of hot H₂O: turpentine
laid in throat. W. Budd recommends
that patient sh^d be surrounded with Atmos-
phere of steam bed surrounded with cur-
tain & hot water put near and which hot
baths may be placed: All st. heart sore
with Canstic. (S. H. M. H. M. H. M.) strong
sol. 20 grs or 3 to 3 Or even 3ij
to 3 laque or 6 or 8 globe swatted

Croup (Treatment) ^{as a general rule} ~~question~~ ^{applied to}.

In some cases where suffocation is threatened
tracheotomy necessitated: Desperate cases of
retention. Generally tracheotomy not recommended
but sometimes regarded as dernier resort.
Sometimes opening made above the stoppage.

~~As~~ Death often occurs after operation.

^{If lungs diseased, don't perform tracheotomy.}

Bonissieu advises tracheotomy thinks it safe.

^{or congestion in heart}
Operation no certainty of removing when false
membr. is formed: Operation that frequently inflames
lungs or bronchitis operation not the
unwarranted: Dr. Richardson (London) found that
death sometimes caused by clot forming in heart
operation then of no use.

Sp. Laryngismus Stridulus

Called also spasm of glottis: spasmodic
^{difficult breathing}
Cough? Crowing cough. Asthmae formum
which it cures p. enlarged thymus gland
^{Gland thymus (asthma)}
Not easily destroyed at first.

Death sudden. Contractⁿ of glottis inflexⁿ
total or partial: usual for attack to
come on at sleep. When attack is
violent - struggle: Crowing sound. If
spasm sh^d not off suffocatiⁿ
Fits come on suddenly. in v. young child. at teething

Laryngismus Stridulus

Face more or less flushed or purplish.
Intervals between the attacks varies: Comes
on when child is agitated or cries.

Carpo-pedal spasm: Chief flexors
affd: hands bent in: Spasm remains
some time.

Diagnosis: disorder may be confounded
with Croup, but ^{it} is intermittent, & no
dyspnoea or fear of darkness or rough
sound of rattling like hoarse cough
but there is no cough with larynxes.
Stridulus: disorder frequent in same
family: As to Cause: seems to depend
on disorder of muscular movements or
Predisposing Cause Age: not common in America
accord^g to Dr. Whipple: generally met with
in child in of hysterical habit.

Spasm differs as to nature of com-
plaint: In certain cases Icteric
humors & dis. of brain which -
I am inclined to think is owing to enlargement of
Thymus Gland Pressure on parts
I have thought disorder is caused by

(Laryngismus Stridulus)

pressure of enlarged glands on neck
the recurrent laryngeal nerve, from
temporary paralysis of muscles supplied
by that nerve: ^{recurrent. superior laryngeal} ~~close glottis inferior~~
little view of Dr. Williams: due to general
tendency to spasm. glottis being ^{organs} ~~being~~ ^{inflamed} ~~inflamed~~

Treat ment

Todd calls it a tetanic dis.
depend on state of blood

during fit very little: relax spasm
by slapping on back or shaking child or
cold to face: if spasm is long smother
if it can be given. ^{Todd either withheld or not}

Endeavour to relieve every irritation
examine gums: + lance freely.
Recommend Dr. Chas. Hall. books opened. attention
attend to digestive organs: sedative if need
as opium or Dover's pulv. Asafetida a
batter: Comb. with Heb. Lan or Opium
also to diet keep up child's strength: use
tonics: Iron or Zn. Change of air (Ethio
C₂H + 3 Cl. if child shd be near suffocating
tracheotomy if. strengthen system & tonics
iron + Zn. Antispasmodics. Anafetida &
Hypocyanus. If dis. glands. Iodine.
if thyroid gland enlarged attend to it.



Friday. Dec^r 17th 1858

Laryngitis.

Inflam: of lining memb. of larynx & frequently Croup: Inflam. of external memb. of larynx very common to a certain extent.

By Cynanche Laryngea meant inflammation of larynx itself: great distress from great danger attending it.

Isthemic & Aethemic

Symptoms of Isthemic or Acute

Ine throat slight dysphagia: Chills precede Commencement of complaint followed by fever: hoarse & rough in upper pt. of larynx. Constitution accomp. by none or healthy. Voice becomes husky: epiglottis seen & red & swollen. Fever more or less: with usual symptoms.

Dyspnea: voice husky

inspiration prolonged & laborious.

Cough husky or stridulous. attacks of choking or convulsions.

Constant difficulty of breathing. deglutition affacted. inspiration noisy.

Pain at upper part of larynx. Constitution
of part short dry cough.
difficulty of swallowing distinct by some
of laryngitis face pallid & anemic
pale horns soft full frequent
surface finally becomes quite cold.
Deficiency in action of blood vessel
symptoms: these symptoms increase
in severity: distress & great working of
respiratory muscles excessive: drowsiness
or coma occasionally: potent & anemic
or suddenly caused off. Coma may come
on. but usually death by asphyxia or exposure.

These attacks may prove fatal in
2 or 3 hours ^{usually 2 to 5 days} but may become chronic

P. M. Swelling membrane of larynx
swollen & congested; with patches of
Intest: on surface of membrane
epithelium erect & standing upright
causes difficulty in swallowing,
Respiratory general thickening of mucosa.

Acute laryngitis thickened & contracted

Acute laryngitis adema glottidis
effusion - serum in vocal folds
block up adema glottidis
paleo naturala very little pain

Laryngismus. Cyn. Lary.

Laryngismus stridens or adema glottidis.
In this form generally no difficulty in
swallowing: after death appearances
somewhat different from those of
former: this complaint very often
accompanies diphtheria. character of
latter adema glottidis coating forms on
membrane. Erysipelas sometimes
affects throat very similar to Diph-
theria.

Diagnosis. great diff. in health
pain on pressure hardness of voice
healing stridulous appearances
of throat: distinguished from
Cynanche tonsillaris: ^{or quinsy} no swelling of
uvula tonsils or fauces themselves.
from Cynanche trachealis approaches
very nearly to it Croup obstructs in
trachea: difficult in many cases
to distinguish: In adults no
adema glottidis present in Croup
Commonly cured pain about
larynx relieved by patient

Laryngismus or Cyanotic larynx
Also in many cases found to indicate ob-
struction: Cyanotic pharyngeal Confort
with it its takes place in back of
throat: { ~~Croup in adults~~ difference in sound
distinguish between larynx & croup.

Prognosis of Laryngitis

Unfavorable: Doh speaks of 17 cases
only in recd. Out of 28. 10 recd.

1/2 will die. Then cases more ^{unfavorable}
wh. progress getting worse: Then getting
worse rapidly not so apt to die.

When larynx is complicated ^{more} unfavorable.

Cause

^{Dr. Washington} treat of laryngitis.

Cold: Sir J. W. Hays had two attacks ^{quite}
Dr. Craig mentions ^{get up & stand} ~~from~~ ^{open} ~~from~~ ^{breath}
Climatic: into colder. Scalding liquids
Inflam. of larynx from stomach pump
going wrong way & from strong
irritating gases as ammonia. etc.
Larynx caused by drinking boiling hot
hot. air inhalation ^{from} ~~poisonous~~ ^{as} ~~etc.~~

Treatment

same for Croup larynx. Same
as for Croup. Dr. Craig Dr. Craig

Acute Laryngitis —
treatment: in many individual
cases: reduce inflamⁿ & pre-
vent effusion.

In regard to blood letting only admissible
in first stages:

Genl Washington died of laryngitis. He
let not early enough. Dr. Hys Med. Pres.

After general respiration Capping the
back of neck looks at some dis-
tance.

Calmel: Inletis not admissible on
ape of danger of matters finding their
way into Stomach if there is no
difficulty of in swallowing Ant. Tart.
Inletis inadmissible but Counter-
irritation as suppurative
flannels warming out in hot water:
appd to throat:

Canstic (Cna) Rj ʒ 3 appd to glottis &c
Inletis only as former resort
not so dangerous as in croup:
operaⁿ more easy & more likely to be
effective.

Treatmt. Laryngitis Cynanche Laryngea
Tracheotomy not delayed too long: if
Symptoms not relieve operation advi-
sable. 2 Rules: 1st Shd not wait too
long for tracheotomy: but never wait
omit operation however low patient
may be: If patient be sinking
not so much chance:

Mr Arnott performed operation on a
girl relief obtained: death at another time
larynx: another patient operation
after no pulse in wrist & great symp-
toms & unfavorable: succeeded, but

Tuesday 21st Dec^r 1858

Asthenia L. does not bear depletion.
is of low descrip^{shony means not employed} leading to effusion.
Cal. not used: tracheotomy

Acute Chronic inflammation of larynx.
usually known by diff. in sound of
voice: tenderness on top of larynx.
accomp^d of Phthisis: laryngeal P.
Treat Counterirritants & emulcents. Caustics
require early treatment.
Chronic Laryng. continues for end of period going
on to Pharyngitis & ulceration of mem^{br} In Chronic
Counterirritation & general health improved
Phthisis Laryngea. voice hoarse, weakened blow

Diseases of Thorax. Thorax

2 checks of determining dis. of thorax

Common general symptoms 1 2

Physical exploration: ^{more} precise
informⁿ than vicarious method: but the
latter not to be depreciated.

On Uspu. mech^d chem^d & vital
operations: Derangement of Respi-
ratory operations felt in other organs
or functions. Among Common
Symptoms Dyspnoea. caused by
distinct disorder

Respiration more frequent or more
slow: irregular. wheezing. exaggerated.
gasping: breath in health
98° to 99° varies in diseases: as
as in cholera: not as in fevers.
health. ^{has} peculiarities of odor.

in sanguine - fetid: in less degree
in diabetes new hay smell
in Bright's dis. urinous odor.
in Phthisis rancid odor.

Dyspnoea produces anæmic pal
in chest: prod^d by mech^d chem^d

Diseases of Thorax.

or vital causes.

No of respiration 18 to 20 in a min.
Ratio between pulse 4 to 1. This
ratio account to balance of impulsion.
Respiration very fast in some cases
In hysteria very quick breathing
Compared to pulse:

May be affected in health & patient anem-
scums of it owing to accelerated Respiration.

Dyspnoea depends usually on want
of proportion of blood sent to lungs &
quantity of air meeting blood.

Natural stimulus Arteries blood
prod^g peculiar sensation which excites
Nerves, pneumogastric & Vagus.
afferent N. carries sensation to
Medulla oblongata. Reflex action on
muscles, by efferent nerves, to act.
Dyspnoea is prod^d by want of
arterialization of blood:

In many cases where additional
quantity of blood carried to lungs &
not properly utilized healthless, ^{or} weak

Dis: of Throat

Dr. Williams, talks for Causes of Dyspnoea
2 Causes: I Impede entrance of air
into lungs II depend on state of blood:
III on peculiar relations of respiratory
functions.

I Mechanical: Innumerable spasm of
glottis: alteration in tissue of lungs

II Chemical Causes: of insp'd air
defic: in O. III vital Causes: pain so that
chest cannot be expanded: paralysis.

IV spasm of muscles of chest.

II Mech: dis: dis: of H. vessels: tumours
Chem: venous defic: of red particles

Anæmia.

III Defect ^{or defect} of sensibility of Nerv: or of
as hysterical dyspnoea in women.

In dis: of lungs unusual symptoms.

Among these Cough: consists a abrupt expira-
tion followed by inspiration

Much concerned Abdominal & intercostal:

Cough is not red of irritation: Sometimes Cough
produced by sympathy in Pleurisy
& Hepatitis: produced by increased

Dis: of Throat

sensibil^y diff^y or increased strain. or
both Congested, usually way.

2. Very old persons unable to cough; and
cannot get below obstructed material
glottis, imitated.

Cough not diagnostic of V. great value
depends not either by those who
auscultators.

Cough variable

by sound: dry or moist; or loose Cough
hoarse Cough arising from swelling of
parts in Canal & aphonic Cough.

true wheeze: stertorous Cough in
Croup: loud, barking hoarse.

Mode of Coughing.

Regular or violent spasmodic Cough
in whooping Cough.

Expectoration.

Act & matter. mucous tubes of Mucous
membr: on cellular epithelium or covering
diff: constructed for Cilia formed of set
of little threads in state of constant
motion vibratile epithelium
in this upwards

Diseases of Throat (21st Dec^r)
bronchia in dividing increase Ca-
pacity of space.

Expectoration often fatal in Bronchitis
as a result of difficulty in breathing & want
of action of blood:

Rough Cold Spula in Phthisis: mucus
shows fibrin from breaking up of
tissue: Pus can be formed on
surf. of bronchial membrane
Pus & mucus generally together.
Disagreeable & spelt in water: if
pus falls off mucus turns:

Depends on quantity of air contained
in it. Pus makes uniform mixture
when shaken up with water.

Pus red: in acute and mucus
not so: Pus contains fat.

Early matter in expectoration
from lungs: Signs of Croup
& Phthisis common in Acute
Phthisis

Symptoms of Dis of Chest, Pain explains
or not. Not of itself and is?

with other signs: Various parts H.O.
pleura sharp: much dull &
2 with parenchyma.

Tenderness not so applicable in
Cns of chest: in some cases
by means of ~~blow~~ ~~nb~~

Wednesday 22nd Dec. 1858.

Then dis in pt. produces change in
structure or physical constit.

Signs by which we may detect organic
Changes. Physical diagnosis more
certain than ordinary diagnosis
By means of stethoscope can detect
changes.

Physical Diagnosis

i Inspection ii Palpation iii Auscultation
iv Percussion v Auscultation.

Inspection generally cond^d on nude subject
patient sitting - comparison between sides
of chest: pts in same position
General & particular signs. Motion
of chest: mapping how irregular
Chest deviation. Compat. with health

Physical Diagnosis of Diseases of Thorax

London, 22nd Dec^r 1855.

Pyren hearted shape of the physiol.
alteration: v. often acquires:

Changes in shape of Chest prod^d of
articles of cases as stags: Thorax
lengthened frequently alterⁿ of viscera
inside: In females frequently Curva-
ture of spine - lateral - being of the
thoracic change in chest: may be
compatible with health. Shape of
Chest altered in many dis as
Pleurisy: in certain pts large hollows
on exterior: in Caries above & below
Clavicle: Other diseases produce further
of limbs as in emphysema or Asthma
lateral ribs of chest rounded. death
short common alterⁿ in dis of chest as
one side: either in expansion
or contraction:

Expansion: signif^y enlargement - na - form.
when pt. of side affl^{ct}ed Bulging
Opposite Retraction when whole of side
is drawn in - pit - only depressed

When part is raised: elevation
opposite protraction or falling.

Size: Compar^{tion} of male & female.
Rt. side of body usually larger than left
and chest ascending.

3. Motions of chest.

General or partial.

In males breathing more abdominal
in females diff: in male ^{respirator} ^{respirator}
w^h placing hand on abdomen.

In females place hand on breast
Thoracic breathing seen & insinuating

 Part of motion of chest not always proof of disease
in old persons on age of hardening of cartilages
chest moves as solid map. Case in scol.
forms of disease

Obtuse or thrice when hand on chest
a subj. speaking. When not perceived
often indicⁿ of Disease: When lung
is removed from surf. of chest ^{& cartil} no
thrice. R. test for fracture or thrice
place hand gently on chest.
On right side none evident

Phys? Diag. of Dis of Chest
In 1st subjects: dull or femulus almost
unilateral: in Women & Children not
strong: great diff. between vocal
femulus & vocal resonance
later determined by ear

Tragus sometimes Capable of detecting
fluctuation in Chest: liquid
detected.

By means of hand Lorenz or Cadan
detected usually if much air: more
external.

III Mensuration:

Internal Capacity of Dr. Hutchinson's Machine
found to depend on height

1st lecture Monday 10th Jan'y 1859
Examination

Monday 1st day of
lectures after vacation

Diseases of Thorax. Cont.

11th Jan 3

Tuesday

Tuesday. 11th Jan 7/59.

Tuesday

Mensuration.

diff. modes of ascertaining size of chest: externally
by surrounding chest by tape & com-
paring different sides.

Rt. side of chest generally little larger than left.
1/2 an inch or ~~more~~ less. In left handed
persons left side of chest not larger than
Rt. Depth of Chest.

Taken by means of compasses or Callipers.

Internal Capacity of ~~small~~ chest.

by means of graduated jar filled with
H₂O. (Abernethy's plan).

N^o Lyons estimate

35". Draw in breath & expire, counting
at time: in expiration in Plethysm
4" or 5". Spirometer used. in testing
Internal Capacity of lungs.

N^o Hutchinson's method:

The height ^{pressure} & quantity of air expired
are found.

Every inch diff in height will

Diseases of Thorax Mensuration

Cause a diff of 8 Cubic inches in
quantity of air expired

174 Cubic inches in a person of 5
feet or 5 feet 1 in. (Stroke.)

Succussion.

Invented by Hippocrates

shake patient suddenly & peculiar
sound will be heard if air is
in pleura & fluid mixed with it.
splashing will be heard.

diagnosed from splashing in stomach
Symptom of hydrothorax.

Percussion.

percuto. Stroke. Ear employed.
Important.

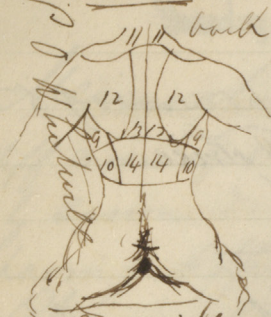
In pneumothorax unnatural Resonance
percussion.

direct or immediate percussion
plegimeter:  wing with Chamer's
Aether inside

Percussion

Chest

Wednesday 12th May 1859



- 11. Acromial or supraclavicular
- 12. Scapular
- 13. Interscap.
- 14. dorsal



- 1. Clavicular
- 2. Subclavicular
- 3. Mammary
- 4. Inframammary
- 5. upper } sternal
- 6. middle } sternal
- 7. lower } sternal
- 8. Axillary
- 9. upper lateral
- 10. Inf. lateral

Mediate percussion easier than direct. Immediate percussion diff. of requirement: Palmar side of hand generally placed on chest; usually // with the ribs

Thinness of individual favors percussion. Chest more sonorous in young people among W. elasticity of chest.

Resonance over clavicle clear usually time has peculiar sound in itself called sternal. Sonorousness greatest under clavicles.

On left side heart inflamed sono. lungs up: + Inframammary contains

very high lung

Rt. Ventricle lies below 7.



S. G. 10. All more or less resonant
Anallary very resonant

Q Contains liver. On left side
^{on 3 heart}
under 4 stomach & under 10 the spleen.
different sounds from those of right

Back

More import. as thoracic region
between scapular region interscapula
ble in this region bronchi
Sound on percussion varies as to force
with which chest struck.

Auscultation

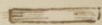
Thursday 13th Jan'y 1859

Respiratory murmur or heath made ^{up} of two
inspir^y, expir^y. murmur.

Similar sound of ^{health} man sleeping.

No interval between expir^y & inspir^y sounds in health. In healthy condⁿ
expir^y sound shorter: in old af
expiratory approaches length of inspi
ratory sound.

Auscultation



Murmur most distinct in children
diff in diff. persons: puerile respir
Caused by some part of lung having
lost its function & its place taken
another part: Murmur distinct in
lean persons.

Pulmonary or vesicular sound heary
sound of inspiration:

If back placed on top of sternum
sound much stronger. Bronchial
respiration; over trachea sound
loud or tracheal respir

These three vesicular - bronchial &
tracheal natural sounds of respira-
tion. Bronchi vary

Respiratory murmur is altered
as its duration intensely suppressed
in rhythm (full or division) in its
quality - it has a harsh or blowing
a harsh softer removed by sound having
character accompa^d expirato murmur
when these alter^s increase constitute
bronchial respiration: usually

expir. sound lengthens: Blowing respiration
is increase of bronchial respir. either
diffuse or confined, called tubular.

Blowing often passes into hollow respir.
when cavities exist. 2 kinds Cavernous
& anaphoric: When cavity is large
has ringing sound.

Voice altered around ^{heart} chest. In most
persons peculiar voice voice sound.

differs in diff parts of chest: where
least sound is stronger voice sound
stronger also. Sibilant Ressonance or
homophony: voice sound enlarged
in homophony ruffling sound.

When lung is consolidated homophony
more sensible homophony is altered
apophony more increased.

pectoriloquy when voice is heard very
distinct usually cavity in lung.

In use of stethoscope:

S. appl. to chest prone but not too strong
fit ear to stethoscope: position depends
upon condition: sitting up best.

Diseases of Thorax:
Auscultation, (89)



2 Examine

Examine whole chest + thoroughly.

Examine Examine Examine

Friday 14th Jan'y 1859

Comparison of sounds in each side of
Chest of importance.

Bronchitis

Bronchitis

Bronchitis

Divided into acute + chronic.

sthenic + asthenic. acute sthenic B

Symptoms: hoarseness, rales.

oppression, tightness in chest wheezing.

dull pain in Cough diffused or

in throat: pulse full + strong +

generally soft more frequent.

patients stomach disordered thirst

headache pain in back + limbs

tongue fawn colour constipated

urine scanty high col.

2nd Stage characterized by des-

chairs of mucus. occasional

disease goes through whole

course without expectoration

Bronchitis

Cough Comes on in paroxysms.
When V.B. is severe: usually pain
along edge of diaphragm on lower
part of chest: inspirⁿ frequently
causes coughing: When disj. passes
into 2nd Stage Cough not abated
mucus tenacious: phlegm used
glaring, transp^r: tenacious:

Characteristic of severe inflamⁿ of
bronchial tubes. When mucus is
fery & transp^r. Called crude expecto-
ration: persons liable to collapse
by which they die suddenly Common-
ly met with in asthmatic Bronchitis

In aged persons. Symptoms
quick small irregular pulse loss of
appetite: wheezing: dyspnea. Called
pneumonia rather formerly
asthmatic Bronchitis occurs in very
young children.

Physical Signs of Bronchitis
(While surface of bronchial tube occupies space
of 430 square feet 30 times surface of body)

Bronchitis

Physical Signs. (Explanation of Rales)
(Ronchial rales: a passing of the air up & down
^{bronchial tubes} after they are ^{distended}.)

Rattles of diff kinds such as produced
by surfaces. by sounds

div into Sibilant & sonorous rales

both exist in Bronchitis

Sibilant of diff characters whistling

Cicling: i.e. either wd exp. or insp.

diff in intensity.

sonorous rattles bag & scath

snoring or may have caving
sound or mulling sound. or humming
sound: sometimes very loud.

After time bronchial tubes become
moist. & air in passing thro forms
bubbles which burst & emit peculiar
sound which can be heard -

when bubbles "small" - Crepitation sound
is heard & when larger similar to
soda water effervescence. when larger
sound distinct.

i ^{Large mottles} Mucous rale. ii Submucous rale
iii subcrepitant iv ^{smaller bubbles} Crepitation

Bronchitis

Cannonic coughs or gurgling when
tubbs v. large.

^{coughs}
Dry rale whistling whistling
& next moist sound means
coughs or sub mucous coughs:
Rounds not indic of severity
of disorder.

In Bronchitis Chest always
anomalous on percussion.

usually Cause Cold or shaleness
also to imitate Bronchial
surface. Imitating gases Cl. and phlegm
Attacks of acute Bronchitis dangerous
in cases of Chronic Bronchitis.

Acute wh. requires greater Caution than
Bronchitis in treatment (Bright
Pneumonia) or suffocative Catarrh
as Chronic Bronchitis of Copland.

Bronchitis in measles & whooping cough, in
affections of heart or lung bronchitis in affections
of kidneys & liver.

In mucous mucus. alarm can be kept
inflamed at some moderate action.

Bronchitis treatment

B

Tuesday 18th Jan'y 1854

Caution w^{ch} in treatment not to lower patient too much. Inflammⁿ of mucous memb. cannot be checked suddenly.

Object abate inflammⁿ. facilitate expectoration: remove irritation: support strength. Treatment

Condition of system to be taken into ac^t in treatment. ^{looking in young & elderly}

As general rule, in first stage inflammation is acute: feed.

+ give Ant. Tart: because it lowers tone of vessels + has peculiar effect on mucous surfaces: in Conv^l does by ʒ with ʒss or ʒss every 2 hours increase till you give a gr.

There is tolerance to Ant. after time.

In Bronchitis lungs become filled up with mucus & mucus has this effect.

particularly useful in Bronchitis in young children: ^{Capland thinks the purgation good at ʒss}

Bowels should be kept regular

but patient not weakened

Bronchitis. treatment ^{In child see Hines}
^{Symp. Ant. Senega & Salta}

In 1st stage of Bronchitis v. little secretion
Diaphoretic. warm gr.

At beginning we endeavor to increase
^{Antist. Ammonia. Sp. Mundegans}
secretion: expectorants: generally
stimulating sh. not be given at
1st Ant. allays inflamⁿ action.

Specac of same kind: Afterwards
stronger expect^s may be employed.

Squills. Ammoniacum. Senega Root.
Lettu does not appear to act as stim^s
on surf. If patient is weaker the
Ammonia may be added Camphor.
^{Nitric Ethu} also emp^d. recommended Sp.

Copeland & In early stages
when ment. any inhalations
sufficiently remove feeling of tightness
throat. Cough in some cases
comes on in paroxysms: ^{frictions} Cont
some time: Ment. acquires insen-
sible sensibility:

Secretives Opium not ad^d after
to 1st stages. diminishes expect^s
when inflam: has been subdued
may be given with Nitric Ant. Specac

Bronchitis. Treatment Acute
frequently mild sedatives Hypocyanum
Conium for chronic cases.

Opium shd not be given where patient
is weak & lungs obstructed as phlegm
accumulates & total apnoea may be
produced.

Demulcents smear over upper pt.
of larynx.

Keep skin in perceptible state.
patient shd not be exposed to cold or
allowed to breathe cold air: Diluent
& demulcent drinks.

When patient is very much
oppressed Dieters often of great
advantage: behind our large
bronchial tubes.

When circulation is languid if we
irritate skin too much frequent
thickened surface do not heal.
Apply rubefacients: Tarpeflection
repeated frequently; Common
Mustard: Sometimes period
when patient's strength shd be

Bronchitis. treatment ^{Cup Cup}
^{Chronic. Chro. App. Cup}
upheld: sometimes stimulants shd
be given. Chronic

Chronic Bronchitis
Comes on frequently after the Acute
exacerb.ⁿ usually a Copious green or
yellow color sometimes thinner orropy
expectoration of chest. Patients may
live a great many years under
C.B. An acute attack in those cases
dangerous. Three Cases

Bronchorrhea or putulions Catarrh.
^{of C.B.}
Causis frequent attacks of
acute form or from irritating
sub. Bronchitis often sequel
of some of exanthemata.
In persons who have died of
Bronchitis lungs a red color diffused
or in patches. B. tubes dilated.
very great ulceration not com-
mon

Diagnosis of Chronic Bronchitis
Simulates Consumption sometimes



Bronchitis treatment

Chiefly by Physical signs that diagnosis is made.

Prognosis. depends a good deal on age & Complication of Complaint.

Treatment

Counter-ind.: needs but an Immune surf. & general nourishing treatment

Contra-ind.: of all kinds

Issue or seton on outside of chest useful sometimes

Expectorants

Stimulants: Sulphur Line or Oxid.

Zinc: kpin in small doses

act as astring on bronchial surfaces.

Syrup of lead or oracitate lead

acts as astring: in profuse discharge

Balsam Copraia: Polygalae

Many years ago Sulphur Copper.

Recommended as Emetic formerly in Consumption

Inhalations: In vapor:

Cl-Iodine Balsamo Turpentina

Bronchitis treatment

Resurs. Health shd be kept as good as possible Iron. Iodide of iron. In

«Pneumonia»

Pneumonia - Pneumonitis -

or inflamⁿ of lungs ^{pneumonia}

seated between pleura on outside & bronchi inside parietal & visceral.

Symptoms: divid: into Rational & Physical.

Essential Rational
Fever. Cough expect. viscid bloody
purulent: dyspnea. (Chill at 1st v. of fever.)

fever - heat attending Pneumonia

very great: produces irritation
mordant biting pungent heat

Cough in 1st place dry: patient

cannot draw his breath: dyspnea

expect. very viscid cremulous

like jelly: rusty yellow with

rust. with expect. as creta

or concreta. After day a sputa reddish
may be dark grey. prevailing color red.
in some cases no rusty sputa.

In bronchitis usually bloody in sputa but
in streaks; in Pneumonia usually
mixed & it in Pneumonia may be hemoptoe.

Pneumonia

Wear day 19th Jan / 59

Color of sputa generally red: but may
be yellow or grey. If mucus forms in lungs
expectoration changed creamy or
pouffe juice: expect now & then fatal
4 or gangrene in lung.

Pain may be present I. frequently
oppression or uneasiness: dull.

Respiration short & frequent: In
some stages ribs do not move.

A great variability in quickness of
beating. Position varies. General Sym
Dure or less Fever: action kind.

Red color on cheek on side on which
inflammation is very often

Urine scanty & high-color: no chloride
sodium in urine. Now & then in
asthenic P. from after kind.

Pathological character

Laure describes 3 conditions

1. Pngoyment. 2. Extreme atrophy.

Lungs have lost proximity whole
lung becomes solid solid fresh

Pneumonia of skin of lung is held by
light with no seen in 2nd stage

or hepatization 3 Lungs after loss red color
& becomes grey = grey hepatization
^{1st stage} Lung feels firmer, thicker: pits
because lungs filled with fluid
lungs still crepitant: If we cut
into lung find it full of fluid
Cellular texture obvious.

In 2nd stage: lung not so dark on
outside feels hard & stony.
has v. little elasticity: with can be
broken down into fluid called by the
French ramollissement. If portion
of hepatized lung is torn no. of
black grains seen: with sacs filled
up with purulent matter which has
become solid.

In 3rd stage: Grey color same
hardness as red hepatization: less
adhesion & moisten contains more
fluid. Infiltration of pus into
lung. Pus generally infiltrates
into texture of lung.
Sample surface feels healthy

Pneumonia Physical Signs Pneumonia

1st Stage distinctive sign Crepitation 2 3 4 5. Crackles

Diff from Catarrh in Bronchitis:

When persons draw in his breath he
has this crepitation or crackling.
+ In dropsy a crepitation of the
lungs on increasing volume of heart.
diminution of respiratory murmur gradually.

Crepit: only exists in first stage

In 2nd stage ^{great volume} no crepitation but
bronchial breathing & rhonchophony

pericarditis or tremor on palpation
Crepitus sometimes returns crepitus

Setting. (some divide Pneumonia into: 1. Arterial
Injection. 2. Congestive 3. Red Hepat. 4. Grey Hepat.
ization. In grey part turns to white on end.)

Pneumonia affluens all ages sexes

+ countries. Children a subject

to Pneumonia: more with

than adults. Lobular Pneumonia

inflammation in
pus forming
abscesses the lungs. Eget quickly to cure.

Pneumonia lasts 3 or 4 days or as
many weeks: if it last long sup-
puration may take place & even
fatal or lungs may become hard.
becoming chronic.

Sometimes when inflamed. Membranes
long long becomes solid & indurated
irregular induration incapable of

Pneumonia Pneumonia

performing its functions

Diagnosis of Pneumonia important
disting from Bronchitis & Pleurisy

In B. we have ^{sibilant, sonorous râles &} marked signs could
^{the mucous râles.} resemblance of chest sometimes di-

minished: peculiar râles sibilant

sonorous or mucous: sputa thick

honey. yellow. greenish color but

not rusty color. In bronchitis

Cough paroxysmal & ^{expiratory, with more troublesome} cough more
likely to be troublesome in the A.C.

Pneumonia more troublesome in E.C.

in latter have crepitus not in

Bronchitis: when disorder has

continued some time dulness on percussion

& want of proper respiratory murmur

Pleurisy: distinct stick which

impedes breathing. In pleurisy

also peculiar sputa not copious

nor much copious cough, no crepitus

in pleurisy: dulness in latter more

rapid & diffuse

Pl

Pneumonia



There may be no Cough in Pneumonia
& not much difficulty in breathing
Simple Pneumonia sometimes Confounded
with pleur

In Pneumonia peculiar pungency of
Heat which the physician can feel
even after ^{he} has removed his hand.

Also found in Cases of pleur.

In Pneumonia tongue furred.

In pleur redness unaltered & pur.

In pleur head more apt to be
affected than in Pneumonia and
pleuropneumonia. Red spots in cheeks.

If expectoration scanty & less sign-
delicity bad sign { Prognosis.
Treatment { Guarded.

Antiphlogistics. severe. or
simp? to bed: leeching or cupping.
Venesection early & powerfully.
Avoid Syncope but approach
it. If symptoms have abated
& can again bleed again. but
rather act

Pneumonia. treatment



Ant. Tart. 6. 8. 12grs in Course of day
Could with ^{help} Opium & Hydragogue
if it vomits.

If disease gets into 2nd stage
not so much needed.

No. Cal turn or three times a day
When gums begin to be affected
La Ola Cero must to Opium
Cal. & Opium.

Blisters externally not at first
but after dis has been somewhat
let dried; bowels attended to.

Keep skin in state of perspiration
capitnants not proper for 1st
stage or 2nd stage until late.

Ant Tart. & Quae Maybuses
Recovery even after gangrene.

Quinine Campher Armonia
polygala. Could with some
others.





Pleurisy

Jan 21st 1859



Henry Thompson
Henry Thompson

Pleura seems memb. lining memb. of lungs
forms & effusion of serum
& lymph. Lymph adheres to surface of
membrane & roughens it. Effusion
increases: diff? phenomena caused
by effusion

Rational or vital signs

Pain when patient moves himself
Cares patient suddenly, called cut
in side: when drawing breath.
Cough variable: fever. usually signs.

Pain in side

one of most const. signs of pleurisy
not always exist. usually seat under
supple or side: sometimes pain is
seated in abdomen.

Pain increased when patient tries to
draw in his breath.

If Pain usually ceases after some time
altho. abs may not be arrested.

Pain met with only brief few days
of inflammation. Pleurisy may occur
without pain: latent pleurisy.

Difficulty in breathing not exactly
dyspnoea as there is stoppage

Pleurisy



Cough in ordinary Cases of P. Cough
sometimes entirely absent. Inability
to lie on affected side given as sign of
Pleurisy.

In the beginning of dis. patient
usually lies on sound side or back.
In more advanced ^{stages} cannot lie on
sound side on account of oppression.
Another diffn as to side on which
patient lies: least emaciated & minimal
symptoms of fever: after Ruffes
Coat: crusta Pleuritica.

Physical Signs

P.M. Early in dis. pleura reddened
generally in patches. Membr. found
nearly dry: later on surf. of pleura
oppression sometimes very thin
Covers surf. of pleura like sheath
when ruptured has been thrown out.
sometimes becomes organised



Pleurisy.

B. Pleunoy

Grazing sound first heard. B. Hume
Howard
Dr.

Proper friction sound may be some
time after disease has commenced
Want of Motion on patient's side
Another sign is premitus 40 grs

Results.

Hydras

40 grs

Fij

His

More heavily injured man raped
again by his @

Acute lymphema.

After pleurisy has existed contraction of organ is lymph: form altered externally

Cause Pleurisy Cold

blows require fracture of
apophysis of lungs with injury
all apes even in still born.

more common in middle & adult
met with in measles, whooping cough

Brights dis. scarlatina

Co. Pul. ref. / Co. Cum Sin. Pul.

Sy Contains gripeachin

34

34

Эй



Pleurisy

Diagnosis

Tuesday 25th Jan 4/59

Dulness in pt. cord. of lst May 6. result of form dis. Acute pain; not heat of surface as in Pneumonia.

No fruntus in Pleurisy^{as} in Pneumonia

In Pneumonia rales not in Pleurisy

No dulness in Pneumonia and espec^{al}

in B. Distinguished from Rheumatism or pleurodynia. symptoms

similar. Neuralgia also simulates

P. pain & stick: no symp. of inflam

Neuralgia may affect various parts of

Chest. Symptoms of 1st stage of Pleurisy

similar to those of Neuralgia

Hepatitis or splenitis Confounded

with Pleurisy

Prognosis Depend on strength of

person. When pain is violent &

great dyspnea & strength weak

symptoms dangerous

Treat. diminish fever.

Bleeding & emesis.

Ant Salk given afterwards

Pleurisy



Gave H^g to affect cystica. When fever
diminished Rhiter. In early stages
Sometimes Cupping or leeches
In chronic Pleurisy Canaliculation
& strengthening sed. 

In empyema treatment unsatisfactory
All chance of pus being absorbed
paracentesis doubtful expedient
used as dernier resort 



Wednesday. 25 B.B. Bronch

Wednesday 26th Jan 1859

Asthma

Not inflamed more nervous depends on
Constriction of bronchial tubes: not always
synonymous with dyspnea. Asthma comes
on in Paroxysms: loud wheezing respirations.
Commonly no fever, sometimes attack sud-
den or preceded by deranged stomach or oppression
at chest. Attacks usually come on at night.
Feeling of something bound about heart.
Expiration long & wheezing. No cough at
first. usually paroxysm ends with
copious discharge mucus. Face suffused or
flushed lips anæmic. Surface usually
cold. Sometimes nausea & vomiting
Pulse commonly small & natural.
If we examine chest physically

Asthma

percussion sounds nat. very little in-
spiration sound. Fit will last for
several hours. Sputa brown. Colorless &
viscid. Attacks may follow several nights
in succession. Emetation of gas from
stomach. In intervals patient seems well
usually patient shows some asthmatic
sound when he breathes.

Asthma very seldom fatal: Not by
some to increase life. But apt to produce
some change in lungs or heart.

Rare for persons to get rid of asthma.

D. Ramsay says Asthma is ^{antagonized} antagonized
to Phthisis.

Humid + Dry Asthma: or gastric
asthma.

Causes of Asthma not well ascertained
perhaps. + cold exciting Cause.

I thought that Asthma is hereditary

Exciting Causes changes in weather.

Irregularities in diet. Mental Emotions.
∴ nervous disorder. &

Asthmatics affected by peculiar residences.
by species. All. & May new moon.

Bronchial tubes muscular & affected
by spasms: like cramps.

Pneumogastric nerve supposed to be
affected in Asthma: an excitomotor
disease.

Diagnosis. Not difficult: coming on
in intervals &c. Complications.
affect. of chest connected with heart.
simulate Asthma, Cardiac Asthma

Asthma

Common Complicⁿ of Asthma is Bronchitis

Treatment

During fit: rendered as comfortable as possible dress loose & pure air. &c. Usually venesection improper: but may be instances where much of blood-head-ache &c. where a little may be lost without danger.

Remedies. Salicin acts quickly as Emetic, Ant Sarc or Ipecac.

Lobelia. aspersum of chest with cold water: powerful rubefacients to chest dry cupping or mustard. Phillips recom^d galbanum: rope of pearl & scrub. Cordis - Stenosis. Opium. Dr. Thompson recom^d. Hydrocyanic acid more beneficial after fit. Strychnia or Infusum.

Stramonium as inhalation. or Tobacco in some cases. Coffee &c. strong repeated every half hour.

Astruc Acid vapor. - paper, common soaked in ether sol. Chloroform

Applicⁿ of lint wet with liquor Aromonia to back pt of palate causes violent coughing expectoration & fit with end. Inhalations. Iodine Jar &c

During intervals increase patient strength attend to diet exercise Cold water externally applied carefully shower bath

Asthma Treat Emphysema

Prps of Zinc. and Bismuth. Iron
Spermacanthe cont'd long time in
small doses. Sometimes travelling or
change of habits when disease has
existed long time.

Emphysema ^(directly Lanner) Species of Asthma
depends on peculiar mech. Cond. of
lungs. Emphys. vesicular: air
vesicles enlarged. Intertubular
emphysema air gets out of proper
place & gets into cellular texture of
lungs. Distention of air cells is oc-
casional & air cells increased in size
In some chest becomes large,
wholly so or in parts.

Disorder of long duration Common
in early life usually commences with
dyspnea: cold: Cough usually
signs of having caught Cold Bronchitis
usually concomitant. Common situated
upper lobe of lungs behind Clavicle.
distention or bulging out. Shoulders
brawn forward: high shoulders;
when lungs very emphysematic heart
pushed out of place. Percussion
shows increased sonorities, and
diminished Respir^y murmur or maybe
quite silent or mucous owing to
Bronchitis. Persons have Hamorrh^{ic}
appearance of face, often dusky
pale & bloated.

(Asthma)

(Asthma)

(Asthma)

Emphysema ~~Chronic~~

Emphysema Chronic disease;
any little agitation causes difficulty of
breathing.

P.M. Lungs don't collapse. more bulky
vesicles on outer surface of lungs.
May affect lung wholly or partially.
Lower pts abt lobe affected.

Thursday 27th Jan'y 1859

Emphysema.

Prognosis. Usually favorable especially
when dis. taken early in life. Dis-
easily become evident during exertion.

Emphysema after it has existed a
long time is incurable.

Emphysema usually follows other
affections of chest as Bronchitis
or Whooping Cough. Treatment same
as for other dis. of chest.

Anticipation? Opium Dr. Stokes
recommends Styphnia.

Persons with Emphysema must
be careful of themselves.

Interlobular Emphysema
not on sometimes by violent
efforts as in parturition.

Emphysema. B.

wounds sometimes followed by emphysema. Dis. usually comes on v. suddenly. During violent exertion. feeling of great oppression.

Another aspect has frequently existed small some signs of Bronchitis: existence of Cavity in lung with usual signs. Pectoriloquy: Cannot judge from signs themselves: Causes may arise fr. obstruction in lungs.

Whooping Cough.

Pertussis. Chin or French Cough. Described about 200 yrs ago by Sydenham. Dis. marked by peculiar Cough. Comes on in fits. usually afflicts persons only once.

Three Stages Calambell's Gasman in: 1 2 3 Decline

Child shows signs of cold: no infallible antecedent signs. In 1st stage same degree of fever. Cough. Coryza

Whooping Cough Pertussis

Cough spasmodic: on arising in
health - back draught or whoop.
glottis is contracted: whoop comes
on sometimes before Cough is very
violent at other times Cough
continues some time before whoop.
Face flushed red: even bleeding nose.
Conjunctiva suffused with blood
Kind of chymosis. Paroxysms in
succession: usually in 2nd Stage
Child gets rid of phlegm & gets
relief when vomiting takes place
Cough ceases.

Duration of paroxysms last $\frac{1}{2}$
or second min^s. Recurrence also
variable. In majority of cases
no appearance of febrileness during
interval of paroxysms: running
crying: laughing: being on all fours
In 3rd Stage symptoms begin to
subside: duration of Cough
uncertain. Usual duration
6 weeks to 2 mos.

Whooping Cough . Pertussis . E
may cease in 3 weeks or continue
year. If complicated with Bronchitis
or dis: of chest disease may
terminate fatally: or dis of Brain
may be set on, Convulsions; hydro-
Cephalus: tendency to this Complaint
left behind

Causes of Whooping Cough not yet
explained: Considered as zymotic Dis-
presents all seasons: all Climates
& all ages: even 80 yrs. Large N. of
Children die of this dis:

In Glasgow 11 perc. died of W. Cough.
usually opinion is that it is Con-
tagious: Ex. of Rock Island
where dis commenced without any
apparent Cause - no Contagion.

No particular alteration in lungs.
signs show of Inflammatory Condition
Nothing precise as P.M.

Diagnosis not difficult
In spasms of Glottis is whoop but
not Cough.

Whooping Cough: Pertussis:
W. Treatment Friday 28. June 54

Treatment.

Varies accordg to stage. 1st treatment
similar to that for Catarrh.

Expect: Ant. Tust. & Ipecac:

In 2nd stage specific treat. for Whooping
Cough. (D. Holmes). Give Emetics re-
peatedly. Ant. Tust. to vomit every
other 2. 3. or 4th day till loss &
Eggs in expect. done thro' dose.

Ipecac. very useful in same way.
as expect. & from time to time as
expect. or Hydrocyanic Acid.
given in moderate quantity several
times a day preceded & emetic &
high purgative: Comb'd with
Ant Tust or Ipecac.

Alum recom'd by D. J. Bird: Much
alum: small doses sev times day
Cochineal a few years ago.
with Carb. Potass. act of much
use perhaps on acct of alkali'd
inland. Coffee brought on from

Pertussis. Treatment

Its specific not go. Tobacco inflata.
Reps Iron: Carb. Iron in large
doses. 20 grs, 3 or 4 times a day
Various Narcotics employed: Opium
Nuxom. Conium: Comb^d with Ant
Fart. Rauwolfia 1 drop. Sauდან 5
drops Specac. Wine: 2 grs Carb Soda
every 4 hours. Chiefly after dis.
has lasted some time that these
Narcotics useful. Hicis Symp
acc. of polyala. & gulls & Ant.
Fart: good form given as Expect &
Emetic. Calomel as Purgative
As Narcotic Belladonna has
reputation in solution moderate
doses several times during day
Assafoetida joined by Conium.
with Hyoscyamus & Opium
Artificial milk & acorn Deco.

Externally

Counterirritants. Turp. Mustard
not too violent. Ant Fart not
advisable. Uterus Chim. Contharids



Pertussis Treatment



Ant. Carb. Roche's Embrocation.
Rubbing chest with cloth dipped
in cold water will cause rub-
faction. Warm clothing indispen-
sable & warm bathing.

Inhalations of Ether. Water
infused with Laudanum Bellad
In. Chloroform.

In 3rd Stage

Tranqs may be useful. Change of
Air then serviceable.
Complications: Inflamm. of chest or
brain. Fever.

Hæmoptoeis

Cough to bleeding from lungs.
Most generally 2nd Comp. Can't.
frequently precursor of Phthisis
often bleeding from lungs in
Bronchitis & in Pneumonia
frequently hæmoptoeis comes on
without any cause: Ormelin's
fulmy as if small are
bubble & chest talking in

Hæmoptysis

Trachea low down: may be trismus
& it: blood frothy bright red.

Blood sometimes comes up in great
quantities as if vomited: death oc-
casionally from hæmoptysis. Not
common: large artery gives way
Hæmopt. may continue several days
in latter blood: darker, fatal sign
No indication on chest plb some-
times: existence of mucous rales &
large bubbles. Sometimes attack ceases
after few hours

Blood may come from gums. Gums
red: stomach: from latter case
blood mixed with contents of stomach
dark color: not always.

Prognosis Treacherous & fatal
former good: seldom dies.

Spitting blood usual sign of
tubercles.

Common blood proceeds from
molecular rupture. Not healing
of vessel

Tuesday 1st Feby/59.

Hæmoptysis Cured.

sc. Bleeding.



Treat. Cold Water: astringents Tannic
falloi acid. Acetate Lead: v. Commonly
Used: with vinegar according to Dr
Anthony Joda Thompson: as Carb.
Lead is a sure & true Cause of Colic.

Ant. Lead. dose from $\mathfrak{v}$ to $\mathfrak{x}$.
or $\mathfrak{ss}$ with Salts: as an astringent
aperient. Tannin or fallui Acid
from $\mathfrak{v}$ to $\mathfrak{x}$. Common falls or Fr falls
dose $\mathfrak{zj}$ or $\mathfrak{zij}$ answer same purpose.

Also Elix op. best: astringents
Kino: Catechu: Alum: Creasote:
Preps. Gum Fr. Gum Ferri: or Ind. Gum
Trinitine: Inhalations. pyrolig^a acid
Creasote: turpentine:

Emetics in some Cases Dr. Copland.
Anodynes or Anæmalcents. anodynes
with Caution.

Form of hæmoptysis called
Pulmonary Apoplexy when
blood is found in the expectorations.

Pulmonary Apoplexy.

D Watson says hemoptysis & P.A.
identical.

Illustrations



Sannee that symptom of P. Apoplexy
was immense discharge of blood.

10ths in 48 hours in one case: not
symptom: dyspnoea. Movement of
Thorax turned irregularly.
disch. ^{blood} from mouth may not be v.
great.

Treatment recommended by Sannee
bleeding to great extent: not to be
employed but usual treatment for
hemoptysis.

Feb 9

Phthisis Pulmonalis Consumption

Causa intrinseca + extrinseca.

Extrinsici. Climate season breath
occupations: diets &
intrinsici. 1 Constitution or diathesis

Scrophulous most prone: ~~external~~ scrophulous &
enlarg^t of glands with suppuration said to be
beneficial: Age infancy: 18 to 25.

Simple Catarrh not usually antecedent of Phthisis

P. Miliaris various appearances: miliaris 

tuberc: ~~Cavities~~ of various dimensions 

dyspeptic variety: laryngeal Phthisis: ulceration

of chordae vocales: adhesion of lungs to

walls of chest. Fistula in ans. frequent Con-

comitant of Phthisis. 

Diagnosis. dulcor. diff^y Respiration

length of expiration: want of motion

in muscles of ~~lung~~ Chest.

long cont. dyspnoea: + cont. dyspepsia

& unaccounted for in other ways incl

tendency to Phthisis

Agglut. Pleurisy mistaken for Ph

Phthisis. Chronic Pleurisy may be

Phthisis



mistaken for Phthisis. also Bronchitis
also Chlorosis. A. J. Thompson says hypochondria
is opposed to Phthisis. In Chlorosis: there is
suppression of Menstruation

Four ways in wh. Tubercles may
be removed & disorder cured.

Cicatrisation. ^{by} Caverno. & by Calcification

Prognosis. Recognition possible of recovery
but doubtful generally. rapidity of pulse
& dyspnoea unfavourable symptoms

Wednesday 9th Feb^r 1859.

Treatment

Indications. To correct nutrition that
contributes tuberculous cachexy & to
treat symptoms as they present
in Hygiene & Therapeutics.

Pure air necessary. but attention to clothing
&c. Early attention to Hygiene. In females
uterine functions attended to. Nature
of tubercles not yet unknown
Bleeding as needed: in Congestion &c when
req^d. Bleeding at one time used largely
by 19th century treat. Sulph Lime

Treatment of Phthisis

Tuberc deposit from blood on mucous surfaces. Simon says fluid of tubercles precipitated by connection with air. various eucetics employed in carrying out this intention.

Purgatives may be req^d especially if dyspepsia be present.

Tonics to improve general health.
Iron: Iodine. & Iron: when it prod^s flaccid Contradicated. Suffilth's Antiseptic mixture. Carb Polar. Sulph Iron. ell^g mol Sugar; Sugar keeps Iron in state of protoxide. also Fr. Desquichel - Iron.
Mercury in some cases Gairdner & Stokes advise that when evidence of tubercles preceded & inflammation Hg will do good. Hg. generally injurious to Pericard^{is} & joints. when tubercles deposited not advisable Hg will do no good when ~~end~~ of complaint is at all advanced
Things which have been given for Consumption. Naphtha. Hydrarg. cinic acid: latter used now to quiet

Treatment of Phthisis Phthisis

Cough. Potash recommended Aqua Potasse
in doses of $\mathfrak{z}\text{ss}$ to $\mathfrak{z}\text{j}$. 3 times a day

Inhalations. lung egg employed Jar: boiled in Chamber
+ patient breathes air: useful in Bronchitis
Jar water recommended by Dr Berkeley
Creosote. Iodine, Chlorine. Arsenic cups
inhalation in cigar

Cod Liver Oil, 1st used in Rheuma-
tism. Hypophosphite soda, lime
recommended by Dr Churchill

Cod liver oil immediately after meal with ether
ether. Cod liver oil occurs & applied
inunction body & chest rubbed with it
Rum or Hydrocyanic Acid used to
allay cough. Hyoscyamus Scammonium
belladonna.

Thursday Feb. 10th 1859.

External treatment for Phthisis
throughout course of disease
Ant Tact & Cotton Oil. Iodine
Vaseline used at times.

St. John's Long's Liniment

Turpentine with strong Aether Acid

Treatment of Phthisis
of advantage according to Dr. Stokes & Hughes
a mil mixture with yolk of egg. or as lo-
form emulsion. Dr. Marshall Hall
was in favor of liniment of alcohol.
Leeching & Cupping sometimes reqd.
Rheumatic pains quieted by anodynes.
Tendency to sweating. Colligative
throughout dis. Remedies so^d as
Chlor. vitreol: Tannin or Gallic
Acid. Zinc with Ext. Hyoscyamus
Patient sh^d not sleep in too warm a
room: Acetate Lead,
Colligative diarrhoea: treated by Opium
or astring^t: Tannin Kino Catechu
Rhatany Sulph. Copper or acetate
Lead: externally Counter irritate
if these means do not answer.
Change of air in consumption ~~is~~
recommended: if a lump has suf-
fered much: or disease made much
progress: abscess from cold climate
for season. In person who are
obliged to go out in cold weather

Respiration of surface.

Diet. Patient should have nourishing food & as much as appetite requires.

Milk diet nourishing & animating

Pneumothorax

Air in Cavity of pleura: air combined with fluid called hydro-pneumothorax. often cured by succussion.

Treat. generally for that of Pleurisy.

Asphyxia. Apnoea.

Causes 1. that prevent movements of Respiration: 2. that prevent access of air. 3. Proportion of air for entering

1. In Paralysis: Stychmin
Mechanical means: ~~Tracheotomy~~
2. In asphyxia



Acc. no 280

1856-60

v. 6

There is an intimate connection
between the nose & mouth of the
eyes over the Boston Port & allowing
the head to grow strengthens the eyes
It is said that Surgeons in the French
have proved that & expert. in Africa
that Soldiers wearing the head
are much less liable to diseases
of the eyes & it is generally con-
ceded that it is a protection from
diseases of the throat & lungs.
It is asserted that in countries
where it is the custom to wear the
head the eye retains its lustre
& brilliancy much longer

"Home Journal"

May 1859

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W. P. Whitwell

W. P. Whitwell

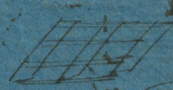


W.

William Whitwell

Your most obt.
Dmille set.
Your most obt. son
Wilkinson

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Changes

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Changes

(Brickbats)

William R. O. Whitwell



Acc. no. 280
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"Home Journal"

May 1850

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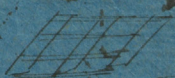
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Your most obt.
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(Brickbats)

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