Surgery

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Opthalmic & Aural Surgery

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Notes by

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Surgery

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Seal arms of Medical Dis-

cussion. Bishop College



1882-

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Oct 6th Surgery-

Inflammation.

Old & established term. old surgeons describe it
some think a distinct Dis & give separate causes
& treatment - but it is not one precise language
Inflamm = changes & processes w occur in living tissue
when injured or functions impaired when injury
does not destroy vitality of tiss. Depends on part
affected direct or indirect injury whether the
seat of primary or traumatic Infl. or 2nd
or idiopathic. Traumatic affects parts
wounded. 2nd in parts or organs to w direct
violence can not extend & in places in w no
access except # oo. as pyemic & tubercle
Traumatic or primary 1st to be spoken of
Congestion or Hyperaemia & Determination of oo
Cong & Hyperaem are convertible & synonymous
= a repletion of oo vsls c oo & ∴ dilatation
oo is not only increased in quantity but
circulates slowly & is dark.
Active or passive In active all vsls
are dilated & in Passive Caps & veins
only dilated arts of normal size or
even contracted

Act. Cong has redness & some heat & may go onto Infl. or to redness by transfusion.

Passive. Color is more bluish than red. more venous than Art. & Tem is seldom increased. redness may or may not follow. Passive - Infl may follow Active. Passive due to pess. or weak cond of walls of Caps or veins - Sedentary people have Passive Cong. & those who are confined to bed for long time esp if any low state. Can renew Cong by attacking cause

Determination Determination of oo -

A large amt. of oo throws in part & is circulating rapidly through it. seen in tingerence of mammae in & it lactation There is increased action in part may or may not have skin discolored. Tem is gen increased -

Feeling of fullness & throbbing. so long as to flows freely there will be no redness should stagnation occur Cong & Infla sect in & everything changed

Inflammation

Causes. Predisposing or remote & exciting proximate or determining.

Predisposing - (1) overuse or overstimulate by determining to it 2nd defect in quality of ov & excesses in eating or drinking or poor air (3) peculiarity in quality of ov as sanguine, gouty, syphilitic. Diabetes. Fibroid Kid. Tubercle as acts as cause of Infl.

1 Age. a predisposing as childhood subject to acute Infl. 2 Adults to traumatic.

3 Pregnancy. & 3 Lactation a great cause.

4 Climate, seasons a cause. Tropics bad to Infla. 5 Dog days bad to operate in.

6 In winter wounds have erysipelas & we fear these cases. 7 Parts deprived of normal innervation & here tiss rapidly ~~found~~ destroyed as often broken back have bed-sores - here circulat allows more to to part

Exciting or determining cause - Many wounds bruises fractures dislocations

Incised wounds generally 1st intention. give little trouble.

Lacerated wounds worse - Torn cond - separated parts & a foreign body in wound w provoke infla.

Bullets cause harm. but lead bullets
is encysted & remain & harm for yrs as
Tissue when deprived of life are foreign
body & excite Infl. Boils show this as
Core is a necrosed part. c̄ supp. cells in
centre & connect tiss is tough & wont be
removed. & so excite Infla Stone in bladder
& bad urine. hard faeces. gall stones
all excite Infla. as foreign bodies. Aclot of oo may excite
in a wound. as in Ovariotomy.
When oo is effused in living tiss & exposure
it is inocuous. as in fractures w are not
compound. we seldom see trouble
from this cause. ∴ subcutaneous division
So infl & exposure is constructive.
Chemical Irritants Caustics. K fusca
Some plants can excite Infla. as Ivy
& nettle. & Animal parasites.

Signs

Signs & Symptoms —
It is denoted by 4 signs Redness swelling
Heat & Pain — this taught 1800 yrs ago —
Modern add. Impairment of function of part.
& 6th a Fever. = signs & Symps.
Six Signs of Inflammation.

Redness — Redness almost an invariable sign see it in parts pale as in Conjunctiva as it becomes crimson.

Iris — Iris when inflamed is gray or brown is an exception. More so in vsls causes Redness & hence more corp. If color is brightened

Sthenic — it is sthenic or active, Inflammation if Sweid it is asthenic. This redness vanishes when part pressed on so Caps burst & so extravasated & such

Extravasat — Spots wont disappear when pressed on. In some cases look for redness at ē part ē injured part as in extravascular tissue as in Cornea. we see it in Conjunctiva

Swelling — Swelling - is due to more so in inflamed part & to exudation of liquid & solid material. It varies ē locality affected In loose areolar tissue, it is so considerable so great in Conjunct & in Sclerotic is triffling Bones & Ligs swell little, Swelling may disap or end in thickening

Pain due to increased sensibility of nerves. pressure disorganization of tissue & pressure of dilated vsls & effused matter

Pain varies c̄ organ affected if dense & no chance to stretch, pain is severe if M.M infl it is burning & itching. If testicle or bed it is sucking & if serous it is lancinating. erysipelas is burning. is trivial or absent if parts soft as of throat at first. Pain is always increased by pressure. & if produced by pess. it is tender. Tenderness is a great sign in diagnosis. Pain is often referred to larger extent of tiss than that inflamed. P. in brow in opthalma. in Knee in Hip joint dis. & in Hip ~~dis~~ to dis of Pelvic visceras

Dr. Roddick Lecture No 11. Monday Oct 9

Heat as a sign of Infla & is due to more red oo & increase activity [illegible] verify c̄ comparison c̄ same part of other side Long a question whether heat developed J Hunter thought not however more oo made hotter.

Simons Experiment Rodd

1st Art oo supplied to inflamed limb is less warm than focus. 2nd Venous oo is less warm than focus is still warmer than art oo supplied to limb

Simons & Peirits

3 Venous ōō & inflamed limb is warmer than corresp. current on opposite side of body. ∴ Inflam process involves a local production of Heat:
& an inflaming part in proport to its heated venous outflow will raise Temp of mass of circulating ōō & hence get Fever

(5) Impairment of Function

A symp almost always present if any serious Infla, functional activity is increased but perverted. Thus when M M of Urethra is inflamed get a copious discharge not of normal mucus but of pus. After an attack of Erysipelas we notice hair falls out showing pust of hair bulbs suspended in time & during of Parotitis P. has dryness of mouth on that side. If K inflamed urine is altered or suspended & bladder may not retain any urine if inflammed Nutrition is often modified or arrested & tissue become soft wasted or contract as a result.

Impairment of Function

In proport as part of body is acutely inflamed ōō rises & P is Feverish

6 - = Inflam of symptomatic F. or Pyrexia
= Traumatic or surgical F. of surgeons -
as a rule Traumatic F is moderate & terminates
early & spontaneously as in wounds
& fractures it is mild & transient
while in Co. F. Nd F may be great
Type of F depends on state of ōo nerves
seat of Infl & age of P. & Amt of injury
May be sthenic w is Typical. as there a low
form c Ty symp. or Irritative c nervous
symp.

Sthenic Sthenic Inflam. Invasion may be
evening of day on w injury rec'd or p.p. no
symp for 24 hrs. Countenance becomes
pinched anxious Prostlas furnish
Hot or Hot & chilly or has rigor - Lips &
mouth dry Urine scanty high colored
2-5° of F. Pulse full & bounding & 100-110
or small & wiry esp if serous men be
involved in injury Tongue is furred or dry
F reaches climax in 36 hrs - may be less
in morning. for 3-4 days when Symp
nearer normal & at end of week F is
over - so by Crisis more by Lysis

Asthenic may follow Sthenic but is gen
asthenic & 1st occurs in broken Constitutions
& is followed by depression. a tendency to
Diarrhoea & Lungs may have low or Ty
Inflam - P has a stupor & a low nothing
Delirium Convalescence is slow & interrupted
If dis is unfavor Tongue more fuml -
Haem & bowel. pulse weaker & ⅌ dies Comatose
Spirit F more often associated c̄
asthenic & occurs in those whose Mental
powers overworked or whose mental powers
broken. Have Heat of Head & furious Deel
followed by exhaustion & death by Coma
Essential Feature of Inflam Fever is an
increase of Tem & may be high - 6°-8° ⊥
normal - That this F. originates in tissues
& those w do not combust in ord cases
are now taken up - For no assimilation
or Digestion get Heat ⊥ normal &
Urea is got 3 fold. Urine has Uric acid
& extractive matters double Salts diminished
some dis appear as Na Cl. Fat is absorbed
& get emaciation
Dogs who ate c̄ F emaciated more
than dogs c̄ F which had no Food -

Changes w take place in oo & circulation in Infl F. 1st is dilatation of small vsls altho some observed Contracted & then dilat of Arts & then veins. & circulat is quickened - & new channels opened w before could not be seen. Circulat in veins 1st begins to slow & white Corp crowd w the & line sides of veins - & Choking of vsls is got & oo is stagnated.

Inflam changes in oo

2nd then passage of Contents of vsls to walls called effusion exudation or migration & (transudation) - best term. There is a normal transudation to supply drops of tiss to supply tiss. More white Corp w are actually engaged in process 1st penetrate walls & w reggle to them & wander off - this is migration both white & red migrate ∠ Caps & white only ∠ veins -

∴ this migration is exudation of highly fibrinous fluid w is rich in cells. If we bleed a P suffering ∠ in place oo will coagulate more slowly & Corp sink to bottom of Clot - & this forms buffy Coat - this upper part Contracts & is concave or cupped.

while buff & Cup were thought to be guide to amt of Infl. Now we know that buff in oc of pregnancy & to violent exertion no constant uniformity in constitution of Inflam exudation so fluid as in Pleurisy so firm & glue parts together.
Tiss elements increased & perverted tiss is soft, juicy & loses power of resistance. Whd Influence does Nervous Syms exert on Inflam. Vaso Motor nerves are immed derived c sympathetic & originate originally in Cerebro spinal System for Vaso motor paralyzed by cutting spinal connection of Sympathetic. Infl when once established propagated in several ways 1st by Sympathy w is a peculiar fellow feeling w exists in corresponding parts as Symp Ophthalmia & pp orchitis in mumps is due to Sympathy 2 by Infection H Lymphatics as in Chancroid & glandular enlargement axilla in whitlow & in groin in any chain of Tre 3rd by oc w will carry pus embolic or Thrombic w H Mechanical irrit or by occlusion set up the Infl process.

4 Continuity of Structure - this goes along over M. canal or same plane of tiss as in Urethra

Terminations of Infl -

1st Most important & sought for is resolution w is a disappearance of phenomena of Infl this may take place in his or days & it has commenced. Heat & p. first go absorbtion goes on & secretion returns - Resolution may go on till get all functions of health or it may be arrested & we get 2 Liquid Exud or oedema 2 Plastic Exuda w may be organized. 3 Suppurat & abscess 4 Ulcerat in w tiss is soft & disintegrated & 5 gangrene mortification or death -

Treatment - of Acute -

1st Remove cause w provoke & keep it up thus remove offending slough nail stone bullet &c - w irritate

2nd Obtain favorable conds for repair rest & immobility 3rd Combat effects of infl & arrest destruction apply cold Heat & moisture or letting pressure measures drainage & suitable drugs & diet -

Empirics recommended
Sedatives Stimulants Anti Spasmodics
Rubefacients. Mustard Full doses of brandy
40-60 Nix Laudanum or Battys Sed Solut
vs Hypod Morph, Ether Amm Camphor
Valerian
Ether & Amm will relieve mild attacks
Dr Brunton uses Nitrate of Amyl
Prevention
SS can tell onset if so can stop an
Opiate, or Nitrate of Amyl is best ready —
Gen Treatment, The longer it lasts the
less it will take to induce a fit so have P.
live accord to rules of health & keep quiet
The following classes of remedies good
Nerve Tonics
Arsenic
Nitrate of Silver
Sulph Zinc
Dum,
Phosphorus
Digitalis if Ht irreg & weak & intermittent
Issue of seton on Breast or arm
Faraday brush on arm or chest,

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Dr Howard also gave lecture
on Angina P for a see other Book.

Rest & immobility are paramount & dont leave to P himself to keep inflamed part at rest but enforce by appliances. Confining P to bed apply splints bandages & if needed give an opiate.

Tuesday Oct 10th 1882. III

Position — Position of part w is seat of injury or operation is to be observed. Respect feelings of P — whether agreeable or not to P. so select one w will favor venous return & prevent passive Cong. Secure this relaxation & guard against a pain & posit. of part managed to favor discharge. In case of serious Inj. disturb parts as seldom as possible while dressing & manipulating this imp. esp in fracture or make simple to compound. So we give anesthetic examining.

Compression — Compression if applied evenly & continuously is valuable agent in Infla. we can support uses & limit exudat & will aid resolution by aiding absorbtn. In Chronic Infl is of most use. Cold

Cold — of great value esp in early stage. Dont employ if supp. set is or vitality be low

III Sympathetic or Excito Motor.
10 Vaso Motor have irrit. c̄ paresis of control or c̄ control

Angina of ten occurs c̄ aortic Dis or Ch Dis of valves Dis esp of aorta, Fatty degen or atheroma of aorta But these changes dont give all symp so see dis of L vagus so cardiac Dis & in one case pheric compressed by Bronch gland

Angina is a recurrent affection & each return the activity is lessened & so after a time ~~breathing~~ least thing will cause So prevention is the management.

T seizure is gen c̄ effort of some kind as walking briskly up hill or against wind. Dr Holmes so only one attack & P never has again this rare Gen occurs & eventually cough defective swallowing &c will cause a fit. If from malaria will be periodical

Duration so long life so couple hrs 1. 1st

Prognosis as to life is rather favorable if alone. If complicated is different

Prog. as to cure is quite unfavorable.

Treatment,

If organic Dis or Atheroma we treat if we can. But in many cases no such Dis.

Cold diminishes sensibility of part slows circulat lessens heat & transudation, Has been employed in surgical Infl Peritonitis. Water or ice used Tem of aq c 5° to freezing pt. Sensat of P & intensity of Infl determine Tem. Good way is to apply on pieces of linen on part: a little Spirit assists evaporation. or Bandage part & drop aq on part: or use a wick above body of P- or tin vel c̄ narrow neck let drop on it

Use of Dec. a lump wrapped in flannel or break up & put in bladder or rubber bag - Pettegrew uses rubber tubing wound round part & run stream of tube Joint Infl & tracts use Dec was best thing use 2-3 weeks good in central affections An old rule is when resolution is not attainable abandon cold & use heat c̄ or c̄ moisture warmth is a diminution

Heat

To apply dry heat use hot salt or sand bran or tin of hot aq. Use moist heat put lint in hot aq. & apply & cover c̄ oiled silk may put in anodyne antiseptic &c.

Attack may cease suddenly or prove fatal instantly in 2 ways.
I By syncope. Corpse calm & placid
II Slower. Distress and anxiety great pulse grad slows & death

Symps. are I Steinal pain II Anxiety III Disturb of circulat IV Resp disturb by pain

Pain I, Arises in plexus of heart. Gen the Ht is not very sensitive but here is greatly aggravated & is like colic & Biliary colic & is ∴ due to sympathy & may be idiopathic & is thought to be due to pressure or infiltrat & is liable to arise in ossificat of Coronaries pain up & down explained by connect c̄ 4 upper cervical nerves & Cardiac sympathetic & sympathetic of cervical ganglia
Pain is thought to arise from.
Automatic nerve, Regulative nerve
Sympathetic " Vaso Motor "
I, Automatic Refers to ganglia of Ht will give rapidity or slowing & are affected by atheroma of coronaries
II Regulative. Vagus or Pneumogastric in most cases pulse increased & so a Temporary paralysis of vagus - & = a case of taking off governor

If abscess threaten use poultice

Poultice — Linseed. Elm bark a a or each alone May use poultice too long.

In Lacerations use poppy head fomentation camomile flows &c

Blood Letting — Blood Letting. In early stage local depletion good to lessen Inflam. May do by scarification Incisions will do as in Erysipelas. Cupping Leeching. natural or artificial. Bleeding should be encouraged by fomentation of hot aq. If Haem troublesome arrest c̄ heat or Cold pressure. alum or sulph Fe or Ag Ni in wound so use hot needle Acupressure the last resort.

Cutting off supply of oo — Cutting of supply of oo in Inflam a plan. Done by Anamnesia. Manicure of London does it. Ar ligatus superficial femoral & arrested profuse suppuration of placed in Cond for future Amputation Digital or Instrumental compression is of service in arresting Inflam. as in Arm put tight enough to arrest. Cut not stop do not stop venous flow.

Pain is the dominant symp. rest is lower sternal region. precordial & may occupy upper part & to left of same region. p is gen severe & is gnawing - tearing & hooting - Torture may be exquisite & is gen constrictive & is suffocat. Pain may be restricted here or referred to other parts as middle dorsal left-side neck occiput - shoulder down arm. Attack produces great anxiety & desire for relief, in most cases attack is sudden & he cant move. In habitual cases have premonitions & some of these P knew certain acts will bring it on. Rarely there are remissions & is some of following disturbances of sensibility, or Circulat or Resp functions

Pulse I. Walshe says during paroxysm may be reg & of good volume. this depends on cond of Art. Dr Brunton has shown that at moment tension is increased & undergoes diminution

II Resp may be augmented. There is no real dyspnoea. Breathing is retarded superficial or arrested, & is so all right.

III Intellect clear. Attack may end in flow of mucus -

Constitutional Treat.

General ōō letting or venesection is rarely called for & is hardly justifiable unless Br Lungs or Peritoneum is implicated in Infla & is then of incalcable good - Its effects are more than momentary & takes time to renew & all actions are enfeebled - & if illness protracted surgeon should dread ōō letting a gen system.

Drug w has 1st place in treat of Infl is Opium ē forms. it relieves suffering - contrast Infla. Dont give much Op if Hache. thrust or constipation for may make P more uncomfortable Precede by purgatives Diuretics & Diaphoretics given ē it if used long. so give Morph ē Citrate of K. or Hg & Op combined Calomel & Ot or Dovers still good. If Stoms irrit give - skins

Hg is an antiphlogistic agent equalizes circulation Br vigorous Const - Hg acts well but give cautiously to feeble. Opinion of service in state of F w follow Operations on Genito Urinary Operations as Urethral F.

Lecture by Dr Geo Ross.

Angina Pectoris.

Case now in Hospital. Meekers Case -

J. P. aged 50 yrs. Malster.

Symps Pain in chest cough & Dyspn. 20 yrs since had ague & 10 yrs ago. had severe Rheumatism & since then sw short of breath. No Dropsy Two months since cought cold & was obliged to cease work & p. in chest w comes on suddenly & slight exertion. Feels as if st grasped heart & cant breathe & is obliged to sit down & rest for 20-30 min when it passes off pain shoots up to left shoulder never had attack when quiet. First felt wt 7-8 yrs ago. Pulse weak slow & compressible No precordial dulness. Cant feel apex beat Auscultat. No murmur. Sounds weak & distant.

Angina Pectoris

Is a Dis of nerve system allied to neuralgia and is often associated c valve Dis & valve Dis are cause but no connect 1 1/100

3. Sits of Cases.

I From Heart Dis.

II From nerve lesion no Ht Dis -

III Pure neurosis no Ht Dis -

Treatment of Inflammation

acts as Antiseptic

Aconite Digitalis Veratrum & Antimony are time honored remedies in Infl.

Chronic Infl. Chronic Inflammation

We mean usually that resolution & other changes in acute Dis short of supp are long delayed hence Chronic.

so Symp of Acute are absent.

Tiss rapidly invaded & morbid changes slow. this in joints

Vsls are dilated walls adherent to stenosis & cant contract on contents so a state of constant congestion parts hard.

& get Chronic Hypertrophy & is seen in Strumous Syph. Cancerous. Joints glands & bones affected most.

Treatment

Look to diet generous Stimulants as needed. if not before used. K.I. is sheet anchor of Dr in these cases gr 1/3 pr day & in Strumous use Symp of Iod of Fe c̄ it & if Syph give Hg. Cod oil of Strumous Mild purgatives c̄ calines gray powder in children.

Prognosis.
Doubtful in acute cases 50% die. Favorable in
ch cases. Treatment.
Not satisfactory try & get rid of casts by loosening
Use steam Sprays Lactic acid Nx x v to ℥ 1 aq
vapor of lime slacking & spray of lime aq
Internally use K.I. Amm. salts Iod & Carb
acid inhalations Iod of Am & Carbam
x + xx grs per day they act locally on M. M.
Carbolates used. Emetics good when Membr
is Loose. no P. Expectorates casts of tubes
Bartillo says persevere with remedies.
some use Hg Iod. Am salts & alkalies
Turpentine Copiva as Expectorants.
If no Phthisical Tendency may use Hg.
Arsenic recommended by some.
If Const defect correct it.
For continuation of notes
See Other Book. Page 177.
Asthma

Locally in Ch. Infl we so abstract or & best method is by incisions & punctures so get rid of serous effusion -
Counter Deril Blisters. Stimulating embrocations mustard Setons used -
Issues Moxa. Drainage needed &c
Compression is now more useful than 1 got c̄ bandages strapping - use cotton wool to equalise pressure. Flannel bandage better than cotton Martins Elastic bandage the best. Compresses c̄ sponges good way - Use wet sponge compress it [illegible] & place on dry & moisture & will act as a compress

Terminations 1 Resolution Oedema or Serous Exudation

Terminations passing over resolution Oedema including serous & plastic exudation. No Uniformity in constitution of Inflam transudates. Genera 2. Serous & fibrinous. or aplastic & plastic -
Serous may appear rapidly & in great abundance till joint filled. or may be slow or imperceptible. May depend on structure. Infl'd of fascia followed quickly. M.M. pour out on their free surface as in cold in head or may

Another form of Bronchitis
Membranous or Croupous.

or Plastic B. & is seen in young delicate adults & children & is most common in cold moist climates, A Membrane forms down Tubules & is solid in small ones & hollow in larger & is characterized by expect of casts. May be confined to one lung or so both. Have both Acute & Chronic.
Acute chiefly in children runs course & cure in 10 days. Chronic most common in Adults & may last months or even yrs.
Symps. are those of Br gen & with them urgent attacks of Dysp dry hacking cough & difficulty in breathing ~~follow~~ threating asphyxia. this lasts for hrs & then Expect of casts followed by Haemoptysis w so precedes casts & is so copious these recur from time to time at regular intervals these attacks last - 2-10-20 hrs.

Physical Signs.
Are those of Bronchitis & see parts of chest in w no breathing heard & percussion gives a dull note here obstruction is complete & lung is collapsed & these spots appear in 2 parts of chest, so no spots of dullness or collapse & so this complicat with Pneumonia but not common

accumulate in submucous stratum as in Glottis. Color of serum varies as Straw Colored as in Ascites or Hydrocele or reddish brown & so in part. presence of serum is not always a proof of Impl. may occur as result of pressure & is then ordinary if universal is Anasarca. Differs ≤ fibrinous as has little power of organization

Fibrinous or Plastic Exud. Fibrinous or plastic has large amt of fibrin & tends to organization appear rapidly some serous — M.N. gets tough & leathery & Plastic. Bone yields very little of this kind of Exudat & it is this material w appear on surface of a recent wound, Coagulable Lymph & so get union by 1st intention. Merydo good or harm. Does good in Heathy wounds by knitting bones — by encapsulating abscess & foreign bodies. May be harmful by narrowing canals as in Urethra get Stricture Unites joints 4 340 lb destroys transparency of part as Cornea & may make cicatrizial tiss & binding parts together & causing deformities

1848
1781
1167

II If little F & perfume Expect
Fine Stinc Expect: Squills Senga
Copiva Balsam. Ammoniacum
& combine Amm. ē these, Narcotics
well borne. Paragoric or Op Morph
(Codia w is good) causes no Hache or Constp
Inhalations of vapors. In both forms of Dis
Commutes Quit. over chest useful
Croton oil Trop stripes Iod & blisters
once a week or 10 days.
If resist this or in Delicate P.
Insist on change of Climate & make
abandon business tonics & Cod oil -
Vapor Inhalat - M 2½ aa of Creasote
& Rect Spirits - & use as to 5-8 Mx
Coghills formula
Iod Ethex Fr
& Carb bis aa ʒ II
Creasote or Thymol ʒ I
Rects Spirits ʒ III
8-10 Mx on inhaler & use.
Oil of Eucalyptol 10 Mx. good to soothe -

these are adhesive Constructive or reparative process - if these are interfered c̄ get destructive process w are 1st Suppurative -

Wednesday - October 11th No IV

Destructive Process & 1st Suppuration -

Suppurative Formation of pus in a part. What is pus - as it comes c̄ abscess in heathy C. it is yellow white fluid c̄ so green shade - homogenous creamy consistence almost odorless if any is mawkish or annute sweet. Unctuous to feel. Chemically is a neutral or slightly alkaline reaction Sp gr 1021 to 1040. If allowed to stand separates into thick sediment & super natent serum w is like serum of oo as has aq salts extractive matters & fats.

Solid part consists of leucocytes or corpus of pus. It is also pari globulin Myosin & Myosin fatty acids & Lucein & Pyrenl - If add H 1103 get alb precipted. If Leq K or Am shaken up c̄ it get a curious semi solid translucent mass like dense mucus - Pus cells are dissolved by alk - this explains sopy mucus in cystitis - Microscope cells 1/3000 in diam they have nuclei & are granular -

& Muscular Coat & plates of Cart - are
atrophied - & may young cells or Lineocytes
found - Basement Mem & the knee wall
of M. M. & is stripped of its Epi -
Ch Bronc is followed gen by Emphy-
sema & Bronchiectasis
& if of long standing delates R. Ht - for
hard to get on Hlungs finally Hypertrophy
& finally terminates in gen Dropsy -
it is really a Cardiac Dropsy -

Treatment -

(2 groups as to treatment)

"Always before treating study Hist - & see
"if tendency to Lard or Rh or gout or Syph
"if find these treat it -"

Lebet Remedies as to Cond of Mem
Characters & Ant of Expect Organ of Body
& Cond of secreting or dis if has it,
& Constriction of chest - & viscid secretly
Expt. gen Nauseating Expt for Mem
is constipated Antimony Ipecac Lobelia
Scoriae c̄ alk salt Citrat or Carb K.
Narcotics ~~not~~ are those w ponate
secret Apomorphia Chloral -
Prussic acid or Cyanide K. 1/8 gr
Conine & Hemp. none of them arrest
secret of Mem -

Pus — see 24 Mucin & if add alk all cells will disappear
Cells at first have a more bold movets and are
living organisms. These movements cease
in few hours - see only see cells. See also
large overgrown Corp are stiffed c̄ fat & are
victims of fatty degenerations & Cholesterin
so seen esp in pus c testis & - overy & in Psoas
abscess. If from diseased bone see bone
earth Pus Corp Mucus Corp & white oo Corp
resemble each other so microscope won't tell
Leg K tells for pus is oopy & thick. Days test
for pus. Make saturated alcoholic solution
of Guaiacum & expose to air till green when in
contact c̄ K.D. - Add this to fluid supposed
to be pus & get blue. Moisture of dry -
This is healthy or laudable pus - c̄ above feature
Ichorous is when thin irritation & little
consistence. see in Cancer & Gangrene -
Sanious pus is dark red in color tending to
be yellow - has oo & is gen foetid & is found
on old Mucus & in Sinuses leading to dead
bone. Curdy or scrofulous is thin whey like
cheesy flakes & curdy matter. Caseous -
seen in old Cold abscesses. of Lymphatic
glands & old joint cases -

Healthy pus.

Ichorous

Sanious

Curdy.

Expect - fluid Copious - & has pellets of
Offensive yellowish white size of pea 120
Under Microscope find V eg fungi
Leptothrix. & (Butyrate of Iodine)
& as a rule this sets up changes w
is an irrit. F. 7 is observed = F quick
pulse & prostral strength. & may be
followed by sloughing ~~of~~ & gangrene
of Lung & Bronchi
Putrid Expect may last long time &
no bad result. Every instance of foetid
expect not of Pul gangrene
Dilated Bronchi gangrene. Empyema -
or Bronch Pneumonia or simple
Crupous Pneumonia (E Foetid expectorate) all gen at 2 A
V Dry Catarrh
Much Cough. Dyspt tightness of
chest - but no Expect.
Physical Signs of Chronic same as Acute
Rales - Characts of sounds are loudness
& roughness - & Exp is prolonged E.W.
Anything w destroys elasticity of Lung
prolongs Expiration
Morbid Anat
Epi is constantly detached. Mucus is
naked except a little mucus &
proliferating cells

Ropy or Gummy Contagious

Ropy or gummy pus - seen in Syph Gummata & Syph. Abscess - is not ropy looks like syrup - Contagious as of purulent Opthalmia this will affect all inmates of large institutions esp if ~~[illegible]~~ same towels & ✗ of Gonorrhoea & of some skin affections as Eczema.

Blue Dr Gibb

See c̄ pus Epi Milk globules pigment shreds of tiss & bone. May have gases if from near Rectum. (Ablue pus of Dr Gibb due to Cyanide of Fe in ōō.

Origin of pus - Many theories offered. 2 sources - White ōō corp & Corp of Connect tiss - Tendency to format varies in ∃ individuals as no sup. from bad Infl. & so pus < slight injury this lasts c̄ P. & in character of Inflam & tiss involved. Cellular tiss & M.M. tend to sup if inflamed & in seclusion or not of air - subcut. wounds dont suppurate.

(Abscess) (Abscess)

Consists of a collect of pus circumscribed Cy will defend wall of Inflam products. When pus infiltrates past & get diffuse suppuration this seen in weak broken subjects & is an evidence of lack of vitality.

Abscess

pothy at top & like white of egg & is glary - This form so has as thrice c it & = Armed as thrice

II Winter Cough in old P c cold weather get Cough c F but c Expect & leaves in warm weather.

III Ch Mucous Catarrh

Cough violent & freq & esp severe in moving on awaking c Sect in night - Exp 2 in color mucus or mucus pumpt Sputa isolated nummular so coalesce arrive together, Little of any F & on return of warm weather it gets better but recurs in winter. so filed Expect May go on 7 yrs but produces profound change in lung. If attack severe gen health fail disturb of health evening F. & at last State like Ch Phthisis hectic flush Diarrh. rapid Pulse &c = Bronch Phthis & may so induce Phthis but may prove vital per se - This most common in old people

IV Foetid Bronch. odor horrible & fetor mostly late in ch form Comes on good. so all at once

Acute
Chronic
Cold

Acute or Phlegmonous is when pus occur rapidly. If Inflam go down & yet supp come we get Chronic or cold abscess.
Pus once found cant reorganise may liquify be absorbed or degenerate
Walls made of inflam products w have organized & are means of nature to stop put parts early pit this indicat of pus.
Const. disturb usher in Acute kind see F p. symp of Infl. redness & increased heat & symp intensify as process goes on p is throbbing & acute H. ache. Symp of ~~[illegible]~~ Fever & rigor & perspiration. Local swelling is more circumscribed parts over abscess thins & we get fluctuation is marked sign
If leave to nature parts gradually go over thining where least resistance & in due time & opening by sloughing - abscess burst
If abscess in deep tiss beneath fascia or in cavity may open at distance & origin it will tend to burrow. Abscess of Vertebr will go down Psoas point - Poupart's Lig so behind knee - even at tendo Achillis - so point in pelvis like Gluteal Abscess

In this form so great accumulat
of mucus threating asphyxia
Symp I Abundant bubbling rales
all over back of chest
II P. cant expectorate
III Signs of Lividity Color bad livid
~~Ng~~. Gen an Emetic now now
matter & what Dis. Ty or Measles or
Cap Bronch. & during vomiting a great
exp effort & forces up the mucus.
Extensive dry cupping of chest
good - cups every day. Allow fair
amt of food. Nourishing food wine

Chronic Bronchitis

Mt. often a sequel of Acute form
& is gen permanently ch & apt to be in
Cardiacate who have had Bronch &
in Strumous & Gen P. & P who have
Coddled.

Varieties

I Bronchorhoea or Pituitous
Catarrh of Mark. = Flow from
Bronchi & fine oz to 1-2 pints
Symp. Paroxysms of Dyspnoea
a couple in day & intervals in
Sti Prof. Expect. varying
in quantity & quality

Deep in Neck may burst in Larynx & pneumonia will open in joints pass long distances in pin Caecal & Nephritic matter opens in bowel or on surface. If in K. pelvis goes out c̄ Urine. In Ch. abscess se only slight disturbance & very little local distress

Chronic

Kinds

See Diffuse Acute & Chronic

Diffuse or pure gral. in Iliac fossa & in adipose tiss & abscess of Pyema = Metastatic many may occur simultaneously in body & joints, Emphysematous contains gas & found near bowel & vagina & is so Tympanitic & contents gen foetid

Treatment.

1st Try & reduce resolution 2nd Favor maturative or opening of abscess. use hot poultices 3. vacuate contents & 4 restore parts to natural position.

Thursday Oct 12.

Diagnosis of Abscess & opening

Not always easy to recognize. Fluctuation thing may confound c̄ flabby Mus & adipose tiss esp if attempt fluctuation across the limb

118 To allay cough add sedative as
Cargoine X-XU Nx or Dil Hydrocand 1-2 M
or gr 1/8 Cyanide of Pot or 1-1/2-2 gr of chlord it dont check
secretion Apomorphia good ~~[illegible]~~
gr. If much constriction Inhale
warm steam. If Catarrhl symp
bad give 1 M of Tr Aconite Hourly -
If acute Catarrh C F give Aconite
in 2nd Stage when secret abundant
under Antimon & Ipecac or Substi
squills or Senega X-XU Nx i Carb Am
gr V his stimulating Expect. & can
now use are sedative if Cough
free. Guide use of Narcotics
as to how P expectorates
In Capillary Branch we modify it
depression not - tolerated prostrat
ensues early for Pare going or weak
it is rare in healthy Persons -
If give Ipecac combine i Am or
Squills & early employ Counter
Irrit Turp stupe poultices
& early resort to alcoholic stimulants
if he fails give wine & alcohol -
Danger is as ply XI a
avoid Opiates - Let P Cough

if try in axis of part you will get it easier -
Tiss infiltrated c̄ serous or sero plastic
will give feel of fluctuation if get
fluctuation cant always tell if contents
be purulent. if doubt fall back on
signs & symps but in cold abscess these
absent - then we use Hypo syringe
or needle. this not infallible. for if pus
flocculent a mass of this may adhere
& no pus will flow - Use a large aspirating
needle May confound c̄ abscess cysts
fatty tumors encephaloid growths
Aneurism & herina.
Cysts give no Inflam signs are slow in
growth more circumscribed defined
border & in some cases when large can
prove are translucent. Fatty tumor is con-
founded c̄ cold abscess. tell by absence
of Infl. is lobular in form & doughy
consistence. Dont fluctuate
Encephaloid or Soft Cancer is readily mis-
taken for abscess & where one point of fluctuat these
growths are very deceptive -
Rule is that Encephaloid tumors point in
more than one place -

Thursday Dec 21st 1882.

Causes of Acute Bron is cold or excessive heat of air. all kinds of dust as millers & men who work in elevators produce the Mechanical form & in this form dis extends to tiss of lung the fibrous matrix Fibroid Phthisis

Specific poisons Measles Influenza & whooping cough small pox.

& Dis is often 2ndy to some dis of lung as tubercle Cancer or Syph Gummata Aneurysm & w press on lung Brights dis esp Acute & chr Parenchy & is fibroid kid all often accomp by Bron. fibroid nearly always ∠ Dropsy. Any thing w produces venous Cong. all venous Cong of any organ produces Catarrh.

Cirrhosis of liver causes gastric Catarrh & if venous Cong as cause of Bron Lung will show brown induration & pigmentation.

Treatment of Acute

In ord fan in Dy stage Nauseating Expectorating 1/24 - 1/12. Tartar Emetic or 20-30 M Ipecac Vine & Combine ℞ Nitrate or Citrate of Pot or Mur Am

Empyema points in front of chest

& abscess seldom does in more than 1
& in Enceph see large veins Not in abscess
Hernia Rarely mistaken is Femoral
& then confounded c Goos but remember
that Hernia is found on inside of Femoral
vsls - while abscess points outside
Abscess & Aneurism not readily confounded
except - where abscess forms over vsl as axillary
or Femoral art & then may pulsate -
but pulsat of Aneurism is excentric
& expansile - abscess is by a species of
upheaval & none laterally & by grasping
may raise c vsl & arrest pulsat if it be an
Abscess. In Aneurism get a bruit in
abscess none. If pressure cardiac
side if Aneurism will shrink if abscess
will not alter in size.

Treatment.

If in Structure where burrow - make
ext open early - If in exposed part plan
incision so as to leave as little disfig
urement as possible. So dont cut across
fibres of Mus or a large cicatrix
Find spot at w it is pointing

Put hand on chest & you can feel sold
w you have heard & vibrat an communicated
to chest walls & tubes = Bronch fremitus.
In Cap form see Elevation + &
Expansion —. & so dullness & collapse
& oedema of part.

~~Causes~~

Same as those of Catarrh of M M of Larynx

Predisposing Age here a remarkable one: Youth
advanced age this esp in Cap form
Common of large Bronch common in
all ages.

In new born infant if Bronch there is
no Cough. may have sneezing & snuffing
lies quite Cool skin breaths rapidly
& shallow. Color early pale Cold Extremities
Resp grad cease & Physical signs are
always present.

Badly fed & weakly & ill nourished children
are most liable esp if scrofulous &
rickety diathesis. & delicacy were
indeed lying in badly ventilated
houses predispose —

till by redness prominence & thinness if none found open at most dependent part avoid superficial veins - & if deep cut avoid course of vessel & cut in direction & not across -
To open use Symes knife or bistoury Transfix abscess & cut way out if pus be deep seated use scalpel & cut ∠ c̄ out inward & dont stop the tiss use care when ∥ fascia -
Hilton's Method the best -
Use grooved director when down to fascia - scrape along rather than cut & when pus along groove put in forceps & tear hole in. This way about neck is way -
In connection c̄ bone no pus till get down to Bone & cut periosteum -
After opening leave wound open -
Another method is c̄ aspirator in large chronic abscess -
Leave wound open & keep open c̄ tent of lint & put in drainage tube this esp if deep seated pus - Avoid Valvular opening w closes permanently so drain c̄ bottom

Cause of dulness is Complicat Pneumonia
& pleurisy c Effusion
so at lower part of back get dullness c accu
lat of mucus in Bronchi & air cells have
not enough air & give some oedema
to account for the slight dulness.

Auscultation

In early stage of little Mucus have whistling
rales. hissing or sibillat of high pitch
if low pitch are sonorous.
& are produced by Vibrat of Mucus
by air passing in & out.
Bubbling if fluid mucus copious
fine if Caps involved.
Large if large ones & are liquid & are no
occur together & are heard in both
Insp & Exp.
or as Modern view says mucus separated
c tubes & makes noise in Exp same thing
occurs. Fine bubbling is remarks
fineness & weakness of part & is heard in
both Exp & Insp. = Mucus rales.
& give bubbling rales most heard in
lower part of chest & give rales are
Symmetrically distributed
Local Bronchi is suspicious of
St. else

Well to avoid admission of air
Listen advises small opening - spray -
No 7 drainage tube - squeeze out all
matter. drain & dress -
If large abscess dont remove pus too
rapidly for may get rupture of small vsls
of part - in delicate P. may bring on syncope
W may be fatal if remove all at once.
Aspirator as a means - can't remove all pus
pout becomes fixed in opposite side &
flocculi blocks it up - so is not a very
satisfactory method - Tap abscess - aq c̄a
trocar & canula can use fair size trocar
Seton used by some when no knife used
Not good as contents decomposes & Impl of cavity
follows - If troublesome Abscess c̄ large cavities
& case a piece c knife & so can freely drain
K fussa used in London - largely - in Psoas -
Not good - Haemorrhage in Cavity < rapid
removal of pus. it is oozing & < smaller
vsls - Maybe Venous & due to vein being opened
it is ulcerated into & pressure of pus acts
like a splint & when removed vein gives way
& set comes ōō This alarming Ploses ōō

& on section a pothy serum cuts
& Consolidated part is smooth & part is
dull brown or plume color & you can
inflate part & it is again pink & will
repetate.

2nd Find in Collapsed parts find parts
raised above part are red & give out
serum & are spots of Oedema & 3rd spots
raised rusty & yellow & are spots
of Lobular Pneumonia & 2nd pass to this
& 4th find may of cells over distended
contain too much air = Compensating ~~oedema~~
Emphysema - & 5th Bronchial glands at
roots of lungs are acutely Congested
swollen.

Physical Signs

Thorax is swollen is rough has Mucus &
tubes are narrow
Movements are normal except
in Cap Bronch & in advanced part
the base drawn in & expansion is
deficient & dragging up
Percussion Normal note 7 tubes
& vesicles have air so Hyp resonant
w is owing to diffic air has in getting
out in Cap Bronch - No dulness per se

Dr Rosen Jugular opened - & died - If such an accident open cavity & stiff c̄ lint c̄ pos chl of Fe. Dont supersaturate & there band age & compress - If can reach tye or touch c̄ Cautery. An Artery opened in this way - Pressure gen fails so open find vsl & ligate if fail Compress & if fail tye main artery

Constitutional Measures -

If large amt may interfere & Hectic comes on so use tonics good diet Stimulants Quinine & nine Fe I. Cod oil if Struma -

One of results is cond of

Sinus - In some cases a defect in healing process. the whole cavity is not obliterated but there remains a thin aq semi purulent fluid or Discharge kept up by foreign body w acts as irritant as bullet button cloth - or constant motion may keep it up & Cond becomes hard callous lined c̄ fibrous tis & Pseudo M. M. lines it & this does not tend to heal. Sinuses & bursal part is troublesome

Treatment of Sinus -

Find cause & remove if pos. if bone dead remove if foreign body must remove or will get fresh abscess

rarely have Contract of Branch.
In early stage vsls of M M are injected & full
of ōo esp those w lie in inner fibrous coat
ciliated Epi is being thrown off & flat
Epi cells are proliferating w continue to
emit pogeny of new cells & forms the
mucus w is expectorated & Mucb is
swollen by oedema & this causes
throwing off of cells & part is rare & we
get the sensation of narrows.
If process more severe Leucocytes
escape in part & oedema causes
narrowing of fine tubes.

Secondary Changes

In all cases of fatal Cup Branch will
find evidences of collapse of lobules
& ~~pul~~ tubes are conical are narrow
the farther thy go & in these a pellet of Mucus
w is forced down c̄ insp & it is lifted up
during exp & more will pass out than
can pass in & so air cells pumped out
of air cells & thy collapse & so cause
Death. Full Collapse. on surface
of collapsed part on lower level than
part distended & are of diff color
are purple violet & will crepitate
less distinctly & if air less wont
crepitate at all.

First repair system. Inject some stimulating lotion of I. Zn Sulph. or Agni on probe or a solut of 40 gr to ℥ of Zn Cl. & compresses.
If fail scrape sinus c̄ spoon of Vaulkman
Where no objection lay open & end to end.
this done in bubo.
Seton or drainage tube Sponge or tangle tent
Thermo Cautre or galvanic Cautry One w
communicates c̄ Mucus surfaces is a fistula
whether opening is ⊕ or not. it is a fistula.
May have to treat canal c̄ w it is formed
as of Urethra must first dilate Urethra w is strict
Use armed probe c̄ Agni. But have constantly
to open up. Do c̄ simple or elastic ligature
used for this purpose.

Monday Oct. 16th

Calendar's Method of Treat of abscess by over
distension. He uses syringe & bursts cavity
c̄ a solution of 1/40 of Cas volic Acid
Abscess so disappear c̄ opening sinus or
bursting — a Semi solid Caseous sub is so
formed called adipocene this so replaced
by chalky sub. this occurs of tinest c̄ Vertib
abscess. hence fact 1. many months of
p. & Vert. dis no pus is seen. Defor-

112 none at first then viscid c̄ white patches
& good more copious & ever purulent pus
Expect has a large amt of Mucus c
Branch M.M. when well established
may have signs of deficient oxydation
of ōo blue cheeks cold extremities
Muscles of forcible Resp all used nails & ears
lined chest having ↑ = a Struggle >
breath. if last long signs of impure ōo
< CO2 in it. pulse very rapid & thread like
Resp shallow. efforts to respire feeble
Cough is obscure & want of air not felt
Child Soporose Extremities Cold Cough Ceases
& Delirium & death & in child Convulsions.
If dis last few days may have signs of
Obstruct of ō is lungs.
Is often fatal in child & may kill in 2-3 days
in Adult lasts 10-12 days if recovery is
gradual < 2-3rd week & some more
strength restored.

Morbid Anatomy—

Inflamed Mem is duply injected and
succulent juicy & slightly swollen
& covered c̄ Mucus - if extend ⁻ 3-4
branches we have Mem b still injected
but tubes dilated as if paralysed &
often filled c̄ viscid Mucus

nity goes on angle formed & adipocere instead of pus. So in situation of old abscess have a residual abscess or one w is watered ut.

Another end of Inflam - is Ulceration w has near affinity & gangrene. Diff is the molecular of death in Ulceration w distinguishes it. Death is by small installments we mean that materials of inflamed tiss liquify & degenerate & are cast off in minute particles or in solution as a discharge. In gangrene slough is a mass of many particles. Around margin of Ulcer see some thickening produced by Inflam cell infiltration w is intended as barrier or breastwork w resist - extension of ulcer. & beside this defence it contains elements of constructive & assists in backing up the repair. Often barrier is inflamed hot red & p. feel & becomes an easy victim to ulcerative process w is going on c in - Beside ichor from surface has gen acid irritating properties

111 so in Old P. or broken down c̄ excesses &c
Symp are more serious & have prostrat
weak rapid pulse & so this dis fatal
with these P.
II form = Capillary = Diffuse Bronch Cat
involves whole tree = suffocative
Catarrh = Pen Pneumonial Nothe & is
quite 2 in severity & involves risk to
life. see most in infancy then in very old
is rare in strong adults.
Mode of invasion may set in like Pneum
c̄ rigor Hache & vomiting & this esp the
case if begins in small tubes & if occur in
elderly P. so it is extension down of Pf form
or of Catarrh of large Bronch. this rare but
so occurs. When common as extension it
is not attended c̄ Chill or rigor
Symp are. 1. chill get F. 103° good average
pulse freq & compressible loss of appet
constipat & rarely vomiting uneasiness
of chest is extreme & marked so very soon
like scratching trachea Marked Dysp
& accelerat of Resp. 30-40-50 per min
& pulse Resp Rat is distorted maybe only
2. Still not so much distorted as in
Pneum. Cough is most Constant
& not so loud & ringing Expect is

& when in contact c̄ surrounding tiss macerates & inflams

Causation & Location

No Tiss except hair & nails are exempt c̄ ulcerations. But some are much less liable Nerves tendons Arts & Mus are seldom attacked. Skin &c most liable & lower half of leg is favorite seat - this due to thinness of this part esp over tibia absence of much adipose tiss distance from centre of circulation liability to injury.

Quality of so aid as Ty & Scarlet are predisposing Syphilis & Cancer also bad hygiene surroundings & old P esp. liable Tiss w have been congested for long time - this explains diff'l Ulcers & Varicose veins.

Parts whose vitality is low as Cicatrix & abscess frequently a cause - Process of repair of Ulcers - As soon as destructive processes ichor w is thin sanious unhealthy & putrid. Diminishes in quant & is replaced by more consistent Liquid yellowish w is pus

if in spite of this signs of suffocation then must tracheotomise & it is never too late even if P dying can practice artificial Resp. (Chronic forms passed over this pr.) there are 3 forms I Catarrhal. II Tuberculous III Syphilitic.

Bronchitis

I Acute & II Chronic & I Catarrhal & II Membr. forms. Clinical forms. large & middle sized tubes & II Capillaries & in adults 3 forms Trachea & large & II Medium sized & III In children find Capillary I Larger & Middle tubes.

no no head in c̄ hilliness & signs of cold seldom definite signs no c̄ signs of Catarrh of nose & Pharynx. Febrile symp are very slight. P. complains of soreness tightness raw feel down stumm has noisy ringing paroxysmal Cough w is at 1st dry & then thin transp mucus brought up like white of raw egg. & as dis progresses. Secret more abundant & is looser more yellow & more viscid & c̄ this have relief to soreness of chest & constriction & Tobacco.

Mild forms last 4-7 days to 2-3 weeks depending on powers of person

& at same time a new transudation of cells & fibrinous lymph take place in tiss & constituting base & edges of healing ulcer. & into midst of this new cell formation thousands of vascular loops appear c vsls in immediate neighbourhood & each gothes about it a whole colony of cells & are a little red point called a granulation w consists of loop of vsls & around of migrated cells & fibrinous lymph. these granulations are prominent in early stage of healing but as new part filled they are less noticeable & they unite when healthy they are florid small pointed & bathed c healthy pus. Walls are delicate & bleed if roughly handled - Dont have nerves or Lymphatics yet - P. feels when ulcer is touched but sensibility is c only a cent tiss. Absorbtion also c healthy surface though no Lymphatics - this is accomplished H venous part of little Loop - Cuss on healthy granulating ulcer is to protect granulations & prevent their drying up

Treatment of Acute

If mild. Rest of voice & confine Pt to house
Aconite good Nx ℥ hourly - & c.i. Ann c̄ Cubebs
Carb & Mer. both act - locally & specifically
gr ♁ of F. Et. Cubs & gr ♁ Carb Ann eyes - &
may give in Syrup of Tolu. or Mer Ann ♁ gr
c̄ powder III - ♁ gr Cubebs given in Milk
Steam of aq good. alone or medicate c̄
Friars Balsam. ʒ i ℞ O i
& locally use a spray. Use no probangs
to be used - Spray with. K Cl gr X ℞ ʒ i
Br K. XX gr ℞ ʒ or Ma Cl XX gr ℞ ʒ i. may
Medicate c̄ Morpha gr X (I-II) ℞ ʒ i & after couple
of days are astringent Tannin gr X ʒ or glycer
ate of Tannin.

Wednesday Dec. 20th

Treat of Acute Laryngitis —
~~Aconite~~ in Nx doses if severe.
Carb Ann & Cubebs good - ♁ gr ♁ F Ext -
If very severe. are dangerous.
If suspect confine to house bed
Absolute silence to rest part. Swallowing
& apply to throat Aconite & Ann & Cubebs.
If distressing cough Chloral & Morph or c̄
Bromide. So soon as oedema ass
see early c̄ good light & Laryngoscope
then Scarify. freely c̄ lancet

Hence dry glazed appearance due to fact of no pus present. When ulcer suddenly dry & parched often means mischief as Pyrexia erysipelas or Hospital Gangrene will develop.

Proud Flesh Granulations tend to be pale & oedematous often & so grow rapidly are rank & exuberant large & constitute proud flesh. As repair goes on edges soon loose their abrupt margin are rounded & decline toward centre by removing of what was in them. By & by it becomes filled & so long as there is any inequality the healing goes on c̄ no good purpose.

If we examine edge of ulcer during repair find granulations are less marked & instead see a red line smooth & glossy is creeping over followed in few hrs by blue film w is epidermis forming & now cicatrization process has begun. Cicatrization always begins at the circumference of sore & is backed up by old skin & it is thought when it begins in clinical practice some of old skin has remained if islands seen

Causes to Laryngitis
Predisposit. may be originally by peg
colds or whooping cough or Croup. Over use
of voice speaking singing &c. & common
in scrofulous P. & living in overheated
houses. & habit of wrapping necks too
much. Exciting causes. Exposure to Cold
& excessive use of voice & pp. & abuse of
alcohol. Direct injury to Larynx as scalds
& burns in Larynx. Swallowing corrosive sub
Irrit. gases. Amm. Rough use of Instruments
Go often 2nd to Dis. elsewhere. as c nose
or Pharynx. & in Measles Diph. Sp. & so S.F.
Diph. of fauces often extends to throat & wind pipe
& so c Ly F. & even purpural F.
If 3rdly often is ordinatory & get copious
serous effusion.
Must tell c entrance of foreign body in
Larynx. they bring on instantaneously
the symp. I Symp are instantaneous
II Violence of symp. great distress
of coughing & deffect to breath.
III Absence of F. IV Case at where sub falls
out of Rima & V can so see c Laryngoscope
& will also enable to see symp of
Laryngitis

at any rate rete Malpighian are left
& on truth of this we skin graft.
Soon after this contraction begins & we
have cicatrix forming. This cicatrix
w is at first red becomes pale & then white
& obliterative of oc channels in d. by & by
like normal part & becomes movable
over underlying tiss but never attains
perfection of true skin is dry & dense
no hair or glands & has great tendency to
contract & for weeks & months the contract
ing will go on. & pucker esp in bruss -
Vitality is low hence they tend to ulcerate
readily. or become keloid i.e. very thick

Ulcers Proper.

Classification & forms sevly
Surgeons & all classify differently
(Syms) 2 Classes 1st w tend & heal
2 not tending & heal.
Under 1st find acute or simple healthy
Under 2nd Ulcers w did not heal & excess
of action 2 did not heal
& defect of action 3 from peculiarity
of action as Syphilitic & Scrofulous

Cough is hoarse ringing & no Expect.
If severe & sub Mucous type Cough is suppressed - or cut short.
After a time a little unced phlegm & mucous pus. At first resp not embarrassed. Insp prolonged. Stridor & Ep infided of much Mucus - or aspy &c.
Deglutition affected or not as to parts affected. Larynx tender. Spasm may occur at times in adult & breathing labored.
Find redness affecting esp Epiglottis & Arytaenoid Commissure & Sub Vocal Cords - so true Cords. If case severe find time fact mild none. If serous effusion in glottis - oedema glottis or oedematous Laryngitis. In mild form c̄ hoarse &c it is trivial lasts 5-8 days & pus a little & goes away. Severe or Sub Mucous form is fatal often & so in 24 hrs so 2-3 days Death so by coma so as phyxia slow & gradual & when recover they do so gradually & 8-10 days 1 voice good again.

Morbid Anat -

Redness. Great thickening & swelling - 4 serum pus or sero pus. this is Severe form - In Membr form have a false Membr as a flame, or scalding.

Eleg surgeons have healthy & unhealthy
of of unhealthy have - acute Indolent
Weak or Irritable Phadenic Syphilitic
& Varicose - Scorbutic -
Phadenic - seldom seen except
in connection c̄ Syph or Chancre -
But in drink us & those c̄ Kid dis are
apt to have Phagadana implanted on
healthy ulcer. Marked by rapid
destruction of tiss discharge is foetid & thin
have F. restlessness & local p. Gen Op
as Treatment in full doses Fe in some form
K Tartrate or Tr Muriate c̄ Quinine &
K Cl. O3 - Keep well nourished & if need
Stimulants Locally attack c̄ Kinfe
H NO3 or Cautery. & follow c̄ poultice
disinfecting solutions Bromine as
disinfectant Cut Sloughs away &
when process arrested you will soon have
a healthy granulating surface & treat as
ord Ulcer.
Scorbutic occurs in Scurvy mostly
in Artic explorations where no fresh
food. Ulcerated surface is Livid
or if too in granulations -

Treat-ment of Child Croup
In fit: dark aq in face. blow in ears or
mouth or put finger in fauces make
vomit: or Inhale a little spasm. Amm or Nitrite of Amyl
Practice Artificial Resp. or perform Tracheat
at once. if fatal fit:
In intervals & are for causes scarify
gums if teething, If improper food are
emetic. If worms. sartonin. If Rickety
treat that.
Treat of Spasms - Bromide & atropine
KBr or Na very night & morning & on dose
1 Mx of atrophum every morning if very young
½ Mx. these allay excitability of nerve Centres
Iron & Fe good tonics -
If result - Central Dis treat that - as in
Tetanus Hysteria Hydrophobia &c -

Laryngitis in Adult.

Acute may be Catarrhal or Membr
Caratarrhl form mild or (Sever or Sub Mem)
Symp of mild form. chillness soreness
severe forms Initial chill & sweat F 103
thrust & freq pulse Local Symp are
Voice hoarse husky & finally extinct
Often. Uneasy sensat at top of Larynx
as if hair at top of Larynx or sense of
Constrictive Cough gen occurs

edges irreg tuned no attempt to heal & surface soon covered c̄ crust of debris of Epi & ōo & when remove bleeding is produced & crust reproduced w grows large & is due to cond of ōo to exudation ōo &c it get also signs of scurvy. Gums spongy & have 1.1 mus & purpurine rash.

Treatment — attend to Hygiene give vegetables & lime juice & Tr Mur Fe in large doses Aperients good but not too freely.

Lupus and other forms of Ulceration

Lecture - X Tuesday Oct 17th

Bedsoe is 1.1 ulceration & gangrene they should never occur theoretically but will do so in spite of care. Surgeon tries to avoid are simply death of part c mechanical pressure combined of tree c̄ deficient nerve supply & pressure part is deprived of nourishment & perishes or is seat of suppuration & slough results. May occur in healthy p-f parts long in one posit- Imaged are most common, debilitated

= Marshall Halls law of reflex excitability
& is as follows. Irrit is a tenth for instance
& a tenth # trifacial to Medulla transferred
to Motor root of Pneumogas & up recurrent
Laryngeal to Larynx - or a sensory branches
of pneumogas to medulla & down Recurrent
or irrit may be in intestinal nerves
if all along cord instead of Recurrent
will have general spasm -
Spasm of glottis in adults so -
Dent proceeds a rickets but a excessive
irrit of nerve centres as in Hysteria
Epilepsy Hydrophobia Tetanus or in
Meningitis &c. so irrit is in Br.
Reflex often in women & ovaries & ut.
Irrit may be in Larynx as in Croup the Membr
is there or direct Irrit of Mus causing
spasm.
Tumors may cause by pressure
on Pneumon or Recurrent or glands
or Cancerous glands pressing on nerve
May be spasm of muscle close glottis
but in many cases direct paralysis of
Muscle open glottis so opponents keep
it closed - If look in Larynx see cords
motionless on side when paralysed -

& few hrs will as produce Dial - & moisture will facilitate. Begin as simple abrasion & may even attack ~~simple ul~~ bones & may open joint - as even Hip - Rare -

Treatment. as proceed c pressure so watch those parts & change posit. if possible & turn on side or Stn or face - so occur on occiput - then most - turn if prolonged illness must anticipate & dry powder spot c starch or Zn oxide Harden parts c Brandy Camph. Vinegar & aq Sweet Spts of Nitre. Paint c Collodion or Lemmentine Terebinthine protect c ring air billow & a series of plasters common bad plaster cut is rings & leave threatened part in opening. Bad ~~tractures~~ If sloughs form separate quickly & when separated apply Co Pb ointment of old Pharmacopoeia & carb oint or solut for times Ointments as easily applied as dont need to change of tin "Mortification or Gangrene" Means death of any part. & when it is perishing is Gangrenous & when dead is a Sphacelus - or Slough -

may suab fauces - one squeeze tail.
If signs of asphyxia or recession of chest
you should ~~be~~ chaetomize. do it
early if at all -

Laryngismus Stridulus.

There is a spasm of glottis -
Child in usual health & is missing or is
finished missing & instantly spasm of
muscles close glottis & child is in fine cords
is gasping & signs of choking & when has
lasted - 30 - 40 seconds ulcers & air drawn
in. & as these attacks move severe they last
longer. In some cases have Carpopedal
spasms. this may occur & spasm -
& these may pass into gen convulsions
child may have only one or may not occur
& child may have several fits in day &
come & fright or swallowing st wrong way
Till & Croup by no F or no cold or Catarrh
& suddenness & or come on & go. of &
freedom & signs during intervals & age
Dis occurs upto 3 yr of life Pathology
It is most always connected c rickets
Rickets) Here a peculiar & elatitly of nerves
so slight causes produce fits of Convulsions

& where dead part is being removed is
sloughing. Necrosis = Death of bone -
Caries of bone is like Ulcerat of soft part -
part of bone w dies is a sequestrum & if
part be superficial is a foliation & sequestrum -
Death of part may be from violence
by mind destruction of vitality or
lighting up intense Infl as kill =
Traumatic so get Traumatic Gangrene
Mortification may be a cutting off
of Art supply a result of accident or
Dis or Surgery = Anaemic Gangrene -
3rd Class in w arrest of Venous Circulat
& may or may not have Inflam as
Static Gangrene - May be moist or dry
Scanty if in part filled c̄ ōō or Infl products we
get moist or humid Gangrene. If no venous
Stasis & ōō scarce = Chronic or dry Gangrene
these forms seldom found 4 out case
rapidity of course & amt. of Infl will
Influence - Symp of Moist
X Skin Lived dusky & blistes form & seem
& discharge foetid gas developed & is
insensible Limb will Crepitate limit
May be local or spread & when get limit

Bromides & Salts of Am are eliminated by
throat so ~~eliminate~~ produce action there.
Dont allow child to leave room in day &
keep on low diet both Milk & Eg.
Need not depine of pesti air.

Tuesday Dec 19th

Treatment of Membranous.
Seldom able to tell c Catarrhal at 1st so we
are obliged to treat alike at 1st. But if we
suspect c membranous voice stifled
or Cough or Dyspnoea we treat as Membr Dpt
of Larynx. Apply cold to neck & Ice to swallow
uniform temp of room. Iron & K Cl.
some use Quin 3-4 grs every 3-4 hrs.
& Bromides chlorides & Chloral. that to act
by checking tendency to exudat i.e. Chloral & Cl
Chloral & Bromides allay spasm & it is
likely that K Br acts locally on Membr of throat
Spray throat hard to do in young child -
use lime aq. Lactic acid XX Nxt to ZT
Fumes of slacked lime slacking in
jug under nose & mouth.
As soon as time c Membr to be lose
emetics are indicated as Alum ZT
Ipecac if vigorous child or Cu Sulph 1/4 gr
every 10 mins till vomit. Tr Sulph gr X
Tybeth Mineral Sub Sulph of Hg II - III grs ens 1/4 hr

we get line of demarcation. If now left to nature get Ulceration Healthy granulations & aid in casting off dead part seldom have during separat. of mass as vsls become plugged. When separat. rapid Haem will occur & surgeon must interfere. Urin Infiltrating is Example Anaemic Gangrene. illustrated where vc cut off by ligaturing main art as femoral or severe injury when vsl plugs itself in all these cases part dies of Starvation & more suddenly it is cut off more likely hood if Gangrene Senile Gangrene due to plugging of Main art in limb. In young may occur & plugging & embolism - where Embolism occurs know it by starting pains & following we find Gangrenous change. if gradual no shooting pains - Gangrene & Ergot of rye get plugging of vsls art suppression & dry gangrene. Strangulated Hernia Paraphimosis another example - In Traumatic cases 1st see shock P pale pulseless Cold fainting

form. If epidemic it is prob Diphtheria
Unsettled whether any true diff 1.1 Mem Croup
& true Diph. Committee of Royal Colleges
decided it is same. Howard dont
believe it. Cant tell Mem of Croup & Diph
Diph in Larynx common Mem Croup rare
& sporadic cases of Mem croup not of Diph
& it follows cold & not due to Antegion.
Treat like Diph.

Treatment.

I Simple or Catarrhal. 1st give an Emetic
of child 2 yrs. 2 tea spoon of Ipecac wine 1 if
yr. & give large dose & get child out of bed
& give it plenty of fluids. If not Ipecac
give alum tea spoonful of powder
& if in 20 min no emesis and the dose
if dont relieve warm both c 98°-104°
Dry it put in bed to sweat & put cold compress
about throat & this will often check
when Paroxysm over, leave bed. Tr Aconite ½ M
hourly to act on skin & Cough Mist.

R	Vin Ipec	M V	M 80
	K Br	3-4 grs	ʒ i
	Chloral	gr ½	grs VIII
K	Citrate or Chl	3-40 grs	ʒ i
	& little Syrup.	Syrup	ʒ i
		aq ad	ʒ VIII Dose ½ ʒ

Mince & give as one dose
every three hrs.

& distressing restlessness. P dont always have p. this soon followed by reaction have full pulse strong & rapid. Fever & p. is put injured Tem now 103-5 when mortifer impending. Twill fall but gen Cond unaltered & symp of sinking Dry brown tongue pulse small & cant retain stimulants Vomiting & Hiccough & death often rapidly -

In senile gangrene Symp are diff Constit are not well marked have p. of burning character & debility P is not conscious of anything serious - P thinks p gouty or Rheumatic p wears P down & he cant sleep. Senile begins on one of toes or side or dorsum of foot spreads to skin & cell tiss alone & so all textures as dis goes on pulse fails pulse rapid & feeble is Constipated Discharge offensive Urine Scanty Strength declines & dies of exhaustion may live months

Treatment

In all forms bear in mind Cond is one of depression so maintain Strength

Morbid Anatomy is same as Diphtheria -
In Catarrhal & child die Mem is red
swollen juicy & pus on surface & may fold
infiltrated c serum & pus. i e Agglutinated
folds [illegible] ulcerations
In Mem may find only a little Mem
so only viscid tenacious mucus when &
then flocculi of lymph so curdy lymph
& in bad cases tin false Mem so in cylinder
so only in patch. It is never the mere
thickness w causes death. Some say
paralysis of Mus of Larynx -
& find same changes in Trachea & in Lungs
Bronchitis & collapse & Mucosa & small
glands of ~~intest~~ of Intestine enlarged &
Spleen enlarged. Catarrhal Cond of
Kid.

Causes

Of Catarrhal same causes of other Catarrhs
Cold windy weather of damp. Proximity
to age. banks of rivers lakes marshes &c
Overcrowding & bad ventilation ~~& bad~~
may predispose. Age is childhood -5
esp Catarrhal 87½% -5 & 12½ -5 of
both kinds. Diminishes after 10 yrs.
Tendency to Croup is transmitted
runs in families & all children may
have. ~~Catarrhal~~ Mem occurs in Sporadic

good food Tonics Stimulate & Op or chloral to relieve p. Change of air if bed in ward. Opiates & sedatives to give sleep.

Determine Cause. If Tramatic & limited keep clean & irrigate Carb acid Mn Cl. Carb acid poultice charcoal Linseed meal. Slough may be assisted & snip off. Don't pull. When suppurat is complete have healthy surface beneath. Must decide on Amputation wait for line of Demarcation & separate as little of limb as possible if tend to spread must wait. If amputate at once may take too much & if wait too long may be too late & gangrene May spread to flap if amputate. Often better to give Phenpit doubt & amputate High up & then may check. If Local inj. Exp Co. Fracture & gangrene ensues Rule is to amputate first is seldom speeding for bsl is gen occluded near injury

If great shock wait for day or so to let him recover shock.

If due to Art Obstruction keep up warmth raise limb to assist veins -

During attack child is alarming & p. full 100
to retrieve sets is restless. eyes staring
& suffered. Alae distended all Mus of
Insp at work. & see recession of lower
part of Sternum & during Insp chest is
drawn in & upper part is drawn up but
air not entering lungs & lower part is
forced in. & shows not enough air in
Thorax. Diaphragm acting forcibly
aids also Larynx also drawn down.
Recession of chest also in mild form.
Vacuum produced in Arr allo by chest
acting w produces Cong of Capels & the
effusion & finally Catarrhal Pneumonia.
so Cap Bronchitis & lobular Pneumonia
are corp of Mem Croup.
If this go on child exhausted & signs of
asphyxia. want of breath. drowsy pallid
Cold. blue. extremities toward end twitchings
& even Convulsions Exam throat & will
see Diph patches in fauces & tonsils
Mem croup seldom recurs yet
may do so. Duret is Short 4-6 days
so longer. Recovery is very rare.

give good food & Stimulate
Fingers & Toes are to be amputated at line of demarcation —
Hospital Gangrene or Sloughing Phagedena is apt to attack recent wounds as Amputat seen in over crowded & bad ventilated wards when many P. i suppurating sores & it is highly infectious & when invades Hospital must close. 2 forms. 1st act is more ulcerative a wound looking well will open up & is angry & inflamed — Subcut tiss will go sloughs form. 2nd tiss round sore & sore is pale as when soft & boggy & discharge is very offensive. process may stay up sore pus & coming & it is arrested & the boggy chard & sloughs separate. Ulcerat follows & slough is thrown off. No marked Constit symp at first but attack has distinct regor at first — In Treat change of Air is great thing — Fresh air — in current reduce no. of Pin ward & remove healthy disinfect & destroy sponges. use wadding attack i HMs & Actual Cautery Tonics good Diet Beef tea & Fe given

Cold & blue < as phyxia w is due to spasm
w ceases after time & child lapses
to ease. paroxysms 1. midnight & last
1/2 - 1 hr. child compar well next day
may cough a little. Following night
another attack more violent gen
Dis & tends down bronchi & cough hoarse
frequent & paroxysmal & child has p.
- sternum. Cries < p. it suffers.
Gen this form ends well cough looser
softer viscid phlegm secreted w
is mucopurulent & purulent hoarseness
& ~~f~~ subside & as rule not more than
3 attacks on successive nights
so provo fatal, owing to some complicat as Pneumonia Bronchitis
or child sinks during attack.

2 Membranous Croup a different thing
& some say is Diph of Larynx.
May succeed Catarrhal. but as
sets in so from 1st Tyrp. an as other c
those exceptions cough stifled not so
noisy or ringing. voice hushed or
extinct. Grad but certainly Insp & Exp
are both difficult so see saw sound
caused by air up & down in Larynx
no spasms, a constant & habitual
Dyspnoea.

Thursday Oct 19th — 1882.
Mortification & defective Nutrition
Cancrum Oris. Stomatitis -
a Phagdenic ulcer attacking mouths of
child ill fed & bad surrounding occur 1 1 2 & 8
Follows erupt. Fevers esp measles &c
during remittent F of childhood
Symp are of Const. disturb loses appetite
wont play gets thin. Salivary glands swell
& saliva flows large and it is thin foetid
aq y. & constantly flows & is like Hg Salivat
Cheek swells & becomes shining on outside
& a rose colored spot in one & it is hard to
feel. & at same time see ash colored
spot on M M. & pp gum of upper jaw is
ulcerated or congested. As ulcerat goes
on & if not arrested hard swelling is
black & gangrenous looking & in short
time an opening forms & posing mouth
Not much p. or suffering. Const symp
are great h. T. destruction rapid & in
c 3 to 6. days whole cheek carried away -
to jaw & eye. Bone apt to be affected
& both alveolar process carried away
& remainder of jaw is ulcerated.

Milk diet times & rest cure for time. 9 8
Are not yet understood.

Laryngitis

Two forms = Catarrhal or Membranous
Croup = Laryngitis in child = Tracheala
is of Catarrhal or Membranous
Catarrh = Congest of M M attended c̄
swelling & attend & excessive secretion &
Mucus is succulent & secretion abounds
in young cells
Membranous = exudat is fibrinous
Catarrhal is more common = Croup
& so preceded 7 2 days by nasal symp
s. throat sneezing running c nose & snuffing
Often preceded in Larynx & then hoarseness
& cough. Often set is suddenly as child
go to bed well & about midnight awaken
c cough & beating of Croup.
Cough is hollow & Brazen & followed by
stridulous resp. Voice & cough hoarse
but not extinct beating & accelerated
& noisy. Gen Cond is a little F. skin hot
pulse freq face flushed. Color of face
altered c̄ paroxysm. Pulse changes of
struggles 7 breath are irreg & unequal

Death c̄ ōō poison exhaustion or Coma
often see it milder.
Treatment is decided. Destroy all
ulcerated process c̄ HNO_3 having pot
held under & then thoroughly acid
to all parts. Actual Cautery good
if an opening externally & then Na Carb
to neutralize acid. then wash of
½ ʒ Carb acid ℔ ʒ $KClO_3$ Glycerin ℥ ad
aq ʒ viii apply c̄ swab or as gargle
& use juice of beef wine & am. to
keep up strength. Often 1. this Contraction
will follow healing & must do a plastic
operation
A Phagadine ulceration of Vulva
= Noma Vulva in children - who are
exposed to filth & dirt & who are ill fed
begins when M M & skin join & extends
rapidly along one side & reaches groin
& in few days have an enormous
charm & death c̄ pyemia or gangrene
Treatment
Same as Cancrum Oris

In chr form Diaphoretics most useful.
If coma no need of Chlor of or Chloral
may take oo. Try & eliminate Urinary
excements. ~~Dist~~ as Drastics & Diuretics
& Diaphoretics. Inject - Ozone or plain
ether ½ z every hr Caffeine II-III grs
bo mouth is powerful stimulant to
Brain.
Young Male Adolescence are subject
to ~~transient~~ intermittent Albuminuria
Between ages of 20-25 are attached c̄ Cond
in w pass alb more or less constantly
Absent c̄ specimens in one part of day
but present in others & Apt to bet. break
fast - Meat or exercise. Urine is pale
1016-20. Oxalate Spline Xals & Mucus
threads & fine hyaline Casts.
As a rule they young men are listless
Doubt look well languid & are out of
spirits & so suffer c̄ dyspp & Hache
are often Anaemic - this may continue
c̄ few weeks to couple of yrs.
In few cases a firm pulse & strong
Cardiac impulse & slight oedema
of Ankles & more or less oedema
& then show approaching Dis of Kid
& Dr Dukes says may cases are stage or
fractured stage

Erysipelas -

A spreading Infl of skin M M or sub-cut tiss & is gen result of morbid state of ōc & so so specific that is a contagious. is infectious & so epidemic has period of incubat & a definite duration but has greater liability to return w exanthems have not. Want of cleanliness. Cold exposure bad food. over use of stimulants while enervating habits want of exercise induce it in rich those who suffer & renal affections Diabetes are constantly liable & slight cause as scratch. Gouty are constantly having it season & atmosphere changes cause it. Here in winter. > less ambulation to contagious but may contend that some abrasion existed H w poison is lit in. Principal Cause is the presence of wound. Want of drainage of wounds & tension w follows this is esp apt to induce erysipelas.

Putrescence & septic cond of dis charge or some animal matter in contact

or Eleterm 1/8 gr every 2 hrs Jalap Pulu
Co is coarse & hard to give. If convulsions 96
not relieved XL v gr chloral per mouth or rectum
or 1/2 for child. Repeat & cd to circum
stances but give smaller doses.
If convulsions continue inhale chlorof.
Chloral hypod gr XO & is then prompt
if not very urgent act on skin c̄ diaphor
ites hot air bath or aq of child
Pilocarpin not so safe as thought
causes saliva & so death choking
Diuretics some deaths have so occurred -
I Digitalis is slow in action so is less available
1/2 ʒ Infus every 2 hrs for 1st 24 hrs -
II Opium. Dis not agreed may vomit
not use if Coma as think dangerous
III K Br is anticonvulsive.
Some of best men inject - 1/4 gr Morph
to allay irrit nerve centres say it dont
produce coma or increase it & they say
it produces diaphoresis
Chronic Uraemic Convulsions.
about same treat. If severe a little ōō
cup loins & poultices chloral & chlorf
a drug w is good in acute & chr
esp chr. is Nitrite of Amyl. 4-5 M
on handkerchief & inhale -

c̄ wound - Lacerated wounds are most likely to be followed them incased
11 Fascia & about head & hands are most liable.
3 Kinds. 1st Cutaneous or simple Erysipelas 2nd Cellulitis & 3 Cellulo Cutaneous or Phlegmonous - 2nd not properly an Erysip Clinically. - It is diffuse Atonic in Symp & is contagious Symptoms of 1st or simple attack is us hard in by rigor as a rule & it is gen very severe - so not so well marked & only a sense of chilliness - Old P. seldom have rigor. Pulse full & bounding Tongue coated & often a relaxed cond of bowels so see Const: F. is high & Del esp if part affected be head or near it. Del for some time if head affected if if end fatally Del is muttering as rule a Crisis about 6th day & if pulse use 1. 6th day is a bad sign -
Also noticed can anticipate or diagnose by a feeling of portenderness about Lymph ht ics w/ the blush on skin SS only slight Symp. Local Symp.
See excess of vascularity in mild cases. Part is red & this spreads -

A remedy now used is 1/100 solut of Nitro Glycerine & of this one minim eg 3 hrs if very urgent - 2-3 min eg - 2-3 hrs & may relieve dropsy & Dyspnoea -

III Amyloid Kidney

Cure dis w cannes. Remove some diam & cise joint amputate top Empyema heal ulcers. If can heal cause can hope 7 cure. If result of Syph is hopeful - Treat. Syph thoroughly treat Hunterian chancre as if bite of mad dog - use Hg as long as glands can be felt.

For Amyloid K.D. or HNO_3. long course or Muriate of Arm. Iron esp necessary & useful for gen great anaemia & dropsy gen late & slight & seldom needs treat.

Uraemia Syrup sulphur. sen.

Diarrhoea often sen. & can use Opium in it.

Uraemia

Friday Uraemia Coma.

Acute in Acute Bright Dis or puerperal woman or 1. cold - In robust vigorous P. bleed from arm. In young child leech & cup loins. & then apply Ice cap over whole scalp & give Drastic purg

II Mx Croton oil on back of tongue

(Simple Variety-)
have sense of heat in part: if pressed on redness will disappear. No pitting on person so vesication not often. In few days symp subside color goes & cuticle desquamates. More marked in more severe forms & looks as if part raised & oedema found if severe & vesicles form filled c̄ clear serum so ōō stains & so semi purulent if ōō present it indicates depression & feeling of tension if head & scalp affected get feel of great tension & parts very p. feel & features rapidly change & eyelids swollen & nostrils also & ears may be filled c̄ Inflam product & cant hear. In some who are ill fed will get rich oedema. If attack an ulcer or wound secretion is arrested & ulcerative process extend. Any form will open up a partly heated wound breaks down all union & pus thin scanty & Ichorous.
If mild is seldom fatal -.
2nd Diffuse Cellular is form in w cell. tiss is primarily affected.

For Skin) So wear flannel avoid exposure & use baths
On average 2 Turkish baths in week then
1 one. 1. Bath go to bed & keep up action
allow P. to go about. Diaphoretics good -
Liq Amm acetates or Pilocarpin now used -
II Improve quality of oo & maintain Heart
w when fails urine diminishes. Less H.t. pour
less urine. So Iron an important
drug in these cases. Bash also formula
℞ Tr Fe v - x v M. (Dil acetic acid. xx - xx M
& Liq Amm Acetates 1 - 11 ℥ 3-4 tid. Watch Fe
if urine Scanty or complain of H. ache diminish
dose or suspend till alb diminishes.
Tonics good & nutrition. Malt Hypophos
Quin & Cod liver oil. Diet more generous
than in acute bread liberally. Milk cream
& vegetables. No animal food & it makes
kid work. Claret & so gin so good if
really needed. Y Heart.
III Dropy calls & diuretics of w Digital best -
Acetat K. xv - gr or Cream tartar ½ - 1 ℥ tid
or Decoct of Broom. Drastics required in
1 - 2 doses in day - alternate c̄ Diuretics
If Gout Colchicum &c -
If lead poisoning KI & H_2SO_4 & change
of habits.

have same Infl but it is low & asthen
no redness & is often result of blow c̄ w
may or not be a wound. thinks as a sting
or bite start it Lymphatics affected
skin tense brawny & infiltrated
feel & may get fluctuation early c̄ Sup
putat Skin participates late & skin
ulcerates. Not possible for resolut &
Const suffers seriously & F of Ty type
& tendency to sink & syncope. & symp of oc
poison.
3rd Phlegmonous a Comp of 2 others &
is far more serious than others -
Skin & cell tiss involved & as strong
tendency to form pus. resolut never
occurs must suppurate & is gen a
result of punctured wound in w skin
& tiss both wounded. Locally begins as
brawny swelling - skin red or dusky
to finger feels solid get pitting if
Dep pers. Well defined boundary -
Infiltrated & healthy skin
Inflam products poured out &
skin more tense no pitting

Dr Ross -
Tr Fe M
Dil acetic ac MV
Liq Am acet 3 ft
in glass of ad

Whereas Wilder we begins c̄ Fe Nx V of Tr
increase & combine c̄ Arm or c̄
Quinines as Acetate K.
Stimulants & tea & coffee avoided
in this stage so in chronic periods a Milk
diet gives good results. If cream disagrees
use skim milk Guard c & preserve to Cold
& errors in Diet -

II Fibroid or Cirrhotic Kidney
It is latent & preceded by functional stage in
w dyspepsia plays mp part - so as cutter
cause & remove. as Mental anxiety & intrigues
in habits eating & drinking -
Knowing fibroid degen is going on can
we arrest? No we cannot - no med known
Bartels teaches large dose KI XX grs on empty stom
in morning appears to arrest fibroid degen
& Bartelle says Hg Br Chl in small doses & continued
& some uses Liq Auri Chloride alone or c̄ Sallin
he gets good results.
Must treat Indications.

I Maintain & promote functions of Skin -
(Simmonds) says arises always & only c cold
constantly applied to skin -
Free secret c skin favors elimination &
so rests Kid & also lessens arterial
tension.

Strong hardness w will break down & part boggy & fluctuates due to sloughs beneath If care left large sloughs fore w give vent to masses of dead Cell tiss - as a rule distinct confined to skin & cell tiss as fascia affected & there will get burrowing -
Const: symp are serious Severity depending on severity c̄ w it spreads. Ce jous begin it w may recur as sloughing goes on cold sweat & shivering - & if stake 1. it appears arrested be sure of o̅o̅ trouble
Diagnosis Not difficult pp. confound c̄ erythema - an old name for mild Tell Erythema by coming in patches & gen symp are more mild Erys no dosing of severe hard to tell Hist of case & Cond must tell. In 2nd or Cellulitis the Cond so like Phlegmasia Dolens - or Int Phlebitis but in these Subpn is excep
Prognosis Simple not very dangerous but it is bad in very young or old or c̄ heart affections or Dropsical P - & Diabetes - When erratic in character & relapsing prognosis is bad -

This is Older method & if severe case use at first. 1st bleed if full strong pulse & strong p. & only little urine. Cup over loins or bleed or dry cupping. If uraemic convulsions early wet cupping = loins. & p. cup apply poultice & over c oild silk & keep on night & day. Dry cupping but only to Congestion not to ecchymosis. II Diaphoretic Lq Amm Ac ʒ II if strong & adult 1/8 gr Tartar Emetic if very acute Jaborandi & Pilocarpin not so safe as the above. Later if not Hyperacute Pilocarpin 1/2 - 3/4 by mouth 1/6 - 1/2 - skin & in 3-4 minutes will sweat & 8-10 by mouth lasts 3-4 hrs & is accomp by Salivation - Bathing Hot air bath or Turkish -

Pilocarpine may cause Strangury = Liq Am Acetate Dose 11-1 oz

Pulv Jalap Co has Cream Tartar

Put p on tall chair lamps under chair & blankets over body & chair. If P too weak Hot aq bath 104 & elevate to 106-107 & keep in 1/2 - 1 hr. & then put in blankets & sweat Steam bath is stimulant.

III Drastic purgatives if skin won't work. Jalap Co Pul 40 grs for adult Resin of Scammony 10 grs. Eleterm 1/8-1/4 gr for every 3 hrs. & give every 2nd morning if bad every morning -

In Acute fever low diet - Milk gruel weak broths & cold aq

Animal diet unsafe

In head is serious causes Conj of Mens of Br
& spreading to M N of fauces & air passages
If attacking a wound makes Prog serious
extent affected makes it serious or not.
Treatment
In all forms most remember it is want of tone
So all depressing means abandoned —
In simpler forms it runs a definite course
so watch & ward off Complicat. If strength
good calms good & prog. Good food
Should be more serious Give Fr Fe Mur
Monday. Oct 23rd.
Erysipelas. Treatment
Give Stim & Tr Mur Fe. 3 ss. No 40 every ½ hr
for adult x – xv – xx for child. Acts as
specific in many cases.
Sedatives Called for. Op & prep ss not well
born & give carefully. Chloral sodt better
Camph & Hyoscyamus good. Bromides
1/2 3 1/2 3 c of camph
Br Hyoscy & Camph. Quinine good
ss in high Tem. 2-4 gr doses. may
or may not combine c Fe. may add
Ethn Chl or Spts Chlorof.
Local.

so High Ten 104-106. pulse high & increased
arterial pressure so soft & so irregular
in many cases vomiting & purging
Exam of urine will clear up case -
Before death body gives urinous odor
& Xals of Urea on skin. Attack may be
single but freq several in succession
or may alternate c̄ Coma

Treatment of Bright's Disease

I Acute Nephritis. Two forms in
acute & sub-acute if not intense action
directed to some functions of Kid is best
instead of acting on skin & bowels & =
Dickinson's method & Cristison & Gairdner
all three hold is wiser to try & wash out
Kid c̄ diuretics instead of on skin so
give Digitalis. Infusum I-IV ℥ every 4 hrs
℥ 24-48 hrs. If no effect give every 2 hrs
or Mx XX of Tinct. then wait & watch
If Digit act can expect success & t.
this give cold water ab Lib. if very
mild begin c̄ cold ag & trust Dil.
Cristison prefers Citrate of K Cream Tartar. Roberts.
If fail we try & secure rest of Kid &
act on skin & bowels & allay Infl by oo
letting.

Local.
Protect from air carefully. We now use dry flour. Dry in pan even t browning - Dust on c̄ wadding or c̄ a regular perforated topped osl - so hot fomentations if you can be certain that they will be faithfully applied Pb & Op. 2-4 ʒ to O aq heat & flannel dipped & wrung & cover c̄ oild silk & wadding cold - apples are injurious Paint c̄ Collodion if about eyes acts as splint & is good Iodine good. is apt to vesicate & cause mischief.
A boundary line of Ag Ni is that by many of great surface. Bryant favored it. Take a solution XXX - XL to ʒ & paint at little distance & patch this so causes a blister & des may jump ~~over~~ over mark. but try it will do no harm. In 2nd & 3rd will need in addition to this will need a no. of incisions in skin & cell tiss of part. Make them in a ~~Diamond shape~~ Star fashion. 1/2 - 3/4 in long. Make deep enough or want relieve tension Do not divide fascia

V Mental disturb. Del. failure of memory &
so on lethargic Cond. & II Coma —
Asthma & disturb of breathing w can't refer
to H. Graver forms are Convulsions &
Coma. In mild cases only Disturbance may be
drowsiness or lethargy or c̄ F & taken > it
& may be c̄ Ache. Vomiting &c. In more
profound cases Convulsions alternate c̄
Coma & may be preceded c̄ other symp.
as Megrain vomiting & dysp. &c. so attack
is gen gradual. so Instantaneous as
in Puerperal woman. If sudden
apt. to confound c̄ apoplexy or Epilepsy
if like their symp. & in many cases like
concussion or intoxicat: Plies
cumulose eyes half closed. Pupils
variable so dilated so contracted so nat
so Stridor sensible gutteral of apoplexy
loss of consciousness partial so
can rouse so Coma profound
Gen sensibility gen lost & on both
sides Muscular system so Involu
movements so want of motor power
so paralysed & yet limbs rigid
In most of these cases of Coma Convulsions
alternate & are similar i.e. exactly
like Epilepsy

if dis. advanced & fascia invaded divide Long make a single long incision ++ patch. Incisions so bleed badly if not serious is of service but arrest before leaving. Plug cut c̄ dry lint or dipped in Perchl Fe. & bandage. & then poultice c̄ Linseed & Lead & Opaq are most grateful & will allay pain

Some dip thin muslin in Pb & Opaq & put on part & the Poultice over it. If Suppurat leave no pockets but drain thoroughly & antiseptic & keep sweet remove sloughs as they dam up pus & prevent exit.

Isolate Patient & Disinfect.

It occasionally attacks newly born infants esp if Cuerpral F. present & Gen appears fm his 1. birth & begins in Umbil & Scrotum & spreads rapidly & is Gen fatal. Treat Same as ord.

Stimulate child & remove.

Erysip of Fauces & Larynx = Oedematous Laryngitis is serious as M M slough &. Suffocat ensues this follows Erysip of Head.

Chemical albumina & changes in Urine 1.
passed or in bladder 1. secreted. & alb may
enter Urine 1. secretion as Mbl of Kid or
Pelvis or Ureter Bladder or Prostate or
Urethra may give alb in urine. or pus &
any portion of tract may give it & so may
Blood & any part of course. If due to
pus Microscope will tell. & no casts.
& Amt of alb is small. as pus has but little —
Symp Eyes. Tells so. Hemorrhages see w are common
or Retinitis both forms occur chiefly in ch pen
& esp in fibroid Kid. beside Retinitis often
see Optic Neuritis & these two coexist & ≠ white
spots on fundus = Fatty degen spots
Borders are blurred of disc w looks swollen
& is often pink & often cant see vessels
& are buried in swollen disc —

Thursday 14th 1882. December

An Imp group of Symp. = Disturb of Nervous
system are often obvious when other symp
are latent I Neuralgia & esp one side
of head so all head. & other nerves in fact
any nerve. II Spots of anaesthesia like
in Locomotor ataxy & are extremes lips &c
III Disturb of special sense Amblyopia
& amaurosis & so Noises in ears. or
IV Motor funct. as cramps twitch
vergo & epileptiform Convals

Treat - Inhalations of Steam c̄ Iod or
paint c̄ Solut of B & Z of Agin & give
Fe all time if suffocat threaten
Scarify them c̄ nail of fore finger
or cover a Bistory c̄ plaster & pass down
c̄ finger as guide & puncture or a hernia
knife & neck.

Trachaeotomy is necessary -

Fatty + IV Wexy till by Lod & show Dis Chronic 88
V Blood shows Congest - is severe - & show recent Dis
Value of Casts. are proof almost - yet not positive. If numerous & persist - they render presence of such dis very probable. Little casts so found when Alb has disappeared. II when only a trace of Alb in may different forms.
III Casts esp of Hyaline found in urine c̄ large amt of Urats & urea &c granule & Calculus & when Urats of Soda. & in marked cases of Jaundice c̄ albuminuria. In Diabetes & ch Jaundice Renal Epi destroyed & then Hyaline casts in urine if so is incipient Dis of Kid

Albumen.

Is one of most valuable signs of Bright yet alone is not proof as may appear in F so transient still occurs & common in healthy Kid in consequ of exercise if severe & so 1. large meal & Nervous Cong esp of H dis. Those pulmonary affects as Fibroid lung & Pneumonia gives Alb in urine & even a neuroleptic fit - & functional Alb in young p T 30 & in these follows violent exercise & 1. big feed & even cold bath. L venous Congestion Transient forms told G I temporary Dis of H Hyp of H & radial art. If Alb persists now appear of other symp of Bright will tell it -

Dr Buller

I

53

Tuesday - Nov - 7th 1882 -

Ear. Treatment of Dis of Ear.
1st require a dexterity in use of instruments.
also a slight knowledge of Anatomy of Ext-Ear
Auditory Canal is not straight. has double bend. outer 1/3 is cartaliginous it is widest but is directed upward & backward.
General Direction of Canal is Down inward & forward - so an angle formed at union of 2 parts & we remove this Angle by lifting up Auracle & so straightening Canal -

Aural Specula.
Many kinds. Cramer's no good - for use daylight & head is in way - & we cant dilate Auditory Canal -
Best specula is Bucks of New York.
Are in sets of 4 & are made of Coin Silver - are short & circular.
Some made oval at operative - "Robers"
Hard Rubber ones are good for applying Caustics w would injure silver.

Method of Using. Daylight - blue sky or white cloud - & light from side. Introduce white ear 1st fingers & hold c finger & thumb & can thus move about -

Uraemic Coma & Convulsions are rarer than in other forms. Little tendency to Hyp or apoplexy & arterial tension

Terminations, Various often some intercurrent Dis so by Dropsy or Exhaustion or primary Dis kills.. so undergoes retrograde process. & is absorbed. Liver & Spleen are most opt & recovered seldom if ever does. Symptoms Common to all kinds of Bright

Symptoms

I Tube Casts they are contents Infl or Degen of tubules were carried out by Urine. 2 Kinds & 1st Epithelial consist of granular cells like pus cells & are many young cells of proliferat cells of tubule, so some are like leucocytes & perfectly formed = white celled Casts were not granular. Epithl are granular & Johnson says if white cell casts is proof that Infl is in Glomeruli. What does Epi mean It means recent Infl of tubules & Epi & cell them

II Granular Casts, may be large or small if tubes dilated = large 1/500 of inch if tubes not stopped small 1/750 May be dark broken down debris or quite light & they show action is persisting

III Hyaline are transparent & can only see outlines but often entangle Epi or leucocytes or vo or fat & seen in acute & early stages & later stages in Health

IV Waxy - vs = yellow

Hold Mirror 6 inches from head-
Mirror should be of about 6-7 inches of
Focal Distance-

Obstruction in Auditory Canal in Examining-
If so best way is c̄ syringe c̄ warm ag-
put in Little Soda - Bicord

Syringe. Use Large Vulcanite Syringe one holding
2-3 z- Straighten Aud. canal - 1 using
keep syringe against upper wall Hold Syringe in
one hand - & Ear in other. Use gentle force-
not enough to hurt.

Mirrors should have brow band - which leaves
both hands free-

Forceps. Little bent ones are of great use - have
of 2 kinds - some c̄ serrated jaws - Have straight
beaks

Curette. Ring Curette good for clearing out anything in
Canal or cavity if Tympanum be perforated-

Dentis or Aurists Cotton holder-
Iron or steel handle with finer point - is the
one most used - are very useful-
Seabury & Johnsons Absorbent Cotton-

Probes. Probes of 2 kinds. & delicacy - have 2 kinds
of handle-

Painless agy diarrh & obstinate vomiting 86
are symps & are due to degen of villi of M. M.
Large spleen & Liver & glands so amyloid
& large. Liver may be amyloid & yet not large
often have an earthy pasty complexion
& it commonly follows on some ch. suppu-
rating Dis as abscess Consumption & as a
result of Syph. & Cachexia of Syph will induce
it c suppurat, so can find no such Cause
& so Malaria acts in this way. & some say Cause
may causes so can discover none of above
cause but may find P. feeble. pp, some
wasting Dis as Ch Dearrh. time welapses
1/ cause & dis is 2 & so considerable.
Original dis may be recovered c 1/ Amyloid
Dis seen in system, & pp. effects owing to
Contraction of fibro mediated tissue -
SS interval short - as 2½ months in one case
another 8 months, 1 primary Dis another 7 months
No special age must in young & middle age
& they are most liable to Syph & suppurating
dis & Phthisis. Runs a ch course but a very
variable one. & on average lasts 3-4 yrs -
so runs course is few mths. A marked tendency
to Gdy Inf of Pleura Pericardium but
not Bronchi.

Tube c̄ ~~glass about~~ wire in it for applying Caustic
Knives Knives for perforating Membrane -
Snares Blakes Polypus snare - the best requires the least room - It is a silver tube c̄ wire through it -
Knives Knives for cutting on Mastoid Opening abscess
Politzers Bag.
Is most useful Inst. used by Aural Surgeons -
Use here described -
Inflation of Tympani of Young children for they will not swallow when you tell them.
Dr Buller - have 3 persons. 1st put aq in mouth c̄ spoon & then make inflation -
Eustachian Catheter, used when dont want Dure bag -
Catheters are made of 2 sizes & are made of Vulcanite -
Introduction not difficulty -

III Lecture.

Testing Amt of hearing. Must be carefully conducted. Often Pmay mis represent facts & will malign & so prosecute Dr & if have a record of hearing can not do it

Wednesday Dec. 13th 1882.

Amyloid Kid large & also have fibroid tiss around tubules.

Tobs Nucleated tiss in Amyloid Kid

Virchow Klebs &c say is a compleat of it & does not belong to Amyloid. But Greenfield & Johnson say is part of Dis so = an Amyloid in tubules & capsules & fibroid tiss around them.

In latter stage of white & fibroid Amyloid degene after complicates it & also in small white fibroid Kid & vice versa. & these parts may be attacked causing Congestion c̄ cold & infl & carry him off = acute Brights on Chronic

Symptoms Amyloid Insidious Copious Urine low density & few c deposit & as rule no ōō solids average quantity percentage low but much aq so much solids.

Malaria & Cause

Alb. not present or constant at first but after appears is constant Amt not large

In Urine we take amt of fr & c & use Microscope Casts w are Hyaline at first & as progresses gets fatty & granular but nothing characteristic Dropsy not an early symp but as rule does supervene but is scanty & confined to abd & lower limbs. When serious it is owing to acute nephritis on old one.

Tests- Tests are in regard to Conduction # air or bone.
Areal is one used. ticking of watch gen used.
All watches dont tick alike so use a loud one
& always test c̄ same watch.
Hold watch from ear & ask for hearing-
Indicate hearing power in some way as call
it heard at 60 inches & use it for denominator
& if heard at 20 inches he has $\frac{20}{60}$ hearing-
If cant hear c touching put it $\frac{c}{60}$ i.e. contact
if have to press on ear $= \frac{p}{60}$ = pressure. If cant
hear it all $= \frac{0}{60}$. Watch has only 2 tones or sets
of tones- while Voice has many. So May not hear
watch. for vibrations not right, to suit & groups
While Old P- hear watch badly may hear
voice well. & Child. watch well & voice poorly-
Tuning Fork test is not one of tone or air but
one # bone. W shows state of tuning fork-
If defective hearing may hear fork best on
deaf side if not nerve is diseased. &
Prognosis bad but so not well heard on
good side & yet deafness inveterate.
For if heard best in deaf side be sure that
sound is prevented from getting in air-
& so sound. Increased.
Old people hear fork poorly for bones dont
conduct-

on touching c̄ Iod get pest wine red hue
If P. live long enough Kid atrophies small &
pets instead of nodules on surface. Capsule is a little
more adherent & firmer it cuts c̄ resistance
Cysts will be found as in atrophied Kid but
not very numerous.

Other tests of Amyloid Dis

methyl analine

I Methylene gives violet & red violet when
normal is touched get blue violet II Sulph
Indigo causes permanent blue in Amyloid spots
whereas healthy tiss fades & Amyloid Mat resists
digest in fluids

Clinical features of Amyloid Kid.

Begins slow & insidiously gen large flow
of Urine c̄ freq micr. Density 1006-10
May contain alb only traces at first May disappr
at short intervals but finally is permanent
amt small 1-2% so more
tested by MgSO4
It contains Globuline w is got c̄ MgSO4
so also c̄ NaCl Solids about normal in whole
amt passed but deficient in a small sample
Wednesday

Wednesday Dec 13th 82

Two deaf points if pass fork near ear - for is an interference phenomenon of sound waves
Voice Tests.

Diseases of External Ear -
Auricle & Aud. Canal = External ear -
Auricle - Not very important
I Malformation - may be wanting altogether if Congenital can do nothing. Some try & open up Meatus
II Tumors. 4 in No. I Fibrous II Atheromatous III Malignant IV Vascular -
a Fibrous are gen on lobule w if irritated may set up fibrous Material. Negroes very commonly have them.
Remove by operation. Are apt to recur -
Atheromatous in Gouty P. 2 sizes are cyst so open. 3rd Malignant not very common
Case on w Epithelioma the form - Remove
Dr Roddick " Begin as small wart-like growth
Sprold w is irritated get rough ragged edge & so fatal
4th Vascular as Naevi dont require any operation. Facile Haematoma
were common in Greeks. Now see in Insane & irritation. Seen in skin and dark purple & contain large amt of oo.

When the early Art. tension detected so early as before alb. &c is one of most certain signs of Bright & due to toxic slows circulat to keeps up the high Art tension w imposes work on H & so it Hyper & dilates

Diagnosis of Large Bufy Kid.

I Ins consq of H & valv dis. or Venous congest as an Emphysema. II Characters of urine it is I scanty 1020-30-40- very little alb. not over 1/10 %

Has large Amt of solids esp urea. Is deposed deposits abund of ~~Epithl~~ Lithates & fine casts & red corpus. no little change. Constant dropsy & are Uranine Symp Absent as it can do its work

Amyloid. Wexy or Lardaceous Kidney.

It is a degenerative Dis w begins in small afferent & efferent vels of tuft. Causes thickness & translucency extends & attacks convoluted tubules & basement Mem of tube affected but not the Epithelial lining then extends to Straight - In early stage nothing very special Malpighian bodies are unusually bright & at this time it is only by applying Iod that you get it. outside the Capsule a growth of Nucleated tiss begins. on surface & extends inward as Kid very large 8-10 oz & now have Kid smooth pale & may mottled points

On section Shows translucent appearance Slices held up to light show Bacon rind &

if left alone break down & slough
Treat by Cutting open & wash c̄ Carb acid
In Hospital Know a case of Enlarged Lobule - c̄ bite or rat.
which set up the angry Inpla of Lobule -
Buller Cut it open & put on Iodiform -
Inpla of Auracle after frost bite so but gen
treat. is successful apply Collodion repeat-
edly -
Injuries of Ear.
Various ones may occur - Keep parts in good
apposition if possible - Put in a lot of fine
sutures. dont be a fraid of a lot - if are fine -
Use finest kind of sutures & needles -
Entrance of Foreign bodies with violence -
Case Entrance of File by falling on it -
Foreign Bodies in Auditory Canal -
Removal. Gen a Syringe will suffice. peas beans
stones pencils &c. get in -
If foreign body & you have not proper
instruments & remove leave alone.
Never try to grasp c̄ forceps c̄ good illumination
Syringe out all insects which may get in -

Sorby & Mohamed say a 1st stage = a functional Stage
in w toxic sub exist in od = Toxic theory of fibroid Dis
Sorby insists that poison is an imperfectly
oxidized nitrogenous sub resulting - disturbance
of functions of digestion w disturbance is the primary
starting point - Mohamed thinks Gout Lead
Alcohol S.F. & other poisons all act
Both are agreed that next step is an impeded
flow of ~~to~~ capils & consequent increased arterial
tension w tension keeps up a strain
& results in Cardiac & Vascular changes
It causes Cong of Kid. Mohamed holds that it
depends on nature & strength of poison
You will find toxic causes most freq. e.g. Gout
Lead Alcoholic poisons excess of food Dyspepsia
Mental anxiety & Climate Mental anxiety is a cause
of Dyspepsia. Habitual exposure to cold & unit
by interfering c skin gives excess of work to Kid
& it Immunshi transformed to organic matters
Drs Gull & Sutton a few yrs ago proposed a theory w you
shd know. They teach that about middle life a
great tendency to fibroid & hyaline degenerations
of arterial vessels & capillaries. They call it a
constit disaffecting ~~arteries~~ vessels so Kid alone & so
with liver. This theory not accepted as explaining
Bright's Dis Still it is a fact that we find excessive
growth about tubula. The tension being great
causes Muscular Develop of Heart

III

Wednesday Nov - 22nd 1882 -

P. Carr - Further of drill [illegible] a little pus deep in Mastoid Cells

Result of Operation yesterday. No pus found but Dr B. still thinks some there -

Foreign bodies in Ext - Auditory Canal.

State pencils - common in school children.

Forceps won't reach it. take string glue it pass on pencil & let dry & draw out out -

Impaction of Cerumen

Causes not well known. Epithelial out growths are seen which causes a movement toward External part. Impaction Causes no Symps - till deafness - May be sudden in occurrence occurs in August & July - when ag gets in ear w swells wax & so deafness -

Any sub w rests on Tympanum will cause noise in ear - So an amount of p. exp if wax touch drum near Malleus -

If impacted tightly syringe out & may have touched Memb Tympani if Cant move in syringe use a probe.

Keratosis Obturans or Epithelial & Laminated indurated mistaken for Cerumen Cant syringe out must use probe & forceps under good illumination

In these old people it does not necessarily produce albumuria - nor the other Symp of cirrhosis.

Sx Twice as common in males

Climate - Is esp a dis of temperate climates

Causes Venous Cong & Ht & valv. Dis. Pregnancy there favor format of connect tiss. Mechanical congest of any organ determines induration of fibroid ~~of fibroid~~ tiss of that organ for the Mech. cong of any organ induces Hyp of fibroid tiss in it.

Preg as cause as a rule only induces temporary congest & disappears to delivery. But repeated pregs may cause it though I have never seen case.

Gout. Gout is fruitful cause of fibroid Kid = Gouty Kid. ~~Skoda~~ some hold that the renal Dis causes the gout, but I think gout causes renal Dis. & Lead poisoning will cause it & is singular that Pantus &c are liable to gout.

Alcohol is a cause but not frequently as it causes Liver dis. Spicy foods in excess

Dr Albert says most distinct cause is Mental anxiety & prolonged distress. When inherited It is esp an heritage of gout that is seen.

Bartels says some of his cases had Gonorrhoea & extended to Bladder & possibly w/o ureters & so caused it. he says Masturbation & Sexual excess & repeated excitement of sexual centers

Inflamation of Ext. Ear
Otitis Externa Conscripta, or small boil or abscess & are real Epidemics. Boil in any part of Auditory Canal - Boils attack parts covered c̄ hair follicles & glands - Dont occur in ears of young children. May occur c̄ concha down to Tymp Membr - The nearer the Tymp the more p. 7 tissues are Denser.
Auricle is sensitive to Touch p throbbing & lancinating & extensive & may be so severe as to give rise to Const - disturbance.
Noises in ear - common. c̄ Circulat - 1.1 int - & Middle & Middle & Ext - are combined.
Deafness. depends on closure of Aud Canal - Swelling common. If boil large & deeply seated much swollen - Exostosis mistaken 7 Boils Probe will tell - for Exostosis hard. Boil excessively tender.
Causes of Boils not known. Come in Crops.
Treatment. Incise them. Early if Can - Bulteat or 1 incision use 7 day or two but not constantly. Leeching used if Infl deep in Canal may do good. But Ext - Boils wont yield to leech.
Installations of warm aq. head over conch

Causes is possibly the increased tension which sits up strain on coats of Arts
Anamnosis or impaired vision is another symptom may be recurring be partial & is due to Uraemia
May be due to actual Infl of Retina — albumen Retinitis & is esp common in Ch Bright's Kid — Rare in Acute form — Bronchitis is rare in this form.

Tuesday Dec 12th.

In Bright's both Kids always affected
Clinical features consist in. In advanced stage Ch Anaemia seen & tendency to Uraemia, Symptoms & morning sickness vomiting & egesta — acid gleary mucus w resists treatment. 2nd Tendency to Diarrh offensive & bilious The vomited matter vs contains urea & so this changed to Am Carb
III Persistent St. Ache w is marked Symp
IIII Intolerable itchiness of skin.
XV Tremor or twitching of certain muscles
VI Apathy or semi Comatose Cond.

Causes. Is Dis of 40-50 yrs of age vs later & so in young. 16-18 & even seen in foetus Tendency to granular Kid increases ē every yr of age after 50. 1.1 50-55 1 gram Kid to 5 healthy ones. 5.-60 1 to 2½ & from 70-90 1 to 1½

& pour stream in ear gently & for time
& when aq out put in couple of drops of
Morph. 16/gos to ℥ or Magendie solut.
Tendency to relapse or recur obviated by annoint
ing canal c̄ Out of Am Chl of Hg 10-20 gos
to ℥ or 10-30 gos Iodoform & ℥ of Vaseline
when boil breaks syringe c̄ warm aq.
Diffuse Otitis Externa.
Not very frequent. so is a Dis of Tympanum
if perforated may get discharges or set up
the secondary form of Otitis Ext.
an Idiopathic form.
Primary or limited is more p. ful &
have more noise in ears & also suffer more
∠ movements of Jaw.
Pain is Symp. Leaches good in Diffuse & if
fail & carefully c̄ small bistoury knife & make
freely. Make it under Ether for incision
is ~~more~~ very painful. Give Ether sitting up
for takes less. & done quickly.
After this warm aq Instillations
If abundant Sanious Secretion
Keep clean for danger if it becoming
purulent. Clean c̄ syringe & cotton wool
on holder - & use T & Op & ℥ or Tulph ℥

So total Ant is increased Albumen may or may not be present; May suspect but find none for weeks.
But Alb never absent ++ whole case Ant is small 1/10 that in large white Kid Alb may not be in Urine of night but that of day for exercise. Urine may contain Tube Casts or may precede Albumen not constant in early stages & so are all absent no characteristic form yet. Epithelial form not usually present. are granular Hyaline Blood not gen present unless a fresh Congestion & a cold Casts may be missing & several days. reappear Hemorrhages repeated & severe Epistaxis Retinal Hemorrhages & true apoplexy are common in this form.
Dr Wilks says only twice apoplexy c Bright's kidney
Mohamed says 90% of true apoplexy in old people occur c Ch Bright's Dis - rarely Ham & Uterus or bowels.
Another Condit is an athronalous Cond of gen arterial System some say Bright's Dis does predisposed athrona may doubt but in 1/2 cases the 2 are associated.

Dont use Astringents to Ear if p. suffering
p. If use caustics use good light

IV

Tuesday - Nov 28th 82.

Dis of Ext Auditory Canal.
Infl of Canal. gen Consecutive to some other Dis of Ear
Mastoid process - & is rarely mentioned in books
that Mastoid Cells inflamed & yet Pletzes bag
gives normal note, & only a thickening of drum
& yet go on to suppurat of Cells -
If Diffuse Infl of Canal use Disinfectant
in form of Boracic acid & oxide of Zn good
Eczema about meatus & Canal common -
is Easy to recognise.
Chronic form here is rebellious & hard to
treat & scaly thickened form about part -
& symp is deafness & annoying itching
Treat is Stimulant appl. as Acetic Cantharides
till skin soft & then treat like acute
Am chl Hg Ung is good in these cases -
May often = Sig K.
If diffuse infl Keep clean & H S Anchor
Ung. Other Cutaneous Dis seen at arrach
Stimulant appl not good if p in ear.
~~Tr Op & Glycerine Alcohol good to soft~~

also is early in relat to other symp.
& even if valvular Dis if cant trace Dis of
valves to Rheum is suspicious of Bright
Symp of H Dis in old P are most commonly
due to Bright Dis & murmurs in old P
often due to Dilatat & Hyp ∠ Bright Dis.
Another Cond is a thick & tortuous Cond
of radials & other arts. feel like Vas deferens
this thickening facts to Bright Dis.
Dropsy not a common early symp of
this form & very cases never have it & Dropsy
if com may be a result of valvular Dis
& thin ōo & failing heart.
when begins is slight & puffy ankles at
night & eyelids in Morning
Watery chemosis is a common form of this
form of Bright Dis (Bright eye).
In advanced stage Dropsy frequently
due to failing heart
Urine
as a rule Urine is in excess 3½–6 pts
in 24 hrs this true in Low Sp Gr early stages not
true late stages then ant fails
Urine is pale limped low density &
depositing nothing or very little –
Percentage of solids are less 2%
but much urine so ant of Urea &
solids are natural or even excess

& often soothed use Stimulants to cut granulations
Diffuse Infl - a parasitic Dis in ear.
Dr B. saw only one case - = Oto Micosis &
caused by fungus growth of 2 kinds
As per Gillies - 2 forms Nigertans &
Pt. Kinds } Not very important though well now get well
Mgr Cans } & it produces deafness & ringing noise in ear
has spores } for Canal is Inflamed - & see Canal covered
c̄ white paper like mint & has minute parts w
are black & are fruit - heads of fungus -
Not very formidable & fond in those w lin
in damp houses. & bad atmosphere
Treatment. Clean ear out & local treat
Hypo Chl of Soda good here -
Alcohol will kill as will so dont bother -
Ulcerat of Canal. c̄ perforat -
Keep clean & use Iodiform alone or c̄ Alum
Alum has tendency to cause boils in ear -

Membrana Tympani - - - - -
Hearing not abolished when perforated -
may impair it - get may man has none
at all. It divides Ext & middle ear is
nearly circular - Is set obliquely & sens like a
contract of post wall & at an angle of 45° to perpendic

when old it has nodules so w smaller
yet larger than atrophic form. Capsule is
adherent. if Cardiac Dis for years —

Symptoms of Cirrhotic Kid —

To insidious & gen advanced 1 P. consults
Dr. Mgram or H. Ache poor eyes or palpitat
or pant or Dropsy or Epistaxis attract attention
& consult Dr. or noises in ears, sleepiness
or Epileptiform convulsions or Pericarditis —
Probable that there is a functional stage w
may last a long time before ~~functional~~ organic
stage. Muscular p. Catarrh Dyspepsia
& a tin intermittent albumina &c
this symp of high arterial tension
Mohamed says can tell if it comes on by this
If this stage exist is very important,
one of earliest symp is frequent Micturition
2-3 times in night. General vigor & nutrition
not impaired & can work will are not
anaemic. so are, attacks of palpitat
want of breath. Vertigo are early symp
& now often see Hyp of L Vent —

Heart in early State.

Marked Hyp suple or c̄ dilatat if
not accomp by valvular Dis occurs in
1/2 cases of Cirrhotic Kidney —

fold of ~~Dem Memb~~ — a Mallens
Membrane — b Promontory
c Bright spot - L reflection

is 4-3 lines & 4 lines broad - Dent look circular for mallens is against it. or enclosed in it & forms division of it. Has 3 layers ext - or dermoid but has no hair follicles. Middle is fibrous tiss 2 layers of it. Consentive & Laminating & Int layer is Mucous lining of Cavity. Dense is then 1/100 in & is transparent so mucous lining of Cavity shows H it & promontory esp shines through -
Color of Memb is peak gray w is liable to Modificat. Above folds has sharpnells memb w is very thin - Handle of Mallens convey most of 00 vessels & nerves -
Reflection spot or bright spot due to Concavity of Memb. & if see 00 vessels running down Handle you may be sure it is wrong & if healthy you will get no 00 vessels -
Perforat of Memb due to Infl gen - & then is gen quite extensive Scarlet F. apt to be followed by Ulcerat of Memb - if Memb is discarded it is usually thickened & one form in Sharpnells Memb perforat where get no air to pass H. & are associated c great degree of deafness.

At early period walls of Capsule is thicked by proliferat - & at later the walls of Glomeruli proliferate & are made into cumbrous tiss & grad are Hyalin or transp or ant & may degenerate & be absorbed or fibroid & within ∠ contract Epi of tubules it proliferates & the ~~out~~ young cells converted in Connect tiss or mucus degenerat & takes place & predicts degen - Cysts formed - hyl Cysts formed ∠ dilatation of ~~arteriole~~ & straight tubes all coats of ōō vessels are thicked ∠ prolif & are fibroid within & so ōō cut of ∠ organ so all tiss of Kid is withering so Kid firm fibrous & anaemic.

Naked Eye appearances -

Organ is reduced in size so normal It is rough & has numerous granulations and so gray ∠ anaemic. It resists knife Capsule adheres & tears Cortex Section shows cortex wasted & base of pyramids reaches ~~base~~ outside of organ Pyramids are so far like spread out. We meet ē large Indurated fibroid Kid tough firm & smooth & Capsule not very adherent so called Beefy Kid. Modern name = Cyanotic Indurat of Kid = result of H Dis or venous obstruction

Beefy Kid is

for joint of Mallens & Incus are near her
Ossacles are Mallens fastened to Merb
II Incus on process to Mastoid cells long
process turns back & rests c̄ Stapes in fts
oval foramen - of Labyrinth -
Tympanum - Cavity
Outer wall Merb. & behind petrous bone.
2 openings Round & oval - Mastoid
cells open at upper & back part & Eustachian
tube too high to drain ear properly -
Diseases of Tympanic Merb are few
& gen secondary -
Infl of Mauthy - Myringitis
If in Merb see it - red & vascular & dull
& thickened & light spot - not seen & is painful
& buzzing of ear & is rarely seen in primary
form. Treat is avoid irritating apply leaches -
Blood to Merb is from Ext & Int both -
Deep pt in Stimulant may use Morphia
Keep clean. Use Boracic acid. if any discharge
∠ ear. use solut of Saturated Solut &
mx it c̄ a a of Int ag -
Injuries of Merb common. Rupt =
esp ∠ blow on ear, & opt to end
disastrously. & permanent deafness -

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Of all causes only 2-3 common ones
the great one is S.F., 2nd cold 3rd Pregnancy
all others are rare - & Rarely Diph Measls Cholera
& Tuberc & c produce permanent Dis of Kid -
Charcot says no proof that large white
Kid ever belongs these last,
No proof that Large white Kid

Second Form of Nephritis

Cirrhotic Fibroid Kid = Old Interstitial
nephritis. Red granular Kid = one into
w white so passes.
In most cases in ch & beginning
There is an acute form. & Charcot says
(S.F. form is such).
Modern view is that differs & acute
in fact that Infl predominates outside
of tubes = Interstitial form. & in Pancy
form is in tubes. This is Ch. other acute
& outside in Both Infl in & out of Capsules
& tubes they predominate in 2 places

Histology

In Interstitial Stroma around capsules
& tubes proliferates & forms Embryonic
tiss & contracting round the tubes
& so vsts the functions is arrested &
it wasts

Small objects may project in ear & rupture it as twig or grass — or knitting needle &c all may be thrust in — have noise & giddiness in ear.

Dont try & test a rupture of Membr or you will do harm — Dont put in Lotion or you will irritate it; put in cotton wolle but dont apply anything as a rupture will perfect may heal rapidly. Leach if much pain —

Tuesday Dec 12th.

Middle ear includes Eustach Tube & also Mastoid process c̄ Tymp. cavity & are gen associated c̄ Dis of each other Gen are all of Catarrhal origin & tending c throat & nares tt Eustach tube = Tubal Catarrh The diagnosis of w is pp impossible Catarrh Otitis Media acute may be slight — so a severe form seen & the severest is purulent so it is not possible tt classify except as acute & chronic & purulent is another form

Symptoms of acute, Stiffness in ear after a cold pp. noises w pass off in 1-2 days.

In severe forms get p. w is often mistaken for neuralgia

in Erysip & carbuncle a sup is debilitated
w being absorbed produces as Butyrate
of soda & decomposes of pus in Carbuncle.
To this group have Cantharadise & Turp
w excite Kidney.
II Group Cant say due to noxious agent
cold to surface burns Cholera.
Fevers w have high & long Temp
Rheumatic Typhoid. Febrile form
apt to be temporary.
Pregnancy placed here.
Recent theory is Bacilli or Bacteria
is really the cause of the Nephritis:
that Bacilli of T.F. or Diph enter oo oses
& are conveyed to Kid & excite irrit=
Infective Nephritis. If true theory is good
Bouchard says Microscope shows germs
in Kid as in Intestines or sore throat
of Ty or Diph & germs in Urine & urine is
infectious so destroy all urine of Contag. Diseases
Bouchard says Picric acid will till.
If coagulate alb & Picric acid it will
be adherent separate & urine in isolated
particles. This if infecting.
If not infecting will only give a cloudy
sediment like HNO_3.
If true explains T & I & Group.

as p. is so great & radiates to face &c that the other symp. are not looked for.
What causes p. Tymp. cavity is narrow & outer wall is not bony when ∴ the pus gets thick & effusion poured out. These together cause pressure on fine nerve ends & these are intimately connected c̄ nerves of face & so it is reflex. Another p. explained by eustach tube being closed & Tymph is forced in by exhaustion of cavity of air this seen in children.
Then coughing sneezing & eructations of gas & stone is almost pathognomonic of this dis. Then p. may radiate to throat & so accustomed to cough is easily set up by irritation. Then hardness of hearing depends on Amt of swelling. Tinnitus is interesting & should be studied. Double hearing - 2 forms
I Echo to last syllable or that musical notes heard c̄ double pitch. Children are very liable to this acute Cond of ear. The p. is more at night & it is very hard to diagnose it.
Obj. & Ctive Symp. same as in adult & Cong about border often & has lost some of natural lustre. Then best symp. is retracted cond of Tymp.

& Anonic form most apt to arise 1. Cold & 2nd 1. Malarial influence & 3rd may follow Rheumat. pregnancies & support if frequent & prolonged & dont follow exanthems except S. F.

Monday Dec 11th 1882 -

Uraemic Convulsions Amaurosis & Coma are all less common in Ch form than in acute, but 2nd Inflo Pneumon Pericy most in Ch form, & Eng writers say more tendency to second Inflo Convulsions & Coma in the Ch than in Cirrhotic red granular kidney "Germans differ"

All admit that less tendency to Hyp of H & water des in this than in true Cirrhotic or red granular.

Causes of Acute Nephritis

Bartels 2 (2) groups. I Specific Mx ions sub are carried to kid = Toxic cases they irritate II Causes w act on renal vels so as to bring on mechanical congestion & Inflamat in them.

L. I belongs S. F. Diph Measles = acute exanthems. Relapsing F Erysipelas Yellow F. Phlegmonous Decompos of pus & Dysentery

Does not lead to perforat but gen to thickening
Exudat not gen purs pus but mixed c pus pus —
Causes are too numerous to mention. Cold in head
Fever most in spring & autumn in boys who go
bathing & remain in too long. Prognosis favorable
under good treatment. Diagnosis of Catarrhal
Infl. In infl of canal would see signs
If you have bulging out of Tymp it is gen at post
part grade pus & may see a line ½ ⅓ way up Tymp
w = fluid. Treatment to Relieve the Catarrhal
symptoms w gives relief. II Inflate Tymp h cavity
if due to throat treat that use salt or 1% KCl
for nostril & use warm. In unguaral douche
direct P. to hold tank very little above nose
ass remove the stream up one & down other
In child use glass syringe. Use Borax & Soda Carb
in water.
Attend to diet & if much pure anodyne
Never use oil or laudanum but put in few
drops of Myrrh Leech. + tragus is best —
Inflate cavity to ventilate ear & diminish
Hyperaemia If begin & do this do it
thoroughly if ~~begins to~~ Indications for
Paracentesis is bulging at top of Membr.

Mea is deficient in Amt.
Casts will be more or less Disquarantee
& also granular Casts & Disintegration.
& P. will admit his is weak & out of sorts
& time & if follow acute will tell of Dispy
Complexion is anaemic & pale
If Health good pulse is slow full & tense
Cardiac Sounds are louder & sharper
if Dis well advanced or feeble health
pulse not tense or full & sounds
feeble - still have Arterial tension
Morning Vomiting on empty ~~food~~ stomach
of Sliny acid aq masses & often c this
persistent Diarrhoea. u so passes
to ulcerat of mucous coat of bowel
Dyspnoea common & may arise &
oedema of lungs or & Double Hydro
thorax & so is Maemic Syrup of itself
so. (Respirat increased in No)
oedema Glottidis a form of cause of Dysp
Maemic Convulsions & Coma are
Common Anaurosis is rare & all
Maemic Syrup are less common than in acute
Infl of other organs are ~~more~~ more common
Eng say more tendency to Maemic 2nd of Inflam Syrup
Syrup here than in Cirrhotic
& in cirrhotic more tendency to Ovarian Dis
& Hypostaphy. If Heat

VI

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Tuesday Dec 19th

Catarrh of Middle ear - Now thought to incurable yet authors treat elaborately - Dr B thinks almost incurable

Characterised by insidious nature. P. suffering & it wont consult Dr till hearing impaired - Mr Human body always a surplus of powers as two lungs &c

I Simple Catarrh Infl of Middle ear

II Proliferous Infl of Middle ear -

Not a stherine Infl as occur on outside of ear Simple or Catarrh Infl of Tymp may occur & outset & marked symp. P must likely has Infl of nose & throat & long time pp. these only noticed. & 1st thing wrong c̄ ear is dullness of hearing in dull weather then complaint of it thus about ear. then crackling sounds in ear during deglutition or Mastication & are due to Mucous in cavity & is moved by jaw. Impairment of hearing is as if everybody spoke too low & P themselves speak too low & they speak loud to themselves. Fullness in ears & time is constant & sense as if ear filled c̄ wall & are so convinced of it -

Goodfellow says Dont last more than 4-12 mths
Dickinson says must in 6 months
so recovery 1. Alb had continued ~~3-4~~ 2-3 yrs
Tendency is to recovery if mild
Danger increases with time it lasts -
Signs of Recovery are
I More Urine passed
II Dropsy Disappears.
III Alb & ōō Disappear & Urine Blood Pt
IV Skin restores to functions -
Cases w tend to be ch are those
induced by Cold. & II those w follow
S. F. & III those w follow Acute Rheumat.
Diagnosis of White Large Kid
Signs are I General Dropsy - in most
cases affecting face & feet & if come
in ch form it sets in rapidly all over
body - Dent pit readily on pressure
skin fine & gas effusion in belly &
Thorax. Johnson in 2/100 cases no
Dropsy - ē large white Kid
Urine - See Amt - normal is Scanty
of average amt. Large Amt of Alb.
is dirty brown is dis colored & it
deposits & in deposit find tube
casts & ōō globules showing some
congestion of Malpighian Caps yet.

freq have darting p's but not constant
so in acute Infl of ear. & so ear a little
sensitive so say they hear better c vivid
or moving ext ear. All these symp doubt
occur in every case But must have tinnitus
aurium. 2 p hear 2 things according to
occup at Noises so distressing to some
One of earliest symp is little faint distant
sound at night when all is still.
so get insane c constant & excessive
aural tinnitus Giddiness or vertigo
not uncommon. p may get giddy
when blowing nose or even to reel when
walking. Catarrh of ~~throat~~ tonsils &c
so in Young swelling in Pharyngeal
tonsil. w may proliferate & block
Eustach tube, & they pronounce words badly
so & is like bad cold in head.
Tissue of tube is not constant.
Secret varies & is thick tenacious Mucous
w hangs c Uvula.
Dr B says Catarrh of Mucous weakens those
w open tube & so doubt open in
swallowing. he says can inflate
tube if can get Catheter in Mouth of tube

Those mild cases no Uranic Symptoms
only Dropsy & Hache & Vomiting

Urine Urine is Scarty & so suppressed -
& 2nd is of increased density above 1020
3rd altered in color, tinge of Beef tea.
& so ōō red ∠ amt of ōō. Blood is cause
of discoloration, & if stand it deposits
a sediment w is Inflam products
washed ∠ tubules.
4th Amt of Albumen so solid when
boiled. By weight - ½ - 1 % or 1½ %
5th Solids esp Urea are deficient -
120 grs so in 24 hrs. Whether Urea is
only retained or not enough made
not settled. now think not formed
6th Casts found. 3 kinds I Epithelial
II Hyaline or Transp no texture & III
blood casts if severe case & enough
ōō escape to fill tube.
Cause & prognosis.
Many get well. Infl products mult -
& are absorbed. begins in 3-4 weeks &
then recover, so lasts 3-4 months
& yet get well. but not so favorable
I Kid injured & large white Kid -
if last 4 months is unfavorable
& pur die in one 1 yr seldom 3 yrs

Changes in Cavity of Tymp not great
loss of lustre & bright spot not well seen
in few cases white deposits in dermoid
layer of drum. = white patches & these
seen in P. c̄ good eas. Catarrh dont tend
to produce perforat. of Memb. but
some do if acute in early life
Pathological changes in ear are simple
so exudat in Cavity. Causes Diverse
Treatment not satisfied esp if occur
in P who have an hereditary tendency & il-
this explicable when think of proliferous
1st arrest if can Catarrh tendency -
May try & harden P if tough P. but not
delicate. keep feet dry & wear flannels use
Cold bathings.
Many cases associated Struma or Syph
appl of astringents to throat -
Gen me Per chl Fe 1-1 or 2 of Glycerine
or Agni Strong Solutions 40 grs to ℥ to 100 grs
Dr B - 40 - 60 grs to ℥ this good if much thickening
or Glycerate of Tar ℥½ grs Agni v. aq ℥ &
spay throat. Use Pomeroy's Spayer
Clear away secret before spaying -

New formed Matrix dont ~~degenerate~~ signify but
degenerates into new formed tiss w contracts
on ōō vsls & bulk of tubules so = a form
of Granular Kid w is atrophic state of
large white Kid Rarely seen for
P. seldom live long enough.
Kid not reduced in normal size
see numerous granulations & is of yellow
color c fat in tubules. Kid is tough & firm
but not so much as the atrophic Kid
Mild Forms are more common than
severe ones. & if see Kid in such
Kid healthy & cant tell c microscope
Symptoms, "A form of Bronchial Catarrh gen presyt"
If followed a cold - chill
High F. dry skin tense pulse &
Dropsy in few hrs -, so bare more
become fat in few hrs - Dropsy involves
all flesh. & often dropsical effusion
so Thorax. & Early Uraemic Symptoms
w are Vomiting Headache & so Diarrhoea
so epileptiform convulsions & rarely
p. in Kid w goes down loins.
& twitchings of Muscles.
We meet c Milder cases often 1.
P F in w no chill no High Fever & dropsy
not so quick but it is general -

Ex Ex Ex
Jan James
Jo
Acute Bright's Dis

If much Recent in nostrils may use nasal
Douche or Ant & post Syringe.
Treatment of Tymp is not satisfactory
Cant cure tumors. Mr Ann does
most good gin gas XX - diluted tick may
relieve ringing - Treatment is simply
inflating ear every other day c̄ Politzer
bag. Use Catheter if Cant inflate c̄ -
Injections in Tymp no good dont use.
If Syph - inject - K Br.
Hydrobromine ~~[illegible]~~ Ether good as ?
ringing - Vapor of chl in same way
also good - Ext - applo are useless -
may use emollient if tetiness & dry
ness of ear.
TT Proliferous ~~Infl matter~~
To more severe in Tymp but throat & nose
Symp are almost nil. Tymp Mute
drain in obstructions & dryness of ear.
ringing in ear more troublesome
this dis occurs - some kind. either
prog worse. who are deaf c̄ 1st or 2nd
child & worse c̄ each child some
are ~~[illegible]~~ hereditary character.

Section of Kid See

Congestion is relieved by the new ~~growth~~ exudation
& organ paler larger & finer
White lines & specks seen. ware the
Inflam products seen ++ the distended
capsules of tubules ware stuffed full of
Inflam products & organ spread up
& looks coarse. Tubules dilated &
have cells of 2 kinds young ones &
parent cell - In ord cases Inflam
products liquify & epi gets fatty & is
washed out & by absorbtion Kid gets
natural. If process obstinate get
a chronic state & Kid =

II Large & white.

Kidney is large. ney weight 10 oz -
& is smooth anaemic. On section
capsule easy to remove. & cut ground
shows surface pale except Pyramids
w little red - & on cut surface can
see white lines. Organ not simply
pale so yellow here & being fatty.
Organ shows no Cysts & eye on
section see dilated tubules & epi of
tubules & casts are fatty & Degenerat.
In rare cases how atrophy w is
got in this way

& Hered Syph. Probe forces not always
distinguishable ∠ Simple but are more incurable
but you also get an exudat of Concat of M M
of Eustach tube & Tymp cavity esp about
ossicles - & bones lose mobility -
The less nose & throat Symp predom
& more Tumulus then place in II
It is more hopeless than Simple -
One Symp w they have w shows is hopeless
If they hear better in noise this a very
bad sign & hopeless as to beatment.
Explanat of hearing better in noise
they still have hearing enough 7 some
vitations so in noise can get enough
of those vitations & others not heard -
Beatment little or none.
Give K.I. if throat & ear unduly dry
may benefit a little & some have Syph
so it is good theory -
Hydrobron Ether. some perforat Tymp
largely - may cure winger
Gruber cuts tensor tymp anni -

I Acute Nephritis or Parenchymatous or Tubular, or Older name = Acute Renal Dropsy - a good one

Kidney in early stage is redder than should be. Enlarged. Capsule transp & easy to remove. With Microscope see changes begin in Capsule about Mach body these cells multiply Nuclei prolif & in this an effusion of serum & leucocytes pass to capsule & in severe case so globules so in Capsule have. Serum Leucocytes & so corpuscles -

Extends to Convoluted tubes & same changes there & tubes ~~changed~~ filled c̄ this debris w = a Bronchitis of Kidney

Next Loops of Henle invaded &

Next the straight tubes are affected

Epi of these straight is 2 & desquamates

Result - is Inflam products is molded into casts w are passed in urine

Hyaline - Epithelial Blood -

Now Matrix is Inflamed & now an interstitial Nephritis

connect - tiss proliferates & enlarge once tiss found & a new growth of tiss there w may grow to tumefibrous tiss if not obstacled so all tiss of Kid involved

Lecture VII

76

Tuesday January 9.

Acute Purulent Infl of Ear or
Acute Otitis Media
Tendency is to cause breaking down of tis
while Catarrhal tends to produce thicking
of tissue
Acute Purulent Infl is most severe
w comes to ear.
Onset is rapid. 1st feel tingling & itching
in throat near Eustachian tube
which extends up ear. & feeling of p & ful-
ness in ear. w is necessarily moments
& the symp w come & effusion are
giddiness & deafness to end tumultus
& ringing in ear
Pain speedily intense & crucciating
& P. shrinks & cries p. radiates to brow &
back of head & has character of neuralgia
& so treated till ear destroyed.
p. may give rise to convulsions
& constit disturb. Pain relieved as
soon as discharge ++ Symp mitig
w relieve tension Itching & tickling
that to be due to irritation throat. & nerves
there distributed

Laryngismus &c managed c̄ Bromide
Sodium or Pot. Convulsions same
Bronchial troubles do not reduce
vital powers Carb Am or Senga ≠
danger is ∠ pul collapse +

Friday Dec 8th

Brights Disease

Two groups I Inflamatory
II Degenerative

all are inflamatory

To first. Acute Nephritis or called
" Tubular Nephritis
" Parenchymatous "

II a primary chronic Parenchymatous
or Desquamatous Nephritis.

III Granular red Kid or Cirrhotic
or Interstitial form of Nephritis

Degeneration IV. Amyloid or Waxy Kidney

Inflamation is cause of first 3 forms
Infl may vary in activity & in extent
& intensity Most active is acute & we
have minor grades sub acute & Ch
Now say 1st 3 forms begin in & affect the
malpighian bodies & often involve
tubes & interstitial tubes are so
all structures involved more
& more - = a Broncho Pneumonia

p. very severe & is characteristic of this dis. Yo. apt & be continuous while that of Catarrhal is bad at times none pp. in day. Hearing at first abnormally acute & loud noises cause distress & when secret. comes it is destroyed to great extent. Goddness not always present & if so is due to press on round window & so press on Labyrinthine fluid - If of itself not great. is some other Dis - Delirium not rarely present esp. if sensative P. If examine with Sec. Canal gen normal unless some ext. auditory trouble. Memb Tymp change at once. & have increased vascularity at periphery & esp at upper part & then down handle of malleus & after time whole Memb red & sodden mass - Memb ruptures sooner or later & when tension great tension causes Memb to give way - May find bulging of Memb if much pus in ear bulging gen in post & upper part of Memb & gen here for all movements we cause air in Cavity

if cows milk not digested try yelk of egg
c̄ sugar, or goats milk or asses
& when little older some of artificial foods
Nestles. = Milk & flour. Older children may
have egg beef tea every other day & bread
pudding. If at breast, wean it or get
another nurse → gen is fault in milk
give meals c̄ great regularity. Bad habit
is let child nurse all night. If past 18 months
give little fine animal food. break c̄ grater
Correct secretions Stools offensive so
give gregous powder II - V gr c̄ gray powder 4/II
or castor oil & then Rh & Soda II - III Rhe
& soda ½. If very acid Pulv armat
Co good. Tonics. best is Cod oil.
is almost a specific. Iron next good
food & good air. Dose of oil ½ teaspoon
see if digested by looking at stools
& combine c̄ it - Vinum Ferri. or citrate
Tartrate & Phosphate good. Mayneed
Quinine c̄ it. If food pass by stool
examine teeth cause may be there if
Cured of milk give antacid Magnesia
Baths good esp brine baths —
Send out of City if Can. to seaside
or country Local test not needed.
Let stay on floor on ing. so splints

Rhubarb & Soda.

push pus back on posterior half & rupture in post inferior quadrant of Tymp.
Pain no remains 1. rupture & if dont cease portend lt more serious & dis then tends to extend to other structures as mastoid cells & so extends toward cranial cavity. H & pp wall w is very thin may go to labyrinth & if there will go to int and tory meatus or H aqueductus Fallopii along sheath of facial nerve. So be on look out if p dont cease c̄ appearance of dis charge
Causes are Numerous –
I Exanthemata are first S.F. & Meals
II Other fevers Ly. whooping Cough.
III Cold a frequent cause –
IV Violence to ear even blow on ear c open hand –
V Cold bathing in summer esp sea bathing.
In Diagnosing
Dont mistake for neuralgia –
always examine ear if p. there

Pathology

Appears to be an effect developed in body & arises in imperfect performance of bodily functions a gen disorder of nutrition essence not known distinctly the Oste plastic process w is going on & result of w is excessive growth of Cartilage but arrest of ossification or bone deposit & in some instances is lime not deposited in bones but is excreted by Kid.

Old Favourite theory that lactic acid irritates osteo plastic tissues & promotes dissolution of earthy salts & excreted by Kid is only one Hypothesis & not proven Great Objection is that free lactic acid cant exist in ♂ & t combines of various lactates & no known combination decomposit known w favors this decomposition of Lactates

Treatment

Leading ~~illustration~~ indication is improve gen health in early stage if Feverish attend to ventilation diet & digestive organs. If ⊤ 8 months & not nursed give good milk & ¼ lime aq & a little cream ℥ T lime aq

℥ 4 milk

℥ ½ cream.

from Ext Infl to be told ∠ it.
Catarrhal Infl hard to tell & if cur 1 pus come you can't be sure which kind.
When effusion can tell by looking ear.
Ear ache ∠ bad teeth esp in children - so examine teeth if in doubt & Memb here not changed.
Prognosis. Favorable if treat well & in good time. But gen dis goes on too long. Don't poultice for long time c̄ ear ache c̄ dis charge. if carried to excess are harmful.
Treatment
Antiphlogastic. Occurs often c̄ Exanthemata, & youthen must give more care to ear than to Dis itself
Keep P. quiet in bed.
Aconite & Leeches. Leeches no good 1' effusion. yet use till dis charge occur ~~at~~ & even 1' dis charge if p. continue
Give Saline purgative c̄ Aconite K acetate.
For ear. Dop in Solutions of Anyodyne
Warm Magnesium Solut c̄ Morph grs XVI Dz
may add grs II of Atropine. Always warm Solut

If Convulsions Exclude acute febrile or Infectious Dis. O.F. S.P. Pneum & most causes are due to rickets.

Hydrocephalus is secondary to small Br & large skull & is not as rule the cause of Death

Causes.

Some doubt that are inherited some say yes 9%. & tendency is c mother mother is nurse - & her milk used. Where Const Syph or Dis of Pl induce cant say is inherited in ord sense. Not proved that Syph is the cause. (Perrault Parro) says is always due to Syph (not true) Syph may predispose to Rickets. Delicacy in mother Anaemia want of tone & strength tends to produce same not established of father.

Often noticed that first 1-2-3 children are healthy that following are rickety Vital powers of mother seem to be impaired all st Cond w lower vitality & interfere c̄ Haematosis are causes bad food want of air or cleanliness & Run of table are sources of rickets among poor so is prolonged lactation is cause. all improper diet apples & sweet meats & all ailments w interfere c̄ nutrition of child. Diarrh & Syph &c

If Memb bulging prem at once
& good light.
Dont perforate Memb unless it be bulging
Warm Irrigat. or poor aq in ear.
As soon as discharge use cleansing
solutions Anodynes needed if Pain
continues & shows Mastoid Dis.
May use solut of Boracic acid gas 0 to 3
warm Practice Politzers Inflation
before irrigation.
Perforat so treated will give heal & ear
return to state of health.
Chronic purulent Otitis Media
is result of neglect of acute form.
so causes c Measles & S.F. early in life
so causes are same as c acute.
Symp are deafness. hard ness of hearing
& discharge offensive gen.
Amt & quality differs so free &
mucous & stringy so scanty &
purulent so only little odor or offensive
& see cheesy crumbly material
w strikes, Gen Discharge most in
young & functions is young
most active.

III Inability to stand or walk 1/18 months & not due to Idiocy illness & paralysis is due to rickets —
Great relaxation of ligaments of joints
No Cond of Urine constantly found so large excess of earthy Phosphates — in few cases Lactic Acid & Lactates in excess found in Urine.
Rickets is Curable & in L 6-18 mths gets better flesh firmer stools not offensive Limbs cease to give & are firmer. Assistant is in progress & health perfectly restored & get strong. strong adult.
Rickets a cause of many deaths but indirectly. so Const-Dis fatal but is rare more commonly L Bronchitis > chest wall favors collapse of lungs & or L Pneumonia. Another cause of sudden cause is Laryngismus or spasm of glottis Sir W Jenner says only a cure L Rickets & Elsaro & says Laryngismus is always associated c Rickets & Croup & whooping cough are dangerous in Rickets
Convulsions is an important pathological cause of Convulsions 56 out of 61 cases.

Aft to end c̄ P's life & wears it out.
If P. has discharge & it ends fattally
if not rightly treated & Dis dont treat it
Is very liable to extend to Br & so cause death
Stop discharge if can & can give if
try carefully.
Dis. Ch. Examination & you will
Find And canal macerated c̄ unhealthy
secret in it. Lymp Memb is always per-
forated. Due so obscure & so find 2-3 perforat
so perforat large & low down or
may be small. Memb may be thickened
& conceal bones & so think bones are
obscure but you are present.
Memb may be swollen & granular.
& polypoid growths in Canal.
Treatment.
If cases of Phthisis are difficult to stop
& cant you do it.
1st Cleanliness 1st principle. if p. you
must not stimulate c̄ astringent
so long as any p. in ear.
Use syringe for cleanliness.
Anal douche good to use.

rest of surface is dry & hot: Kicks off bed cloths. 3rd Complains of great soreness of flesh & muscles &c: "avoids exercise & lies still. In older children the Intest Clavit & emaciat are not early & they don't complain of muscular soreness. Not much Elevat. 99-100° so little F. As Dis progresses child is slaid thoughtful & changes noticeable can't stand sits in a heap head sunk & recess fallen back.

Soon after these bone dis or dus found Rosary on chest Fontanells large & sutures not closed. ends of long bones enlarged like double joints

Appetite may get good. Stools bad fretted white & so undigested food.

Abdomen large & tumid & large liver & spleen & bad shaped chest but esp & flattitude. Teeth delayed & badly formed & they decay rapidly. Skin is opaque & intellectual is below par but have tricks & manners of old people

Incomplete or Mashed forms

So only partial limited & some bones

I head alone or delayed Dentition may be only sign

At outset surgeon clean ear & then carefully instruct P how to do it. If inspissated secret use Carb soda 1% solut or Caustic K or Na in weak solut will clean.

Then use disinfecting solutions Boracic acid sine saturated solut & add equal amt of H_2O_2 & use this daily to clean ear. Now are we use astringents Zn Sulph so good also of Cu. If foetid discharge c̄ granulations not too strong Ag Nit solut surgeon may use but never give to P. & use.

Dont use if granulations & is best if discharge is mu. cus & use gr XX-LX to ℥ of Ag Nit, may cause a little smarting but tend to get M M in healthy state then use Zn Sulph gr IV ℥ to part is good. Alcohol is still better solut if it c̄ & ag a a may be strong at first & then then use pure R. S & then pure alcohol if granulations always clean part 1 applying astringent Best is Boracic Acid powder or solut

& so sprinkled c̄ large Malpighian spots w are white. Mesenteric & Axillary & cervical glands can be felt firm hard & round. Kids so large smooth & pale & much Epithelium in tubes.
These changes may precede or follow other Symps. & are not of importance dont interfere with function & recover c̄ body.
Brain as a rule not larger than gen so is & that to be a true Hypertrophy & if large skull space is filled c̄ fluid.

Clinical Symptoms.

Unsettled whether occurs in foetal life. Commonly comes on 4-5-10 & 12 months & often begins in 3rd yr so delayed to 4-5 yr, & so as early as -3-4 week. Early symp not constant Disordered Digest. so those of Tuberculosis & so are those of Intest Catarrh Diarrh &c child is feverish hot thirsty no appetite evacuations unhealthy lead coloured restless dull drowsy sleepless & if sleep disturbed. These not suggestive those are
profuse perp of head. Hot scalp & full veins of scalp & pulsat of Carotids

as Boracic acid ʒ1 or II
Glycerine ʒIII
Alcohol ʒ1 ss
always use warm. it forms a sort of Emulsion. Hard to get a good preparat of Boracic acid. Weyths the only one good to use. Blow in a little reapply when moisture shows again

Monday ~~Mar~~ March 5th.

Treat of Ch suppurative Dis of ear.
any dis of middle ear w causes pus may give use to Dis of middle ear. So treat all causes w cause pus in middle ear otherwise Ch suppurat & more or less ~~destruction~~ destruction & if can stop early may save perforat of Mem & last a patient long lifetime
Consequences of Suppurat of Middle ear are serious Treat
Cleanliness & such remedies w aid in stopping. Deafness is a result & is permanent - now we use an artificial Drum

W Tuesday Dec 5th 82. Dr R. P. Howard.

Rickets. Great thinning of occipital bone & large brain. & = Cranio Tabes - by Elsassar
Beady ends of ribs w is so first sign.
& other Deformities.
Arrest of stature or growth so when grown is short & is at expense of lower extremities
Growth of children is 2-3 inches per annum & if less is under growth & if more than 3 he is overgrowing. Increase of weight above 3 ft add 2 lbs per inch 1.1 4-5 add 2½ lbs per inch of growth
When child lacks 7 lbs of average he is too little. Excite suspicion of Rickets
Face small Teeth slow in developing. normal dentition 7 month to 24. Rickets delays to 12-24 months & if delayed dentition can not be attributed to poor health is a reliable sign of rickets
or Dis of Jaws
Visceral changes. Spleen suffers Jenner says Liver & Kid also & glands & changes is in hyperplasia of Connect Tissue gland tissue & deficiency of salts
Liver freq enlarged firm elastic & pale in color.
Spleen may weigh 7-8 oz or more & is firm hard. like unripe apple

which gives some relief.
Those sold so do good. The common one is rubber disc attached & silver wire Dis passes down & Mem Typ or if that gone & wall of ear. if in proper place gives relief. To do good Discharge must not be great. Use a mixt of Ether alcohol & glycerine aa & keep moist. A simple one is a pellet of cotton wool. fold it up in pellet of 1/5 in long & line in diameter wool firmly & moisten c̄ glycerine & place in c̄ forceps.
2 Take piece of cotton wall fold it up moisten & pass in c̄ forceps & with little adjustment place in posit where gives most good.
Consequences of ch sec are numerous one is attacks of Epileptform Dis & are preceded by pain. So do not mistake for Epilepsy.
Affections of Nerve Chorda Typ w causes anomalies of taste & facial nerve implicated w causes facial palsy

post out in Dorsal & ant in Lumbar. w is large 58
so Lateral esp if child carried in Arms
Long bones all are curved -
If child rest on wrists humerus but when
Deltoid & radius & ~~ne~~ bent out & pross
Femur curved forward & out.
If sits on floor is bow legged -
if can walk is knock kneed -
Pelvis & Chest most Imp.
In Pelvis distortions w interfere labor
Ribs back Sacrum Down in & Promont
pressed down. Acetabula pressed in
& triangular pelvis - is the result
Chest: Ribs are acutely bent at -
Post & Lateral aspect unite & run
forward to sternum find a vertical
groove corresp. to lines of attachment
of Cartilages w is caused by atmospheric
pressure w causes ribs to sink in
from Sternum & it stands out -
Hence pigeon breast or keel Sternum
& find it < 4th Cartilage down &
in bad cases whole length.
Beside Vertical groove have a
Horizontal groove where Diaph
& Liver are - Liver wont allow lower
part to sink in ~~[illegible]~~ so a groove above it

& is yet curable will pass away if can
cure Disc with starts. Vertigo & Dizziness
was yet permanent Try & cure ear.
Mental alienation Suicidal Tendencies
they pass off if aural disc cured.
As a common cause develops of Polypus
in County or Aural Canal. Get first a
tendency to proliferate & irrit fluid & cond
a tend to develops polypoid growth.
Often polypus not discovered till Pophly
for relief from discharge They are so large
& so extend to Choncha Polypus may
remain long time
Two kinds I Mucous or granulous
II Fibrous or Fibroma
I most often seen it is soft red rough
granular surface & fills auditory canal
if small as hemp seed hardly called
polypus but a granulation Most are soft
granulations fibrilated sub c̄ mucous in
it small round cellular elements
surface has Epithelium & no vessels in it
surface is papilliform.
II Fibrous not so freq & are large &

so soft enough to cut c̄ knife & bend 57
have less earthy matter & are lighter
& so less gelatine than natural.
Flat bones suffer as well. Most thickening
along sutures edges thick Periosteum there
is active & so are vascular & spongy
these changes in bones lead to changes
of shape in head chest & all long bones —
Head May only appear to be large & diminished
size of face so is absolutely enlarged
esp if Hydrocephalus or aq of br in infant.
Sutures remain open & fontanelles
open to 2 2/3 yr instead of 14-15 months
Along Margins so find groove & shape
altered is square & flat & large forehead
All Diam increased & Eminences also
increased at same time skull
shows these changes find little growths
at Costo Costal junction size of
beads & = Rhachitic Rosary.
& this so first & only sign in child —
Other deformities. Natural curves of Spine
are increased & sits in heap doubled
up & only great curve from dorsal
to lumbar spaces & head back on
shoulders. If child can walk
will have 3 curves Ant in Cervical

gen completely fill Canal & outside
covered c̄ sub-like true skin are vascular
& bleed freely. They gen grow c̄ by cavity
vs c̄ margin of perforated drum
vs c̄ one of ossicles, when you must
c̄ polypus it is your duty to remove
causes blocking up retention of pus & often
fatal results. Removal by a snare
Welds modified by Blake = a
handle & thumb & ring for finger &
top of handle hollow for a wire.
Before removing use a probe & try
& feel root & if can find slip snare
about it & may carry all away at once
vs 2-3 in same canal.
For removing small ones forceps may do
or snare will serve.
Some grasp large ones c̄ forceps &
twist away Dr B dont like this.
If flow of too considerable pack c̄ wool
or syringe out & next day if no infl
use astringents to destroy root.
Chloro acetic acid & Chromic acid
Agni too slow.

Counter Irrit. - Iod & blisters liniments of Chlorof & Aconite are also good if very p.ful
Avoid Op as long as can -
Encourage P to move limbs as much as can. dissuade & taking to bed
Diet - Hout of generous character & find in P who are run down & Stimulants also needed. Another Const. Dis is Rickets. -

Rickets. -

A Const. Dis w affects bones. 1/3 of sick children who apply in London at Hospitals are suffering & Rickets & is common in this country & not well enough known by Med. Men
Morbid changes Pt
I One of earliest & most constant is the enlargement of ends of long bones. all bones so suffer. Point of Ossificat is part w suffers active prolif is set up in this area Cart. cells multiply arrest of ossif bone is red vascular & spongy earthy salts cease to be formed. Periosteum also proliferates & is fibroid Ossif is arrested & bones soft & yield to weight of body. & thus delayed ossif of Epiphysis w accounts for non growth of bones & leads to softening

Only apply to root & to no other part. Never make caustic appls & seeing what you are doing use small bit of cotton wool. Chromic acid best. Dr B" use same way on a little cotton use a syrupy consistence. Dont cause so much immed p. but it lasts longer & if appls made carelessly give great p. If much p. syringe it out & impr canal. Destruction of root may take weeks & till destroyed p is not cured.
Ch supp of middle ear so cause Carious Cond of temporal bone & may cause deep destruction of bones
Caries so causes Cerebral Dis & fatal result some cases in w no symp till abscess in Br. Mastoid Dis a result.
Infl of mastoid cells. It is important & should recur attent if develops & may develop c any purulent Dis of ear
3 forms I Simple Periostitis. this most in Children swelling behind ear. fluctuation pain & pushing force out of ear.
Ex. Dis is readily cured. Not not.
If pus - periostitis till by signs of

Turkish bath good - In biliary derangement 55
hot-bath good. Special form of bath is
Arsenical bath. Dissolve 1/4 - 2 ℥ of Arsen
iate of Soda in gal 30 of aq & add 3 - 4 ℥ of
Carb. Soda & employ at 100°
When skin in active use Med to act. so
Arsenic itself good Nx v - x Sol Fowlin
or Liq Arsenici Chloridi. Arsenic give
prompt result if going to be of any good
Am. Tr. Guaiacum also good in same case
K. I. & Iod employed if capsules thick
& effusion Dose of Iod is 10 Nx tid, to 30 tid
& give in little wine or sweetened aq. use
for some time - If Gonorrh or Syph
taint combine Chl Hg c̄ Iodin -
Systematic employment of massage
& movements of joints to promote
nutrition of joints & mus near joints
effect of this is stimulate power & nutrition
but if acute Infl in joint cant do it
but have them subint even if very
p. ful. Friction of skin c̄ cocoa or
olive oil also good. Daily use of
elect will relieve p & esp 7 inflam
cond of Nerves the Neuritis w improv
nutrit of Nerves. If much p in nerves give
agni 1/4 gr c̄ bellad 1/4 gr o p 1/8 tid for
weeks will allay p & neuritis.

abscess & incise as soon as possible
for children die of this as if not opened.
Treat. Give all swellings to ear if c signs
of abscess. if large dont delay. Leech if
see while forming & then poultice if dont
give relief incise down to bone the first
owers stuffs c tent & may do much good
this all needed if Periosteal
Deep dis is Cong of mastoid cells
no one feature will tell same symp
as in deep dis swelling of ear
Incision may relieve. Leeches may
relieve if appld early. If this relief
is proof of no pus in cells - is only Cong or
periosteal. If deep seated pus form
will stop discharge & people think this
a cure.
"Always stop discharge if can do c rational
principles"
Desch is gen resumed & it is sanious &
fatted. Signs swelling bogginess &c
& p great like bogginess & treated
neuralgia while dis is going on w
is fatal if not cured so no swelling

IX. Following an injury to joint
X. Rarely c̄ w have cardiac affections

Friday Dec. 1st 1882.

Treatment of Rh Arthritis.

First as certain cause & remove if possi
or locality or climate changed - if Can

Salycil of Na Remedy w promises much while acute
is Salycil of Soda. It relies p. & F.

Tonics Iron Next to It tonics esp Fe large doses
& long continued. p.p. The best so far

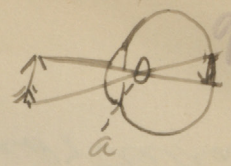
Quin Quin also useful esp if mental
depress or nervous exhaustion

Col Liver oil also good. was first used
here is promoter of gen nutrition
Very often 1st thing is to restore funct.
of skin & constitute imp treat.

Course of hot baths promises to be good
begin at 98-100 & increase to 108-110 -
Diff P. endur 2 temp & natural
susceptibility of P. must be guide
Course give every other day is good
means. Some men hold that the
hot-air does the good in hot spring
baths w do so much good.
So send wealthy P. to hot springs
& poor ones give hot at home -

& then can tell by knowing that ear
is diseased & that this Dis presents
One means of Diagnosis Surface Thermom
when no ext signs & only a little fever
but surface Thermometer reveals
½ 1° on that side. If after incision
symp recur & Br symp you are sure
of pus & you must Trephine - &
Opening bone will often give relief
Incise ¼ in behind and canal & on a line
c̄ Canal. or Vertical line ‖ Mastoid
process & line ‖ Canal & at low angle
of apex Drill a little up & forward
& bone soft - & can mea probe. But if
very old case bone sclerosed & will
have to go deep. go in & up.
May open Canal no Harm.
No harm to open labial Sinus if dont open
the blood Vessels

Proliferat goes on in bone & rubbing of ends
gives eburnation, Around heads of bones
a growth of Cart w ossifies & so osteophytes
w project of bone & enlarge articular end
w project like spurs & stop movements
& in bottoms some get broken away & so
foreign bodies in joint Cavities in w
head lies are enlarged & Anchylosis seen
in Vertebrae. Common in Horses -
Another change - w is not hypertrophic
Bone atrophy & get porous & light much
cancellated tissue, bone is brittle & fragile
"Ligaments of joints absorbed as teres &
long head of biceps undergo filiated
degenerat & are absorbed"
Diagnosis: L Ch Rh. &c
I By alterations w attend the Osteo Arthritis
II Tendency to invade joint 1 joint not
sparing any - symmetrically & centripetally
III Greater liability of Females -
IV Freq in wit occurs at Menopause
V ~~X~~ Infeq of transmission by inheritance
VI Rarity with wit follows on acute Rh
VII Freq in wit is found c̄ preg & lactation &
disorder of fluvial sexual funct -
VIII Freq c̄ wit is found in P who have
bad health.



Eye;

Tuesday March 6th

Examination of Eye Test of Vision.

Measurement is founded on Minimum angle of distinct vision. = a Minimum angle is 1' one minute & on this the tests for vision are based. Letters are used. Are so constructed so that every one corresp to visual angle of one minute at a certain distance smallest mode of size that size is 1' at a distance of 20 ft; so we place card at 20 ft & if P can then see them all plainly he has normal vision = Snellings Test Types -

In testing vision test each eye separately don't let him ~~place~~ pers eye c̄ fingers or squeeze lids together & we express it as follows 20 ft is numerator & one of letters seen is denominator this $\frac{20}{20}$ = Normal vision

If wish to express that P has not normal vision we indicate by $\frac{20}{200}$ that is a letter u should be seen at 200 & we see only at 20 = $\frac{20}{200}$. if see these at 70 = $\frac{20}{70}$ &c

Acute & pp, Ch Rh & gout do not precede Rh arthritis, but cart say Rh arthritis is a continuative of the acute or chronic Rh or gout. A group of wond w affect sexual ~~effects~~ cond of women w seem to affect. Thus the Rh arth after freq preg long lactation & disorder Menstruation. Cart explain the relations -

Cold if prolonged &c dampness is great cause. Long residence in low damp dwellings when no sun or good air & pp. may come on yes after. Poverty & all it implies are causes. But is constantly met in rich & well housed -

Direct injury of a single joint is followed by it - & may then extend to others even tho not injured = Traumatic origin -

Morbid Anatomy.

Consists in Hyperplastic process involving all tiss of joint. Bones Ligs Cartilages & Synovial M. Synovial Mub is opaque effusion is scarcely in joint. Fringe like processes enlarged & new growths of Cartilages formed in those fringes. Cartilages proliferate & undergo fibroid degenerat & resemble fluce of wool & those soft - Cart are absorbed & removed & Articular surf are exposed -

Divide distance at w P stands by the letter actually seen = person's vision
P. who can see $\frac{20}{20}$ not Myopic but don't exclude Hyperopia & excludes Astygmatism of any degree & excludes any considerable opacities of they Cystalline lens or humors or Retina or Choroid & of optic nerve -
This testing gives a basis on w to go
If less than $\frac{20}{20}$ has st. wrong Myopia nor bd. cond of eye or astygmatism
Eye that can see $\frac{20}{20}$ should see closer
no sheets for testing this i.e. near vision
If eye of $\frac{20}{20}$ & can't see fine print at ready distance is Hyperopic Presbyopic or has paralysis of accommodat & not hard to tell w one of 3 is at fault
Eye w has imperfect distant vision & sees closely it is Myopic > if depended on dis he would be unable to see nearly.

Lenses for Testing Vision.
Standard one c̄ 1 in focus.
we enables us to use a fraction
So glass of 2 in is of ½ strength of 1 in glass

Cause are obscure - Most in Woman
General form. Most common in female
begins at Menst & lasts while they last
in men at this age is gen partial
so but rarely in child ÷ 2.
Cold & Damp Climates most so in warm
& dry. so in hot. Hereditary transmission
little influence in direct line, same Dis not
transmitted. Many authorities say Rh &
Gout in parents predispose to Rh arthritis
in offspring. this not proved. But Rh & Gout
so common that most families have
trace somewhere *
Mr Hutchinson, says a state of health of
tissue transmittable ∠ parents to offspring w
involves liability to Mfl of joints &c & on
this state we get Rh & Gout or a vulnerable
state of Tiss is transmitted, & owing to this
vulnerability many causes may light
up the Rh Gout or Rh arthritis.
What causes is given yet we do not
know w produces the development of Rh &c
Has not been shown that same cause w will
produce Rh will produce the arthritis.
Antecedent Dis. Rarely see a case of
acute Rh passing into arthritis. Dr ord one
case & few others any.

so 2 glass of 10 in will neutralize one glass of 5. & in this way we express strength
Convex glasses are + so H = + 1/10 =
Hyperopia w requires glass of 10 in focus & correct, & if we wish to correct we note H = + 1/10 − 1/20 − Myopia can very only − glasses as M = − 1/10 − 1/20 1/2 corrected.
Accommodation or adjustment.
Accommodat takes place ++ Ciliary Mus & Lystalline lens − Normal eye is almost Globular & when at rest can focus parallel light on retina
Two Cond. too short & too long.
If too long axis = Myopia.
If too short = Hyperopia −
In Myopia light is focused 1 it reaches retina so can not see distant objects for can not focus parallel rays w come in distance. But Hyperopia can adjust & converge the ~~eye~~ rays & see in distance.
Myopias see near objects for light entries light − Convergent
Power of accommodat varies & is exercised by Ciliary Mus & body w has

& even when begins in one it extends
down & so is polyarticular.
Symp are identical c̄ fm form only less
actively less heat & swelling at joint
& p is less severe. Moe Stiffness
Dis persists more p. ful. & easily fatigued
not tender if pressed. Movement is p. ful
pp only certain movements. Slowly & con
tinuously the enlargement goes on. Artic surf
are irreg c̄ format of bone & Cartilage goes
Joints weak & grate under movement.
Wasting of Mus adds to apparent growth of
joints & subluxation adds to Deformity
Duration
Protracted 10 & 20 yrs - but P seldom dies
of this Dis. some intercurrent Dis carries
P. off. Hebrado's Nodosities
Are little enlargements of last phalanx of
fingers, size of pears one on each finger
little p. or suffering attends this form -
It is a partial form but occurs symmetrically
& may extend to next joints not fruity tho
as applies to Rh arthritis.
Little or No Tendency to implicate Heart -
or Pleura - or Cerebral affects - or to the
affects of Kidneys &c.
Often Compl c̄ Iritis or Spin Dis
Psoriasis Lichen Migrain

the suspensory ligament in connection c̄ it & ligulexes & lens w is elastic becomes more convex. this action = adding a convex lens in front.
This an Emetropic eye + atropine can see only distant objects & have to mea lense to make rays parallel tells how much it requires to make normal.
Mode of Expression Accomodation
2 points far point & II near point w is nearest at w eye can exercise normal vision near at 20 yrs is about 4 in & is same as eye adding a four inch lens. This gives expression of power of accomodation & Exam for distant vision this
Normal $R = \frac{1}{\infty}$ as $1/4 - \frac{1}{\infty} = 1/4$ of Accomodat = A
If Myopia see at 20 in & $R = \frac{1}{20}$
& P see at distance of 5 in c̄ accomodat = $1/5 - 1/20 = \frac{3}{20}$ of accomodat
Power of Accomod changes with age of Person. Near point recedes
Also it recedes c̄ Myopia farthy one accomodat all time
P at 45 an Presbyopic unequal Convex glass is for near vision

Tongue clean Urine Normal pale & low density. But Gen Fullr says skin sallow & sluggish Constp. pale stools Conjunct yellow. Flatulence 1. meals & turbidity of Urine. Should Dis arise in P. as happens to some. as Menorrhagia or Leucorrhea.

Acute Form. of Ch Articular Rh

Resembles sub Acute Rh & cant tell apart. have all Symp of Artic Rh. no heat less bounding of pulse. less furring of tongue less perspirat w is sour less p.t = a mild attack of Rh. Locally are 2 more effusions in joints little oedema of common structures. Bursa & tendons are extended no heat or redness of joints Arthritic affect is abiding lasts for weeks & dont perfectly get well - & have no Tendency to Cardiac Complo. no pleurisy, but very rarely -

Partial Form -

Is primarily the occurs in old P = Senile arthritis. & gen attacks single joint Hip Knee shoulder & is conseq of blow or exposure or pp ∠ wear of life or may have followed what appeared to be acute attack of Rh. When not ∠ injury but ∠ cold &c have may joints. both hips knees or c̄ vertebrae or all joints of one limb

& if young cant see are Presbyotic & use
Convex glasses
If near vision not so good as dis that
see if fault of accomodat & whol kind see
if Hypropia or Presbyotic.
About 90% of all Dis are Dis w are External
& these external Dis are easily understood
as surgical Dis you see no excuse of not
having some knowledge —
Eyelids — I Swelling is so a symp of Dropsy or some
gen dis. Another form of acute is Idiop
athic no fault of vision occurs in
one or both & met in summer this not
serious & passes off c harm.
Sudden swelling so occurs & blow on
nose. lids crepitate & it is Emphysema
Inflammatory form of swelling
Commonest is c Stye so great oedema
& eye closed means of diagnosing is
by feeling & find somewhere tenderness
& swelling. Another form is acute dis
of Lachrymal sack redness & pain
with it & here tender point is over Lach
sack. Infl of Lach gland is same & it
causes swelling of lids

Remissions & fish attacks come on
Dis extends upward to ~~wrist~~ elbow shoulder
& if in foot works to trunk. & in this
primary form moderate effusion
w is gen scanty & during exacerbation
effus & p. & now joints distorted
< spasmodic Contract of Mus -
As dis progresses new agmens come on
growths w produce distortion of joint of bone at joint Cartilages absorb
& displacements < loose ligaments
In advanced stages sore ness & stiffness
& are liable to cramps & pains & p. in
nerves < joints < neuritis & will extend
whole course of nerve -
During movements creakings & crackling
heard & felt. If advanced see feet & legs
enlarged & integument thick so it is atrop
hied over enlarged joint = as if stretched.
Primary Ch form is steadily progressive
fish joints affected & at last P. is
a hopeless cripple & bed ridden & cant
even feed them - selves or cant raise
head - & is a pitiable object. -

General Cond of Health of P.
Varies in 2 P. no disturb of functions
w is characteristic. as in joint
No elevat of Tem. unless fish
attack or crisis.

In fl of eye = Blepharitis & ord form has a redness & is gen chronic & c ill some disturb of eyelashes & a tendency for lids to be thick & curled &c eversion a tring out of puncture & tears relaxed & so infl of Conjunctiva.

Wednesday March 7th

Where an eye is constantly irritated & feels as if foreign body make an inspection of lids & often find cause in ingrowing lid as ingrowing lid = Trichiasis - as eye in constant irrit & lash in puncta

Dis of Conjunctiva The sign of Catarrhal Op that is a secret of Mucus w will be extruded good & if small will form a little yellow globule of matter seen in morning at inner corner. If much have lids grow together in morning.

Phlyctenular Conjunct - shows by one or more buff colored elevat at or near margin of cornea = Conj of Conjunct to vels adjacent to Cornea

Granular Infl is characterised by presence of small round elevat w give a

& regular cold bathing followed by friction & exercise so very good in young & strong. Electricity thoroughly applied good. Course of Cod oil & tonic generally esp. Iron Quinine & Arsenic if health lowered. Iod of K no good here. If try give C Chl or Carb Am. - Guaiacum good also if dry parched skin
20 gr of Mur Am.

Rheumatoid Arthritis

Names many Osteo Arthritis. or Arth Deformans "Simple ch articular Rh of Charcot".
3 forms I General. or Poly articular Progressive
II Partial ch or Mono Articular
III Hetradon's Nodosities one joint only.
General form. ch or acute. ch mostly
Primary chronic form.

Thursday 30th 1882.

Primarily ch form or gen progression & sets in acutely. ter weeks or months P. complains of numbness. stiffness so p. & esp felt 1. fatigue. then one of joints esp Metacarp of index become p. ful large but a little & so red. Symp may subside & 1. weeks or months or 1. exercise or cold or poor health they recur & the original joint again attached & new one 1 2 roots c̄ 3rd attack

roughness done or both lids at surface gen
and at margin To exam lids must
evert upper lid & cant do it don't go to
study any more. To see Lower lower lid
have P look down & ~~cont~~ draw down

Purulent Opthal
Has abund ~~secret~~ or tolerably abund. of yellow purulent
matter c conjunctiva

Infl of Cornea always has more or less cloudiness
of cornea. healthy one is transp
& Infl gen attended c consid intolerance
of light; great intolerance is characteristic

Loss of transparency in Cornea is due to infiltrat
of some partly products of Infl. as in

Iritis Iritis you get a dimness of vision in
nearly every case Changes of color &
loss of lustre of Iris pain & Symp of Infl
changes in Iris or Cornea Conjunctiv

Infl of Conjunct is characterised by bucked color
of ocular Conjunct & the injection is
greatest near retrotarsal fold & less
toward Cornea Infl of Cornea or Iris
is attended c form of injection is
most intense around Cornea = pin Corneal
injection

Symp. Constant p. & tenderness & swelling - Sigs
thick - p. worse at night - esp if much fatigue
so induced by movement in w hear pseudo
cracking or crocking - so swelling is more
apparent than real c disease & wasting of
Mus. only a little local heat no F.
In long cases Structures are altered are
thick but no gross deformity - as in Rh Defor.
Treatment.
So difficult & not satisfactory
But acute if like ch tend like chronic.
Salycilate of Na often gives good results
Give full doses & for some time.
Prolonged course of hot baths. 100-104
& stay in 20 min 30 - to hr. & take 20-80
baths in succession. & pp warmaq is
the thing in German salt baths - poor at home
If wealthy send to mineral springs for
secure several things. 1st break up his
bad habits. give relaxation & rest & you
inspire c hope - & they will submit to dosing
& regimen away c home - w will not at home
Hot bath promotes nutrition & circulat -
esp of skin & probably aids in absorption of
Infl products. & excites peripheral
nerves w may be salutary.
Cold bathing in young so good -

Another form of injection is inject. of Scleritis or Episcleritis, has purple color & is not yen it is localised when see more or less gentle swelling of eyeball at part most injected

Glaucoma has form of injection & is a pericorneal one & is all around cornea & gives eye a dusky look if acute inject. so great, & has no of large veins w traverse ball c cornea to retrotrusal fold, Tension of eyeball increased in Glaucoma.

Learn to test field of vision in Glaucoma you get a limit to field of Vision,

P holds one eye closed & turns to that side to clear nose. & Dr does same. Dwell P to look at eye & move hand about as far as Dr can see & if P see the same is all right have hand ½ distance 1.1 too.

Loss of field in Detacht of Nerb & is at upper part. Loss of field occurs also in cases of atrophy of nerve & is quite an early symp.

Focal Illumination for Ext. exam of Eye = Oblique Illumin. see Holmes

Can see Cornea Iris adhesions &c. c this means & Xalline lens for Cataract Spey is h of n Lens

Prompt & early appl of Cold & surf is a good treat & better the earlier med. if T above 105° is some of danger.
Simple cold bath 68°-70° is the best method.
Ice cold effusion ice bags. wet sheets Kiblys cd; &c all good - All authorities agree on this point. Must bathe if Del Rona present or not.
Cold baths have in few cases caused Conj of M.M. Pneumonia & even fatal Syncope.

Chronic Rheumatism -

Ch Articular Rh = I deep the Ch Infl of a joint or two, & w in spite of long continuance produces little structural change in joint -
Causes. If no predisp inherited is acquired by attack of acute or predisp may be got by living in cold damp windy localities here in washerwomen & cellar men x
Exciting cause is Cold or Cold & Moisture changes in weather & freq no cause assigned joints most exposed & fatigued.
Cellar men. ankles & knees -

Morbid Ant

Thickening of Synovial Membr & Sig & impairment of Motion. & synovia abundant is not prevalent.

Can see opacities in Lens Humor Vitreous & $\bar{o}\bar{o}$ in ant part of Humor & many other morbid processes

Mirror Illumination. is of value even if cant see fundus &c
Can see opacities in Lens well shore black by this way. opacities in Vitreous good way - is can see c lens behind mirror for it focuses the lens.

Diseases of Eye -

I Simple Hyperaemia = overfilling of $\bar{o}\bar{o}$ vsls tell by inspection of lids an undue redness tell only by knowing healthy w is yellow & free from $\bar{o}\bar{o}$ vsls - No swelling in simple. No Hyper secretion Eye waters when used & This stops P c using eyes for any time. P feels eyes rough as if sand in them Pause are various depend on employment if Insty & P who use eyes excessively as Students.

Errors of refract a common cause of Hyper aemia & even Blepheitis caused by this.

Treatment.

Find cause of & and remove & if error of refract use glasses. Astringents used but use weak ½ gr Zn sulph

Davis Blistering Method -
He applied a splint of blistering tissue above joint - it relieves p. at once - will seldom produce strangeness -
Dont protect heart always - as he claimed
Hygiene & Dietic treat
Room uniform temp. Bed not feathers not Eiderdown or blankets. Flannel night gown will protect wipe off perp - c towel
Fatigue & Exposure guarded against.
Febrile diet slops porridge arrowroot - animal broths - Avoid solids till tongue clean - As a rule Ales wines & alcohol are objectional. but if H. fail or give same indication as other fevers -
During convalescence protect c exposure & fatigue,
Hyperpyrexia - a cond w may arise & kill quickly -
Men are twice as subject as w one 1.8 & 1 -
Most common in 1st attacks -
Is not necessarily accomp by any visceral compl. so per se & is fatal
Pneumonia & Pericarditis (Endocarditis) so accomp
Mortality is great as the same of danger in Rh. & is not always preceded by cessat of artic p & perspirat.

Tr Op 1 aq 2 good 1-2 m in eye night & morn
alcohol in it is astringent. Solutn of Bor ac 3-4 grs
Cold douche or spray to eye cold aq for
several mnts adcy. "No Hypr Secret"

Impl of Conjunctiva are
I Simple Catarrhal Conjunctivitis
II Purulent "
Very rare III Croupous " = & relat of Lymph
IV Diphtheritic " rare here" seen in Germany
V Granular w is important & common
VI Phlyctenular "
VII Traumatic,

I Simple Catarrhal is most freq Dis of
eye & is characterised by pressure of hyper
secret & a redness of Conjunct c overfilling of
$\bar{v}$ vsls redness varies & depends on severity
& part w is attacked from sure absent
retro tarsal folds. We meet c̄ cases on
ocular Conjunct & is brick red & $\bar{v}$ vsls are
superficial & can empty by pressure
H lid. Often meet c̄ red spots w is are
Hæm but are given seen to be congeries
of dilated $\bar{v}$ vsls, & in some epidemics
these apparent Hæm are common

Treatment Howard-

Commence at once c̄ Salycil Na X gr &
Citrate K in XV gr doses. give these hourly
for 12 doses - During the 12 hrs give Citrate
alone. XV grs every hr & repeat these medicines till
Temp & p. subside when only give half
~~for about~~ doses - continue for a week
& then 3 doses of each a 7½ grs a dose day for 10-12
days to prevent Ulapse - If above X gr
doses not relieve in 24 hrs increase
to XV grs every hr on 2nd day. & if this not
done for 3-4 days stop Salycilic stop
it & give Benzoate of Amm - same
method. If these fail try full alk treat
Senator in a recent paper recommends
Benzoate in a recent paper -
Local treat not so important as formerly
but paint c̄ Iod & wrap p c̄ wool
or poultice c̄ linseed c̄ a ʒ of Iodine Carb of Nitrate of K
& over whole a smooth roller -

Fullers Lotion Liq Op Sed ʒ I
Carb K ʒ VI
Glycerin ʒ II
Aq ad ʒ IX
} for Ext appl -

Saturate Spongiopyoline or bint
& put on - Is Splint good to stop
motions

Conjunct is more or less swollen, fine swelling not suff to see Meibomian glands if bad cant see are covered. & Conjunct is fine swollen. Hypr Secret of Vis cid Mucus seen by drawing down upper lid & if dis has gone see an excoriated & red Cond of angles & = Blephantis angularis & fine comes on in few days

Subjective Symp are

Feeling of grit or sand in eye & if Come on quickly in 2 hrs or so Pull below ~~foreign~~ foreign body & will insist there is st there. Inability to open eyes in morning for are stuck together

Artificial light distresses eye Symp are worse at night. This is not intolerance of Light

Itching of Eyes esp if Bleph angularis

Occasional dimness of sight Cause is means is swept our Cornea & when our pupil causes dimness & at night this causes Halo around Candle Glaucoma gives a halo also, but is different

Eye not p. ful as rule.

Catarrhal sha dis off to purulent & diff is only one of degree so

If Constp use Rochelle salts for Acetate
Sodium Tarts
reduces Sodium Carb to gr XV
if after 3 days he adds Quinine gr II
Avoid Op unless called for by p & also has
avoided unless heart weak.
He is particular about food nothing solid
till tongue clean. Don't have hot
bedding or blankets. If skin inactive
hot air bath
Two Methods Contrasted.
II Average Stay c̄ Salycilate is 30.4 days
Alkaline Treat 24.3 "
I Relapses more common c̄ Salycellate 26%
other methods 16%. relapses only partial
Heart Affections not protected.
III Average occurrence of H comp 1. Salycilic
Acid was 14%. Alkaline only 9½% had
it. If this reliable is plain that best
method is a combination of 2 drugs
Quinine good remedy. Give in 2nd or 3rd
week of Acute Rh when acute symp
removed it tends to sustain heart
& prevent relapses - gr XV 20-30 grs a day.
Propidenine is a drug w is so very good
Benzoate of Ammon - used.

Causes numerous so Epidem Cold or excessive use Irrit vapors draughts chronic so sequel to acute but is gen a result of continued Irrit & worst are c defects of tear passages, Eversion or obstruct of sack or puncta.

Treatment

If slight will get well. Simple astring alum Zn Sulph Zn Chl Agri all in weak solut 1-2 grs to oz III grs alum. 1 gr agri ½-1 gr Zn Chl is enough for P to have If severe use cold appl at first. Small compresses on eye. Cold regulated by feelings of P. If severe add Agri journal. 5 grs to oz evert lids & wash off after. If lids stick together apply a simple cerate if redness or excoriat Ung c little grs II Red Hg Oxide to Vaseline or Ung cetacea Seldom need autophtegrotic treat if do Leeches atophen

For the remove cause & astringents used for long time & change from time to time.

& doubtless some of effects due to impurities in it, & Dr Kinnicut says oil of winter green is free ∠ these objections -

Mode of giving is to bring system - its effects at once. Dose is 10-XV-XX grs every 2-4 hrs accord to severity & so saturate system as a rule you get immediate results ē in 24 hrs p. gives. Fabrats & swelling of joints. & so 1-2 doses relieves p;

Wednesday Nov 29th 88;

Oil of Winter green recommended by Dr Kilbecut. St Louis Hospital N.J. he says has 90 % of Salycil of Methyl. he gives 10-15 drops every 2 hrs while awake. & if bad case awake to give to Miscible in Milk or Aq. or may give in Capsule - = Oleum Gualtheria

Alkaline = Fuller's Treatment,

Pour in large Amt of Alk rapidly & soon get alk Urine give 1½ ʒ of Carb Soda or K during 24 hrs - Second day ½ Amt & if Urine still alkaline reduce again 2nd day to ½

℞ Bi Carb Na ʒ 1½

Acetate K ʒ ss. Acetate of Pot -

& Lemon juice ʒ I or 30-40 grs of Citric acid to get effervescence & give above every 3-4 hrs -

Thursday March 8th

Every Dis w has hyperaemt of Conjunct is Contagious & most of them are very contagious prob that Catarrhal is purulent & granular are very

Purulent Opth is a serious affect of eye danger consists in tendency to cause ulcerat of Cornea if not for Ulcerat there would be no danger the conjunctival parts gets well & entirely so.

Purulent Oph is always a violent Infl. & we have an exudat of Infl products is ~~sack~~ sub of Conjunctiva Leucocytes & serum & these cause great swelling most when are free. all parts Ocular greatly distended & = Chemosis so so great as to hide Cornea & is apt to be solid & exudat of Leucocytes & Lymph & so press on vessels w fine nutrient to ~~eye~~ Cornea & so necrose.

Conj is red. rough & if event lids & get large fleshy mass instead of fleshy mass w assumes rough aspect like comb of rooster. Cocks Comb. Pain there & is due to swelling eye feels but also lids at first dis large is watery

return to work are causes of relapse — errors in Diet

III Authorities agreed that Salycilic Comp. do not arrest avert or control Rhinitis of Heart or plurea or subdue pyrexia if these present, & do not prevent those organs being inflamed even if articular ~~diffic~~ arrested They fail to protect Heart.

IV Must admit that Salycilic Comp do really reduce the complications. & so afford a partial protection —

V Occurrence of Hyperpyrexia is not arrested or prevented when pushed to full physiological effects

VI Notwithstand prompt removal of Artic p. & reduction of F. the duration of Ph F. is not considerably lessened —

VII Salycilates do not alter time spent in Hospital by P. & some think they lengthen that period by weaking P.

VIII Certain Toxic Consequence following & Symp of Salycinism

Nausea Vomiting abdominal p. Frontal H. ache tinnitus & deafness Vertigo Tremor. Quickened Respiration & rarely Amblyopia & so Anaerosis & frequently Delirium & feeling of prostrate & wretchedness all these go quickly if stop

& flaky fluid w assums pumlent characte
& mixed i 50 & like pus c Urethra
Eye bulged & hot swollen & lense & closed
& when raised a gush of fluid c eye
& causes p & distress to open. At any time in
course of infl may get corneal trouble gen
not in 1st week but gen not for 7-8 days
Cornea affected in 2 posit. 1st Ulcer at
margin of Cornea w is apt to be overlooked
so & aune carfully & raise lids i retractor
In centre or near it. Marginal ulcer has
no cloudiness. Central is & surf
break down. Marginal is perforate quickly
Central do & so esp in grown people
Symp. Great swelling & redness of Conjunct
& lids Chemosis Copious pumlent Dis ch
Sp. & heat in eye & lids
7 Cause Simple is spontaneous origin
II pumlent c contagion - simple
& 2 well known causes.
I Op Monatom in infant & due
to secret of mother getting in eye & is not
necessarily specific & is gen from
secretions of soft parts

Germans think they have found a Micrococcus w gets in 00 H skin & lights up 1st an Endocarditis & articular effects are secondary & are due to Capillary Emboli & heart.
This is Unproven & opposed to Facts known -

Nervous Theory - of J.K. Mitchell. 80 yrs -
& is well supported now -.
I a Functional Dis of Nerve system & is produced by cold applied to trophic nerves in skin & sweating centres distorted +

Prognosis
Seldom fatal during attack of F
H. damage to heart - often causes in yrs -
Mortality is 2-4 %. Hyperpyrexia & Del are most common causes c̄ Infl of Heart or Lungs.
Joints are seldom injured & Dis dont tend to pass to chronic -

Treatment.
I Salycilic Acid & Salycine or of Soda
I Howards I Salycilates in Rhf Articular p & F are more or less speedily removed - 5-11 days - & often much earlier. 2nd 3rd dose
II Relapses are more frequent when Salycilates are used - 16-35 % - 26 average c̄ this & other Methods average is 16 % & referred to pernat disease of F. give it up too soon. & exposure to cold & errors & early

Salicin used in same doses as salt of soda but is more expensive & is good when other not - Dose X-XX grs.

II Gonorrhoeal. L'Inoculat c pus c urethra & is most destructive. These are alike -

Diagnosis Easy. no Mistake for Catarrhal & Infl about orbit. but in these no secret w is purulent. For Pan Opthalmitis but here no pus till ball bursts & ball is enlarged

Treatment. Cleanliness as perfect as can use freq washing 2nd protect other eye if only one affected. Shield of rubber c watch glass. Borated lint fastened on c Collodion 3rd Appl of Cold begin at once c lint of few thicknesses Ice aq & change every few minutes. Leeches to temple affected relief Divide outer Canthus & cathal Ligants & dont stitch conjunct. do c scissors or knife. For Cleansing w is to be done every hr. use ½% of Carbolic Lotion or even 1% if disch free. Separate lids & pour stream in gutter & by moving lids you can clean out eye well -

When disch free c ōc use astringents so p. fol & may wait till can evert lids Agni the best remedy X-XX gts to z taking care not to let touch ball

Gonorrheal Rheumat.

I A hist. of Gonorrhea & may have at time & is gen. a first attack. Subseq attacks c any fr the Gonorrhoea or Discharge

II so Gonorrh Opthalmia Iritis Sclerotis

III More destruction to joints so stiffen joints. IV Not opt to invade all joints Knee most obnoxious. Hul ankle shoulder &c may be attacked at once.

V Once attacks a joint it adhers to it till it produce permanent trouble

VI Not so erratic & when attacks several adhers to them

VII Constit trouble not marked or heart seldom involved

VIII & is almost confined to male Sex —

Pathology of Acute Rheumatism.

Theory I Lactic Acid, = a Rh poison in so it is an agent (Mus-tiss) found & not properly eliminated & some reason = Prouts Theory —

Objections No Excess of Lactic Acid found yet in Rh — & excessive format if occur may be only a symp & not a sign of Rheumatism

McClaggan II Theory

Due to Malarial Miasm & is " Zymotic & some Miasm is introduced in body & without. This not believed — by Professor

me once or 2 a day. Washing c̄ Boracic acid lot ½ saturated the proper strength. When ulcerat occur use Atrophine w allays p. Drop in 2-3 a day. If perforate use eserine esp if at Margin
For central Atrophine always use esp if danger of perforat some use Eserine.
When Ulcerat occur stop cold appl wash c̄ Bella Ext & alum aaz ℥ Dpt warm aq If ulcer tend to perforate you should finish the perforat for you relax ment w aids it.
In young infants cant protect other eye more than care & magnet extend Disch always gets in by wiring in old p across nose. In treating infant use alum 3-4 grs to ℥ is best remedy & apply little Ung Ohids. Later on in Dis when Conject inflamed Mitigated pain is best thing. Wash off c̄ salt & aq this good also for older P if swelling you

VI In Pyaemia swelling is more defined if once invade a joint it remains there & tends to destroy joint: by formation of pus - V Some other Cond present to acct. 7 Pyaemia. abscess or Infl in w pear Infl nat as piles Hernia stone Mis carriage - or injury to bone exists & VI Pyaemia is fatal generally -

Rh may lead to Pyaemia by producing Ulcerative Endocarditis, w seldom does Acute Gout.

I Both Febrile. But Gout attacks small joints fingers & toes & is only in Gout & 1 ε great toe may be ankle or knee.

II Occurs chiefly in advanced life 1 45, & common in luxurious well fed & who drink beer & strong wines.

III Gout preceded by Disturb of digestive organs & Disturb of Kids are twisted & muddy wine & little, & Slight Infl F,

Profuse perspir not common in Gout & is alleviating when occurs - in Rh is lowering

IV Excess of Urine Acid in Blood Gout: ~~Rheum~~ & adjust in gout 7 Kids dont secrete it in Gout

V Gout seldom attacks heart

VI Gout occurs after 1st hr of morning after he has been asleep.

Granular Opthalmia
Is Ch but liable to acute attacks, & acute attacks are called acute gran op - & pp an imperfectly Catarrhal Op causes the acute gran Op. Give yet hist of acute attack w is called starting point it is characterised by small round elevat in tissue are really new growths & are st like Tu in nature & new growths are of 2 varieties
I Follicular gran have a capsule & seen on upper lid & on retro tarsal fold in rows & round & on lower lid see vesicular looking bodies like sago or frog spawn & these are the follicles
Gran granular has no mem & is mass of Leucocytes heaped up & give it rough look & 3rd the pure papillary gran from swelling of papillae & seen in purulent Opth. so these give recent like purulent Op & lids are rough red & swollen & there are beneath. & you get whole 3 mixed & look as cord to w one predominates.
As gen thing eyes are weak & aff

Acute Rh. in children presents peculiarities 6
Local Syrup are feebly marked - yet P has the
Rh Fever. yet joints not red or swollen
child will run about or toss about its legs
Local signs in joints are trifling & seldom
many joints at once only one or two & often
confined to lower extremities. Dis subacute
gen in child. Persp is not profuse
Urine not scanty or loaded c̄ lithates -
Heart gen suffers in child & endo card
esp. Pleurites pericarditis not rare -
Chorea c̄ Rh seen only in child 1 c̄ or 1 it.
child who has had Rh will be apt to have
chorea & vice versa
Diagnosis - Pyaemia acute Gout
Gonorrheal Rh & Rheumatoid Arthritis -
Myelitis is accomp by affect of joints
in Cerebro Spinal F we have swelling
& effusion of joints.
Pyaemia
I F. at first becomes over Typhoid Vert & unplanned at first
II Recurring Rigors like ague fits & are
followed by intermission of F. 101 - 98½
III Secondary formation of Abscesses.
Visceral Lesions Pleurisy Double Pneumon
Splen or Lin Inflamed -

C E C.
A. C.
W. McE. S.
J. Sh.
J. J. A.
A. McC.
R. B. S.

when used & ~~acute at~~ lids droop.
Ch cond in granulation form is initial
thing in most cases & in institution
where gram op bred will see them on
many eyes. Acute passes off & is Ch yet
liable to acute attacks time to time.
Eyes w have ch gran op sooner or later
Lower Corneal Comp Dis attacks lids & will
spread to Cornea ōo uses on Cornea w
spread down to Centre & form pannus
& is 1:1 Epi & Bowmans mem & is got
c̄ Corneal tiss format & show is obstinate
& is characteristic of ch gran op th.
so ulcerat. Changes in lids ch gran atrophy
c̄ or c̄ treat & c̄ this get secatricial tiss so
gran op leaves scarring of Conjunct.
& shortening & curving of inner surf of lids -
& retro tarsal fold of tetrald & pupils
Changes may extend to whole lids & turn
them in and lashes apt to turn in & grow
against Cornea this apt to be in both =
Entropion & Trichiasis
Causes of gran op th.
Gen in poorer ones & is Contagious Dis

Most in Cold seasons esp c̄ dampness
to occup w expose to all weather & w involve
to great bodily fatigue. Sx only exposes
male more. Common in each. Bad is of
early & Middle life 15-30 - the 30-50
Common in children rare under 4
yet so in younger but rarely -
& a first attack 1.50 is rare -
Never known 1.60 i.e. 1st attack
Dis is inherited. 25% Garrods estimate &
29 Fullers estimate. Weight of Authority
says. one attack predisposes & intervals
grow shorter & attack longer. Other Dis Scarlet F. Puerperal
& Dysentery are apt to be accompanied
or followed. it. & Dengue & Haemophilia
we see Rheumat Affect of joints & in
Cerebro & Relapsing Fever get effusion
in joints relation not known
Many affects of puerperal woman & in S. Fever
of pyrexia & not Rheumatic in origin -
pp. if Phan Rheumat in these F they have
Rheumat Diathesis & Dis w attacks then
lights up the Rheumat tendency.
Whether fun ct. disturb of Liver help in
producing Rheut is doubtful. If a strong
predisposit anything w lowers vital powers
will produce it as cold venery &
hard exercise -

among fairing to trace c hind men - &c c
using same towel.

Treatment. Constit treat no good. It is Local -
Const Dyscrasia may modify it.
A Tendency to self cure but is slow & apt to
destroy before it is cured -
Some cases cant cure - eyes destroyed
Most cases benefitted.
Obtain salutary surroundings out in
country is best -
Use remedies to conquer & don't try to
destroy granulations. We try & stimulate
Conquer & promote ~~gra~~ absorb of gran -
when Conquer is soft & succulent & fine best -
Solut 5-10 grs to oz - apply to excited lids
& don't let it touch ball. c it has P shut
eye tight will prevent touching ball
wash off c oz after using -
Agri in some Psoloro Conquer - Vin color
No one remedy can be rid all through
so change 7 Cu Sulph. w is good if not bad
swelling. apply once a day. Watch
effect & if irritate don't apply again
but wait till irrit passes off

Drs Gull & Sutton say uncomplicated badly
runs course in 19 days is fair estimate -
5-6 weeks common. in sev. so 2-3 months
Recovery indicated by clean tongue. & Urine
abundant c̄ high density. Other signs
subsidence of p. swelling & sweating.
Recovery not uniform. Relapses common
& so recovery not complete & Dis passes into
subacute or chronic form of Rheumatism

Tuesday Nov 28th

Sub Acute Artic Chest. Is milder but more ending
form. same in character. & Acute way pass Art
Sub acute & the acute
F. slight 101 persp slightly less p. & heat in
joints & tho Artic symp less severe are
more abiding & exist in 2-3 at once but yet
joint is not seriously damaged & Mild
Cardiac affect. & seldom any disturb of Nerv
system. Gradations 1.1 Acute & Sub Acute
& Chronic are innumerable. Anaemia
is as common. & are Subject to ill
health. & have nervous attacks
& recover c̄ warm weather.

Causes of Acute.

Climate. Is a Dis of Temperate, & are in Cold
Rare in Tropics. pp. some other influence
beside Climate account of rarity
in Cornwall jurisdiction & Wright -

Apply Cu Sulph in pure xal. it is more
Vitality. Alum xal is best.
If Pannus go on c̄ treat same way if eye
irritation & use formetal of mercury &
atrophia "u so produces granulation."
When Pannus & ours Cornea may have to do
an operat 1 c̄ cut Conjunct all around Cornea
down to a elastic cut 1 line wide this
causes change & so great benefit doing a
Cantholosis & elongate the palpebral operat
is Iridectomy if increased tension
Other rendis Tannic acid XX gr ℥ glycerine
&c. Lapis Divinus Alum Cu & Camphor is
so very good.
If Pannus uses that so prevent opthal
inoculated will perfectly cure.
Don't try unless Cornea all cured c̄ ōs
vsto.

V If there be a Rhen poison? may it not disturb the Nerves per se as Op.

VI The pain The No. parts involved rapid loss of strength & rapid impoverishment of ot may assist in causing Delirium.

Pulmonary Complications

I Pleurisy & III Bronchitis & II Pneumonia

Other Compl were rarer. Severe pharyngitis was seen ss. 1 Th Rhor 1. Rheumatic & Salycilate good. Gastralgia Enteralgia are all complications, & Dysentery & Diarrhoea

Cutaneous Compls Sudamina & Miliaria Erythema Urticaria.—

Now & then Oedema of single extremity as foot or leg or both & Phlebitis rarely.

Sub cut. nodules on tendons & fascia are firm elastic & movable. Skin under & bone not adherent. vary in No & size favourite site back of elbow Patella & Malleoli & extensor tendons of hands of ut. Crest of ilium & are developed in crops & as go in few hrs is last weeks & months are pathognomonic of Rheumatism —

Duration

Not definite Mild 3-4 days—

Dr Williams says p & F last 10-14 days when F abates & p. subside at 3-4 week His convalescent.

Monday March 12

Conjunct. Phlyctenula Conjunctivitis & so called Strumous. peculiarity is occurrence of one or more nodular elements on occular conjunct & near margin of Cornea 2 forms in w occurs one in w Phlyctenulae are small pins head. 2nd are large & broad. I small II broad

If broad seldom more than 1-2 nodules commence 1st as vesicles in conjunct tiss & c transp vesicle c fluid & seldom or never see vesicle as soon gets way & get yellow or grey to buff color & running up to it. see ōo vsls if localized is mixed if may get many Phlyc & gen conjunct c mucous & g & now p & intolerance of Light: so slight & no Phlyct only mass of ōo vsls.

III Variety in books in w see ng & chain of vesicles at margins of Cornea how to use glass to see.

At margin can call Keratitis or Conjunct are obstinate & c Photoph

In young children & young P. it comes on 1. Rh or alternates c̄ it & so it precedes it so some connection 1.1 two but not seen in adults. Similar funct. Disturb of cord so Tetanus or Meningitis or Myelitis -
Beside functional change we have actual organic Dis. Meningitis is M & fibrin & pus produced & in some of cases Ulcerative Endocard or embolism & hence is connection 1.1 two
Rh Meningitis is very obscure. no vomiting no p in head & only Del so hard to tell & simple Del. Sum Hypr pyrexia present in both. so is cant tell apart.
Causes of functional Disturb of Nerve syst.
I Essential Cond is a vulnerable cond of Nerve syst. Inherited or acquired w makes it susceptable so it does not resist.
II Complications w predispses to Nervous Cond as Endo or Pericarditis.
III Hypr pyrexia. 106. plays apart. for accompanied in 19. & followed it in 10 & before it in 24 ie Hypr 1 Del. & if you reduce F c̄ cold baths the Del ceases ←
IV Del has occurred c̄ Hypr pyrexia. & in such predisposit. may have been great. or some Complicat. may exist.

Dr Boyd on Keratitis

Conjunct Dis is that to be Sternous & met c̄ in children & early life c̄ Sterna so in young who are healthy.

Treat. Depend on amt of irrit. if only 1-2 ulcers any weak astringent will do Borax or Hg pess. Dust in Calomel or Oxide gas x to z. To dust in Calomel take Fenich c̄ camels hair brush roll in calomel shake off most all if put in too much will do harm. Oxide Hg is more energetic & not bad if irrit. If general Conjunct treat it also c̄ Borax & Boracic acid & if much irrit use also in warm or cold appls Warm are best, Diet & Clothing must be attended to

If Sternous Iod Fe. syrup C L, O & Malt. be careful of feeding of child —

Other Dis of Conjunct.

Phymbecular Yellow nodule near inner Canthus of vascular arrays P. Leave alone Dust in Calomel may do -

as Myocarditis. Simple form of Endocard
or warty form is one w occurs - seldom Ulcerative
In latter stages murmurs arise c Endocarditis
are Systolic & basic & an Haemic in quality
Cerebral Rheumat of Funk writes or Disturb of
nervous system are functional or organic
gross changes in nerve centres 1st is Del =
Rheumat Del is functional. Occurs comes on
c premonition 2nd week. 8-14 day - Pat.
first restless irritable talkative sleepless
flighty in manner & Del sets in - w may be
quiet or excited furious & all degrees 1st then
as a rule no pain head or vomiting pulse
freq. pale & soon cyanotic Slight
gone prostration sinking collapse as
Coma & Convulsion w may alternate c
Delirium. Excessive Temp. 106-109-10-
so much urine as a rule perspirat is arrested
skin hot & dry. These symp gen short P
have died in 5-6 hrs to 2-3 days. It shades off
into chronic forms of Insanity & may pass into
real Insanity & have Delusions & Illusions
LS sudden apoplexy & is more dangerous as
convulsions - & we have Tetanic or Epileptic
or Choreal Convulsions & these may
crixist. or alternate.

Pterygium = growth in sup conjunct of vascularized tissue. This tends to grow on cornea they are triangular as narrow as broad & cause dim vision if left alone if not large leave alone if on cornea & have sight remove. Remove c̄ sharp knife & stitch conjunct c̄ above & below & leave no scar.

Cornea -

Is freq sent of infl = Cornea ~~ts~~ Keratitis there are 2 kinds of grades 1st simple form superficial. & Phlyctenular are both simple suppuration c̄ obscure & ulcer.
Interstitial are principal varieties jet-cloudiness so use illumination to see if c̄ cloudiness see infl action is the trouble
If superficial Cornea may clear up entirely a deeper one will result in a permanent opacity if slight opacity = Nebula. mon = Macular. light opacity = Leucoma. I simple L & II Leucoma adhesus.
If ulcer reach ++ cornea Cornea

Heart - freq hear the endocardial Mitral Murmur - Sent week so 2 so 3 d when sets in. May precede the arthritis - As a rule the Infl of Endocard gives rise to no symp no new features & you discover by examination so pain or tightness or irreg or weak pulse or restlessness or del or cough may indicate the invasion of the Dis so in severe cases an extension pericarditis will produce gr anconstit disturb in w Del. stupor high term & prostrat of Strength will occur & mask the articular affection. Other local infls so occur beside those of heart Pleurisy the most common & left most common severe Bronchitis & Pneumonia also - Rarely peritonitis - SS Meningitis but very rare.

These complicat c̄ Hyperpyrexia Del Convulsions & Chorea are all complications are really parts of Dis esp that affect of heart, same as of joints.

Complicat

I of heart: & most in young p̄ ~ 30 .. & the younger the more liable. Most ~ acute & rare in this. Dont occur in Muscular or if single joint affected no Heart. Most common is Endocarditis Pericarditis common also c̄ Endocard -

iris are attached & = a ferment ~~ant~~ ant

Synarchia

Ulcerat of cornea if perforate will be associated c̄ Iris & as result Iris protrusts & get a prolapse of Iris w may shrink & ulcer heal but on danger that will subsequ get staphyloma at that point, & this cond gets worse & worse & causes hopeless cond prolapse. & if see a small one & recurrence it will destroy eye if not st-down.

Ulcers may be ch & go on weeks mths & yrs - & cornea looks as if chipped off & = a facet & is hard to get rid off & is a hard cond to get rid off

Keratitis - Simple superficial - occurs c exposure to cold in form of small opacity & attended c hachyreation & Photoph & cong of eyeball. This Cong is like that of Iritis & is personal most round cornea

Treat is simple if Cornea not present mydriatic 2-4 gr to oz w an ferment & protect of eye c light,

Pericardium
Endocardium or Pleura - or Lungs -
Symp. well defined & are Fever Transient
Infl of 3 joints gen larger. Activity of
Cutaneous fund. & proclivity of lining
memb of heart. As a rule term reaches
maximum in acute 102-104 yet surf is not
hot pulse 90-110 & gen reg. large & often
sharp & bounding. Tongue thickly coated
often moist. Marked thirst impaired appet
Urine fibrile & high color High acid & has an
excess of urates & uric acid & Urates apt to be
precipitated. Several surf. covered c̄ sour
acid perspiration, very acid. Saline is often
acid. Rarely any Del is a little at night.
If articular Infl have not set in c̄ Fit will
soon follow - fever has to 48. At 1st one or
more joints suffer ankles or knees. they are
swollen puffy. Gen a slight blush of
redness not marked but perceptable.
Other joints affected in turn Redma of Dorsum
of foot & back of hand & they will pit on pressure
Larger joints of hands is affected but rare
Pain in joints varies ∠ little to agony & so
only when joint is moved or touched
so is extends beyond fever news joints to muscles
sheaths tendons &c. Pain tends to migrate
c̄ joint to joint & may occur in 1st

To protect eye c light-protect both c
colored glasses or colored shade over
both, if you bandage one one shade
on other. Use Neutral or smoke tint.
If Carbuncle Conjunct it treat it but
not c strong astring use Borax &c
Phlyctenular Keratitis -
Common & is called Stenosis Kerat-
& met most in young 4-5 most.
Uniform milky elements round cornea
& attended c ill in eye. Commonest form
is one or more infiltrat in centre of
cornea these infiltrat have
vesicular surface. & more or less
gray infiltrat round cornea -
& so much trouble c slight cause
so ulcers deep & near margins of
Cornea. Appearance of child will till
Will hold head down & excludes light,
& hard to get to open eye & if bad they
wont do it & have to use anaesthetic -
always examine & treat
To examine child put head 1:1 knees
& c fore fingers c on draw back
lids & so expose. If struggle so not -

II Supra Renal Capsules that to be so making organs.. & hence Anaemia & asthenia, But in most cases so healthy & other excretions as well –
Connect c̄ Cancer of vest is prob. accidental
Cancer of glands dont produce the Dis –
Tu in glands will produce it –
Diagnosis c̄ Pityriasis versicolor. but skin is Brany – & furfuraceous & find a parasite
II Jaundice – All able to tell c̄ Jaundice –
Treatment,
It is Hopeless – you palliate Tonics oil Iron &c.

Friday – Nov 24th.

Rheumatism –

I Articular II Muscular.
1st divided into I Articular = Poly arthritis Rheumatica – Rheumatic Fever Acute Rheumat. F II Sub acute. III Chronic Articular Rheumatism
I Acute. Has no uniform of invasion so grad. R has grumbling p. in joints limbs or fascia – p. may precede a gen disturbance, so ushered in by rigor or chilliness. & followed in fu hrs by p. in joints & other symps. In rare cases Acute F. is ushered in by chills & 1st Inpla is of

safe as do have if Ulcer so use Ether
& when eyes ~~[illegible]~~ ½ feed don't see
cornea. But hold them & cornea
will come down, as rule does eye good
to be exposed to light.
With this liable to have eyeness of eye
& Blepharitis almost a constant
occurrence.
Treat. Use Stimulus remedies & change
of air so good. For medical treat
depend on cord of cornea. If bad
get yellow & pus & if ulcer large use
only soothing remedies Atropine &
warm fomentat & give Quin. at
once. As Irrit. outside use
Stimulants Calomel or Hg Oxide
Hg Oxide always indicated when
eye are vascularized - gas X to 3
for P. XX-XXX if you use yourself
Watch effects if irrit. stop for time.
Don't use Stimulants if cornea be
purulent.
One form. Fascicular Keratitis
yet and Phlyctenular & not see P for

may or may not be anaemia.
Eyes bright & Heart feeble. Body wasts
faint on slight exertion, apt to sigh & faint
Stiper & ss Del. No F. Urine natural
but scarty in ant & in Urea.
Fever ss Dis progresses - ss subnormal
Temp. peculiar offensive smell in rapid
cases - No causes exist 7 this weakness & emac-
ciation. Discoloration of skin that part
exposed gets yellow or Bronze. Discolora
deepest when exposed But found over
body when pregnant. Umbil. - nipples &c
ss found in mouth. inside of cheek.
In more acute death 1 any bronzing 7 it
takes time Bronzing may be first -
Dural is about 1 8 months. ss quick 3 weeks
Occurs early in middle life in those who
work hard & found c̄ Caries of vertebra &
Phthisis. Morbid anatomy
Tubercular Dis of Supra Renal Capsules
are enlarged hard & yellow caseation goes
on. Cause & views of Dis
I a Dis of Sympathetic Nerve & Similar
ganglia to Supra Renal glands supplied by these
parts & are near ganglia named
This a theory only

time & when do see leash of 00 vsls & gray at extremity, & infiltrat creeps long Cornea till reach Centre, It is of same nature only get one at time,
Lect same as ord variety principal one is Hg oxide Drink.
Some say this followed by permanent opacity.

Interstitial Keratites

Met in P affected C Const Syph not acquired but hereditary & gen in young 3-18 yrs (pulpity) so 30 yrs., Cornea acquires a gen cloudiness & no tendency to ulcerat, & with this see notched teeth & this Pt described by J Hutchinson,
"Now & then seen in Stimons & Gouty P. Occurs as opacity of Cornea c̄ more or less ~~sel~~ Infl. - Cornea is cloudy & is irrit so begins at margin & 00 vsls run in cornea to opacity & find they get more & more red & even look like red velvet so whole cornea so affected. Tendency is to be more or less vascular - sur fmt ulcerated but is rough on Epi

ague preced in 4 cases & whooping cough in 2. Local irrit of skin in some cases following it.

Prognosis unfavorable - End in 12 months 2-6 months rarely last 2 yrs - cases of end in 8 weeks ≤ invasion 8 cases w last years & don't interfere c̄ health.

Treatment of Free & False Same - Iron one of favourite remedies in Spleen form Sirum used - & so spleen will reduce for time = Quin. Cod liver oil as a tonic & an alterative. R.D. & mineral aqs c̄ Iod & Chlorine for enlarged glands & chloride of Calcium & Phosphate of Lime Arsenic & Phosphorous used -
Transfusion of Defibrinated oo but no good -
Excision of spleen in spleen vanity, no cure -
Early excision of glands used no good -

Addison's Disease of Kid.

Addison that a form of Anaemia - a Dis of Supra Renal Capsules -
Symp. are those of grad debility & w cant account slightest exertion brings on breathlessness. Stone irrit & want 1 food so impairment of appetite

Amt of Irit. so great so moderate.
so progresses rapidly so slow months
Treat. Gen is not properly treated
Astringents always aggravate & many
eyes ruined by them. It tends to clear
up so not wholly but gen pretty well -
Soothing treat. & tendency to Irites &
Choroidites
Use atropine & keep eye dilated
1-2-3 a day. keep so pupil dilated all
time & avoid intra adhesions
Warm foments. & freq applied fomment
eye all day long c̄ warm aq -
Constit Treat. as to trouble if Cyph
KD & perchl Hg. if pales & bad nutrit
Fe & maltine &c -
Caution Jo that will last long time are
& that will attack 2nd when 1st better.

S

Tuesday

Opthalmia. One remedy in granular wants
mechanically if swelling & acute scarify
Conjunct. make superficial longit
incisions.

Favourite site is Cervical & Axillary Glands if Bronchial & Thyroid tends to invade Lungs & to occupy whole mediastinum & infiltrating walls of thorax. If arises in Thymus involves pleura pericardium & lungs. Form ~~W infiltrates~~ is soft = that of soft cancer. while firm indurated variety does not infiltrate.

Condition of ov. White cells not in excess but now & then an excess. 2nd Profound anaemia or distinct of red cells & III may have Microcytes in excess.

Morbid Anatomy

Like that of True Leuk. = a Hyperplasia of Adenoid tiss Hout body. Glands soft at first & cell tiss most & after Fibrous tiss is more & they become hard. Spleen large like Leuk. With this a rapid format of fibroid tiss. Liver suffers same changes as in Leukaemia - growth of Lymph tiss in Intes & presses on Lobules of Liver & causes caseation. so Medulla of bones sent of this growth of ~~Leucocytes~~ Lymph tiss.

Etiology. Not understood. Most in Males 25-35 yrs. Active period. May be later common #15 & 12. Not connected Scrof & Syph. though these have preceded

this draws a little to & when irrit does good if persevered in. & in some cases is only one w does any good-

Dis of Cornea

Pannus - 2 kinds one granular & 2nd from Strumous Opthal

Treat of Strumous can remove by undis of Opthl & Hg ung. but here dont use stimulats if irrit & if increase stop use of stimults. Setons in ~~[illegible]~~ heavy scalp in thin good in Strumous cases-

Keratitis

Suppurative 2 forms as to lesion

I abscess II Ulcer

when infl severe & pus forms in tiss 1 ulcer = abscess - & as gen thing leads to ulcer Often ulcerats of cornea occur primary as ulcer or loss of subc abrasion or injury 2 types as to clinical features Acute Strong. Chrs thin as to Infl & p. Abscess commonly as a circumscribed spot of infl gray yellow as pus forms. not very extensive before gives way - for Cornea is thin

Pseudo Leukaemia Hodgkins Dis = Lympho Sarcoma of Science - Anaemia Lymphatica
Belroth calls it Malignant Lymphadenoma = Lymphadenoma. of Eng. writers

Symptoms

Like Leukaemia. Gradual & rapid growth of Lymph Glands of young persons so first in Spleen enlarged. May originate in Intestine. No marked Disorders of health, Grad strength fails emaciation common. Anaemia & its syrup are developed. As a rule no fever - so have F. a little esp if growth rapid & alterations in geo are profound & rapid - Dr Roberts saw acute case c F. & perspirat vomiting purging & Dr Garlic case 7/102-104 & ended fatally in 2 months

Glands round elastic & isolated & enlarged - then firm hard & all bound close together, so very hard like scirrhus - grow larger than in Scrofula. Hens egg - or foetal head. Glands have little tendency to soften Caseate or ulcerate but may do so - Later Spleen enlarged - ribs & in it find Leukaemic tumors or infiltrations of Leucocytes - Liver may be implicated & Kids lungs & most - Organs in body

so get pus prealating cornea & falling down
if also got if in cornea = onyx in ant
chamber = Hypopion. w occurs gen in all
cases. pus gets in ant chamber by prealating
tt tiss to chamber or done by a mut pectinate
& so get in or obscess get in & burst thru
or Epi of Decemb's Memb suppr at & so
get pus in Chamber.
Forms of Wars are various
if c obscess are jagged may were are
in all directs.
Stannitus Wars. great pain destroys eye.
Wars may be at margin & leave only
a clear centre, Wars all round & centre
will slough off from nutrit being gone.
If Suppr of Cornea is dangerous & tends to
destroy it c loss of tiss. Eye infld & Conjunct
descend in many cases. If Ch elderly
P contract suppr dis & one form c obstr of
Lach duct. & cart cum Cornea till remove
obstr in duct, & all Wars at of Cornea
show state of health & far ∴ debility
so remedy this state. Gen seen in
men past middle life hedge trimmers
& harvests.

IV Some say white cells go on proliferating as infectious. V Again some say white cells proliferated from walls of 00 vessels -

Causes - Predisposing

Sex Most in Male sex 2 to 1, Adults 20-50
Does occur in early life 1 yr. & ns 1-9 yrs -
In old persons is frequently observed -
Rare in women after 60 Common in men 1 60
Has been referred to Lymph & Agen. but
these common & Leukaemia is rare -
yet Agen has an influence in its
production. 16 - in 75 cases had agen -
Time 1.1 Agen & Leuk varies. 30 yrs - to few mths
Relatively freq during latter mths of preg
& found in disorders of of Menstruat -
Hereditary transmission rare. a few examples
Scrofula & Tubercle not causes, Lymph form
has succeeded inflamat of these gland
Blows & injuries on bones a cause of form a
begins in marrow, & blow over Splen started
once according to Osler -
But if these causes produce must have
been some predisposit or Constit
fault. = Lymphagenous Diathesis -

Treat of Supr Dis of Cornea.
Atherine if much Pain must relieve. Morph
hypod at night most suffr c bad
digest. active purg. Quin in full doses
v gr every 3 hrs. & May need Stim
esp if accustomed to alcohol - use a
little Local Tret. Warm apple is
essential Warm of camomile flowers
use 20 Min eng 3-4 hrs & 1. it put in
Mr I atropine. If much pus in Ant-
chamber some opr at procedure paracent-
cis & let out aqueous & pus. In dectory
best if tension
For Garnish's treat for his Ulcer
Divide it H centre Cornea & all let
out aqueous - no med of chlf if steady
P. Keep clean bandage for 45 hrs
& open wound if need it use
Eserine for atropine after opening -
If conjunct vets rash eye c Carb acid 1/100
or Boracic acid v-vi gr to Boracic best.
II Asthenic Mr P. P debilitated use
tonics & stimulats Use Eserine
Opsate & let pus off if much

Lump growths like Tubercle & larger growths
minute or miliary extravasations growths
about epiglottis Larynx. glands enlarge
& press trachea. growths found in Heart
vena cava subclavian arachnoid
Pleura. Pericardium. so all organs are
so affected. Tonsils Thyroid. Thymus
follicles of tongue Retina choroid skin
Supra renal glands etc

Thursday Nov 23rd 802.

Leukaemia. Pathology.

I Virchow referred to excess of format of Leucocytes
= Leucocytosis. made in spleen & glands
some say marrow of bones & some say wherever
proliferating lymph tiss exists.

II Virchow says Leucocytes enter body & glands
So Hyperplasia of gland tiss may develop (The Dis)
(In Spleen Kolleker says red perish)
Cant affirm positively that white are made
into red. Moxam doubts conversion of
white into red. If Hyper of glands causes
excess of white. Why does not Hyp of glands
III in Hodgkins produce excess of white.
Again some say white not transformed
into ~~white~~ red as fast as should.

Neuro paralytic Ulcer - in paral of 5th
nerve this ulcer is esp. obstinate
may soon eye by protecting c Ext-
inpl. Cornea not sensitive to touch -
& this case in many cases to partial Extent
If little aqueous & can as elevat of Epi
& no infiltrat get good p while forming &
when burst p subside & recur in few days
this is really incurable Remove eye
if another = Neuro pathic vesicular Kratit
another form c Herpes it is p. ful
& doubtless to spread. it is obstinate
Don't use lead Lotion of any obscure
on Cornea or will get a deposit then
is white & permanent

Iritis -

Very imp - Must know normal
iris. surf is bright & glistening & traversed
by distinct lines & pillars & depressions
& furrows 1/1 these lines & these are
very indistinct in dis. & notice act of
iris in Light - Look c focal ~~[illegible]~~
this important pupil is black
when not inflamed

infiltration of Liver tiss c̄ Leucocytes
so Liver undergoes simple Hypertrophy
& may weigh 8-10 lbs - Left lobe gen
most enlarged. Color not constant
natural to Dirty gray-red Cut surface
Kid looks smooth, Kids have same
attraction as liver or Cells have Leucocytes
or burst them & escape form small tumors
& may weigh 12-14 oz -
Intestine Solitary & Peyers glands so proliferate
& = Intestinal form & thought to exist alone
so, so only Range infiltrated & they are thick
or large or small sessile tumors c̄ pin
& field head near valve & so they are
ulcerated. -

Dis of Bone Marrow -
Held now that Leukaemia may originate
exclusively in marrow & is growth of cells
there is of 1 - of 2 kinds I yellow marrow
marrow green or gray
jelly like & like pus II or more often is dull
red - glossy looking & juicy = red marrow
is more common & = Lymph cells c̄
transitional nucleated red cells -
Cond of This Bone Marrow is found in
Pernicious an. II Adderson Dis & Infl
of Bone Phthisis & Cancer & other
Marrosine Dis

Notice 1st If Iridis are alike in color ~~trabecular~~ Trabecular
&c. this is cond of tissues.
Impairment of Sensit Mobility or not of
pupil it is gen or quite immovable if
Iritis. Now for post-Synaechia be sure
Pupil gen smaller if iritis Dimmers of
Vision in Iritis & often great degree
this not case of Conjunct -
Front part of ball is Hyperaemia & cart
till Engorgement of Hesalites & that of Iritis
both are deep seated.
Amt of pericorneal inject - is slight &
have to notice carefully if very severe
Eye ball loses look of injection if have
severe iritis always have severe pain
so if gent p c redness is Iritis
Pain apt to be worse at night.
Posit of p peculiar brow side of nose
or in temple so in Eye if very severe
is tender on pressure. This shows
tendency of Dis Aged to Celery region
Conjunct - involved agt - chemosis & no
swelling of lids.
Aqueous Humor is tres bed & Exudat -

Spleen most liable & is at first Congested
it proliferates a fine net work exists
& cells in these then are congested & proliferate
Hypertrophied - Organ may be large
7-12-14 lbs. Capsule dense opaque &
thickened & adheres to other parts -
Cut surface is dry smooth shiny red brown
& studded c̄ white bodies.
In many cases find owing to Malpighian
follicles enlarging find hazel nut sized
growths & are enormously enlarged
Malpighian bodies & are Leukaemic tumors
& most found it is begin in Lymph tissue
May find infarcts caused by excess of
white cells vessels plugged & cause
infarcts w are at first red then get yellow
& lastly white. c̄ degeneration
Liver suffers next after Spleen but 1st so
Lymphatic glands are often 1st affected or at
same time c̄ spleen. They proliferate & are large
juicy injected capsule thickened & they
become large tumors on neck in axilla as large as orange
Liver next to Spleen affected & has same
changes as spleen small white round
nodules. & often Caps of Liver are engorged
c̄ Leucocytes & surround lobules & destroy
them & gray white nodules & are the

2nd fine net work
2 ~~Hyper~~ of Connect
tiss appears
enclosing
newly formed
cells.

in ant chamber & Cloudiness &c
this turbidly gent in some kinds
Exudat is gen plastic. Lymph is most
near pupil when this forms lense capsule
so Exudat is principally serous & cause
increased depth of Ant chamber.
so Exudat pusilled & form Hypopion
so exudat in sub of iris in form of little
yellow mass so = Lymph in Tertiary
Serous
plastic
Parenchymat
Suppurat

Dick

One form in w exudat on surf of
Decemets Membr. Aqueous Humor tinted
& this not very much changed. If violet
fluid is much clouded & cause dimo
vision this is inflam of Lymph spaces
of Cornea & even in choroid & optic
Nerve this rare
Dis is subacute. Ch course is slight
& often overlooked & say slight dim
& Dis goes on. Most in women
& 20–30 yrs. & are gen out of health

May or may not be Emaciative but #9 is not constant. Haem very common in later stages Retinal Haem Common & Cond so Haemorrhagic is purpura on skin. Rarer forms see large glands ext & Int so. Cervical gen fust to show -
May set in c F & run rapid & acute in sucklings rapid Course 3-4 mo
Is always Fatal Destroys life by Haem or 2 causes - may occur in Br & apply ty or L serous effusion. so Syncope.
More often by gradual asthenia -
Asphyxia a common cause pp L large glands pressing on Bronchi. or on nerves & spasm. Intercurrent Dis -
Morbid Anatomy.
I changes in oo Haem been given page 18
II alterations in oo gans
1 Primary is Spleen. 2 Lymph glands -
3 Intestinal glands start it so marrow
Secondary alterations in all other organs of body Liver Kids Lungs all glands of throat Bronchi Larynx Pericardium. & 2nd Lin
1st to Lymph tissue undergo hyperplasia
& 2ndly Brought on by conveyance of oo osts & Lymphatics -

one of Langus is Ant chamb is too deep & eye gets glaucomatous & is destroyed -
Treat Sooth irrit atrophic forment - & tonic treat.
Dr B says Ul & Eye connected.

"Ulcerat of Cornea prolapse of Cornea & if divided ulcer prolapse may occur & if does use pressure bandage & pick prolapse every day c̄ fine needle
Stop Chyloma w tends to increase remedy may stop c̄ Inadictory -
Opacities so blackened to give right color but wait a year for it to clear

Wednesday March 14th
Serous Iritis c̄ Syph or Rh - but presumptive want of plasticity on 00 of P -
Plastic Iritis is form gen met & in going over syrup yesterday told all - so mild so severe great Intobrane of light so but may not exist & will depend on individual Idiosyncrasy

Leukaemia. Leucocythaemia.

Alterations of ōō. I A Large actual & relative excess of white cells Normal is 1/1835 in Leukaemia. 1/30 - 1/8 - 1/4 - 2/1 - 5.010.000 6000

II so white are larger than normal.

III Red globules are deficient.

IV Nucleated red cells found by Osler.

VI Shultz's masses abundant 1/500 in in diameter. V Lowered in Density 1036 1050

Amount Density of

Serum also reduced Alb. & is alt not altered. If ōō drawn & left in tall glass get thick milky top w is white cells & not sol in ether. w pus is not fat. A cart clot found stained while Br Smears same & made by white Corp

Symptoms.

Comes on insidiously attracts little or no attention for time, Pallor Anaemia Tumefact of Abd & large spleen or liver Dropsy. Anasarca & ascites. Tendency to Haem may first attract attention. Epistaxis Haematemesis Bowels &c Constp & Diarrh are common. Transitory p. in bones & Abd. Dyspnoea w cart refer to large liver or spleen is due to anaemia watteds Dis

Anaemia often occurs 101-1025 & exacerbations 104-105

Matter of dis is plastic Lymph & in few
has get effusion & tie down pupil & in
few has get loss of motion in pupil
& loses its blackness & dilates irregularly
is indicate adhesions -
When Amt of Lymph great esp in bad
cases so see disastrous cond of things
& w always comes on unless dis arrested
If pupil completely blocked up or
bound down. If all bound
round aqueous cannot get in Ant-
chamber get funnel shaped depression
& eye completely lost if not properly
treated, & occurs in sympathetic
Ophthalmia. Causes increased tension
loss of nutrition & glaucoma
Formation of adhesions is a serious
complicat & may go on to Modo
Chorioiditis as Iris is merely an
extension of Retina
Impl starting in Chorioid may go
forward & in both get opacities in
Vitreous

Annular
Synechia
Posterior

IV It has followed 1. repeated losses of $\bar{o}\bar{o}$ & is ∴ more a consequence than cause of Ane
V Knowledge of bone marrow as $\bar{o}\bar{o}$ making organ is not proved 1. Mix ~~[illegible]~~ says cells in $\bar{o}\bar{o}$ infiltrate bone marrow & are not formed there. Good Idea.

Treatment is rather Hopeless. Still some cases of recovery. Same remedies as in simple. Arsenic Iron & good Diet & Transfusion of $\bar{o}\bar{o}$ is curative means — few successful cases. 5 ly (Quinkey) He says transfuse early 1. Heart fatty & other organs fatty. Use defibrinated human $\bar{o}\bar{o}$ & inject in Art. 2-3 oz enough. Try & reinforce $\bar{o}\bar{o}$ c̄ good globules —

Transfus is not successful in Pure pral Ham & next the Ham. 3rd Anaemia & used in poisoning. Phthisis & Cancer & in Insanity success none known.

Many Inject food subcutaneously in cases of Nausea of Preg. Howard a case where brot woman through c̄ this.

Two Affections linked c̄ Anaem
I Leukaemia or Leucocythaemia
II Hodgkins or Pseudo Leukaem & an Lymphadoma. Ham alterations in glands & Spleen. Dis Consists in growth of white cells embedded in reticulum of Lymph Tiss

Permanent adhesion according to gen consent tend to make eye predisposed to further attacks recurrent
Only complete cure if can cure c adhesions
If don't get in time or is very severe may not succeed.
In recurrent attacks x allin lens
Spaque Repeated attacks destroy eye
Causes, Syph some say 70% others 50
Rh & Syph give nearly all causes & few
cases w/ gen no cause go nowhere in
few & Traumatic origin so - & gonty
so in old countries
Treatment
Remedy is atropine is sheet anchor
& c it can do nothing & c̄ it if get in time
most cases get well, begins at once & never
less than gr ¼ to ½ & Be sure & get pure
drug. If Hor Ar. Sol is Irrit. & if Hept
long is bad & is muddy & cloudy & dont
use such solut
Dr B. gas 8 is ⅡB vial & drop camphor in
it size of grain of wheat,
If made of Camphor is too strong
& may irrit

VI In later stages have Anaemia F.
& so range is high 10 5° so not high but continuous - VII Is Obstinate under Treat. & if improve it relapses again. Cases of recovery found but are few & far between.

Prognosis Bad rule is death by I Asthaenia II Syncope III Coma & so c̄ Convulsions so by IV Apnoea - L Cong. of lungs

Morbid Anatomy. not peculiar. Fatty Heart & ōō vsls L impaired nutrition Ki fow cans marrow of bones thought to be Hyperplastic & it is red & many cells found in it. & Dr Peppr gave bone marrow as cause. Some now think marrow is ōō making organ.

Wednesday Nov 22nd 1882.

Methods of examining ōō corp & richness of ōō

Gowers Instrument. 1% solut of ōō is standard & take ōō w wish to test & add aq till same color & test by Amt of aq added.

Pernicious Anaem. so gives dis of marrow of bones. so Peppr says are cases of Pseudo Leukaem

Objections I Pernic Am. not seen in early childhood. II changes in bone marrow not always found in Pernicious an III Marrow changes not in all cases of Pernicious An & is found in other Dis as Addisons Dis & Marasmic Diseases

& now & then cases in w atrophin
not born & causes running on cheek
& causes eczema, a little borax will
tend to prevent this. If atrophin not born
abandon me st. else Homotropine or
Duboisa w is best.
If can't get me Ext of Bell ad.
Manner of using atrophin,
4 gr solut drop in M T every 10 min
for hr. if recent this may dilate &
break all adhesions if not all broken
one solut 3 M. every 6 hrs. = 12 M for day
so one every 4 hrs.
In some atropin produces poisoning
& so raising delirium. If occurs stop
use. if only dry throat flushed face &
Hache if so put on ball & turn out so
it will run to outer Canthus -
persever c̄ atrophin even after dis
well. If you succeed in dilating
use less. for day - Use for 2
weeks or so to prevent relapse
Other remedies Intro
If Syph use Hg but not necessary if
can get pupil dilated.

Horse back exercise. Walking. Shower bath & Elect in Ut region one pole on Sacrum & one in front.

Pernicious Anaemia -

Term applied to forms of Anaemia w progress & end fatally & are really the Malignant form of essential Anaemia (Nature is doubtful.)

All forms may take on progressive & pernicious characters. II Such is not infrequently the case in Anaemia of preg & lactation but chlorosis seldom passes to pernicious A.

III Not proved that a form has characters w mark it as pernicious - i.e. having a separate etiology or pathology -

Diagnosis Cases Suspected from following facts -

I Paucity of red & white if marked

II (Ichnost) says red are larger than natural

III much Corpuscular Debris ~~of Corp~~ in oo

IV Dr Osler finds nucleated red oo Corp = (transitional form to red from white) -

V Shape of red differ in Idiopathic are of diff shapes. pears flasks & g - not natural Cond =

Haemorrhages & esp in Retina is suspicion of pernicious - but not a proof for so c̄ Leukaemia & pseudo Leukaemia & other forms - So must exclude true & pseudo Leukaemia. & do it by Ung. Splen & glands

If adhesions Hg good even if no Syph -
Use by inunction Dr B says best - as dont
disturb Stone rub in 13 night & morning
K Cl & mouth wash early dont salivate
if can help it produce only redness &
fetor. Beath gets bad always in Eye
dis if severe & last long & due to Stone
bad give purge & Saline Tonics -
Enforce Complete rest of eye
Keep P in bed & in dark if can -
prohibit all use of eye. Cover c goggles
& wool on sore eye & often will
give season of rest.
For Pain if severe inject - morph at
night 1/4 gr. Leeching so good for
if very severe atropine wont act
till eyes unloaded of too. In obstinate
Cases use pilocarp injections 1/8 gr
& increase a little till profuse salivat
& perspirat - Use small doses for depresses
heart action - 1/3 gr is gen enough
for any time begins c small doses
Blisters often used at outset -
Dr B. dont believe in use of blisters in
Eye cases

Examinat of Urine & Bowels. will guide
If Urine scanty & bowels constip must give
purgatives alone or c̄ the Fe as 2 grs Fe Sulp
gr 1 Urine & 1/2 ʒ Epsom salts (tid) good way
or Tartrate of Fe c̄ Rochelle salts & may give in
effervescence. Good Combinat is Fe & aloes
Pillules aloes et Ferric or Griffiths Mist c̄
Decoct of aloes. 1/4 gr Ext aloes c̄ Fe pill is
good way or 1/4 gr Belladon.
Give Iron after meals after full stone & then
no nausea or headache. & in Anaemia
give large doses. so however not good & may
have to use mineral ag & to get the Iron of Stom bed

Arsenic.

May succeed when Fe fail. 2-4 Nx
towlers Solut. 5-6 times a day.
Manganese no good. & Inhalat of Oxy.
not useful.
Phosphorous c̄ Fe 1/100-1/50 gr to pill.
Ferrum Redactum 5-6 gr in pill c̄ 1/100 of
gr of Phosph. in form of Pill
In Anaemia < over missing or over
grown children. give phosphate of Lime

Chlorosis. Treat.
Same as other forms. Give Large doses of Fe &
dont use any direct aneurogene beside Fe.
W is good one & may use the less if too much
when aloes esp good

Ins ricks if early used do have if 3-4 weeks do good & apply over nap of neck & rept in 3-4 ds. some apply on forehead but fluid may run in eye & be very disastrous.

Local apple Warm & cold. Cold bad unless traumatic.

Warm & moist good in all other places as sine qua non if supp & Hypoxia

Use of Hg & K.D. Pot Iod good if RL used long time.

Wounds of Eyeball.

Lids not a large subject

In treating torn wound or cut be careful & get perfect apposit after cleaning all bad results are from using sticking plaster for lids are moist & constantly in motion put sutures deep enough to hold if good will get union by 1st intention

Foreign bodies so only on cornea if stuck in mesomedle & left out put. body 1 E point

Remedies – Iron & Arsenic – 13 –

Iron not only makes more red corp. But increases the Hamoglobin & lessens Hamoloblast for favors evolution & no corp increase in size –

Iron favors assimilat of food. & improves nerve centres. All preparat good

Prep I If no fever H. ache or Stom not Inst or gasting Catarrh. give strong salts Sulphate Muriate or Liq Ferri. 6-8 grs Sulph 20-30 M of Liq F. Chl. tid 1 meals –

If you use dry Sulph 6-8 grs – tid. & if in pill it dont harden quickly. May add a little Bellad. If tongue flabby give large doses & strong preparations –

If H. ache loss of appetite & bad Stom follow these give milder Citrate Tartrate & Lactate & these are more easily assimilated & are moderately active –

(Griffiths Mist. or Mist. F Corp)

½ Z ē Aloes is good Mist. if have disordered Mist. so Iron in any form not tolerated

If Stom bad Mural acid ē Quinine or Tr Quinine will set it right

Ann. good. if bad case & Stom irritable Iron ē Quinine in form of Citrate or Sulphate are good Combinations –

if deep make little incision above & below
If it project in ant chamber this very
injurious. Oppose use chlorof & pass in
broad needle & pass in needle behind
it & hold it & c a fine needle left it
out. If project grasp c forceps -
If penetrate in Ant chamber
get a cond & will give bad result
& is given rising on iris & if there
remove at once -
To remove make incision like for
iridectomy & go in chamber c
forceps - If it be steel use a
galvano magnet.
Penetrating wounds of Cornea
if large & near margin will be attended
by polypus Can see if see quickly
take a crevit & pass polypus back
into ant chamber. if not drive out
iris & cut it off = iridectomy.
If polypus adherent can't reduce c
pressure. so if adherent don't leave
but grasp c forceps & c fine cessors
cut off & free c wound -

V Fatty degns ss of Liv & Kids & of Glands of Intest. If glands of Stom affected & fatty will cause Anaemia so pp. one may cause other & vice versa.

Course. It tends to bring about impoverished oo & Hamorrhages & poor oo leads to Ham- or to Dropsical Effusion.

Dilatation & Hypertrophy of Heart but give not much.

Prognosis. Is curable as rule if cause can be removed. Relapses are common.

If fatal ends by I Asthaenia so II Syncope when running. Occasionally through III Coma IV or apnoea. this c pernicious.

V Obstruct & Thrombosis of bils & sinuses of Br.

Treatment of Anaemia in all its forms

I Ascertain if can the Cause & remove.

II Restore & Repair nutrition of oo.

By good food. Animal food best. Dark meats

If digest feeble improve appetite & give pepsine Mineral acids. so peptonized foods

Accessory foods needed. Stimulants;

Claret or Hock are good oo makers.

Fresh air & Sunlight if possible.

If marked Anaemia must give rest not exercise & when strong enough give only moderate exercise not to fatigue

prolapses cause irit.
& if at margin use Eserine for
to prevent & if at centre use Atropine

How to put on compressor bandage
Use sort of figure of 8 - if wait-bridge
on one side only.
Wounds by cortisone caused
in art chamber.

Thursday March 15

Injuries in dangerous region or zone that is
at ciliary zone where processes & body
Any wounds here or there is very dangerous
to injured eye & to other on acct of sympathetic
Ophthalmia so wounds & sclerotic
& cornea are dangerous -
Diff kinds may occur violent blows
causing rupture & various punctured
& incised wounds - Broken glass &
cause & broken bottles. prongs of forks
so occur here If clean cut wound
can so save eye by uniting edges of
sclerotic & sutures & unite firmly

Symptoms –

Appetite depraved more than in Anaemia Craves for queer things chalk pencils & mortar & often dislike Hammal food. Bowels Distended tongue flabby. Breath offensive Malaemia & Haematemesis. In early stage Nervous syst. affected is listless low spirited Puffyness of lids & ankles. Hysterical Symp. not uncommon. May have Anaemia F 100-101d seldom above 99d.

Blood. Corp not much reduced in no –

Haemoglobin is remarkably deficient ½-⅓

Haemoblast are in abundance showing

Hayene incomplete evolution of oo, s, Hayene –

Consequences & Sequence

I Simple ulcer of Stom leading to fatal Haematemesis & is caused by Thrombosis & often sloughing. Diseased Cond of Coat favors. It is fatty

II Phthisis a sequence so but rarely

III Grave's Dis. An effect of nerves dis Goitre prominence of eye bells & action of Heart excited. & Opthalmic Goitre

IV Fatty degen of Mus gen & Heart & oo be particularly – Anaemia Stars tiss & they become 1st granular then fatty –

Sympathetic Ophthalmia
Is infl primarily of iris & extending to post-
part of eye & is an irido Choroidal
& produced in sound eye by some lesion
in wounded eye & if occurs the eye is
as good as gone.
Occurs in 3 forms. I Symph at irrit
II Symph serous Irido choroiditis
III Plastic Irido Choroiditis.
The kind we cause is as follows
Wound near ceiling region. Infl comes
on disch in character & ball shrinks
esp at injury get a shrunken scar
such an eye is sensative to press
finger on ball - acutely so -
Iris yellow & signs of Infl - at
periphery eye is drawn back &
bluish zone & eye retracted at zone
& due to deposit of Lymph w is 1. & contracts
& draws back part these eyes
are dangerous -
Signs of Symph Trouble
Irrit in sound eye intolerance of light
tendency to lachymation & eye flushes

Tuesday Nov 21st 1882 - 10

Chlorosis A variety of Anaemia w is very frequent & by some regarded as a distinct form occurs esp in girls c 15-24 - now & then 40-50 - most in them if they had it in early life so in male sex - at least a form in youths w cant be distinguished ∠ Chlorosis

Two forms - Two Forms

1st I Idiopathic > w no cause assigned unless weakness & most in girls w Menst early & after a time stops. II or Menses delayed till 1. Chlorosis set in. III or from sudden ~~XX~~ Suppression c any known reason Color is peculiar some tinge of Green.

2nd II Attributable to cause esp Moral -

Oshaw Grief Disappointed Affection Home sickness any one of 3 may develop if predisposed - apparent in servant girls in city if they came c country +

Virchow Virchow says Chlorosis due to defect of Develop of Heart & oo vsls they are small - thin & delicate. & oo Corp are deficient in No. & size & sexual organs are arrested in Development -

Most Likely this p. p the Contrary is case 1 c poor oo causes small heart & small art syst & small ovarian Ut system -

from examination. This shows a tendency to engorgement in cleavage given. Eye cannot be used but few minutes accommodat impaired — & this not noticed in child yet they are resp liable to Symph Drit.
If Dis break out as Infl so debet early of examine by focal illumin — & so notice little deposits of Symph on post surf of cornea. so serous remain so for long time if treated. If Infl occur will get adhesions w are easily seen & if get is Plastic Symph Drit.
After fine do adhesions complete & cent delate pupil. In young child who cent till & Parents think trivial & neglect till dis is in a desastrous degree so of eye wounded in bodegroen watch after wound some time needed 4-6 weeks some cases out break earlier 10-14 do some cases not so soon — Milk or Tro-Cord w may cause it are various —
Staphyloma of Cornea in w Iris involved causing traction on Iris.

3rd Murmur in all large Arteries & vessels - Anaemia produces Dilatation & Hypertrophied -

General Symptoms

Digestive System Impaired appetite weak Digestive power tendency to flatulence & too little Gastric juice. Bowels torpid Bile scanty, evacuations unhealthy.

Nervous System.

Increased susceptability to impressions of nerve centres Liability to exhaust & excitability Nerves of common sensat - hence Neuralgia -

Neuralgia - prayer & healthy oc.

Intolerance of light & sound -

Nerves of Motion suffer hence spasms twitchings & convulsions -

Intellect shows lack of nutrition

Secretions suffer & want of oc

Urine is pale. low density, & low acidity.

Skin gen Dry - partial sweatings common -

Menses scanty pale & often arrested -

Leucorrhoea not uncommonly present & often chlorosis -

prolapse of Iris & wound or ulcerat-
may cause. In all Cond will have
irrit of ciliary nerves or iris, & is a result
of cicatrization & pressure on ciliary nerves
the genuine is Brother & Contracted scars
in Ciliary region. ~~Region~~ Rupture
of Globe. Operat for cataract when
case progressed unfavorably & entagent
of iris & consecutive Iritis.
Sclerotomy may cause it & Iris
being entagled. Indodecis in w
iris not cut off but tied to shift
pupil to one side
A Dislocated lens passing on iris
Couching formerly used is liable to cause
Calcified & chalky Cataract
Eyes lost & dis or injury & allowed to
remain in orbit are prone to develop
a growth of bone & pressure on ciliary
nerves has caused.
Wearing artificial eye on stump
esp if part of Cornea remain
Any lost eye suffering & ch Infl & esp
of eye shrinkage & bitender on pressure
is liable to cause sym Infl in other

4th Dilit of heart's cavity w is compensated for by Hypertrophy & now we have murmurs - ++ Mitral & tricuspid orifices -

Murmur 1st heard at base - but finally at apex 7 heart strong enough to produce loud - one. (There are Modern Views -)
This from Anaemia is dangerous 7 may cause permanent Dilit or permanent Hypertrophy. so Haemic Murmurs are Dangerous -

Opposed by Flint Broadbent - Walsh Haydn & R.P.H. & Dispoot - 1st Why does not L.R. Vent suffer c̄ Right so why not - accentuate 2nd sound in aorta. 2nd Find murmur 1st in Pulmonary artery murmur - before at base. 3rd If mitral M. not loud enough to be heard at apex ~~not~~ yet at base. why is it - Valvular murmurs of apex not heard at Base. Broadbent -

Broadbent - Denies that can feel pulsat over arcade even if ~~Arcade~~ Mitral orifice stenosed & Arcade Hypertrof P.M. never shows apprehx Avicular lying against chest wall in 2nd space Left side

Venus Hum up R jugular common in health & if very loud is evidence of Dis Caused by thin vo & pressure of stethoscope Sounds like Humming top or tea Kettle or like whisped. who
whispered

Treatment. If eye hopelessly lost - & injury ruptured or cut vitreous full of ōō & no precept of light you are safe in adverse enucleat of eye esp if foreign body have penetrated -
If inflamed & injury & be tender on pressure & if 2ndry infl & syph infl do not advise enucleation
Can do st & so a good deal Remove eye if all lost,
Use dark room or eyes hidden & light -
Sulph Arop way 2-4 hrs - 4 gr solution
Use Hg just touch gum Quinine Mild diet &c. this if pursued in cure is when even bad cases & asterisons -
Pure sero Iriditis is gets well -

Cataract

Opacity of Kallium lens (Capsule) & an
I Congenital II Infantile or Lamellar or Zonular
III Senile IV & Secondary.
Congenital is obvious as opacity & seen soon 1. birth.
Infantile is peculiar & often overlooked

over R Ventricle. 4th In Mitral area
so lower down. 5th Up the Aorta up
right edge of Sternum

Origin of Murmurs - Due to increased Sonor
ferousness of thin ♂ (i.e.) it conveys the
sound better (Walsh) this says by the
unusual friction of Spanaemic ♂ on
walls & throws them in vibrations w produce
sound (Modern View) of (Nonere) says
at base due to regurgat ♯ Mitral orifice
(Balfour & Innerman). Balfour says ♂
w regurgitation produces a murmur & are
conveyed directly to chest wall by Auracle

Balfour says Right heart dilated & pushes back
Left so Murmur not loud enough &
hear ♯ R heart so don't hear at Left Apex —

Balfour says after a time Murmur heard at L apex
is due to tricuspid regurgitat. or due to
L Ventricle Hypertrophy & so louder
murmur so hear at Apex #

Pulmonary murmurs & aortic caused by dilated
Heart throws out more ♂ so the Murmur -

Balfour says develops as follows -
1st ♂ is Splanaemic or poor in Haemoglobin
2nd Venus Hum produces in neck
3rd accentuation of 2nd sound in
pulmonary Art. Howard says in aorta
also

Lo. Aorta & Pul Art. R Ventricle Mitral Aorta

for long time, Gen called shortsighted
but is merely defective sight -
Gen not detected till child 8-10 yrs old -
Friends notice poor sight - yet child
7-10 are rarely shortsighted, not till
puberty. Pupil is grayish c̄ daylight
focal illumt shows clearly.
Drop in atropine & deaf is obvious -
For only part of pupil is gray & has a
drark periphery - & centre is semitransp
for opacity has 2 lamellae around nucleus
of lense w is clear.
Senile Easy to till
Occurs in old. At outset hers part
opaque & gen little trouble.
Periphery is opaque -
When begins to cause trouble it
is dim & see streamers of light - using
c light - may detect opacity but
focal illumt will till for opacity is
gray - If detect gray c̄ focal take
mirror & throw light in & if drak
streaks it is proof -
When is eye fit for opat -

Symptoms of Anaemia.

Color. General pallor of skin. If naturally fair she becomes deadly pale. If sallow or brunette complect she becomes very sallow. All M M are very pale & proport to degree of Anaemia —

Tongue large pale & often oedematous & indentat c-teeth

Finger nails pale & apt to be dry

Weakness Shows esp in muscular & esp the heart for it is constantly in use. Heart becomes fatty also vol. mus — P is weak easily fatig — ued on least exertion —

Breathlessness another symp due to weak heat & too little red ōō w carries oxygen —

Pulse Shows weak heart it is frequent compressible regular. so bounding like hammer, pulse. Heart frequent quick stroke liable to palpitate if walk fast.

Heart becomes grad dilated — too weak for load so it dilates. but often a time Heart Hypertrophy

Murmurs — present — at Base heart Anaemic or ōō murmurs —

1st Ord. is soft low pitched loudst at base & is systolic — Maximum intensity differ most common is about 2nd interspace 1 & 2 in Left of Sternum over aorta —

2nd Up Pul art — Left Pulmonic space

3rd 4th Left — Cartilage down Sternum to R or L

Rule Let P stand in back to window & spread out fingers couple feet if can count fingers is not yet ready to operate
When is eye unfit for operat.
Opthalmoscopetells,
we candle P in dark room & excluding eye w is good or not to be operated on
& candle throw light in eye & direct above blow & if retina healthy P can tell & when light comes from & if cant some dis w stops operat.
Secondary is one & Discond of eye & an opt to be yellowish & opt to undergo calcareous operat & an eye an unfit for operat.

Glaucoma
Is now recognized as having all cases in w increased tension of eyeball & occurs - diff cond & rs as distinct dis in w nothing else wrong in eye so is the essence of the Disperse.
Simple, Subacute & Acute

Special forms of Anaemia -

I Chlorosis - Green Dis of Young girls -

II Malarial forms - Malaria Destroys ōō pp. germ lives in red ōō Corp. & beside brings on dis of ōō organs liver & spleen & its F waste ōō. Red Corp are destroyed & solids of serum destroyed.

III Hg & Pb both cause anaemia - long courses of Chlorin Iodine. Phosphorous & Bile acids.

Syphilis poison is thought to act on red ōō cells -

IV Dis of Spleen Lymph glands & pp. of marrow of bones Pseudo 1st Leukaemia or Hodgkins Leucocythemia or True Leukaemia

V Dis produced by worms in Upper part of Intest & Duodenum found in Egypt - Ancylostoma Duodenale or bone Intest

VI Ancylostoma Duodenale -

~~IV~~ Addisons or Idiopathic Anaemia - Dis of supra renal capsules -

VII True Idiopathic Anaemia - No cause can be found. only Pis becoming ōō less - Of which

VIII Highest Type is called pernicious Anaemia

Symptoms -

Essential element is increased tension of bell.

I Simple no pronounced Symp & is often overlooked. all forms gen & cent. middle life & seldom - 30 - gen 40-60 Often overlooked - but Dr should be able to tell for if neglected destroys eye

Symp I By palpation & fingers can feel increased tension

In simple may be no central loss of vision yet has to change specs often eye getting pres by pic & field of vision is limited - & loss is to upper & inner side -

Pupil is more or less inactive

If can use ophthalmoscope it is certain Excavat of optic nerve is sure sign & is gen conspicuous & complains of loss of vision

II Sub acute More pronounced round dusky culiny redness or injection Tension is more pronounced & mistake able & periodical attacks of dimness & p in bone & no p down side of nose during attacks

Monday November 20th 82' 4

Causes of anaemia Acute c haemorrhage &c
Chronic from repeated Hain.
3rd Anaemia from constant loss of
an albuminous fluids as Dysentery. Albuminia
Rapid growth of Cancer & Sarcoma
Defective Amt or quality of food.
Proteins, fats, Salts Dy P. starved to death
oo wastes in proport to solids +

Causes Other Cond. Residence in dark damp
badly located houses. Oxygen is an
essential to healthy oo. Excessive amt of
C. Oo in air as in cook houses +
Mental anxiety. Excessive study or bodily
labor - these attended c waste & they interfere
c assimilation & digestion of food -
So all acute & Ch dis w lessen dis in for
or digest of food all impoverish the oo
seen in all Acute dis & Fevers & in Dis of Stm
All Febrile dis act directly on oo & destroy it
they also act indirectly by disturbing
organs as spleen liver & glands. w make Blood
Mesenteric Dis disposes to anaemia as
prevent Chyle from getting in oo
Pancreatic Dis & Intest Dis also -
favor anaemia - or Liver Seriously
Dis or even if Intest Juice Deficient

eyeball red & Cornea is Clouded more
or less. & at same time Pupil & eye see
& ambous & round, light-fitted, new is
depressed. & if exam during an
exacerbat - see the retinal arts pulsate -
Veins pulsate normally.
& Can induce arterial pulsate of Glaucoma
by pressure on ball c̄ finger.
III Acute
It is more conspicuous. More
tension, Stony hardness it is
unmistakable & mistake. Inter-
ball red & engorged pupil distended
pupil is immovable & gen no
signs of adhesions & Cornea is tinted
Ant chamber is shallow Opacity of
cornea is so great that cat see c̄
Opthalmoscope Pain is excruciating
from nose eye head so back
so Nausea & Vomiting & so eye
overlooked & treated, bilious attacks
& eye lost,
Treatment of Glaucoma.

& Energy required to body to convert food to tissue so faster grows more demand & in old age fund. of Haemotosis is declining on thin pale & in Middle life not same predisposition.

V Climate — Tropical Climates fatter.

VI Occupation — Occupations involving confinement to Close rooms powerfully predispose.

All causes two groups.

1st Cause w cause a drain or Waste of ov

II Causes w cause a deficiency of income

1st I an Haemorrhage gives acute Anaemia. II Chronic & repeated small loses Epistaxis piles. Menorrhagia. cause ch Anaemia

III Protracted loss of alb fluids. Long Lactation or suppurat, Leucorrhoea chronic, Diarrhoea albuminuria chronic Copious effusion of serum in Dropsy. pleurisy &c.

IV Rapidly growing malignant Dis for they appropriate constituents of ov.

V Defective Acct or quality of food. Esp if deficient in Animal matters.

Causes of Anaemia

Articles needed for operating
I One Noyes speculum adapted 7 both
eyes II One for fixing forceps
III One straight blunt stationary scissors
IV One for enucleation scissors
V One for Iridectomy scissors.
VI One for Iris forceps
VII One Strabismus hook.
VIII One ~~graffe~~ graffe extract knife
IX One bent Keratome
X Straight broad needle for parentheses
XI One Curette c Cystotome.
XII One Cataract needle curved at
pt. for extract of foreign bodies
XIII ½ dozen compact needles
& needle holder if one to stitch H
& chrome.

(Hayne) says VI Corp are smaller
In Chlorosis they are larger - but pale
In Cancer are very small -)

Alboumen - Jacoby & Wood. VII Beside loss of Alb of ōō also a qualative change they claim it cant absorb oxyg & carry to body - & cant absorb albumen -

Saline - This not agreed on. VIII Slight increase in Saline matters & of aq also. ōō is Hydraemic still not a solution of Coloring matter

Physical Blood paler when drawn - & more Obscured & tenaceous Clot small & clots slowly - In Chlorosis is large for Corp not deficient.

Causes

I Inheritance of Predisposition Some P. are constit, predisposed & in them slight causes suffice - this tendency manifest lyced Corp or Leg Sanguinis.
Tendency to Anaemia is often inherited some defect is transmitted

II Sex We cant describe this tendency. Strong well fed & ruddy P. are less liable than pale & weakly -. Females are most liable & in them develops more readily for female ōō is poorer than male in Corp & alb -.

III Conditions Prg is predisposing & exciting Cause.

IV Age For Prg impoverishes mother ōō.

Infancy Youth & Age are most liable
In early life a powerful tax on ōō for development of body.

Howard . Nov 15th 1882

Wednesday. Nov 15th

Anaemia "A Globular" Oligocythemia
Leucocythaemia.

Classes Anaemia. foorate name as means no ov (not good)

I Symptomatic with some Dis or accident as cause

II Idiopathic no cause found - may be some defect in so. Most have some cause.

Blood Gross characteristics

(a) I. A great deficiency of red Corp - instead of 4 or 5 millions have - only 2 - 2½ or 500.000 or 300000 in extreme cases - weight of Corp reduced < 131 in thousand & 40-351 - even 27

II Haemoglobin of which Corp have 90% is lessened & deficient esp in chlorosis - in w enough red Corp but they have no Haemoglobin

III White Corp not uniform Rundfleisch sap reduced same as red. May be increased as in Leucocythaemia. ord. no. is 3-9000 in Cubic Millimetre.

IV Find small red corp w abound in anaem = Microcytes. & 5th smaller red ones - ~~Microblasts~~ - seen when freezing

V Haemoblasts & some say are early stage of red - = 1/6 - 2/3 size of red - & only seen at freezing point & if too poor are rare

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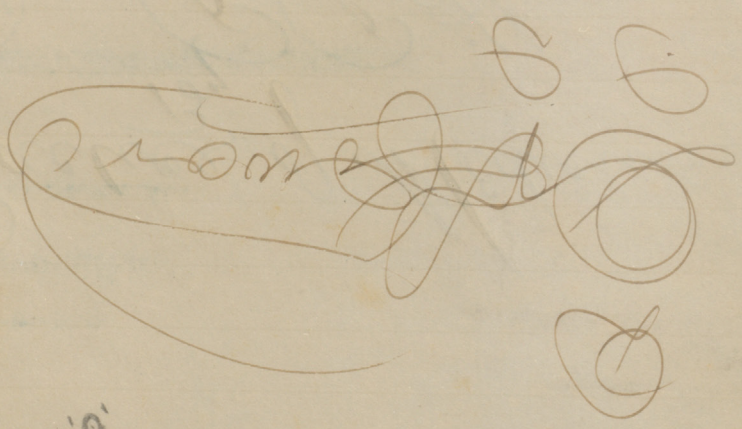

Johnson
Everything

Practice of Medicine
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Notes of session 1882-3.
On subjects on which he did not speak last session

P. B. Struthers.

Candor.

Candor
Candor.
Megrain
Magendie
Mortman
Institute
Jorg

MS
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V. 2

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V. 2