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SIR WILLIAM OSLER, BART.
OXFORD
7666 f
WG.1

Rich ... chief
& ... with
Work ... eight cold
Jelly ... lower
instr ... at fever
could not take a deep breath

Slept pretty well bad dreams
slight headache, Bowels open fairly
twice. Urine 90 oz. that pass in night
dark colour like the rest & 30 oz pass
this many clear straw coloured
Sp g. Betty dimishing
17. ℥LXXX. mucous deaf, swelling
gone. eg weak, app good. Been up
a hour or two
30/. Slept pretty well. cough & looser, sputa less viscid
has expectorated a good deal of serous fluid, Dullin
still persists but a slight, moist bubbling can
be heard in the mammary region mixed with
the blowing breathing

Hospital Reports

Wards 17, chapel & 23

Dr Howard, Physician
Jan 1st to 1st April
Dr Reddy, April to July
Dr McCallum
1st July to 1st of October

Dr. Osler
(Dresser) 1/1/71

Admission Pil { Pal Scilla 8 ss ii
Pu digital & P. Pil Hydrg aa ß i

Ac Lips 3 iii
d. aur 3 xvi
a 3 vi
3 ß [illegible]

Slept very well cough soften tongue
coated. Sputa dark coloured. [illegible]

aug 27 ni P112 R32 I 103 1/4
aug 28 am
" " Pm P116 I 101 2/5 R48
aug " " P108 R36

Rheumatic Fever

John Casey, an Englishman was admitted into the Hospital on 15th of November with some form of Lichen and a crop of small boils, from both of them he recovered nicely. He subsequently had two attacks of Erysipelas. Immediately after recovery from the second attack Rheumatic fever set in. This was on 29th December. The attack came on quite suddenly during the evening. Says he got chilled during the afternoon by sitting near the window. Took in with considerable degree of fever. full bounding pulse On the following day the right Knee became swollen & sore. Dr Howard ordered the following Potass Bicarb 3ij Sodae Bicarb 3ij to be effervesced with 3ij of Acid Cit. To be taken every two hours. He began his powders at half past three & at 10 o'clock the urine was all taken. The powders

tube wrapped in cotton wool
Sunday 1st Elbows affected to day
Fever very high, pulse quick & boundy
114s. Did not sleep at all through the
night, order Chloral Hydr 3ss
Monday 2nd
Shoulders and ankles
affected Tongue coated, Heart unaffected, The alkalies
have produced a Diarrhoea pulse 115
Tuesday 3rd
Joints swollen & painful
Heart unaffected, much the same as
yesterday
Wednesday 4th
Much the same, has
had no perspirations, pulse 120
Tongue a little clearer, Dr Howard order
the following Tr Cinchonae Co ℥ i ss Aqua
℥ vi. A tablespoonful every 4 hrs
5th
Much better pulse 104, Can
move his arms a little. Had a copious
perspiration in the night. Alkalies
reduced to every 6 hrs

6th

Better. Pulse 100. Heart-affected

7th

Pulse 98. Temp 98 2/5. Tongue nearly clean, face less anxious

8th

Better. Joints not as painful Pulse 100, Temp 98 4/5, Heart still unbunched

9th

Wrists & shoulders excessively painful Pulse 100 Temp 98 3/5 Tongue clean

10th

Better. Pulse 96, Temp 98 2/5 Legs stiff & sore

11th

Says he feels much stronger Had a sweat in the night. Pulse 92. Temp 98 2/5

12th

Complains of pains down arms from shoulders to fingers Pulse 92 Temp 98 2/5. Pain almost gone in legs

13th

About the same. Pains continues in shoulders & arms, He had a heavy perspiration in the night. Pulse 84 Temp 98 1/5. Dr H ordered the shoulders to be painted with Iodine. Medicine ordered

14th

Shoulders better, Had a profuse perspiration in the night. pulse 92 Temp 98 3/5.

15th

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

16th

Arms still painful, Had a sweat in the night. Pulse 88 Temp 98 3/5

17th

Pains continue in arms but

feels very well otherwise Pulse 104
Temp 98 2/5. Had another heavy
sweat during the night

18th

Arms still Keep sore. General health very
good, Pulse 92 Temp 98 2/5.

19th

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

20th

Better, though feels weak & stiff.
Pulse 96 Temp 98

21st

Pulse 100. Fells a little stronger
Perspirations Keep up still very profuse
at first part of the night

22nd

Pulse 86 Temp 98 1/5. Much better
Keeps up nearly all day walks about

23rd

Pulse 88 Temp normal

24th

Quite well, though still a little weak

Rheumatic Fever

James Robinson. age 28 was admitted to the Hospital on 11th of August last- suffering from a sore wound on the thigh, wh has not yet completely healed. While resident in Hospital he has had two attacks of erysipelas. While recovering from the last an attack of rheumatic fever set in. This was on the afternoon of January 4th. He complained of pain in the right (2) Knee & left (1) wrist & was pretty feverish. Pulse 112
He has been & is in same ward as previous case & both have probably been brought on by exposure to draughts in the ward. It is an interesting fact that this man had up to the time of the attack of rheumatic fever been talking

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

Jan 5th

Elbows and other wrist affected
No signs of any cardiac complica-
tion. The affected joints were wrap-
ped in linseed poultices. Dr Howard
ordered, following Pot. Bicarb 3 1/2 ss
Sodæ Bicarb 3 ss. to be effervesced with
Acid Cit 3 ss, to be taken every two
hours, he commenced the powders
at 3 o'clock in afternoon at 10
o'clock p.m. The urine was ~~alkal-~~
~~ine~~ neutral & in morning it was
alkaline

Jan 6th

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

Jan 7th

Ankles & wrists the most painful parts
Tongue is cleaning, heart unaffected
Powders reduced to half one every 4
hours, Ordered the bark mixture
℞ Cinchona Co ℥ij ss, Aqua ℥vi
a tablespoonful every four hours
Pulse 102. Temp 99 4/5, Heart ffm

Jan 8

Ankles and knee nearly well
Tongue clean, Wrists very sore
Pulse 104 Temper. 99. Slept well

Jan 9th

Says he feels a good deal better, though it has got now to his shoulders, Heart unaffected, Takes his bark & alkalies now every 6 hours. Pulse 104 Temp 98 4/5

Jan 10th

Left shoulder & wrists painful
Slept well, has had no sweats yet
Pulse 92. Temp 98 4/5

Jan 11th

Wrists better. Left shoulder & elbow painful. The joints of legs quite well can walk about. Pulse 96 Temp 98 2/5

Jan 13th

Better, Had a profuse perspiration in night. Left shoulder sore Tongue clean. Alkalies reduced to

Pulse 92 Temp 98 3/5. The bark mixture is also reduced to 3 time pe da

Jan 12th

Better, left shoulder not so sore wrists & elbows nearly well, heart fine. Pulse 96 Temp 98 2/5

Jan 14th

Left shoulder very sore & index finger of right hand. The shoulder was painted with Iodine, &
Pulse 96 Temp 98

Jan 15th

Not as well to day. Slight return

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

Jan 16th

Better. Had a profuse perspiration in the night. Hip much better. Still feels some pain in right wrist & left elbows. Pulse 96 Temp 98 2/5

Jan 17th "

Nearly well. Left elbow slightly painful Pulse 92 Temp 98 2/5

Jan 18

All clear, no pains at all Pulse 88 Temp 98 1/5

Jan 19th "

Quite well.

21st "

Discharged. Cured

Rheumatic Pyrexia

Mary Gately aged 30, Soldiers wife, was admitted to the Hospital on 18th January Has been married twice, one child living aged 12yrs. Married the second time about two years ago. ~~Had~~ a miscarriage 12 months ago. She has been accustomed to go out washing & scrubbing & caught cold about 2 months ago. The Pain came on suddenly during the night in the right Knee, the pain left that in a few days & the right ankle was affected, her shoulders were also painful at the same time. At present the right shoulder & left Knee affected There is great tenderness & some amount of swelling on outer side of the radius right arm. and ~~on~~ along the course of the fibula in both legs. She denies altogether any syphilitic history, though her description of the aborted child viz that it was of a very dark colour, & was peculiarly ill in

large flakes showing that it must have been dead some time; ~~from~~ the small hard yet not much enlarged glands in the groin ~~and~~ the excalrices of old ulcers on the leg and from the womans general appearance; one would infer (from these) that the disease had probably a syphilitic origin, Dr Howard ordered the following Pot Iodid gr. V. Syrup Sirup, gr. sup. Three times a day & affected parts to be painted with Iodine

Jan 11th

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

Jan 12th

Very much better, Slept well Pain all gone except outer side of fibula of right leg, Painted it with Iodine Pulse 100

Jan 13

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

Jan 14th

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

Jan 15.

No pain anywhere. Pulse 84

Jan 16th

Discharged. cured

Phthisis

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

interscapular regions behind.
Moist crackling over whole of right lung
& ~~good~~ small part of front of left. Respiration
a good deal intensified at base of left lung
His weight was 110 lbs, Un
Jan 11th ordered bleum morhua ℥ii. 3 tim
a day & blister under right clavicle
This seemed to do him good, his appetite
improved & he felt stronger.
Jan 16th another blister. Jan 20 order
P.M. Quinice c̄ Digitalis. Physical
signs not increasing at all & he seems
improving. Jan 23. ordered Ole. Terebinth
m xx Spt Chlorof. xv m. Mucilag. q.s. Ex 4 hrs
This he could not take as it made him
vomit a good deal. From this on he
did not seem as well, excessive sweats
& seemed greatly prostrated, Jan 28, Passed
a wretched night, seems almost suffoc
ated, brathing asthmatic, Order an
emetic of Zinci Sulphas &. Ext Senega fl
m xv, Amm Carb v. Sp Chlorof m x. Ex 3 hrs
Sank rapidly during evening & died at 11 pm
No autopsy

Phthisis

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

especially the right. Dullness over right infra clavicular region & extending low down into the mammary. Note clear & good in corresponding parts of left lung. In axillary & lower part of mammary regions of left side the note is extra resonant. Posteriorly, right apex a shade duller than left

Auscultation. Crackling, principally fine but in some places coarse, over whole of infra clavicular & mammary regions of right side. & behind also in fact over whole of right lung from apex to base. On left side inspiration is harsh & distinctly wavy, expiration feeble & not prolonged. Lower down in mammary infra mammary & axillary region. respiration is very feeble, probably caused by Emphysema. Behind, slight crackling in right intercapular region. lower down respiration is pretty good though slightly bronchial

Jan 25 His tongue being furred & stomach out of order. Dr Howard ordered folk Sodæ Carb ʒiiij p. Pot Cyanide grs ii Inf Gentis Co @ ℥viii. ℥ß & ordered the right chest to be painted with St Georges paint

28 Jan Not much improvement. sleeps pretty well.

Feb 1st Left the hospital. unrelieved

Phthsis

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

Feb

Dullness over the right apex. Ausaltation. Moist crackling over whole right lung in front none in same position left. Moist crackling at right apex behind as low as spine of scapula & occurs again in infra scapular region. There is a little crackling at apex of left lung behind & a dry crackling sound due probably to rest over the pulmonic membrane. The crackling occurs also over a small space at base of left lung behind. Weight 110½ lbs

28th " Dr Howard ordered Pot Iod grs iiii. Pot chlor grs x Glycerine ℥i

Diet R 7. To have her clothes & get up

Feb 6th

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

Feb 13

Gaining flesh & strength. weighs 114½ lbs but the cough has commenced, coming on principally in the morning. does not spit up much

Feb 18

Dullness seems most marked under the right clavicle, compared with the left, and the crackling seems also to be meaning in that region

Tuberculous Meningitis

Matilda Campbell at 8½ a bright fair-haired, clear complexioned girl was brought by her mother to the Hospital on 22nd June. She stated that the child had been unwell for some time past, was out of sorts, dull exceedingly sleepy & complained of pain in her head. Thinking that her stomach was out of order, she brought her to the Hospital & got some powders. This was on the 13th. Through last week she kept about the same but at the beginning of this she became much worse, would give sudden cries, had bleedy at the nose, great irritability of stomach, wincting everything she took. Her breathing had also been peculiar for some days, three or four easy inspirations & then a deep sigh. On Tuesdy Ptosis affected the right eye & with it there is great dilatation of the pupil & inability to move the eye inwards. On the evening of the same day she had a convulsion which was pretty general & concousness

was lost for nearly an hour. At first she evinced no great sensibility to light but the slightest sound would disturb her, at present there is great intolerance of both. When brought to the Hospital on Thursday she was quite rational would answer questions well, complained of her head, wh fell very hot, pulse was quick tongue coated & bowels confined. On questioning her Mother it was ascertained that the child had always been healthy & strong, two of her sisters had died one of Chronic Hydrocephalus at age of 3 yrs. Had been ailing for a year & the other of Phthisis (?). Dr Ross ordered the following Potass Bromid ℥i Pot Iodid ʒß Sp Ammon aromat aqua ad ℥VI ℥ß: thrice a day, a mustard plaster to be applied to the nape of the neck & her feet to be put warm mustard & water

23rd 6 a.m.

Very restless through the night, bowels moved once. She is not easily roused. On examining the chest no sign of disease could be found in the lungs. Pulse 104, Respirations 30 & still keep their peculiar irregularity. The vomiting

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

24th 6. a.m.

Very restless through the night tossing the clothes about & moaning but seems much about the same. Temp 6 p.m. 101 1/5 Pulse 100 Evening 6 P.m. Respirations 35. more tranquil has taken her food more readily through the day though still very restless. Tongue white & furred. Bowels constipated. Abdomen for the first time noticed to be retracted. Temperature 100 3/5 Pulse 800

25th 8 am

About midnight she took a turn for the worse became exceedingly restless, tossing about on the bed. No nourishment of any kind could be forced down her throat. Tetanic rigidity of the lower limbs & arms came on now & then & during the intervals the breathing becomes very hurried, a twitching at the corner of the mouth may be noticed occasionally, Eyes closed. rolled upwards & both pupils dilated, abdomen slightly retracted

Pulse 136, Respiration 52, Temperature 100

These symptoms went on increasing in severity Respiration exceedingly quick. signs of coma appeared & with out any general convulsions she died at 1.30 PM

An autopsy was denied

Carcinoma Mamma

- Smith æt 47 unmarried was admitted to the Hospital on July 1st under the care of Dr McCallum. The seat of the disease is in the left mamma at the inner margin of the nipple, where it may be felt as a circumscribed tumor about the size of an egg. The disease appears limited to the gland structure, the skin & adjacent parts being unaffected. On questioning her as to its origin & progress she states that she noticed a pimple about four years ago as a small round lump the size of a bean. There was no pain in it & she forgot all about it for nearly three months, when her attention was drawn to it by the pain which it caused, & she then perceived that it has increased in size. From that time until a few months ago its growth had been slow, but the pains especially at night caused her much uneasiness. Lately its growth has been much more rapid & the pain increasing

in seventy & three circumstances exciting
her fears to consent to its removal

July 4th.

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

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

Microscopical structure

The microscopical structure did not present any
agreed in the main
with that of Schimmer
peculiarities, the cells of the "juice" were being however
much broken down & the stroma and the arrangement of the contained cells being
arranged with more irregularity than is common
a greater

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

5th Slept pretty well, feels no pain in the
part, Had a little vomiting for which
she was ordered. Sp Chlorof ʒii Inf Card
Co ℥vi Aqua @ ℥vi. P126 I 102

6th Had a pretty good night, complains of
headache. The bandages were removed
for the first time. A slight erysipelatous
blush existed on front of chest about the wound
& extending to the arm. Lead lotion was

was ordered to be applied. The edges of the wound have united only too quickly for no exist was afforded to the pent up matter, which was discovered by the fluctuation. To relieve this two stitches were taken out & a considerable amount of matter came away. She was ordered Quin Sup gr i

gtt x every four hrs

Pulse Temp

7th Had an uneasy night, breast very painful. The erysipelas is fading slightly. A good deal of discharge came away

8th Still about the same, discharge continues & redness remains as it was

9th Slept pretty well & feels better than she has been for a few days, feels her appetite improving,

10th Not as well, uneasy through the night. Much heat & redness still about the pent & discharge keeps up

11th Slept better, appetite improving, redness diminishing. A small slough is forming when the stitches were removed

12th Stitches all taken out, wound has united all along except where the slough has formed the matter escapes

13th Slept well. Complains of no pain in the breast Nurses discharge still keeps up

14 Just the same

15th Complains of general uneasiness, thought her appetite is improving

16th The Nurses about the parts is steadily diminishing, discharge still very free

17 The slough has come away feels better since the operation

18 The nurse said altogether gone. Complains of pains shooting down the arm

19 Slept good day, decidedly better, not as much discharge

20 A good deal of discharge to day, but there is a decided improvement in general symptoms

21 Not nearly as well, more feverish, as the pus seems to collect in a pocket some distance from the orifice. a drainage tube was ~~poured down~~ put in to the pus orifice, ordered 1/2 Rum & D

22 Better. The drainage tube helps the discharge

24 There is a good deal of discharge about the inner margin of the cut. Nurse heard

Fissure of Anus

Mary Bunnie at 21 was delicate looking girl was admitted to Hospital on 30th of June under Dr McCallum. Had been the only [illegible] for about ag. On examination it was found to be a simple case of fissure unaccompanied with ulceration. It was of a triangular form about ½ inch in length 1/8 in breadth, being partly in & partly outside the gut. The bowels having been emptied by a dose of castor oil the night previous, chloroform was administered. Dr McCallum proceeded to operate by making an incision through the fissure down to the sphincter & extending beyond the margins of the sore. The fissure was situated at the side of the anus. The wound was dressed with tint simple ointment & a dose of opium ordered.

~~July~~ 3rd On inquiring into the history of the case it was ascertained that she had been suffering with piles for a year back & felt always shooting pains in the loins & elsewhere

July 3rd Feels much relieved, Had an uneasy night, wound looks well

4th Much better. very little pain in it. Ordered a dose of Ol Ricini

5th. Quite easy had a motion without much pain

6th Keeps improving, cut surface is granulating nicely

8th Has still some pain in it. Got up to day for first time

10th. The surface of the wound is cicatrizing nicely but not very rapidly

12th .. Motions do not cause one half the pain they formerly did.

14th. Nearly well. granulation a little too high

17th. The tuberant granulations were touched with Arg Nit freely

19th. Seems almost well. but a small surface remains to skin over

20 Left Hospital cured

Eczema rubrum

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

c ago. Heat of the eyes is very troublesome
sticking the eyelid together in the morning
He was ordered Liq arsenical ℥ii
aqua ℥vi ℥ß I.D & zinc ointment to
be rubbed in diligently

8

Bright's disease (acute)

George Cheverill, a discharged soldier was admitted to Hospital on the 10th of July under the care of Dr McCallum with general anasarca. In attempting to arrive at the cause of his dropsy & Enquiry into his previous history, the following facts were elicited, viz that he had been a soldier twenty one years of which time he had spend 9 yrs in India, when he had secondary syphilis, his general health has always been very good, never having had any serious diseases, always had been a steady drinker but not a hard one says he had had gleet for several years on Cannot account for the present attack, did not catch cold, but felt unwell for several weeks, generalweakness no head symptoms before it came on & was on a spree at the time. Exactly a month ago, the severe symptoms came on, at night, with pain in the back and lower part of the belly in front & frequent micturition, the pain was very severe quite preventing sleep, & micturition was hourly, very little being passed at a time and that of a dark colour, had no vomiting

at the commencement of the attack. These symptoms continued for a few days accompanied with fever, the pains not being so severe, when he noticed ~~an~~ slight enlargement of the belly, & shortly afterwards the eyelid became a little puffy, & exists now a the ankles slightly swollen. The feet & legs began to swell about 10 days after the first attack, & have with the belly gone on increasing in size ever since. The scrotum was sometimes swollen but never to any degree & is not so now. Has had a slight hacking cough since the attack but has never been inconvenienced by it. His general health is at present very good, tho his appearance is very blanched. appetite excellent. skin dry & cool. no perspiration. Has at present a little diarrhoea. Has still to make water frequently. & is much disturbed at night by it as well as by frightful dreams. ~~Jerus~~ Pulse 76. Quantity of urine ℥ xxx deposits a lightish sediment of ʒ ii. which on examination proves to be nothing but pus, the corpuscles showing the amoeboid movement very well. Not a trace of renal epithelium or Sp grav 1014

a tube cast can be found, ordered. Sup Quinine gr ⅙ Tinct Ferri Muriat gtt XV eg 4 hrs & put on eggs. mutton chop. milk & beef tea

11th Feels much better. did not get up as often in the night. Feet & legs less swollen, Eat a good breakfast without feeling that distention of the abdomen. Eyes very puffy when he woke up, No cough to day. Urine ℥XLVIII about ℥vi of pus ~~not~~ no trace of renal Elements to be found. a Good deal of ropy mucous at the bottom of the chamber

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

13 Urine ℥LX sp gr 1015, not as much muco-pus at the bottom. Slept well. not up in the night No pain in chest or belly. Legs still diminishing

14th Slept pretty well. bad dreams. has slight headache. Bowels opened twice freely Urine ℥XCV. That passed through the night dark in colour, that in the morning pale straw not as much purulent sediment

15 Slept well. ℥CX of urine Morning pale
amber colour. Not as much mucous-purulent
deposit. Legs normal in size. appetite good
16 Improving rapidly, says he feels quite well
Less urine to day about ℥LXX same distinc-
tion between morning & the day urine. Mucous
deposit still keeps up. the urine is passes
pretty clear & the alkaline changes in
it appear to produce the exceedingly
glary condition of the pus.
17th Urine diminishing in quantity ℥LXXX to day
complains of great weakness. abdomen and
legs nearly normal
18th ℥LXXV of urine, colour of it much better
He is able now to be up for 3-4 hours a day
19th up all day. feels stronger. ℥LX oz of urine
Purulent deposit still persists but is
diminishing. The alkaline urine coloreds
it into a ropy. mass. destroying the pus globules
20th Urine considerably diminished only
about ℥XL passed. Complains of noth-
ing. appetite good. Remains up all
day & works about the ward.

21st. Urine ℥XLV. Purulent deposit still remains & soon after passing is changed into a mass of glairy mucous

22. Urine ℥L, General appearance much improved, has lost the blanched aspect, is regaining colour

23rd Urine ℥XL. Pus still in some quantities

24th Urine ℥XLIV. Only passes now some 4 or five times a day. Has not had any headache or diarrhœa for some days and all signs of anasarca has disappeared

25 Urine L ℥. Sediment lessening. Was up pretty often through the night, ☉

26 General health excellent Urine normal in quantity & much less deposit

27 Make water now only about six times a day, amount ℥XLVIII

28 Wants to go out. Is almost well. Hardly any deposit in the urine

Pleuro-Pneumonia

James Baynes Ab. was admitted to the Hospital on the evening of Saturday the 26th of August. As far as could be ascertained from him he had been failing in health for some time past, & had a slight cough since Tuesday. On Thursday after working all night on the Wharf, he became much worse, was very feverish and had a cough. This got so bad that he was constrained to come to Hospital. On admission, there was well marked dullness at the right apex before & behind with blowing breathing and a loud friction murmur in the mammary region, which could be distinctly felt when the hand was placed over it. He was ordered Liq Ammon Aat ℥1 p. Quat Acon. at gtt xii, ℥p ev 4 hours

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

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

in front as low as the Nipple, Blowing breathing over a corresponding area, a well marked friction murmur over the infra-mammary region. Exaggerated respiration is heard over the other parts of the chest a few rhonchi may be heard at intervals. Respiration is very laboured and shallow speech interrupted, cough short harsh & frequent. Sputa of viscid glairy & tenacious & of a dark brown colour, Tongue coated appetite gone, urine scanty & high coloured No pain in the chest. This usually prominent symptom has been absent throughout. Ordered. Fr. 1/2 of P. A. Cy to former Mixture & P. Dover gr. H. cm. C. K.

28th Am P. 108 R 36 Temp 101, Slept pretty well. Not so oppressed in his breathing, cough still very troublesome Slight Extension of the dullness downwards both in front and behind. Respiration still harsh in the other portions of the lung, Heat of Kin not very great. Drinks milk freely but touches nothing else Complains of great weakness and thirst.

30th Had a very good night, Cough lower. P. R. I. Has expectorated a good deal of serous fluid through the day. Dullness still continues but a few moist bubbles may be heard in the mammary region

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

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

P.m. I. R. P.

2nd. Rapidly improving. Dullness all gone and with it the vesicular respiration except a little behind. appetite

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

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

P M. P R. Temp

5th

is contracted. This accounts for anaemia
after dis for some time in arteries. Ter-
minal of this fibre must take place
at surround tests, at first. inf & the
replaced entirely. The fibre growth cont
in until enlarge size of Kidney & at long
begs to contract & pass into tubules
such that reaches the urine is diminished
cont still proceeds tubule may be
obliterated, be have cystic dis delat
The effus of fibrin assumes the form of cont
& the without aff the epithelium. not
impossible after long period the dis
not limited to the but assoc with nephr
its. & its symptoms, Kidn are enla
ged, smooth, externally & much perh
by deep her & the wrong to atrop. Capsu
lous off easily. Fatty deg may be assoc
with it. only way of determ is by both test.

We might deer some infer by not that
tube cast over loaded with fat in fatty
degen. In albu disease we have certain
slickly chan in waxy kidn we find
quant of urine increased at first, pen
rigor to rise frequently in night. the
sp grav. is not low. 1015. & total
amount of urine may not be diminished
after time when dise has prog quant
ry diminish. but never falls very low
over 50-90. Remarkable found this inc
of urine with anasarca. No tube cast
spec ch of this disease. The main point
are the large quant of urine, high sp grav of
the later with the dropsy sets in, & also
& also from one or other of the causes
known to be assoc with this fn. Appr
of kidneys are interesting found that any
bad disease, comm in arteries of organs
suffer degen in middle coat. In kidn
the remarks lifts first thickened &
also a few & indat offlined & for this ren
ion is inc. as degen prove. the efferent
branches ~~[illegible]~~ not an affect & calcif

is long contin suppn esp. com
with dise of bones. out of 51. cas 24 fr
this cause. Pthl is a common cause
with profuse expectoration. In 11 ca
out of 51 it was cause. My also are we
in course of any chron dis tendy to
produce an cachexia as syph. rheum
Interesting in connec with this to find
that some writts all to chron. con
beta pus & the d. & the alk in pu
is dr from system & accounts for
the dealk fibre const the degener
ate. Connect of it with Pthis is
inter & is common. In fact whe we
have an enlarger of liver & dis of kid the
diagn lies beta fally & any lord degree
There is some difficulty in ascertain
to whom it belongs, fally dise of the is
is most comm ~~in~~ Pth. out of 52 ca
40 fr with, Chin ch by wh the ca
be distingn. as. Enlarg in albin d
is greater. liver feels firmer. espe
lower margin, ascites for fur common
is bon more comm in this than fally

The great clinical characters of amyl dg-
eration .. Organ has when exte. is enlar-
ged. anæmic, a semi-translucent
waxy appearance. Its density is both
increased & weight is increased. Cut-
formly & sections can be made with
well defn edges., can be kept in
water unchanged. ~~The~~ If a section of it
be touched with an aqu sol Iod. these
parts affected with albu dg are ito
med with dark brown red colour
This whe amylo dg is only partial &
not numerous may only be no small spots
Used to be told. if after add Iodine. if
this a small qn of H_2SO_4 that the all
malle gan reaction of starch a blue stain
Drake never got it. Best solution is full
I 12 grs. 2 4 Iod Pot in ℥ iii of aqu. those
in chief clin char of amyl dia. we find
that dg seldom conf bone organ in one
part of an organ, several affected. Rid
ber & spl. This is no means only but
any portion of body bones, heart. all my
undergo this degeneration. The condit under

18/2/71

Amyloid degeneration

was called the b. vischer. it is not entirely Pty & Pathologist. under various name thus for years. described by Budd years ago as scrofulous enlargement of liver. The condition also called bacon. or lardaceous degen. Other, albumin infilt or waxy deg. colloid deg. vischer. my it amyloid. slack like. reason. was. follow. he had been sluckwell. reaction. betw corp amylacea & Im Iodine. it gave a blue reaction. & being. in shut like starch, corpuscles. he ends to connect this degen with formation of a substance like the corpuscles of brain. That the corp amylac. do resemble starch. not only in shut but chem ch. cannot be doubted. found in prost. gland. & they can be converted into sugar. But it does not follow because a slack like body does exist. that this form, amyloid degen is identical with amyloid matter with any corpus. but is distinct. The most modern [illegible] it is better with a chemical form of albumen or fibrin dealkalizing

in other parts of the cord. So long as posterior columns are attacked alone we have pure case of loco ataxia loss of coordinate power and all in sensation, when loss of sensation occurs even must have extended into gray matter of cord which is the transmitter of all sensations. Whenever we have case of L. Ct. with loss of mus. sensation or sensation comes in affected. Symptoms well very in diff case. In some cerebral symp & local pains very bearable. In some the rate which agree with typical case, symptoms will stage of disease, we may put that loss of coordinate power increasing by loss of muscular sensibility. The loss of muscle sense was urged as cause of the disease not the case ~~2 [illegible]~~ 3 in fact & to unless late cohesive true paralysis will occur. Pot Iod is best [illegible]. Pills and Phosp. Hypophosp found useful [illegible] [illegible] [illegible] Faradization is of great service

a good deal of injection about the vessel of the pea mater, bright red arterial. Puncta vasculosa not very distinct, very little fluid in the lateral ventricles probably has run out. Choroid plexus hydatidiform
The convolutions are considerably flattened considering of brain good
Lungs R 2 lbs 10 oz. L 2 lbs 1 oz.
Emphysema in the upper lobes and free margins, the lower lobes behind hypostasis & pulmonary edema quantities of serum reading on section, Lungs feels soft & downy, Scattered portions of collapse existed through both lung contrasting with the inflated lobules. Solidification of the lungs behind, in patches, grey & granular opaction, sinking in water & a reddish grey fluid reading on pressure, at the upper lobe of right lung two or three patches of pneumonia appeared, & some lobular pneumonia
The bronchial tubes were in no place dilated but the membrane was of a dark grey colour.

In late stages paralysis is pr. & he
is impotent. Intellige not affect, total ab-
ion of spasm, fromicat. jerking of muscles
Seldom any loss of pow. or bladder, rectum &c
Muscle do not waste & as rule do not
lose elect contractility. Unaccomp. with
febrile symptoms..
Explanation. of it is exceedy interesting & indeed
to Brown-Sequard. that post colu. of cord not
conduct of sensation but of a dim & mod
of them. we prodn contra total & we
in fact hyperesthesia, & loss of coordinat
power. Sympt will vary to & tend both col
a alle. when post colu alle in great pt
of length loss of coord pow more & hyperes
the less marked. Reason is the pt alth
not conduc. yet most of post nerv pass
up for some distance up post columns
the great length alth a dim or total loss
of sensibly or walking & cause an 2, 1st
part an pump chn for those exclusi
ate prodn reflex movement & as the
are nec. for ab 2 cause. aff. in
alle in post columns diminish amount

Case XXI

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

Heart 12 1/2 oz. left ventricle filled with dark blood & clots extending into the arteries (colourless) clots in in the right ventricle & right auricle filled with a colourless clot. Valves healthy bases in belle thickened, No hypertrophy of the right ventricle Aortic valve competent. thickened & calcareous

Liver 3 1/2 lbs, soft & easily torn, good deal of congestion (hepatic), one cyst filled with purulent above the size of a marble

Riding R. ℥ iv p. L ℥ v. Both cystic, one large cyst in the end of the left. quantities of fat in the pelvis.

Spleen ℥ iv 1/2, very dark & a angemental fission on the upper part & 3 fission in the fifth magnum, capsule thickened

Brain ℥ xlvi p about ℥ v of fluid escaped in removing quantities of serum under the arachnoid. some of it of a opaque colour

Patient feels he cannot lead walk
easily, espec. of getout of bed at night. Tho
he may be able to walk well, miles a d. But
as pow of coordin. ~~is~~ becomes more diffic so fatigue
of walking becomes more difficult. The diff-
ically is increased on going down stairs
can go up well enough. & thus disorde-
ration extends higher at first than lower
limbs. With this find that usually
find some anaesthesia. The anaesth is
in that form known as loss of tactile sensib-
ility. More than one kind of sen. 5 kinds
each kind must be too by diff n. Tactile
, pain & impression, to tickling, heat & cold
clearly one have muscular sensibility
~~[illegible]~~ even that nearly these degr
may be lost but that of muscle sen or it pres-
ed & others lost. Anaesth may be pulled
or more marked in one leg, usually conf
ined to ~~[illegible]~~ lower limbs. Not invariably present
This complaint comes of long deval. may
last from few months to several years or
as much as 20 in other it may in few months

like electric shocks, may come on quick
10 ten in hour & persist several days
months or weeks. Pain sometimes varies
may be dull boring pains sometimes limited
to special parts often mistaken for rheu-
matic pains. With these pains it also
is not susp. to have partial disorder
of innervation partial paralysis in
diff parts especially those parts supp
of central m. 3rd often suffers, or use
to extern squint or 6th & internal squint
Ingenium sometimes. Optic sometimes
cause amaurosis, & olfactory may also
g. use to anosmia. These are chief pecul
This paralysis lost out short time, disappr
quickly perhaps to reappr later on. Then
my Ptosis: double vision & may be first
symptom. Note in course of urine is
susp. & great exaltat of sexual instinct
This under contrasts remarkably with
under in true paralysis. This use of ex
pr accomp with spermatorrhoea
as advances it may do slowly. my cat for
few months & ever years left all

Locomotor ataxia 11/2/71

Dis an interesting one. Neatly nerved exact description. The term L. ata means irregular or in movements. Recognized by Todd as - for the similar part but no loss of muscular power. Duchenne gave first precise account as defn was the Prog Abol of fee in of coordinate movements of body & apparent paral contr with integrity of muscular power. Ancient power are struck with work of walk & irregularity & want of power in limbs. If such pat on back & attempts to put in the air strong & sealed speak. And find of pater eyes be bandaged this incoordinate is increased in marked case no movement of lower extremities can be performed loss power of standing & of walking. Dogs with the on entry condit of present marked anaesthesia. Now some such aspect as this of pseudo ate first seen consists in number of coordinate movements of body & no loss of power. Diff patients present differ lgn of symptoms. Disease is announced, certain prodromata. Consist in pains felt in diff pat peculiar in nature, sharp & rapid & cong

You may adopt other measures as veratrum
viride. aconite in full doses till pulse low-
ers. Do not pain in side is next obj ect. Bet
by opium in later full do 1 gr or 3-4 hrs
Hence, to administer in the or morphia or hy
pollemic. After having gn opium next
by local app. warm. fomentation. Sup
an epithem an good. Neumeyer mown com-
posed of cold water & sys it is good. These means
are safe. Blisters have also been used in
first stage & my occasion answer the purp-
ose. But as a general use blisters are cond
ion in first sty. because the inverse in-
dates & snake side sore. Plaster will
answer all purposes. When first stage
is over. Mercurials are given by some & and
ened by others. Drake has very gn to prevent
p, also. May be necess to purge it my be good
however. When pain relieved dense to water
the aconite & veratrum viride with continuing
until expectation of 2nd stage. In 2nd st-
ate effusion has taken place our obj ct's will
be modified our obj is to reduce fluid as
rapidly as possible. apply with benefit

Doubt is rare when uncompl. & on one side. Of course when it is second to some severe constitut. aff. as B. Dis. cure. prognosis far from favourable. Treatment In this we depend much on your judgment no invariable rules can be laid down. Formerly cure app. diff. & wrong to bleed. purge. bech. & put on cal. & open till ptyalism & then put on anchor and mixt. to low diet. This was of first stage. Of course it will depend on what simple or a second affection. In simple cases was guided chiefly to severity next to strength of patient. Object in view is on with diff. stages & must be guided by pathology condition existing. In strong persons & both the pulse & ing bleed. Bleeding was formerly a sine qua non - until he fainted. It is useful to what measure in anti-plexing but it will neigh. check now will it modify its course. While in weak constitution it is very injurious. Bleed moderately. Other some doubt take by bleeding & cupping

and at upper part commonly has
lot & cump. App remark that with such
a big quantity of fluid - so few signs of pre
ar obser. superfr veins seldom dilated
& none of those pressure signs of not two
3 stage of absorbtn in this fluid. when
turned favourable that the so dimit
& at length disappear. movement of chest
against apexar & fricti fr returns the
redux fricti & vocal fremit come back
while costal spaces hollow as natural
and percussion shows level of fluid dim-
inishe, & at length wholly disappears
bore of disp never as fluid diminished
in fr. hours it my occurs. Absorp my contin
by this point. & retract & flatte of side
occurs. not common. does occur but
not in majority rather rare result. When
does occur found that side appr flat. not
cast of the nasr. shoulde lowered impr
belo not level. lower end of scapula
belle out. & even lateral curvature of
spine may follow. The chest ply to come well
& percussion [illegible] dull note. Other as rapid

If amount moderate in quan. measure will not be affected, dilat does not take pl. unless fluid very much. friction sound has disappeared. intercostal spaces less hollow in act of inspirat. At upper part of chest the percussion not clearer than usual or even tubular. Sense of dull altho with position of patient. Friction sound may continue to be heard above line of dullness in pl. & an alteration in shaul. of vocal resn. Aegophony not common in 1 case in 15 & sometimes palatk of charact of bronchophony. Eff. may be much more abundant, poured out until whole side filled. then a dull note from base to apex. On measure considerable dilatation has taken pl. whole intercostal space. bulge & pr. & cum obtuse fluctuation. May cause displacement of viscera. In left sid heart ex. to opposite side of chest. The lin also when on right sid is depressed. Dullness on pe not rule over whole of chest. may be clear in inter scapula region

Pulse is apt to vary. sometimes does not rise
above 80 even in severe case, & have a moist
clean tongue. We note in this case be his
always on right or unaffected side this is also
not a rule tho some unable to lie down at
all other lie on affected side. Q stagnation
will obtain in this case overall or even tubular
unusual offhand in with position of patient
by wind slayed my contour to be heard above
fresh bustliers in plen & an alteration in
no marks of vocal resin. Aegophony
dullness more in 1 case in 15 & sometimes
all clearly of character of bronchophony. Eff
ils lie much more abundant, poured
of mantel whole side filled, then a dull
1st ds from base to apex, on necessary
considerable dilatation has taken place
offline intercostal spaces. bulge & pin
of dose-obtuse fluctuation. My cause dis-
ces mouvement of viscera. In left side heart
that by opposite side of chest. The line
border, which on right side is depressed
[illegible] ess on pe not rule over whole of chest.
[illegible] clear in inter-scapular region

The man had rather a severe attack in some aspects as pain increased on full inspiration, sharp fever, high temperature, quick pulse, tongue coated, humed breathing, this 4 rapidly makes up for small quantity of pain inhaled. Urine was scanty. A friction ~~[illegible]~~ heard on right side, not marked at lower bast of left in respiratory murmur indistinct. Unable to draw any inference of our pecus or measuring these sympt & signs indeed consist of acute pl. not dg. al. 3 stg. 1st Dg. of hyperaem 2 of effusion 3 that of absorption. The diagnosis in this mans case was easy, fact. wood easy & pain in side & fever was suff to indicate true nature. Not always easy for sympt apt to be inconstant & invariable. We find often pale present but with marked effusion we have rigor no cough, little or no pain in side none of ordinary signs of fever. no coated tongue compl of a little malaise & difficulty of breathing it draws our attention from it

Venta diastol follow & runs off from 2 s
sound & occupies a variable part of ruts betw
2 & 1 sound. Or we may have whole 3 murm
combined a continuous murm. but even in
this case it may be ascertain if you can hear
1 & 2 sound. Impossible to make much prog-
ress in exact dis. without a system of notat.
of pyth. of heart. Obs. dis. in the dis. is

Missed the lectures

7/2/71

Pleurisy

William Rutz. this was in hos. 2 mo
suff. from haemoptysis with cough & expe
of muco-purulent matter. the pleur. is int-
ermittent in its nature. Pleurisy is from a
number of causes. as by injury. of ribs also
is frequently caused by impure condition of blood
as in Bright's disease. We know that pleur
is common secondary affection in this disease
It also occurs as secondary aff. in acute Rhe
fe as sev. fe. Measles. Small-pox. Many
do be attributed to cold. Here now doubt some
predispos. cause must have exist & cold
acted as an exciter. Two variety as nogu
accord to dur. acute & chronic

this occupies corresp with ventr systole
If a valv origin must be prod. 1 blood flow
out of vent with thro arter or back through
up valve into auricle. Now I my cart only
a short per of 1st sound or occupy whole space
of tell sons. 3 va runs off from 2nd
sound of the heart & we obser that it last
during 2 sound or is prolonged into period
of rest. This class occurs coincider
as called ventricular diastolic & corr. with
filling of ventricle with blood with from
auricle or arteries. Who form art semi-
lun valv are injured. Now so far selly
of rythm of mum is of camp, simple & cu
not unfr ha that we do not find them simple
much more combin. an inct with of these
3. murmur. In these diagn perplexing
the my ha an aur systole compl
with ventricular systo. Or a ventricul
sys & a vent diastolic; when we can hear
1st sound divided these two, murmurs
can softer. vents harder whe we can
cannot overlap of this little diff in a right
interpretation with cur I can hold

Another difficulty added sometimes sounds
w/ faint almost inaudible, first altogether
or only at apex & second at base. Proposed in
this case to use the binaural differential
stethoscope of Scot Alisons. These difficulties
are often met with in dis. Now prepared to
advance & enter into pr. rhythm of murmur
all simple valve murm. may be classed
into one of 3 chief heads. 1st murmur
preceds sinus up to 1st sound 2 is wh
murmur follows 1st sound or runs off
from it 3 is when murmur follows
2 sounds. First occurs in inter of first
or auricular systole wh preceds for so
& ends coincidentally with beginn of 1st sound
it is an auricular systolic murmur
Murm occurs only when blood expelled from
auricle. not infr. depend on contract
of auric. venl opening. This varies in
length in diff case. may occupy only period
of auricular sy. or period of rest or whole
period of rest. 2 varies of murmur
In this case find murm follow 1st sound & end
with 2nd sound or at some intermed point

10 August 54 oz urine. a good deal of albumen

George Cheverill aet 44 Soldier. has been in India 9 years, had secondary syphilis 17 yrs ago. always has been in good health up to a month ago to day, has been a pally ~~hard~~ seaty drinker but not to excess. Before last month felt healthy fairly & felt pains about the belly & loins. Laid up in bed on 10 of last month with pain in back had been on a spree previously. Water was quite dark like blood. little at a time but often as much as every hour. Nocturnal incontinence. Feet began to swell about 10 days after the attack, & the belly about a week after the attack. Sometimes slight afterwards slight puffiness of eyelids. Has a good appetite & sound thirst. Never perspires skin cold. Had a slight cough ever since the attack. Scrotum never very much swollen, & only when up & about. Feet very much swollen & pit deeply on pressure. Ill. got pain, pain & general weakness. no headache at time no vomiting, no diarrhoea. Some wasting. Kinosis now. Pain most down in belly, pain very severe. Has able to make water frequently, does not think that any blood in urine. Was feverish & had chills. Pulse 76 does not sleep well at night. bad dreams

as toneless. Bone & cast are exceps. Lung when
deep is no except & dense is pecul from air
of air. Sound ut meant by vile cont the
pe of heart & lin. with upper part of chest. You
then have not of m. Pitch is a mus term &
as a single prop is most import & relic. Great
qu of air in part lower will be pitch & in cort
more dense organ higher will be pitch. Quality
but this deal with pulmonary sounds only
to must find this by experience & experimentally
may say this that in pulm resonance. The pul m
is more below lymp & dn like note & tonell dull
note of it were solid. It is a clear sound it has
a character of hollowness about it, soft in qu-
ality. Duration of sound speak for itself
dis of pe sounds vary much in health & disease
Another point is ut called resistance by it we
mean that feel wh is impart to fing when
it is pecurs over chest walls. If pe a on half
chest of y on chest sense of resist is at its
minimum & in old persons at maximum
Amount is un by all conduct tend to raise pitch
& shorter duration. In vyma pecurs note
pit is length [illegible] of pe dis great hands

1st Dumbar degeneration of Malpidyan bodies, & of the renal epithelium

2nd Case II Haze, left Kidney. It is noticed that the tubes instead of being one against an other are seperated for some distance, & their calibre contracted as well the epithelium diminished, & in many places space to the width of 2 tube exist below some other tubes have degenerated to mere shreads. Lung, in place the air cells are quite filled up with exudation.

3. Case III Denovers, The sections showed to the naked eye all the Malpidy left with remarkable distinctness. The microscope showed them much larger than usual, with irregular distension out from them, very different from the uniformly rounded healthy body. A few of them even degenerated, to about one half or one quarter the normal size and surrounded with condensed fibrous tissue. The vessels in these and some others entirely gone, leaving a clear transparent capsule

when swark less cause than seat &
mode of product, Many cases the walk
of man most fatal sound, When determ
ous for bus what is pathology character
To determ this carefully shed two point
& 1st rythm. 2 place of murmur. First
point is rythm, under this we have to
accr relate the beats to diff physiol
act of the. contra del & rest of cavities
he to show that occurs with this or that
sound or in period. So do this watch
rel the inn beats to normal sound &
all exter phenomena by which acts of heart
is indicated, Physical phen. but not
wrf nec by poss a know but so fam
that alone has a vivid and accurate note
conditional before your mind. Ascertain
wh is first sound sub second. an easy matter
When acting slowly little trouble for interval of
rest is proportl very great. Case is diff when
heart's action harmed, difficulty is great
indeed. Reason why is on account of shortness
of period of rest. First sound is rapidly succeedi
ly ser & inter of rest is very short

In many a cloudy appearance due to granular fat is visible. In the totally degenerated tufts, nothing but a few oil globules are seen

Case XV Hornby. The point which attracts attention on examination with a low power is the apparent increase in the number of Malpigian bodies, their aggregation together & the lack of that uniformity in size which they usually present. A higher power shows considerable degeneration among some of the Malpigian tufts, wasting of the vessels and contraction of the whole body by an abnormal amount of connective tissue in its capsule. Others, thanks only of the tufts seem enlarged, perhaps only by comparison, & in all scattered particles of oil, shows the commencing fatty degeneration. The convoluted tubes of the cortical portion present but ~~in part~~ very little ~~vacc~~ vacculation or distention indeed they seem to be about the normal size in most of the section

The various causes may under twist of heart differen as empty cond of lungs or induration of lung in neighbor of heat. The causes wh increase regr as long of h with dilat. These diff in ~~the~~ in Is simple we find ygn it is incr in train dis. in dilat. ~~it~~ in its verticst. 28/1/71

Valvular Murmurs. seat of occurrn. varies methods by wh distinguish. What is mean by cond val mur. & bo mean a most sound or des as sing'l double blow. sun soft &c. This mod of or all rep sounds in heath Murm is be exocardial or endocardial. Ends to d. As near alter of valvular orgs. when pos certain. & produced by obst. offrn cons of blood thrg orifs & depend on dis of valves. This usual cause of the my gr rise or certain stuttles of blood. haem. aneurs. clot offrn in vent. patency of form ovale. but most common is in attr at of valves. by wh under incapable of rif. Ends of variable acc of disease. Most trif attr in sl. valve of of heath my gr rise to murmur & of little impor. or my begin of persons all

In the pyramidal portion the disease quite as extensive as the cortical, the epithelium of the straight tubes is in some intact & fatty in others is completely broken down. In a transverse section of this portion much fatty matter is seen in the intertubular material and in some tubes a curious circle of oil globules is to be seen between the epithelium & basement membrane. Collections of minute oil globules forming dark irregular masses occur in various parts of the Kidney

Cond of arteries & veins Impal of 1
to pit & the fing be of wk. & of a vol or
with pulse in large super arteries. Enlarg
of pupe of veins may be present. Percuss
mad in same way as chest. The surface
of the ut comes to be is called praecordial
ng. It should be limited to that part where
he is uncovered & you get heat percussion
note. Movement There are some points
con with percuss of heat. Fig suff to use
one fing & the with other. In dehr limits
of heat dn. a good plan is. place two fing
rest of one & from from center to outer limits
percuss first on one fing & then on another
Another method of use. Auscul percuss
a solid good sleeth placed on center of
heat & when an assist make percuss
from cent of heat out the mud on heat
a loud that sound is convey to you ear but
as soon as dn you ll ling. The size of praecordiy
on these vertical diameter is 4 inches
Trans 4.4 hrs. Deep seated percuss shows
the heat extends from little with in
left to long [illegible] be 3-6 ut

Whenever pulse diminu, altho it to feeble
of action due with to disease as fully degen
or posit. Cancer prod. general debility. Many
other causes as effus. int. pericardium. Em-
physema. Impr. diminishe wall as thin
as in dilatation. Incr. impulse is usu
due to mistd condit. of heart itself. hypert. of
left vent. with or without dil. in late case
imp. is of heaving ch. & low & gradually
produced. This character is ch. of it. & is often
very violent. The actual may be able by
displacement of the heart as in effusions
Effusion into abdom. cavity tends to run apex
bend very much. In a dis. ter condit. of stomach
apex be much high or in effus. int. pericardium
itself floats it up. In hy. of left vent. with
dil. belt low down & to the left beyond the
nipple. In hy. of right will dilate it is low
& to right & belt. uniform cartilage; dis-
ta of heart downwards due to 3 cars. wt weight
of organ 2. hypert. cur. dyspnea & eff. to dil.
Any flatter diaph. pull heart down

Consts of mitral orifice is found under certain
condit without any fun disseased condit
Same mean as used for pts expost as for lungs
There are insp. Palp. percuss. auscult. & mensur
inspecn first & palpate. By insp we
are the symmetry of thorax & supp for veins of chest
character of heart's impulse or textures & force
any bulging or pulsation denot aneurism
Careful to pre carefully & gently so as not
to agitate. Also well to begin by taking pulse
By pts hand we ascent existence of any
tremor or affection. char of impulse
& also note frequency or slow, regular
or irregularity. Palpa in 2 ways either
by hand on heart immediat. or by pla
on end of stett on chest & hand on other
Impulse is str in erect than in recumb
posture. also strong able forced expirat
apex is deep in inspir somet to great
extend & raise in expirat. Position also
solu of apex beat. by turn into left sit you
can displ to left. Cond of parietes of
chest affect impulse. best felt in thin walls
chest. fat pr cannot bee

ascend pt of arch curve to right of sternum
passing up to 1 in betw cart of 2-3 ribs & then
pass transverse across trach. on a line with
bor m of arch of pt rib with stern. Arch
is most sup at jn of 2 right rib with stern
. pulmon art - origin at line with
art of 3 cost cart with stern ascends above
2 inch & the divides, divis is on the
supp edge of 2 cost cartilage. All open
are in close proxim. right aur - vent
at low mg of 4 cost-cr. left at low ma
of it. vals of pul & aor are close bge at
low bord of 3 rib. Weight on average
abt 9½ oz in male & 8½ in female. The
weight of the lends to increase with advance my
mere in as much as an ℥ or en mor
sero disease. Various dise affect weight
amyth ish dim total qua of blood or dim it
mitral pr may cause a diminut
in weight. in cancer & linger. diseases it is often
diminished. Orifices my vein is eye. rule
is to be that orif of right side lap the left
orif of tricuspid is larger the rule to
pulmon & the orif of aorta

It does not present a tracing ch on percussion
may be said to be about 2 inches square. Circum
stan alte. as when lungs are highly, deeply
lung overlap whole heart, Auricles are
covered by lung. right lies some to right
of ph. ~~[illegible]~~ bel bel cart of 3 left cost cart
line of base of aur less at junct of 2-3 ribs
with sternum. Orifice & valves.
right aur - vent. lies behin centre of stern
on line with lower margin of 4 rib at
jun on str, left lies on same bone porte
rior to right & behin cart of 4th left rib
Valve of pulmon arte are on line of spec
bele car of 2-3 ribs ch to left lord of stern
these sometimes are obs to lie a little lower
down chest. Aortic va behin stern a little
more to right of bone near centre on a line with
junct of 3 - left cost cartilage. When
pulm valve sealed bone down aort will
be correspond lower. A line dr acr inf
margin of 3 ribs corres to base of pulm
& free border of aortic valves. Ats most
acute of all orif. aort a little low. Aur
vent. a little lower still right mar

Incurve of inclu part of base, base of left
bent a little high than that of right & corresp
to line of 3 bet cartilage. about 3 inches below
base of right a little bn 3/1/2 inch below clavicle
upp bor of 4 cartilage. Ante surface is comp
of right bent & small part of left. Just pt
of rgt test behind sternum. at upp part
at junct of 4-5 rgt cost cartilages & slight
tright. Apex of rgt ve ter to left of stern a
little above apex of heart. Infer marg of rgt
in is near on line of junct of xyphoid cartil
ile. Left bent forms small por of ant
surface & all ant lies to left of sternum
corresponds to 3 left costal cartil. Its lower
bor corresp to spa of 5-6 ribs. Whole of
upp part of in is over upp by lung except
the supp fr car ~~[illegible]~~ precordial rg. this lung at fore
rib passes out to 5 passes down &
inwards to 6 rib. Ave ag size of ant is
about 2 inches square. Triangular in form
base corresp to 6 rib inner marge with
a line dry from 4 rib down to 6 rel with 6

25/1/71

Valvular disease of heart

In cases, one of aort. orif. & other
valves of them is [..] known. but by alter-
ation and alter. in rythms of the heart's
sound. Care is required for the diagnosis. In ord.
to b. det. & val. of dis. of heart must be pos. acq.
with. insp. & ausculation. Charact. of impulse &
accurate quality of sounds, accurate of all condit.
in disease & health. Situation & dimension
cannot be of importance of this. Placed
obliq. in chest. bounded ab. & beneath to right.
Can b. incl. bet. 5 – 8 dorsal vert. Apex
dir. forward & left. betw. 5 – 6 ribs. 2 inches
below left nipple & little to inner side, midway
to left edge of st. & nipple. Proj. further to left than
right side. ext. from mid. 3 inch. to left
& 1 1/4 to right. Upper border corr. three dia-
con. th. line on a level with [..] cartilage
of [..]. lower border to a line across th. [..]
costo-xyphoid art. to apex. Upper surface
rounded & convex dir. up. & forward. Upper
& ant. surf. form by right vent. & part of left
and surf. flatter & on diaph. lies below
lower & mid bone sternum. Cont. of 4 – 5 – 6 rib

fr the dry, as far in number of moderate sound
sgr pl. to bubbl, pr by passage of air through
fluids contd in tubes or cavs. Size & ch diff acc
to size of tube or cavity & acc to size & tenacity of
fluid. various nas, small or large, when much
ch is susp. that of hollowness, we have cavernous
or gurgling or amphoric; small bubbly head
when air passes thro liquid, in base & inde supp
at apex of tube in bronch. in one base, tube
lr or pneumonia. large bubbl. rouchers in tubes
of lay size indicates fluid in large tube. Large
bubl in head in susp of pneum. or dist pus in
bronchial tubes, when pro by pass of air pr
the cavity are of larger size of of hollow rigid
metall call cavernous or gurgling, indic
ch of cavity often occur in dilated bronchi
tubes. Ch may be prod in plural cav. called
fricti. sound. a grating sound due to moves of
the surface on one another, very acc as more or less
intense dry, & the air was named gray or rubbing or
grating. The sounds usually not continuous, of intermip
ted injecks. It shows plen in dry cond or rough by dep
of lay or sun on its walls. One sound liable to be mistak
one of dry bronchitis [illegible] by vit plug in bronchus but
may be dist by get [illegible] to cough & sound ceases

very marked rate for sounds, follow in chief
dia: Dry sounds or rouchi: 2 chief ones, whistle & cat
petal. Whistle as from kinds called by belast
when big petch. in small bo. sonorous in
large tubes. Prolle in various ways. Sonor
as rouchi. h. recei. var. names accord
to n. b. snory. coving. Crepita rouchus. un
fine of dry sn. can be imitat. by taking a
lock of h. & rub betwinds close to ear & gouten
an imitat. this sound heard chiefly in ness
cons of part of pn. quickly evolved & sounds
& an immense number of. This heard in
dry stage of pneumonia & in this only. It is
dry. The chan is this that air vesi in an ch
of pn. are dry or can with a thick glutin mucu
sin ness the forcet. Clearly up of the gives
rise to it. ~~Another~~ In last for this form take
a dist. ele is not over bain. Other circu may
mislead as simply seemati condition fa
. auth fore is dry crackly, one of a gross in
softe tubercle, it consist of a few minut dry
crackly sounds heard in ~~[illegible]~~ very indicate of
softening tubercle. Moist advent. sound or rales
are moist crack. var. forms of bub. Moist

, 1st hash or bronchial 2 blowing, Hash
sound no longer soft, more blowing like that
of big tube. Expir elongated, sets product deep
in consol. of lung tissue wh come sound better
Blow often Rinds, simple & hollow. Test of
simple is aff in tubular bratt & pre consol
in the tubule both be the vesicular mur also
while insp sound intense & exp & is as long
or long the insp. Quality is alter a metal
ac character. & quit is tubular, 2 sounds
are in all vis of the separ by distinct interval
, another form wh is ten diffuse blow. in this
both sound are of bl., rough harde. Expir
is much prolonged. rythm divided, this
is met in all condit of slight consolidat. in
pre. in tub infl of lg, & also occ of dilated
condit of tubes. Class of sounds has no anal
in he Adventitia Gutt in cells in but on
in vomice or in pleurisy. Of 3 Rinds. Or
sinovit, & pleurite, this in ~~ab~~ pass as
ronchi & rales, some use the eqn. ronchi
& rale as ach in insp ~~&~~ & or hinds bath

ar. 3 in mumet, m be al in leg chin sent
or 2 in ale in rythm. 3 quality may be alt
or resp may be modified in all three 1st of inter-
ly, sounds may be exaggerated or purile. sound
intensified & expira prolonged. heard when
in fruits of neg part or opp lung is impair
by disease Cha are harshe, more intense
expir prolon. 2 inter may be weakened
with an oth quality impa. this occur in
empty stronchi. is a consequ of obstruct
3 brat may be alt supp in cases of pleu effu
or in pneum thorax also in case of tumor
in obst of bronchi we shall have it suppress
Ass shr study the mean of rythm for each
of my be jerking rythm. My be divided as to
dist chr as that tin sounds are separated. this
form is of interests since from one of each neg
ing rate of insp to exp alter. insp to exp 3-1
but in some case as emphys insp shortened
expir sound lengthened, prolo of expir son
is the same obst exists 1-fra, Alter rate may
be prod by any the pt for free eyes of air. Most
exp mode are the of 2 in ale in m

Summer complaint

℥ß ℔ brandy to ℥viii gruel.

an astringent powder for child xv months old

Put cretaceous xii, Mg powder ii g. Put ipec. co ii into six powders. one every 4 hours

change of air for summer complaint; feed well

, take from breast for a little, let it nurse

but little at a time, a minute & often every

15-20 mins. Remedies, calcium for vomiting

small doses. another is sulphite of soda

aplicatum by this, or carbol acid or Creosote

mouth is bathing the child eg morning & evening,

Cause, Great is hot weather, had bath his

summer. have escaped. How it acts differ

to say, Why in teeting children? a fallacy not the

cause, but changes in canal. development

of glands of stomach for animal & mixed

food sowing to these changes in canal that

easily disturbed, a rapid development &

slight causes disturb them, a contagion

of the age of the child & brain of healthy at

19-12 months of weak & cutting teeth

with difficulty or weak, Reason

for heart. the differential stethoscope. On listen to side of chest, two sounds in respiral. Use an. insp & expir sound. In health. Use sound the fir. insp is soft continuous & of a gentle bra. 2 is somewhat harsh. shorter in duration & less intense, moreover the two sounds follow each other closely no interval. Sound in expiral is shorter 3-1 vec. in mod age has insp infl. in ear chil & inf. sounds more intense. expir especially so. vec met in disease & named puerile respiral. or exage. In advan age intensity of both dim. insp lessened & expir increased. This modification due to gra insp air of flash of lungs. In vari reg the cha vary in health, thus if over up part of sternum we loss breath cl. of pulm resp & resp by intens hollow & dover sound. The two sounds of nearly equ length insp my be her the exp. This is termed tracheal breath. There is an interval. Ove dim of trachea are somewhat softer but also rese it in being of hollow quality & more intense & then an appr interval exists. In dise condit always be careful to inde to appr the modification breath undergoes. Also end to ascertain wh any new or adventi sounds are heard. Mod wh it a

Pterygium

Quand compartiments & ulcères & Alun 2 g t ℥. alum. pour et s. mitd en attaque cure du reste stimulants but mitd. alum gr iv t ℥

Amphoric nc its name from resemblance
gs y or an ill offer over empty space. If ch. ch.
snod disk will an the flip the you get it
This heard or cavity of inside size in chest also
heard under different circumstance, y in pneum-
thorax, Also has a tympanitic so called
from its drum like resonance. The ch. bell typ
& ch. by tymp is meant a drum like sifles more
prolonged, heard in extreme distention of abdomen
21/1/71

Auscultation

in two ways. ent by dis app
cn to surf of chest wall or by tub. with ind
instrument. called mediate ausent, In
Chilo the unione is advantageous & in person
whose chest walls are very thin. well to fair
lung with both methods, Usually the lethoscope
is preferred. The simplest form made of some hard
wood cedar &c in one piece, hard woods as ebony
are obj. colourable. gutta-percha is good. In choosing
be guided by own feelings. Dim of Hyde salt. Eng per
flat chron, other forms have been devised, some ingen
the binaural is said to be good but caused buz. Auoth
is an elastic tube good in those person who cannot get
up & assume the [illegible] posture. Another form (Gardner) is

be indoor from any cause we have this note
This type of hardness is ob in case when an
excess of air in cavity as in apex of lu & is
bounded by dense hard walls. 4 type of is chr
of extreme dilat of plen & ac with air. the
muffled tone, & it is extra resonant, as in
pneumothorax, but may be the muff
and the air by that thorax is extended to utmost
it lowers the pitch & lessens duration. The
Inculum case gradual is allowed as to need
a spec design, a wooden note for instance
a case of deep inds. 2 over modif of hollow
note. the van tubing, amph, & crack pot sound
may be mimt by crack to had in Rule. Just same
may be obt in chest of young child while crying & by
percussion forcibly gone. When sound is here it's
in foll cir. A cavity must exist of ... size
has thin wall. anfractuous & when inner
cir as in this condition, wall thin & dn. & near
surf of chest & commun with trachea. The
Dubular is a var of tracheal percussion note
same note may be made over lung bronchia when
any is sold betw chest walls & cavity.

and simultaneously a development of fibrous tissue granular fat &c which belong to a low order. Similar changes occur in lung liver, & heart & vessels, cranial bones thickened, dense & porcellanic. These changes may be due to a kind of paralysis of those nervous branches which especially preside over nutrition. Probable also that changes are due in part ~~to the influence of the continued ingestion~~ are due to a chemical interference with the course of oxidation of tissues. The balance of evidence is in favour of the view that a considerable portion of any dose does undergo oxidation in system & that to its diverse from its ordinary purposes of the inspired oxygen must be ascribed the diminished activity of elimination of CO_2 urea & acids & bases of the urine which occurs in alcoholic poisoning

[illegible]

ran on heat. In left wife man, slowage
tymps or amphoric quality. Or che it is
mod by inlepors of tone, then upp p of stem
& in sup it is mod by trachea & her a hollow
resonance. A type where note is obtd by pe
on trache. In stating variations should also
remind, that exist of practised rib modifies
some extend & also when percussed in inte
cos phee on both side not on rib in one
space in another. For pract purposes 4 types
were are adopted. These are. 1 relativness or
dullness 2 extra resonance. 3 hardness
4 muffled tone. In 1st fund che as all
rules diminished. pitch was quality
harder. Ch 6, Ply cond ar anion of air
diminishing as when we have consolidat
in hepatization. 2 type extra resonance. anion
is increased while quantity of air is incr
the pitch is low qual is softened, due to prolo
sensible diminished. This inside a mod
Eale excess of air in chest. 3 of hardness
when of sound not much changed but
cons as it do with solid in pitch is raised
Quality hardened. Ch. & rise is inc

Dr Laycock. D.Ts Edinbr med Journal vol IX 1858

Eyes characterizing the drunkard

On cirrhosis & kidney disease in D.T. see p 74 of Ky II vol

Dr T formerly believed to be caused by an intemperate leaving off his accustomed drink

Pathology of D.T. 1st Poison & exit its morbid influ in 3 way 1st on mucment of stomach as treatment 2nd affects the movement & vitality of the blood & through it all the organs, 3rd the nervous cent. independ of the ill effects of mal-nutrition & a certain chemical attraction for alcohol which is found to accumulate in the tissue of brain

In stomach & intes. permanent congestion exhaled secretions, & degenerate changes in sub-mucous tissues, disappearing of secretory structure & hypertrophy of connective tissue. In blood it increase amount of fatty matter & pronounce compl. of organs. That of liver lung & spleen partly due to altered relations between blood & tissues & partly to paralytic action on vaso-mot. N.S. The degenerate changes in organs may be due to the influ of the alcohol on nervous system only. In brain, medul. &c. an atrophic modification takes place. nervous tissue wastes fluid is effused into the ventricles & the arachn

an emphysema a clear note. On contr. whenever
lung has lost or any solid here are men in dull note
Take into acc. that cond. of chest walls thin will
infl. the tone. Fat chests be dark that most thickly com
with muscle will have dullest note. & oth. clear
note. In this sign when solid ogans are overlap by thin
layers of lung that a light pecus will bring out clear
in one & being blue will bring out solid ogan beneath
Obs. also that those pats. morts thin cor. inf. et
inf. can &c will yield clearest note on pecus
These alone are insufficient in themselves. It is
unfor thing that in study of dis. of ch. should be bere
with so many difficulties much time & tedious
detail has to be gone through. A clear pecus note
& hath an often consider symmon. The ar not
of the observe in case of lung vomica is set the
it is clear on that side than on the healthy
What is meant by clear is impos. to describ
one means one. In study pe. remem. sound
made up of 4 elements each must be attended to carefully
Cannon or inter. of pecus 2 pitch. 3 quality
4 Duration. my app. mine. but it fac
the knowledge. what is mean by cannon?
almost all [illegible] to when wet & [illegible]

they generally take from 2 - 3 to 2 week in proper
to dose taken. Exciting cause of D.T. the repeated
direct action of the blood charged with alcohol on
the tissue of N. Centre & bra. rendering them unca-
ble to discharge their functions proper & it may influ-
ence the oxygenation of blood.
The nervous enfeeblement produced in an ancestor by
excesses in drink, is reproduced in his descendants
with the effect of producing insanity in one, in another
epilepsy, in a third, neurasthenia in a fourth alcoholic excess
Sympt. On motor nerves influence of chronic excess
first seen, compl. first of a muscular inquietude
with may amount to tremor. Long before, nocturnal
dreams, hallucinat. &c &c. The patient feels an in-
ability to sleep, which probably depends on the condit.
of the nervous system. Further on he has persist-
ent muscular tremor, along first in hands the
anus lake, Excessive morning tremor is due
probably to exhaust from no sleep, with the
tremor or early cerebral symp. come on. Some
one is buzzing or rushing sound in ears, dull
headache, Muscae volitantes, Flashes of light
before going to sleep probable precursor of hallucinat.
Flabbiness of muscles of expression & red waley

of solid organs. Also remember that in pe allen side, must breathe it under same circum of insp. or expiration & if any dont belle t pecuss at end of expiration & inspiration, An art in del blows of t kind of note depends. Avoid awkwardness, dont let arms move about. pe for with fore finger of fore & middle finger. Blow not from elbow but wrist. Nece t like care that it is del at right angl t chest. not obliquely, occas happ ~~to~~ has to be modified, occ much force as in gelly crak pot sound. Another point in pecuss chest for mapn out solid orge useful plan to place one fin in it & one ~~[illegible]~~ of it & you ha a dull & good sound near it. A modif of pecuss useful is a comb of auscul & pecuss let app on heel & ~~[illegible]~~ pecuss from dist towards stetho, Principles of percussion are n. If thro we amp & con with but air would g a clear drum like note & on con of thorax fill with solid would sound dull, The Thorax cont neith air alone or solid contents. but lung light porous organs The more air ger spea wh chest conte clear will be percuss. less air the dulla ~~[illegible]~~ h inch or fore thorax w be clear dr lilly note

Dr Tremens

Fatal result of exhaustion from acute delirium or slowly progressive of nervous centres or of some important organ of nutrition.

In large doses its influence is in the direction of paradysis, suspension of nervous activity, & this very suspension, increased by other sources of deficient vital power incidental to the chronic is a sufficient explanation of the nervous debility which brings about the delirious crisis

The phenom. which we have to treat under name of Dr Tr are due in 1st place to direct action on nervous centre of blood over charged with alcohol & the blood itself cannot in this state absorb oxy readily, under this influences the nervous tissues become unfilled for their functions. It is counter balanced by the eliminating of the alcoh. by all the excretory glands & spec. Skin lungs & kidneys. On the activity of these organs depends the the impurity of the drunkard form all effect of alcoh. Order of effects of alcohol. Reynold. Vol ii p 66. The kidney eliminates largely in a case of profound intoxic. as much as 1/4 - 1/3 of dose taken leaves the system by Skin, lungs & kidney in 4 Phys. no trace after this time. This is different from other subst. eliminated in an unchanged form

18/1/71

Percussion is the opposite to in infr
in one or dim of an in pts beneath. the limits
of solid organs & pres of solid grow & by effusions
to pa succ cert pecuit as t mar of only ext
is pl. per ch be in stand or sitting posture
which & auto regions make stand up head
want arms loos. For lateral rge pe cross hands
over head while back. make sloop forwards
Can in percuss the both side symmet disp-
osed & also carefut that mus ma stat of
elaxation - percuss alternate each part
as t act itself the pecus g. de into tin va
media sim. sim per fy. rarely resorted
& now This is objection. painful & exp a dist
a cas useful. Mediate percuss. is with lips
is thing nec an inst to place on chest & a bar
to stroke, a pleximeter small ivory plates
& a small steel hammer Gibson's spring plex
meter. These methods are more showy & not
more useful that finger, fore or middl. it can
c adap to any part of chest & you find of dge
of residue, Place in cont with chest wall, one
with them, light on it. percussion note va in an
& bodin deg by thin Also carefut in remem pr

Denviers been an intemerate man was in Hospital previously anasarca (gener) to moderate & he about 18 moth ago. No history of an acute attack

McCabe was in Jan 12 month with muscular Rheumatism got better & went away & no symp of Phthisis. Came in that in Febuary or March last & was then emaciated & pre all sign general & physical of advan Phthisis. Said he had been coughing & spitting in sure & wasting & losing strength. very profuse & peaven

Buerg (Augen). was in Hospital before with heart disease a mitral mr & weak & irregular pulse, dyspnoea & precordial distress & cough & no dropsy. Then

Breath may be thorac from other cause
anyth wh distend abs as p of ascites
tumors, may send it thoracic, Now abs
both to detect any departure from symmetry, const of expansion or retract
expan occur wh of one side or local, bulgy, Exp takes place in pleurisy effus
on both sides, or on both side. Local bulg
due to any cause pusses it out, cum
cum emphysema, Hall or rela
wh ea lung tissue is const or unpe-
nowns, as tube deposit abscess, cur
of In this rela of chest occur, One meth
od in det degree of expan is pla pal in
ch ssp be hind & take ha of cla as grad to cy
Other point. condit of sup veins of the ope
ca of the vein of neck on that side distend
Also detect an abs pots, type of heat
One point more, is that in excess of sup pa
of the hear an app of pre. pal in 2 interpa
is pred by wave like impulsion from cds
of pulm artery & ind lung & the to parietes
in chest

Hygn from 1775 & comes in sea head defs
that sun with leaches what is key to ensure health
& to prev disease of mind & body. The body mind
connected. Alas he is who, this defunct wide.
Medicine could only entered on here. Most ppn of
preventable or avoidable disease. Comp the in Gr Bn
is 17 per 1000 wh in New York 35-45, 1000 admit
that by fm such water advantages. A Br work
one of Gr 0 is watch death rate in detail, watch
from month to month for epidemic & thus done
make known. A law the high death rate the less the
sickness rate, from duties of proper. unpr of
wh & control sickness. In large cities the drainage
sc are dete by other persons. Present of import in
other this is effly guarantee. Far inland no reason
no excuse.... James Bovell MD MRCP S Bovell FRCP
In main Dr Hammond.
1st agents external wh act on heat
II " " inherent in organics
First agents external to organ their age & impact
will cover fr Sud. (a) Water (b) Air (c) Food
(4) Soils & climate (5) habitations, Hospl &
(6) spear epidemiology II. Race. Temp. age...
sex. hereditary lend. Habit & constitution

schoop shear. In man abdom. In
women it is thoracic. In full inspir
the walls obse to dilate & move of the
wall comm. befor abdominal. Dur act
of inspir ribs are mov upwards on long
axis & at same time the bord. of the
ron forward thes called eleval & exp
ansion movements. Gibson showed
the dung insp the up ribs into a
sp were narrowed in inspiral whil
those of lower were drawn down & inlecos
to space widen. Thes not now held
may be my causes wh will alte nor
exp sel. Anything wt part lay gonfilly
with prevent for ofting has lost it
elasticity mor with not lick place as
in vesicular emphysema. So also in
Pressa of ancn tum or enl bronch glands
Much my to lea by watch chs of breath
In all case when rendered incapable or
from injur of spin plural inle costal
mus. will pr expansion & mak brath
abdom. But if ~~from~~ enl thorac this
case in infl of vowels infr pr use drop

Empire of ly need not be wrong for all the
ry exam insist. Taught as spear & its value in
all med. is fully recog. Must be acquainted with facts
of care James Bovell. Known causes he sor be
not to know as if it shall be permitted to an effect
follow. ~~James Bovell~~ Pain urged to a national fact
put own shoulder to wheel. rep the best course to dis
be employed interval in planning & in. my to fixed for the
causes of contagious. The import of it will be further recog
in it. Aim of ry Clin man. to prove. the good for gr
number, in calm what good can he do. again universal
act. ability. No matter how rude or how civilizing no where can not
be increased. Disease & death are part of Divine scheme
we can not diminish dis or hinder death. & more a
process of decay, from vastness of system. Hygiene
not an exact is bisectrix different. & as in other ry
points they differ. by opinions before you all be
still unsettled problem. the art fundamental but
No medical ry doubt proper medicat, still the cura
ing of Hygiene. In time of war it is that acquire with
the pre of importance. the boy & old man. look for
removal of all causes of disease. Ten mutual sen.

as low as 11 rib before on right side liver
& on left the over quart of rib & outer
on the spleen; Inter supra in middle
to dorsal spines for 2 to 6 there
contain the trachea who bifur. main
bro glands, the aorta, & part of lung
these form total. Now next step should
be inspect it look it over, to observe
form its proport. symetry. mann of
respn acts & any abnor deviation or
deformity. To perform it, should be seated
opp a good light & see that arms drop
in symetrical & back on ~~[illegible]~~ level
Much to be leaned, Chest des as cone point
upward, should bro sides opp to cy opp size
the supra cla sp sligh boll. infra cla
somewh conv & Inter cost sp more or
less visi salen nbr during insp or exp
Low sh rgn some what depress & any
of false nbr should be equal on both sides
Few chests present all these characters
My congenital deformities. The kind
of bath should be in. whether thoracic or
abdominal of other sets of muscles this

night. Pulse 92 Temp 100

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

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

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

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

Ant. many of thing near meet at midst
in an app. sternal region & full insp.
Below up sten. region right an bord is cont.
vertically downwards, bord of left slope an
opp. 4 rib to form supp. cardiac ip.
Lateral regions are bound anti by
vertebrae & posterior by line cont. with ex. ter.
bor. of scapula, this is de. int. ter.
by line cont. with lower bord of mucy
reg. int. axill. & infra ax. Axill.
at by apex of ax. ant. by vertebrae &
pos. to be cons. to pa. bor. of 2. Cont.
post. part of thing & more deep by large
to. Infra. at low bor. of ax. & below by
ma. of false ribs, this cont. on right side
an on left spleen & large end of stomach
also lower border of lungs & top back side
Posterior region di. int. two tail. ter.
by ter. fro. 2 dorsal down to 6, on rith side
of this we have an app. & low scapula
an infra scap. & interscapula.
Infra scapula is bound below by edges
of 12 ribs abo. by angl. of scapula & 6 dorsal
2. ~~below~~ at upp. part on both side thing

that amputation would be necessary
but finally it was decided to excise
16th " Having been placed under the influence
of chloroform Dr Reddy proceeded to remove the joint by means of two incisions
one extending about 2½ inches above &
below the olecranon & the other at
right angles to this towards the outer
side of the joint only. The olecranon being
snipped off with the bone forceps & the
arm forcibly flexed the lower end of the
humerus was removed & the upper
extremities of the radius & ulna. There
was not much bleeding & no important
vessel to ligature. The wound was dressed
with carbolic acid, the arm being in
a semiflexed position & supported on
by a rectangular splint. He bore
the operation very well & was able to
walk back to his ward. Every Pul
Temp
17 Doing very well, comparatively easy

At lower borde of pul. class region we find
close to stern: aortic valve & above this
at extr. ede of stern the pulmon. vab. The infra
Mammary region bound ab by low bor of mamm
& below by curved line corr to low borde of fal
se ribs, Lim towards low ang of stern & outer
vab. On right side the lim. overlap to var
dy to low borde of lung. On left side stomach
spleen & also in middle in a small pos
of left lobe of liver lying and to st
Episternal region is bound bet by notch of
stern on each side by and bound of stern mas
entirely filled by trachea. At infer ang on right
side innominate art. & at low borde son
ets the arch of aorta, Upp stern region
all pos of bone above level of 3rd rib
Lab bound the of bone. In this ascend
sta pos of arch, who of pulmon art
post of right vena minor, the left & also
trachea. At lower border we have aorta &
pulmon valves. Low sternal re is fr
by rest of bone. At mid sternum close to
upp bound we have the mitral & tricus
valve, also right ventricle below stomach

Excision of Elbow

James Foley æt. 70, a hale & youthful looking man for his age was admitted into Hospital on 1st June with case of lower end of the humerus & general disease of the elbow joint. A large sinus existed opening just above the inner condyle of the humerus, in this a probe might be passed directly inwards felling the denuded portion of the humerus or downwards directly through the diseased joint. He was a good deal of infiltration about the parts, an abscess formed at the anterior aspect of the joint which was opened. He received an injury on the elbow, falling back on a heap of stones two years ago. did not feel it much at the time, but ever since then has had occasionally to stop work not the arm. About six weeks previous to admission to Hospital it got more inflamed, suppurated & burst just above the inner condyle. It was at first

& low borde corresp with base of heart, Bronchi
pt opp 2 costa cartil, right at second ost
Mammary bound by line br of 3rd & bel by
6 rib. Late bon edg of sternum & lower borde
is de by line pass down & back from arte of 6
rib with sternum, Mea on right contains lung
liver con by dear encroach rises in full exp
to bor of 4 interspp. Close to edg of ster a port
of right auricle & up & right angle of right ventricle
On left side / left ventricle & small port of apex
of right ventricle & at lower pt stomach & spleen
as lin as 5 rib. Dive of right lung in top of
& mid lob is opp fourth rib & from this
lung slope up & back, dir bel mid
& inf lob comm at 5 interspp & from the
first slopes up & back. Lower bordr on
this side corresp with low ma of mamm
region, On right side anil mea pass
down as low as level of 4 rib. & pass
out & down to 5 rib. It then passes mw
& forward as bon as 6 rib to vertical
line of nipple & slope outwards. The
superfic cardiac region

11th Slept well, eruption progressing. bowels moved in the night. Tongue white creamy Pulse 60, Temp 99. Complains this evening of the throat, spits up a good deal. P: 60 Temp 100
11th Uneasy night. Papules maturating many more showing. Throat swollen & sore (M) Pul. 78. Temp 99. Ordered the following gargle for his throat. Pot chlor ℥iii. Sodæ Bibor ʒii Pot nit ʒi Tinct Myrrhæ ℥iss Mell ℥iv Aqua ad OII. The face is beginning to swell & temperature going up E. 101 2/5: Pul 58
12th. Better. Slept well. Throat not as sore Pul 76 Temp 99½. Eruption splendidly out. not very many papules. Fells very well Pulse E. 52. Temp 98½

140 1 8 12 14/1/71

120 7 84 to ℥1p ℥1p 12/90 L

Divisions have been marked out. Rhinoid of them is simple but neccessary. Chest dr in 3 rg. Ant. late & post. Ant dr from lateral. by vert line dr down from a normal angle, & is fr sub dr in sup ct. infra ct.

epistle up & down

Supra clav is defined by line drawn from outward of elat upp rng of trachea on inner side, sine bound by inn in of pleu cleido. In this ~~pp~~ summit of lung lines on right than left. Contain part of subcl & earth. ar & sub c & in jug in. Clavid rg cor with that part of cer wh lies on lung sub. inner half on right side are inn at slen art. & at outside subcl. On left side sub & cor lie deeply. Infra ct region bound out by sternum. below by lower bor of 5th rib & exte by vertic line fr in acon p. This dr in to side. Corn with up to be of lung on right also sub vena cava & a part of arch fourth. On left side lung sub

Thom Burke's sailor admitted with
Impetigo. On 7th he complained of a slight
headache & took this bed in the afternoon
had an uneasy night; felt worse in
the morning, pains in back & legs, some
vomiting, bowels confined, high fever
Temp. Noon 104. Even 104 2/5 pulse 104. Ordered
haust nig & mixture. Liq amm acet ℥ij
I. Aconite gtt xii ℥ß ev 2 hrs
9th Beller complains of his head, bowels
not moved. Temp Morn 103. Pulse 88
ordered 8 grs of Blue mass & an Enema
of soap suds & turpentine. Even Temp 101 2/5
Pulse 92. A few suspicious looking spots on
his face & abdomen but having the impel
igenous rash it is hard to say how they will
turn out. 10th Bowels moved one in the
night & again this morning but not much.
Spots out, the characteristic small pox in
Mid Temp. 98, Pulse 56, feels better, ordered
Liq amm acet ℥ij. Pot chlor ℈ii. Sp chlorof ʒi
Syrup ℥i. Aqu ad unc ℥vi. Pulse (E) 64. Temp 100 3/5
Eruption coming out well most on face & arm

Clinical Medicine

Prof Drake

Montreal Gen. Hospital

1 oz [illegible]
1/2 oz [illegible]
1 [illegible]
1 [illegible]

Sodium chlor
Alumen
Hydrog. peroxide
aqua ad
[illegible]

20/

McLean 20/. Doing well, very little discharge
appetite good the last stitch taken out.

Bailie. almost well, thing still
little induration over the periods of
inf. in axillary

Felt better, eat a good breakfast; feet
much less swollen, no headache or cough
not up more than 10 hours since yesterday
eyes puffy when he woke [illegible] 48 oz

Mr. Fish 6 oz
1 oz
Craig
Cummins (?) a 10 oz
5 1/2 oz 0 7 2/2
Keys 3 6 Ge, da ~~lbs~~ 4 lbs ~~oz~~ 6 oz
Crepital w ones 10 oz
in left side of ... cavities on apex, extensive
(16)h P 12 8 ... tubercule throughout
... st. softening at the free margin
of middle lobe, hypatisation of the
front of the lower lobe of right.

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

Brain weight
~~50~~ 50 oz

...onchial glands much enlarged mel-
...stic, Kidneys
...ii, good deal effusion, recurrence
... weight 50 oz

Ex Pyrit Mind 3 iv
Ant Bacillus 3 iv
Ant Tuph Cit 3 iv
Wing Cent 3 1/2 ...

amm chl.
White precipitate xv to ℥

26th

Wilson cause in carbon vol. C_6H_7O
had mentioned quinine. Sunday by amm acet ℥ ½
by ℥ vi. 2 pt Dieffen
for 3 o hour before dr in great distress
positive easy. Pulse very low 140, weak
small, seems great
has seen every fine day & had to have
water drawn off. Eyes bloodshot, Bowels
opened

Acid. Mur. m xx
Syr. Lime ℥ i
114 ½
Digitalis m x

1 oz salt
1/2 oz of alum
1 gr of Corrosive
1 pint

Sodium chlor	ʒ iv
alumen	ʒ ii
Hydrog. perchlor	gr ½
aqua bot.	℥ x

Quinine Nitrimich urine. [illegible]
[illegible]