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6

Practice of Medicine

By  
A. F. Holmes M.D. Dean

Leipion 1836-54

~~James M. Garry~~

Notes

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 Hiram Morse Mr. M B. Morris

James M Garry  
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Mr. Student - to Mr. Morris

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# Theory and Practice of Medicine

Dr. Holmes

Notes by James McSweeney Sept. 1856-57.

Monday Nov 10<sup>th</sup> 1856 Monday Nov 9<sup>th</sup> 1854

The Practice of Medicine is divided into two parts viz.  
Pathology & Therapeutics or the Nature & Cure of Diseases  
Pathology is divided into General & special —  
It is also divided into semiology - etiology - Prognosis, Diagnosis & therapy  
What is Disease? Health and Disease are but relative  
terms. What is health with one is disease with another.  
Health is very variable. It varies with age, sex, constitution  
etc. Disease can only be known by a comparison  
with health. Health is the harmony of all the  
functions, it also requires that the structures are  
healthy & sound. A deviation from the normal  
structure constitutes a disease of structure.  
Dr. Wm. Thompson's definition of Diseases  
In a state of health a living body it is capable of per-  
forming all its functions & actions in an easy & un-  
dermined manner.

Disease is an effort of nature to carry off morbid matter from the system & thus prevent death. Simon says a living body in death has the power of reaction & of maintaining its own structure. Irritability is one of the properties of living matter.

Disease is an excess or deficiency of actions or per-  
version of action.

There are primary or ultimate & secondary elements of disease.

The secondary

Is  
James M Garry  
Medical Student  
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John Charlton  
John Charlton

Diseases are divided into <sup>of structure</sup> Organic & <sup>of function</sup> Dynamic.

The organic cannot exist without Dynamic.

Dynamic diseases produce organic - Most diseases are at first dynamic.

Thursday Nov 11<sup>th</sup> 1836

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Symptomatology or semiology are synonymous  
according to our author a <sup>Symptoms are</sup> symptom must be pro-  
duced by a vital action, a person coughs and  
this is necessarily a vital action, but on listening  
to the sounds in the chest, he perceives a pecu-  
liar sound, this is called a sign. It sometimes is ne-  
cessary to join several symptoms to make a sign.  
We are to use these terms as synonymous.

Physical signs are those examined by the hand or ear  
or eye.

Pathognomonic  
Pathognomonic signs or symptoms are those which dis-  
tinguish of themselves one disease from another,  
and tell what it is. They are but few.

Symptoms are either Positive or negative.  
When a symptom is present it is positive but  
if not it is a negative sign and sometimes of  
as much importance as the Positive.  
Symptoms are also subjective, objective, <sup>experiential</sup> diagnostic.

The subjective can only be known by  
questioning the patient.

Objective are of more importance than the former.  
They are not gained from the patient, but through  
the physician's own knowledge of his but appea-  
rances are sometimes deceptive and should not

be altogether dependent on. Hypocratic face consists of sharpened nose depressed eyes & temples, thin ears, paleness of face & Ricus Sardoniacus met with with in abdominal <sup>inflammations</sup> especially of Diaphragm. It consists of a tightening of the upper lip over the teeth giving a peculiar grin to patient.

Wednesday, Thursday, & Friday extended to Monday  
 public holidays, in order to celebrate the occasion of the opening  
 the Grand Trunk Railway from Montreal to Toronto.

Monday Nov 14<sup>th</sup> 1836

The hands & face being more exposed & more easily  
 got at, are usually looked on as symptoms of dis-  
 ease. The surface generally should be examined.  
 Fullness or thinness, Hot or dry, &c.

Dr Pemberton has remarked that "in disease of the  
 blood making glands greater emaciation occurs  
 than in disease of the glands of waste."

In some diseases such as paralysis, the Empor is char-  
 acterized. Responding is a bad sign and the prognosis  
 of the patient is generally true.



Respiration may be changed, the average is one to 4 or 5 beats of the pulse, may be quicker or slower. Thus we have the Respiratio celer, & tarda,

When there is any obstruction it is called Dyspnaea, and sometimes the patient can only breathe when standing this then called orthopnaea,

Voice is a valuable symptom. In latter stages of cholera the voice is lost. Some persons after a diarrhoea partially lose their voice.

Cough & expectoration are good signs

The Heart

Thursday Nov 18th 1836

Symptomatology. Abdomen It must be examined externally to see if its form is normal. When percussed it may give a dull or sharp sound. & by this means diseases of parts contained in abdomen may be determined with great accuracy.

Auscultation & Percussion though not so much employed is equally useful as in the chest.

To ascertain enlargements in abdomen the patient should be placed so that the parietes shall be relaxed.

Vomiting may not be caused always by disease, or derangement of stomach, but by remote causes, as Diseases of brain, a blow on the head.  
Tenesmus is a constant desire to go to stool without having any motion, is very distressing.  
 Sigmoidal tone the faeces hardened & in balls.  
 The faeces should be examined.

The urine should be examined as it affords many symptoms of disease. Thus we may find sugar in the urine, & the urine very heavy & opalescent.

The urine should be examined by the microscope. The urine may contain blood which may come from the kidney, the bladder or urethra. It may contain pus. Urea may be wanting or in excess. When wanting it is retained in the blood & poisons it causing death. In diseased spine one of the characteristics is a quantity of white matter in urine.

# Diagnosis

1. At the discrimination of one Disease from another.  
When we are called to see a patient we must first  
remark the symptoms under which he labours.

Then compare these with others & draw your in-  
ferences therefrom. There is a difference to be borne  
in mind between the prological & pathological Diseases.  
Thus jaundice is one of the former, this skin is yellow  
&c. But we must go deeper, we must ascertain what  
causes it, because it may be produced by various  
causes. Prological is the name Pathological the  
cause & morbid condition.

2. You must have the history of the individual & his  
complaint, see his constitution, ascertain the  
cause if possible.

Metastasis is the tendency which some Diseases  
have to migrate or change place, such as tuber-  
culum &c.

3. You should examine & see the effect of <sup>remedies</sup> medicines  
given, such as in blood letting, some persons may  
loose a good deal with out effect & vice versa.

Thus in inflammation, if you are not sure, bleed  
& if the patient stands it well, it is inflam. if he does not  
it is not. This used here not as a remedy but to assist  
Diagnosis

4 Post Mortem examination is a valuable <sup>aid to</sup> diagnosis but still it cannot be altogether relied upon, as in epilepsy, which is due to some disease of the brain, at P. Mort. we cannot determine the structural change which caused it, Morbid Anatomy however is the great corrector of all our former opinions of disease.

Complications of diseases render a diagnosis difficult. While we are treating a disease, another may be latent & not show itself till the first subsides.

Disease may be feigned, but there is generally an incompatibility in the symptoms.

Wednesday Nov 19<sup>th</sup> 1826

Prognosis (Prognosis)

Divided into empirical & rational

Rational combines experience & symptoms.

Empirical only regards symptoms.

Prognosis is not confined altogether to the result of the disease, but also to its course, whether curable or not & the probability of other diseases recurring.

"We must also have recourse to diagnosis, example two patients have cough one may be phthisical the other not. When a disease is caused by some organic disease prognosis is bad, but when dynamical good. Age, sex &c must be taken into consideration. The presence of the Catamenia in disease is favourable, but its suppression unfavorable & it is liable to stop in chronic diseases. Constitution, Temperament & previous conditions of body must also be regarded. Previous disease also. The mode of invasion of the disease, the cause, situation of disease, extent, Progress & rapidity, regularity & irregularity, Critical Discharges

Connected with Prognosis is the mode in which death occurs. There are 3 vital organs the Brain, Heart & Lungs called the tripod of life. Boerhaave defines life to be the aggregate of the functions which resist death. He divides life into Animal & Organic. Organic life may exist without Animal, but Animal cannot without Organic. Death is always caused by the blood, either by some decomposition in itself or by some obstruction to its circulation.

Monday Nov 20th 1836

Death is divided into three caused by affection of Brain & Heart & Lungs but Boerhaave's Division might be extended greatly as those arising from disease

of spinal marrow and those of the blood itself  
 Syncope is either cerebral or cardiac. Syncope  
 is produced in 2 ways viz want of nervous influence  
 on heart & the blood, which is the natural stimulus  
 of the heart is taken away & thus affects the heart.  
Symptoms of syncope paleness of features, slow pulse  
 cold extremities, cold sweats, pupil dilated  
 vertigo, tremulous aurium, delirium, convulsions &  
 death. also nausea & vomiting.

This may be caused either by bleeding or by con-  
 traction or relaxation (excess) of ventricles.  
Shock some accidents may cause death immediately  
 by acting on the heart as striking the spinal marrow  
 in the brain &c. drinking much alcohol or when  
 very warm drinking cold water, act by shock  
 to nervous system thence to heart.

Shock is either corporeal & mental  
 Gunshot & wounds though not in a vital part  
 may be fatal by the corporeal shock they oc-  
 casion, as in the liver.

Asthma

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In death by starvation a transition the alimentary canal presents appearances of inflammation, but it does not, if the animal be allowed to drink

Asthma or apnoea brought on by disease commencing in the lungs. When the passage of air into the lungs is impeded or its change prevented it causes apnoea. Tetanus or paralysis of the muscles of ribs may cause it. Symptoms a feeling of extreme uneasiness which does not last long then follows a rather pleasurable sensation which is soon followed by insensibility and ends in death.

Causes Bronchitis, pleurisy, pneumonia

Friday Nov 21<sup>st</sup> 1836

When the brain is the medium through which death comes on it is called coma. This may be caused either by the absence of blood <sup>in circulation</sup> or by compression when the vessels are all much distended & compression in anaemia, or poisons in the blood.

Symptoms of coma. The functions of the brain may be stopped and yet the heart continue acting. Apoplexy. Coma proceeds fatal by apnoea but is different from apnoea by being caused in the brain while apnoea commences in the lungs.

Previous to coma there may be excitement in the brain  
 as when opium is administered. All voluntary ac-  
 tion is abolished. Stertor is present.

It is sometimes possible to prevent death by apnoea  
 by artificial respiration. This is very useful in pri-  
 soning by prussic acid.

Apnoea may be brought on by affections of the me-  
 dulla oblongata at above the origin of the pneumo-  
 gastric or below by asthenia or exhaustion.

Etiology or Causes of Disease

Causes of Disease are divided into Remote & Proximate.

Proximate cause is merely a synonym of the term Disease.

Remote cause are divided into prepositional & exciting.

	681	
	77	
1 Hereditary tendency	77	
2 Temperament	77	
3 Age	77	
4 Sex	77	
5 Debilitating influences	77	
6 Excitement	77	
7 Previous Disease	25	
8 Present Disease	P/B	
9 Occupation		
		6886
		821
		861
		181
		881
		816



Monday Nov 24<sup>th</sup> 1830

An exciting cause cannot bring on a disease without a predisposing cause.

Hereditary Pendency, Children do not inherit a disease from their parents, but only a disposition to it. When children inherit the looks & appearances of their parents, why may they not inherit a likeness of their internal organs. Sometimes the disease is congenital as well as hereditary, but most frequently it does not occur till some years after birth.

Temperament means mixture. The ancients considered the body & all bodies to be made up of Hot, cold, Dry & moist, and that all the fluids of the body to be made up of these. Sanguine, Phlegmatic, choleric, & melancholic, but the modern division is into the Sanguine, Lymphatic, & nervous.

Idiosyncrasy is a peculiarity in any individual & catarrh is a disposition to suppuration & discharge.

5297881 James M<sup>e</sup> Garry

Drummondville  
Quebec

Occupation & Diet. Climate In Hot climates  
the liver is continually excited & may become  
diseased if person remains long.  
In cold climates the Pulmonary system  
is very liable to affection.

### Debility

Exposure to over exertion predisposes to Debility  
Intemperance is also a cause of Debility. Disease

Nov 26<sup>th</sup> Nov at the Lyceum  
Tuesday Nov 27<sup>th</sup> 1856

### General & special Therapeutics Therapeutics

Quinine also patience example, arrest of bleeding  
from an artery by its retraction with its sheath  
or collateral circulation & Healing of wounds.

Therapeutics are also divided into Prophylactic & Therapeutic proper

Friday Nov 28<sup>th</sup> 1856

A medicine which acts in some way unknown in  
the cure of disease is called a Specific  
or quinine in intermittent fever

Medicines are divided into 5 classes

- 1 those which act on the circulation
- 2 those which act on secretions
- 3 or do to Nutrition
- 4 ————— on the quantity & quality of blood.

5 medicines which act on the nervous system  
 to the first class belong Stimulants, Tonics, & ab-  
 sedatives such as ant. tart. cold. blood letting  
 to the second class belong <sup>diuretics</sup> emetics & <sup>astriagents</sup> purgatives  
 to the 3<sup>rd</sup> class belong <sup>alteratives</sup> These are not well known  
 to the 4<sup>th</sup> various medicines which act directly on the blood.  
 to the 5<sup>th</sup> tonics, antispasmodics

## Inflammation. Phlogosis

Is derived from inflammus - to burn

Is sometimes a serious malady, other times only  
 slight, it is sometimes necessary & healthy pro-  
 cess as in the healing of wounds & bones by in-  
 flammation. It accompanies many diseases.  
 Inflammation may be generally considered  
 as a salutary process.

Dr Miller is a fermented condition of the  
 blood & blood vessels of a part, attended  
 with pain, swelling & sensitiveness.

Inflam: has 4 symptoms known long ago  
 Calor, tumor, rubor, dolor. Redness, swelling, heat & pain  
 When there is no heat, the inflammation.

Monday Dec. 1<sup>st</sup> 1836

## Inflammation

4 signs by which inflammation may be known, externally

Redness, pain, heat & swelling,

Redness may be absent, or present, in internal parts and not seen. Heat also may be absent but is most usually present in some degree.

Swelling also may be absent, but may be present in many other disorders.

Pain also is not a sign sure of inflammation but if tenderness be present with pain it is usually taken as the sign of inf.

Pain is of various characters, varies according to situation, is caused by the swelling - but if the swelling can take place readily the pain is much less, but if prevented by the situation of the inf. as in the tooth or ear, the pain is great.

Throbbing pain is usually considered a sign of sup-  
puration.

## Internal Inflammations

In int. inf. we can sometimes make use of these signs. 1<sup>st</sup> when it is severe enough it generally affects the constitution, causing fever

The pulse is generally quickened, there is a feeling

of chillings, and a sense of general soreness, & fever. The urine becomes scanty, the bowels torpid, a great degree of restlessness, and is called inflam. fever Cullen classifies the inf. fevers under the head of pyrexia

Under this head are arranged four orders viz.

- 1 Fevers proper
- 2 Phlegmasiae
- 3 Exanthematose
- 4 Hemorrhages & fluxes.

When a person has been injured & has fever the fever is then called symptomatic or sympathetic

When fever is proper as typhus & it is called Idiopathic known 1<sup>st</sup> by pyrexia, & topical pain.

3 Disordered function & Appearance of blood  
Pyrexia or symptomatic fever

The height of fever generally is in proportion to the importance of the part affected but not always.

When inf. has ended in suppuration and this lasted a long time it is generally followed by hectic fever Pain alone cannot be taken as a sign of inf. & must not be confounded with neuropathic pain.

3 Disordered function may go on to a great extent without any external signs, as disease of brain, one side may be greatly disorganized and the

other carry on its work. The signs may not be present in the part affected, but show themselves in distant parts

#### 4th. Appearance of blood

In inf. fibrin is in excess. The colouring matter has a tendency to separate from the serum causing the buffy coat. The coagulum is firm & strong, causing a cupped appearance, so common that it has been named inflamed blood - Acemites  
The arterial blood shows cupping more than venous blood.

Monday Dec 2nd 1836

Buffy appears on the surface of blood before coagulation has taken place, so coagulation does not produce it. Coa

Dr. Ritchie says that every all blood contains ammonia, & this keeps the blood fluid, but when exposed to the air the ammonia is given off causing coagulation. It is also supposed by some to be a vital act. The buffy coat not due to length of time in coagulating; it is due to a repulsion between the fibrine & red corpuscles, as when the blood is spread out on a flat surface, the fibrine is displaced to one side -

Inf. may exist without the blood being buffed  
It may not be buffed and infl. not exist.  
But if blood be buffed & cupped it is a good diag-  
nostic sign of infl. Obstruction of blood some-  
times causes the buffy coat.

Course of Inflammation.

It may <sup>or</sup> terminate either in health or in the death of the part

The terminations of infl. are 5

Resolution, Effusion, suppuration, ulceration, or morti-  
fication or gangrene.

1<sup>st</sup> Resolution is the return of the organ to its normal  
condition. There is a diminution of heat, redness, &  
pain. Sometimes there is hardness left. Sometimes not.

Wednesday Dec 3<sup>rd</sup> 1856.

Effusion commences soon after the disease, it varies  
with the kind of infl. It is at first white but becomes  
reddish, viscid. The Liq. serous becomes effused

& not only the serum but the fibrine, this latter  
coagulates soon & is called coagulable lymph.

When serum is poured out it occupies the exter-  
nal part, causing the part to pit on pressure.

This effusion in some parts may cause fatal re-  
sults as in pleurisy - infl. of membranes of brain  
Lampyris

20 When inf. is only subsided it is called  
Debilitance and this is not desirable  
where is a cure of metastasis.

Wm Holmes Dean of Med.  
Faculty

The pulsance of the effusion in some parts produces  
softening & sometimes doubling. Lymph poured  
out on the surface of serous memb, is capable of  
becoming organized & forming a part of the body.

Suppuration. When this takes place, Pain, Hard-  
ness & redness decrease, but in hard textures as bone  
the pain increases, The febrile affection also  
subsides, At the onset of suppuration a trembling  
or rigor occurs, Suppuration may commence  
in 3 to 4 hours on mucous membrane.

Pus is not a natural constituent of the body,  
When an effusion of any matter takes place  
of which there is the same in the body, it is  
called analogous or homologous, When not the  
same is in the body it is called nonanalogous  
or heterologous.

The formation of pus is a vital act, Some say  
that pus is formed in the blood, but it is gen-  
erally formed after effusion.



John M. Garry, University of McGill College<sup>21</sup>  
Montreal

Thursday Dec 1, 1836

Pus is an opaque, homogenous, yellowish fluid, is not tenacious like mucus, sinks in water, of a martial taste, & sometimes very disagreeable to the smell. Recently formed pus is alkaline, but becomes acid. It is said to contain py-  
me, but others deny this. It separates into two parts, serum  
above & corpuscles below. The serum is the same as that  
of blood & the fibrine becomes changed into the pus corpus-  
cles. Pus globules are larger than the blood discs, seen  
under the microscope, they present a wrinkled surface  
are globular & sometimes irregular

Chemical composition, in 1000 grs pus

879  $\frac{1}{10}$  water  
26

It is considered that pus has the power of dissolving flesh  
yet some assert that, it has not this power, but that  
it is a bland protecting fluid, & that it, by its presence,  
it may cause absorption (willer)

When pus is formed in a healthy person it is called  
healthy or laudable pus, but if watery & containing  
but few corpuscles it is called Acroaspus

When curdy matter is found in it it is called scrofulous matter.

Specific pus, in small pox & erysipelas.

Great discharge of pus may cause  hectic fever in which there is a tendency to diarrhoea & this alternates with sweating. When lymph is poured out, it has a desire to repair parts, but suppuration is a destructive process.

Pus formed in the circulating apparatus, it is called Pyemia, a disease which may be caused by phlebitis. In this disease there are usually large abscesses formed throughout the body, especially in the lungs.

Pus is known from mucus 1<sup>st</sup> by feeling either between finger & thumb, the mucus strings or stretches, not. Pus sinks in water, mucus contains no fat, Pus does. Pus is soluble in acetic acid mucus is not at all soluble.

Ulceration means the removal of a part of the body, some think by absorption, others that it consists in the disintegration of a part of any of the tissues & their sloughing off (Muller & Paget) almost the same as in gangrene, only the molecules pass off slower, others again that it was the melting down of a part of the tissues.

Ulcers

Friday Dec 7<sup>th</sup> 1876

Ulcers are divided into

A healthy ulcer presents numerous small granulations these increase & overlap each other so as to fill up the cavity. Sometimes an ulcer extends rapidly it is called phagedenic, when a part is separated it is called sloughing. Sometimes the granulations become large and are flabby called Gumous ulcer.

Prothification is employed to destroy not only the result but also the process. The portion which dies is called a sphacelus & that process by which it is removed is pyrexia.

When a portion is undergoing prothification the redness becomes brown & ultimately almost black, small blisters arise called phlictenae the sensibility of part is lost, pain subsides. It is sometimes greyish or greenish in colour. The part is soft & flabby. The process of prothification may go on to a great extent & yet life be restored to the part. When it is about healed the redness increases around the circumference.

Nature gets rid of an dead part by setting up an infl-  
ammatory action, ulceration succeeds, which first  
commences on skin & forms a groove round  
the part & ear. But nature must cut through  
the vessels, when thus amputating a part,  
but the process is so slow that the vessels become  
obstructed with a coagulum. They sometimes  
retract to such an extent that there is no haemorrhage  
even from a large artery. When a part is thus  
~~separated~~ separated it causes a shock to the system, which  
is called asthenia, when patients die of asthenia  
the pulse is weak, patient feeble & pale - great  
prostration.

Patient may also die from the putrid matter  
being taken up in the veins & absorbed,  
some patients die in a few days others live  
longer **and** some recover from the same ex-  
tent of disease.

Congestion, debility & whatever weakens the system  
generally favor gangrene. A diseased state of  
the blood as in scorbutus or scrimy there is a  
great tendency to gangrene.

Putrefaction in internal parts sometimes part  
is black, In intestinal canal an ash grey colour

De Haemorrhoe

is most frequent. Sometimes takes the colour of surrounding parts to sores, Arteries secrete sanguine. Mucousy matter of the intestinal canal are very liable to sanguine. Other mucous membranes are not so liable to it. The lungs are more liable to it than others. When a lung mortifies the pulmonary tissue the haemorrhage is dark red; almost black. something like liver mortification if liver is very sore. Kidneys also. In the bowels proper mortification is never met with. but softening occurs, which is supposed to be caused by a sort of mortification.

Diagnosis of Gut Mortification

When a patient has been complaining of intense pain & this has subsided suddenly - the pulse becomes weak - great prostration & we may conclude there is gangrene - but this is not a positive or universal rule. We cannot say by the mere symptoms whether mortification is going on or not. Mortification sometimes takes place from slight inflammation & not from extensive inflammation. There is but one sign reliable - first inflammation but not applicable to all cases - It is NOT the signs is very applicable to most of Guts. Stool of stools cannot be taken as signs of int. mort. but if concrements are to be found black & brown, it is more diagnostic. Other causes may cause mortification, as arrest of circulation in a part, obstruction to the aperture to passage of blood through heart. Spasmodic contraction of arteries becomes relaxed the blood strikes the vessel & in parts, and ultimately forms a coagulum of venile sanguine which may be attended with pain or not. When the clot is poisonous inflammation takes place & great pain, called ulceration when the blood passes through it - dry gangrene

Tuesday - Dec 9<sup>th</sup> / 1836 a grind - Monday Holiday C.B.P.M.

Wednesday Dec 10<sup>th</sup> / 1836

Changes in the blood itself, as by poisons. may cause gangrene. Every case shows its effects either in the nervous system or the lungs generally - In the first it causes vertigo, dimness of sight, fever in the head it may cause the loss of some of the limbs - Bits of quercus acorns also cause a tendency to gangrene - as also do matters about in some a part of the system. Skinning animals, as the cat & dog, causes malignant pustule or charbon - dissection would cause mortification.

Induration may be caused by the poisonous character of the effused matter - this may last a long time after inflammation has subsided - this induration may also be caused by hyperstasis by a sort of the same matter.

Sometimes atrophy is one of the consequences of inf. thus the  
 tubercle may be almost removed -

Transformation of fibres - This sometimes found that  
 after inf. has subsided, that the part affected is not  
 the same as it was before - Cartilage - may be changed  
 into bone - Softening is also a result of inf. it is seen es-  
 pecially in the brain - Genuous memb -

Reverted action - Another consequence of inf. are Discharges  
 Hemorrhage is a frequent consequence of inf. in mucous and  
 excellent claps inf. with discharges under Profluvia

### Varieties of Inflammation

Divided into common & specific -  
 of the common the divisions are Healthy & unhealthy  
 the healthy occur in strong healthy persons - the unhealthy  
 in weak indolent persons

They are also divided into acute & chronic -  
 the chronic is usually the result of the acute - they differ  
 in the chronic wanting the quick & strong symptoms of  
 the acute - Sometimes the chronic cannot be separated  
 from the acute - they merge into each other -  
 these are called subacute - A part suffering under chronic  
 inf. is not able to resist an acute attack

They are also divided into active & passive - these terms  
 are nearly synonymous with acute & chronic - but not  
 quite so - the active & passive relate to violence of sym-  
 ptoms - acute & chronic - to duration -

inf. also divided into sthenic & asthenic a brisk & sthenic  
 sthenic if it go to a certain extent may cause letargy -  
 inf. which is not known till Post Mortem - This may occur  
 in a critical organ to the fatal extent without being  
 known - The physical signs are valuable here -

Inf. are also divided into accidental or from mechanical  
 or chemical means - 1 spontaneous + 2 secondary  
 as in vesicles & small pox there is some disease in the system  
 & this spurs itself by the rash on the skin this is secondary -  
 Rheumatism also - Inflammation is also divided according  
 to the tissue affected - viz into those affecting the skin -  
membranes - serous - muscular & fibrous

The skin consists of 2 parts the cutis mucosa & ep-  
 dermis though the cutis mucosa is affected - the epidermis  
 rarely and contains blood under it - 2 caus. vesicles -  
 sometimes the epidermis drops off with  
 vessels, it is then called exfoliation -

When mucous membranes are inflamed the part becomes thicker - at first the secretion is increased - it is then arrested and finally increased - and if the inf. still continues - pus may be poured out - but if very intense, fibrine may be poured out - but it has been proved that it is not pure fibrine - but a substance very similar to it. Inf. of mucous parts of bowels is apt to cause ulcers which may eat through the intestine -  
 Inf. of serous memb. - This is acute, darting, lancinating, & cheap - at first increases the normal secretion - then diminishes it & finally increases it - when other substances are thrown out - the pulse is usually hard - in numerous membs. soft - the constitutional disturbance is greater - fibrine is sometimes thrown out - sometimes blood is thrown out -

Thursday Dec. 11th 1836 -

Fibrine thrown out during inf. of serous memb. has a tendency to become organized - while it is able to do this the inf. is not in the first stage - adhesive inf. - When this is thrown out it sometimes causes adhesion as in the pleura & pericardium - but in mucous memb. the fibrine poured out never forms adhesions - In serous memb. is very apt to spread - is not liable to ulceration - Synovial memb. differs slightly from serous memb. - they do not pour out fibrine - In Phlebitis the large joints are filled with pus -

Inf. in cellular substance - in cellular inf. when abscesses are formed are confined in cysts - or false memb. -

Inf. of Muscular substance - inf. of muscle can scarcely be distinguished from that of cellular substance - When it is inf. however it loses its contractility - becomes red &c. the muscles are sometimes converted into pus, as in paras abscess where the muscle is removed and the sheath found to be a bag of pus -

Inf. of fibrous textures - Dr. Elliotson considers inf. of fibrous substance to be Rheumatism - the species have also been considered as the same - but in tendons they lose their polish - become slightly red - then soft and finally purish -

Periosteum, when infl. is apt to cause ulceration of the bone beneath causing caries - and when lymph is thrown out it may cause nodes -

Inf. of some parts take place externally - or in solid clay cases or in cancellae - Ext. it is apt to cause ulceration of

the part - in the case it may cause extensive death  
 of the bone -

### Specific Inflammation

The scrophulous, Empibolations, Gangrenous, Dysphtheritic, Rheumatic  
 joints - Syphilitic  
 scrophulous differs from these, it is more chronic - the pus is  
 thin & watery - and globuli of cheesy matter float in it -  
 these globuli are what are called tubercles - the pus is ex-  
 tremely slow in forming - when they burst they leave a pimple  
 which is indolent - in scrophulous persons the circulation is low  
 and - the skin is soft - the upper lip prominent so also the  
 nose, the teeth are very white, eyes dull & red.  
 But all persons having these characters are not of a scroph-  
 ulous tendency - dark persons - whose circulation is large  
 is - are also scrophulous -

Empibolations - has a great tendency to spread - in skin  
 it usually commences by a small spot, as it spreads plic-  
 tures or small blisters are formed - sometimes the fever  
 comes first, and not appear after - as usual the virus has  
 set in - these inf. are very liable to metastasis but this  
 is not quite true, as it still continues externally -  
 belongs to the class exanthematic - very apt to cause pan-  
 pides when it affects parts beneath the skin -  
 it appears to be epidemic - It never occurs in serious  
 number - it is then connected with low typhoid fever

Gangrenous - Inf. has a great tendency to gangrene -  
 suppurative wounds or anything that poisons the blood has  
 a tendency to cause it -

Dysphtheritic usually employed to designate the  
 inf. about fauces, but also explains inf. of mucous mem-  
 branes generally - it consists of small patches of lymph thrown  
 out on mucous membrane - the fever is low - sometimes  
 high - this disease is sometimes connected with  
 great fever of breath - sometimes mistaken for  
 ulcerated sore throat - is very apt to spread  
 the inf. - often accompanies scarlatina

Rheumatic inf. usually affects the fibrous textures  
 presents the qualities of metastasis in a very high  
 degree - the skin is not dry as in other inf. but is wet



with perspiration which is acid. Rheumatism inf seldom pass into suppuration - but causes thickening. May affect the plexus of brain & thus prove fatal - usually supposed to be caused by an excess of Lactic acid in the blood.

Gouty very liable to metastasis - seldom terminates in suppuration - but when having attacked a limb several of the exhalatory excreta take place - these consists of sulphate of soda. There is also an excess of lactic acid in urine. Hence it is said to be caused by excess of lactic acid.

Syphilitic - usually affects the mucous membrane of the nose &c - glandular system also, advances slowly, is seen by eruptions on skin, nodes &c.

Friday Dec 12<sup>th</sup> 1836

Diagnosis of Inflammation - sometimes difficult symptoms vary & are simulated by other diseases - may be latent in weak persons or in persons labouring under some disease causing general prostration may nevertheless be serious & even fatal. Sometimes pain is absent in inf. of textures where it is usually most excessive, as in filivous tissues. Not much pain in inflammation of lungs & here auscultation is useful - the brain heart & liver also may be explained without many apparent symptoms. Symptoms belonging to inf. may be changed for those of fever principally in weak persons, as in inf. of lungs.

Pain - constant, increased by pressure, frequently very severe this may be of a nervous character - must be accompanied with redness, heat, tumid tongue, high fever &c - the very severity of pain may cause a doubt as to its inflammatory character - nervous pain intermits and after the pain at first caused by pressure soon subsides and pressure does not affect it. Nervous pains may turn to inf. It is important to know whether inf. has previously existed. Pain & heat disappear after death, redness & swelling also do sometimes, so that their absence or presence is not a sure sign of their existence during life. When redness is traumatic & not uniform it is said to be a sign of inf. There is usually increase of volume - certain changes may occur in the dead body which may lead to a false diagnosis. Position of Body, blood gravitates to lowest part (suppuration) - Hypostatic congestion of lungs & gravitation of blood to lowest part causes solidification

When only a part is congested in disease, we infer the presence of inf- but if all is congested it is doubtful - Blood may infiltrate through the intestines - Redness may be caused by exudation or agglutination. In warm climates where the body is kept there are red lines formed in the course of the arteries, by exudation - When not inflamed the redness is uniform - like painting - Redness must be accompanied with other signs to confirm diagnosis - If Coagulable lymph corpus has been formed it is a sure sign of inf- Serum not a sure sign, as it may be caused by exudation or congestion of vessels and not necessarily inflammation softening of texture - thickening with lymph - Lymph may assume various forms - may be floating in serum or adhering to membranes -

Prognosis - Difficult as symptoms vary continually -  
 1<sup>st</sup> Consideration - The importance of the organ affected - may not only depend on the injury of the organ - but on the extent - Danger if the blood vessels are affected from the presence of pus in the blood - Inf- serious in itself - Dangerous from violent symptoms - adhesions & effusions &c. In Purulent meningitis, not so dangerous - Inf- may interfere with the function of the part & hence the danger as in the bronchial tubes causing death by asphyxia - or when severe may pass from circumference to centre & every affected part

2<sup>d</sup> Consideration - Intensity of Inf- - Asthenic said to be more dangerous than the other, the latter occurs in robust persons and is more amenable to treatment - the former in weak persons & more intractable -

3<sup>d</sup> Consideration - Former inflammation in an organ, when again attacked is liable to become mortified

4<sup>th</sup> - Stage of Inf- - If early treated there is less danger

5<sup>th</sup> - Habits & mode of life the abstemious & temperate are less subject to inf- and easily cured -

Persons affected by inf- may die in any of the modes formerly enumerated. In weak persons typhoid symptoms may come on and collapse ensue - or patient may die of asthenia, or from continued discharge as diarrhoea or anything that interferes with digestion - In inf- of Brain patient may die of coma by effusions causing pressure or by the formation of pus & disorganization - Death by asphyxia common in inf- of lungs & strypteria - calaryngitis, bronchitis &c. Death may occur from pressure on phalanges - gangrene - poison in blood - &c. peritonitis - Purulent meningitis -

Causes - Remote & proximate, Predisposing & exciting  
Remote Causes - Plethora predisposed to chronic inf- - Anemia & debility, or asthenic - young persons more liable

In inf - than in - seasons climate - warm to inf of intestines  
cold to inf of respiratory apparatus.

Proximate Chemical & Mechanical agents, Cold from  
secondary effect - Internal changes, as change of blood from  
containing pus -

Wednesday Dec - 16<sup>th</sup> / 1836

Monday - grind

Treatment - General - inf differ in character so that the  
treatment cannot be the same in all places - 1<sup>st</sup> diminish  
the stimulus - by blood letting - 2<sup>nd</sup> diminish the excite-  
ment - Treatment of inf, is antiphlogistic, & refrigerant -  
remove the cause if possible, one of the stimuli wants  
by body is food, hence if person be able, food should not  
be given or as little as possible - but we allow drink  
as the excitement caused by thirst is prejudicial, but it  
increases the water in blood & this is also useful - water  
is the best drink - The antiphlogistic regimen should only be  
used in severe cases - Any strong impulsion on nervous  
system should be avoided - as light - noise - exercise  
Perfect rest should be kept - Another exciting cause is heat  
heat has two effects - Dilates the volume of blood ex ter gale  
and also stimulates the heart - many inf are much be-  
nifted by cold drinks as ice water - or even ice as in inf  
of stomach - Sometimes the patient requires warm drink  
and then should have it - the patients feelings should be  
taken as a perfectly sure indication - The great remedy  
is blood letting, its efficacy depends on two circumstances  
1<sup>st</sup> by removing the stimulus - & 2<sup>nd</sup> by diminishing the  
quantity of blood in the part - there are some inf which  
do not require blood letting - when not required it should  
never be employed - The circumstances which render  
bleeding necessary are 1<sup>st</sup> the state of system - fever  
pyrexia &c - but this is not a sure indication as some  
inf are accompanied with pyrexia and do not require  
bleeding as in tonsillitis - 2<sup>nd</sup> The general guide is the pulse  
when hard it may be small but this smallness is no  
contraindication - usually the pulse is frequent but this  
is no indication unless accompanied with hardness & strength  
3<sup>rd</sup> Another guide is the importance of the organ, when very  
important we should not hesitate to bleed -  
4<sup>th</sup> The stage of inf - are more easily subdued at first than  
when they longer standing - Hence it would be prejudicial  
to bleed after effusion as there is strength required to  
absorb this effused matter - 4<sup>th</sup> General condition -  
5<sup>th</sup> Age - & sex - When bleeding is proper we bleed to relieve  
the disease not to take away so much blood as we can

We wish to stop the disease at as little expense of blood as we can - Syncope is brought on more easily in the standing or sitting posture than in the lying position. If the blood is taken quickly, pleuro gives the effect is manifested more quickly than if taken away slowly - The rule is not according to the pint of blood taken but according to the effect on the system - Better to take enough at once and not have to repeat it - If the pulse is diminished then the effect is being on a sufficient when sweat breaks out on forehead of patient complain of vertigo, dimness of sight &c it is a sign of insufficient blood - when you wish to produce the depressing effects of syncope, after you have taken as much blood as you wish - lift him up & he will soon faint - Sometimes the pulse becomes fuller by bleeding this is a good sign - but the pulse alone is not to be relied upon - as it may be abdominal viscera the pulse may be natural, or very little affected, but still we must bleed, as other symptoms require it - there is no advantage in bleeding from an artery - the vein of the arm is usually selected - bleeding in jugular vein is disadvantageous - it is a bloody operation - as the blood does not spirit up as in the arm - and there is also danger of air getting into veins when ext. jugular is opened - Sydenham says that 4 5 oz are necessary to cure an ordinary inf - sometimes more sometimes less - McEwen to 3200 in a case of emphysem at different intervals - In children leeches should be employed - a single leech has been known to kill a child, but this is by the bleeding consequent upon the bite -

Wednesday Dec 14th 1836. Treatment - continued  
 Inf. produce a great tolerance of blood letting - & that a greater amt. of blood can be taken in inf. than in health. When a person has labored under inf. for some time we must take a certain amt of blood from him, hence we do not wish to bring on syncope quickly and therefore bleed in the lying posture.  
Topical Bleeding - performed by cupping or scarification or leeches - used in local inf. sometimes in conjunction with general bleeding. After a general bleeding if there still remains a tendency to inf. topical bleeding is more useful - Topical bleeding is also useful in derivation, hence it is more useful at a distant part than right over part affected - Hence there is better effect produced in headache by cupping

Aphides of chest hang by leeching over scalp  
 Repetition of bleeding when should it be used? only  
 when the symptoms are repeated - when the pulse becomes  
 its hardness & incompressibility, then bleed again -  
 It is questionable whether total syncope should be brought  
 on or there is a tendency to reaction afterwards, It is  
 better not to bleed to total syncope, but quit before it  
 has occurred -

Purging is also a good remedy in most inf - except those  
 of alimentary canal - Purgatives remove matter which would  
 be irritating if left - 2<sup>d</sup> it relieves the blood, by derivation  
 of a quantity of liquid matter - some persons faint from  
 the action of a purgative, 3<sup>d</sup> they act as derivants -  
 This chiefly in affections of the head that we see the good  
 effects of derivation - Inf of lungs are not so much bene-  
 fitted by purging - Inf of abdomen, purgatives should  
 be used with care - purges relieve the congestion of  
 liver - In inf of bowels give mild purgatives, as they  
 are irritative in themselves - Dr Hamilton recommends  
 the use of purgatives while there is much fetor of stools  
 but it would not do to continue too long on this  
 account as the purgatives may cause it -

Emetics - not so much used as purgatives - still  
 they are very useful - they compress the lungs and force  
 out matter, hence are expectorants, they act on liver  
 we should not use emetics to such an extent as to cause  
 derivation to the head which they have a tendency to do  
 and 2 some of the emetics are irritating

Diaphoretics - we must not give those which  
 will be heating - but those that produce refrigerant  
 effects - Hence we are not able to use warm bath  
 in some inf without we first cause depletion -  
 common cold is often cured by a good sweat -  
 also in inf of kidney relief -

The best sudorifics are ipecac - tart. emet -  
 Diuretics are sometimes useful, should be the same  
 as the diaphoretics - these are often the same med-  
 icines as when surface is kept warm diaphoresis  
 is caused - when kept cool diuresis is caused -

Turpentine is useful in athenic inf - and in cases  
 where we cannot use mercury - as in Britis -  
 It causes the absorption of effused lymph -  
 It is a good counter-irritant externally -

Mercury - very useful as a purgative - but most  
 used as an alterative - it has a considerable ef-  
 fect in curing inf - but some deny this as Dr Elliot  
 but nevertheless it is a good antiphlogistic

Mercury is most useful where fibrinous effusions have been thrown out. It has been supposed to act beneficially by equalizing the circulation - But this is not so, as it acts by arresting the flow of coagulable lymph. If mercury be given when inf- is going on rapidly it has no effect or rather increases inf- the system must first be depleted by blood letting &c - mercury lacerates the red corpuscles & fibrine of blood - this not useful in inf- of cachectic persons - Calomel & opium treatment first introduced by Dr Hamilton of England and introduced to profession about the end of last century - it is useful in inf-

Mercury is useful in inf- which have a tendency to pour out lymph - hence most useful in inf- of serous memb- should be given in divided doses, first give a dose of Calomel to purge - then continue cal- in doses of 2 to 5 grs every 1, 2, 3, 4, 6 hours as occasion requires it - All symptoms of salivation appear - then decise or diminish doses or intervals between them - Sometimes it acts unfavorably should be then conjoured with opium - It may also be used under form of Blue pill - Hyd- cur secret - or externally as ointment -

$$\begin{array}{r} 795 \\ 16 \\ \hline 4950 \\ 725 \\ \hline 11600 \end{array}$$

$$\frac{1}{3} \text{ of } \frac{795}{1} = \frac{795}{3} = 265$$

$$\frac{795}{3} \times 16 = \frac{11600}{3} = 3866 \frac{2}{3}$$

$$\frac{100000}{1} \div 3 = 33333 \frac{1}{3}$$

$$\frac{100000}{1} \times \frac{1}{3} = 33333 \frac{1}{3}$$

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$$\begin{array}{r} 795 \\ 3 \times 16 = \frac{11600}{3} = 3866 \frac{2}{3} \end{array}$$

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Thursday Jan 11<sup>th</sup> 1837.

Dr. Holmes Dean of Med. Faculty

Lesions of the Brain - Can we ascertain during life what part of the brain or its membranes is affected? Some say we can, and very easily, but it is sometimes rather difficult and some say it is altogether impossible. Walslow gives some cases which he considers pure meninges but in all of them there was delirium, convulsions, coma which tend to prove that the brain itself was affected. Dr. Hope thinks it impossible for any to take place in the meninges without the cortical substance of the brain being affected, as the same vessels are continuous from one to the other. W. Hall observes that we have no real diagnosis between meningitis, encephalitis, and several of the best authors assert that it is impossible to distinguish of the brain itself from any of cortical part or meninges.

When the brain is inflamed generally, it is called Phrenitis, or Cerebritis - very often there are preceding strong symptoms as throbbing in the head, vertigo, tightness, pulse full and accelerated these symptoms may last a few days, generally a week or two. Divided into three stages 1<sup>st</sup> excitement 2<sup>nd</sup> depression 3<sup>rd</sup> coma, or after premonitory symptoms with rigors, chillings, sometimes violent headache in children especially when the headache comes at the top, and the sound of the cry is peculiar.

There is intolerance of light & sound, sometimes epistaxis is great vigilance, patient is sometimes furious with the delirium, at other more obtuse than sometimes the premonitory symptoms are absent, still as headache and then the delirium sets in violently, vomiting frequently precedes it, also convulsion which is universal which is sometimes repeated two or three times before it sets in - sometimes coma introduces it, this coma may follow a convulsion or may not.

2<sup>nd</sup> stage - The excitement gradually subsides, the pulse is slow and weak, skin dry, urine high colored and scanty, and patient is thirsty, eyelids confined at first pupil is contracted but when in fact subsides it dilates. The 3<sup>rd</sup> stage is a continuation of 2<sup>nd</sup> stage patient is comatose, pulse becomes rapid - there is general relaxation, great weakness, tongue brown and dry, teeth cold extremities, sometimes expectoration -

Pain in the head is often very violent sometimes over all the head at others only in a part and in children this pain is very important in a diagnosis -  
 Convulsions are a symptom of meningitis of Phrenitis may run its course in 12 hours but usually lasts a few days or weeks -  
 Predisposing causes, infantile age, plethora, teething males more liable than females, serofular, great mental exertion, long watching, alcoholic liquors, suppression of excretions, causing plethora -  
 Affections of brain are either idiopathic or symptomatic the latter much more numerous, disease of heart may cause it when the blood is driven with great force to the head.  
 Exciting causes - injuries to brain itself, blows on the head, shaking or rocking, a violent fit, danger or any violent emotion, erysipelas may pass to brain or hemorrhation.  
 Fever may be conjoined with it - as also may be mania or madness - there is want of febrile symptoms and pain, headache may be also conjoined with it, apoplexy, also, it may bring on Phrenitis -  
 Prognosis favorable if patient is seen early and treated vigorously -

Post mortem appearances, Pia mater & vel injected a great quantity of lymph thrown out sometimes no lymph at all but serum - the effusion may be above or beneath arachnoid

Friday Jan 9th 1836 Phrenitis continued  
 The pia mater is red, there is generally some of the effusion found in the ventricles, sometimes a great quantity, at other times none - the brain itself is also affected, its colour is changed, when cut into there are more red spots than natural, sometimes pus is also found, either diffused or collected in abscesses, sometimes these abscesses are not circumscribed and the surrounding parts of brain are more or less broken down - when they are standing though they are completely surrounded by a cyst - Ramollissement sometimes depends on inf. sometimes not - the convolutions flatten out they are not able to retain their form they are so soft - the brain becomes soft and yellowish.  
 When the cortical portion is affected if we pull off a portion of pia mater, the brain sticks to it leaving small pits, this is a valuable symptom - There are white yellow & red softening - Ramollissement gives rise to apoplexy - Ramollissement is often caused by a



Disease of arteries of Brain they cannot sufficiently nourish the brain and it dies from want of nutrition. The white softening is caused by this and very seldom by inflam<sup>n</sup> - The brain very seldom totally softened - most usually only partially. Hardening generally follows chronic inf<sup>n</sup> of brain.

Treatment should be prompt & energetic, It is generally highly antiphlogistic, first bleed, the arm is as good a place to bleed as any, abstract a considerable quantity.

If pulse size again you may bleed several times if required. To prevent bleeding from different parts of head may be used. All these are merely for checking the complaint.

Shave the head and apply cold - either cold water, ice or evaporating lotions - It frequently happens that cold does more harm than good, it should be watched, it should never be let get warm but kept constantly cold.

The Douche is a good means of Depresing - it lowers the temp<sup>n</sup> of head, when heat rises again after the Douche apply cold water or ice again, When we find that the head is very cold we should stop the use of cold - For the brain is in a debilitated condition and you may cause collapse.

While we apply cold to head we should apply heat to feet, the head should always be kept high - the pillow should be hard, one of straw or hair - a bladder might be placed between head and pillow.

We should then give a purgative and a very active one - as we wish to produce depression, Calomel (15 to 20 grs) is a very good purge - followed after 4 or 5 hours by salts and senna or castor oil - repeat doses so as to keep up constant purgation, if the purging stops give enemata.

Refrigerants are also useful in intervals of stronger medicines - best are Nitre, KO<sub>2</sub>, NaO<sub>2</sub>, antimony but not to such an extent as to cause vomiting. When the disorder is quieting or changing we use generally counter irritants, as blisters but these should be used only after depletion of vascular system - The blisters should not be applied to head, but to neck or between the shoulders.

Sometimes, blisters should be applied to head itself when the brain has become weak, and patient seems to be sinking. Calomel should be given in small doses frequently repeated after depletion has been carried to a certain extent. Opiates or Narcotics are not useful as they cause stupor and obscure the case as stupor is caused by the disease itself. But when drowsiness comes on we may use opium, just the same cases as we do blisters to top of head, When nervous energy becomes much lowered we must use stimulants.

If the brain has become disorganized by the inf-stimulants and do no harm, but if it is not and the debility is only caused by want of nervous influence stimulants may be of the greatest use, and perhaps cause recovery. Hence we should never give up a case, even if it is a desperate one. When a patient has recovered, he should avoid all excitement, regimen should be antiphlogistic, cold to the head occasionally is useful.

Cerebritis is used to denote inflammation of brain itself. Symptoms - constant pain - more violent & different times vertigo - When a patient complains of headache and the pulse slow, say 60, the head cool & face pale, it is a symptom of inf-coming on, and the lowness of the pulse should not deter us from our treatment. Sometimes this slow condition of pulse, and headache may continue for 4 or 5 days - There is generally stiffening & convulsions of the muscles. Treatment the same as in Phrenitis -

Tuesday Jul 13<sup>th</sup> 1837

Monday - Grand

When the membranes of brain are affected there are usually greater pain & excitement in inf of brain itself. The patient soon falls into comas & has not so much delirium. In meningitis the senses are rendered more acute, in cerebritis, they are degraded or rendered dull. Convulsions attend both, vomiting more frequently attends cerebritis - Rigidity also marks cerebritis. There is usually some part of the body affected in cerebritis as a limb or finger - It is sometimes difficult to distinguish inf- of cerebrum from that of cerebellum, but in the latter there is usually spasms.

Chronic Inf- symptoms the same as in former cases but not so severely - Chronic meningitis is frequently accompanied by insanity. It may continue a long time 8 to 10 years - Then the structure of brain becomes affected, chief as by adhesions, of dura mater to cones of the hemispheres together, & the membranes together. Glandular Excelsions appear to be the result of chronic meningitis - there is frequently effusion. Symptoms mental derangement, paralysis of certain parts, convulsions, mania, of the exalted kind, as the patient considering himself some eminent person - very rich &c. It usually terminates in apoplexy.

Treatment not very satisfactory - cupping, leeching, vesives, as on top of head, counter-irritants, change of air, and good diet - as the patient must not be reduced too much - an alterative course of mercury is sometimes beneficially.

The Dura Mater is very seldom inf - idiopathically, but very often from external causes, Vott has described the Puffy tumour of scalp to be indicative of inf - of Dura Mater - Symptoms of inf of Dura Mater, excitement of system, quick pulse, riors, which are intermittent and very similar to chore, and these riors are relieved by the same remeids, as a fever - The most frequent cause is disease of bones of skull as of ear, the exanthemata are frequently followed by this disease of the bones of the ear - causing when small bones are affected and destroyed loss of hearing - Caries of ethmoid bone is sometimes a cause of inf of Dura Mater - Treatment - antiphlogistic.

Inf of Spinal Marrow, divided into inf of cord itself and of membranes. - Spinal Meningitis, commences with a feeling of soreness in the limbs, the chloroformic viscera are affected, the urine also, there is pain in the loins extended to the limbs, increased by motion. The muscles are contracted, sometimes convulsions, some times the muscles are paralyzed, the pulse at first slow, becomes rapid, and then small and irregular Head symptoms come on.

The pains in the back are intermitting - Causes - external blows &c, and Rheumatism may also cause it. There is redness and effusion & sometimes pus is thrown out. Difficult to distinguish it from Rheumatism.

Prognosis - unfavorable. Treatment - antiphlogistic, generally local.

Chronic Meningitis, symptoms & treatment, the same, as in acute - but in a less degree - it is a frequent cause of loss of power in lower limbs actual cauding.

Myelitis or inf of Cord itself - There is generally not much pain sometimes great pain, sometimes at a distance from spine. Causes loss of power of muscles of lower limbs if in inf part and of upper if above. The respiratory muscles become affected, and the patient may die from this cause.

Treatment antiphlogistic. Calomel is useful. Chronic Myelitis commences with pain either in extremities or back, paralysis,

Suppuration of Cord may also occur as a result of inf.

Hydrocephalus - Tuberculous Meningitis  
 Difficult to diagnose between incipient Hydrocephalus and other diseases. The child is usually fretful and irritable, vomiting sometimes occurs - Sometimes a single muscle will be affected as the sternocleidomastoid. There is sometimes Carpo-Pedal spasm - These are all premonitory symptoms, but sometimes it comes on more rapid - sometimes the first appearance is a convulsion - at others fever sets in a child suffering from this disease keeps moving its head, rubbing it against the nurse's shoulder - there is an intolerance of light and sound, contracted pupil, child frowns. The pain is lancinating causing the child to shriek, sometimes the pains are nearly constant, as the disease advances the pains are not so violent & child becomes accustomed to them - pupil dilates more - convulsions come on & come there is effusions between meninges and in ventricles there are parts of brain softened or entirely broken down. The effusion is pure & limpid, sometimes of a small quantity sometimes very large.

Causes - blows on the head common in scrofulous persons.

### Spurious Hydrocephalus

Follows some exhausting process in child as diarrhoea, the child falls into a state of stupor, great weakness & debility, treated by nourishing diet & stimulants

Wednesday Jan 14<sup>th</sup> 1854

Chronic Hydrocephalus generally occurs in foetus & infancies & infancy, usually 1 to 2 years after is also a common period when it comes on early it prevents the union of the bones & when at a later period, it bursts the bones asunder, may continue for a long time without proving fatal, the fluid is thin and watery - occurs either in ventricles and then it thins out the brain to a great extent, or outside of brain and then it causes great atrophy of brain - children affected with it are usually idiotic - sometimes not - the size of the head is sometimes enormous - It occurs also at middle age - a child aged 17 months whose head contained 14 ounces of fluid - or 143 ounces by weight - treatment - not of much use - evacuate fluid by puncture and when the bones fall together bandage head - recovery is a very rare occurrence in this disease, -

Softening of Brain - white - red & yellow

The white may or may not be caused by inflammation -  
The red -  
The yellow sometimes accompanies inf - though not produced by it - its nature is quite problematical (Rockitansky) he thinks it arises from some chemical change in the brain, as an acid substance may be squeezed from it -  
White softening may be caused by anything that cuts off the supply of blood from the brain - It is doubtful whether this softening can be diagnosed before death - The symptoms are those of affectations of the brain itself, and the remarks of some authors cannot be taken as true or to be relied upon -  
Rigidity usually occurs in company with it - but this is not to be relied upon -

(from apoplexy - to strike down) Apoplexy - Clap, Comata

Apoplexy is a disease in which there is loss of motion & sense -  
Salmucrombie divides it into 3 Claps -  
1<sup>st</sup> those which are primarily apoplectic  
2<sup>nd</sup> those which are not primarily apoplectic  
3<sup>rd</sup> in which there is not loss of consciousness but paralysis of certain parts

In the first the patient falls with complete loss of motion & sensation also consciousness, there is generally some rigidity, sometimes not -

In the second it commences by pain in head, dizziness, the patient may fall -  
When combined with paralysis it is usually called paraplegy

The best division of apoplexy is formed from post mortem appearances -  
1<sup>st</sup> simple apoplexy in which there is no effusion or any abnormal symptoms  
2<sup>nd</sup> congestive - in which there is great congestion  
3<sup>rd</sup> serous - said to follow inflam -

4<sup>th</sup> in which there is a great quantity of blood thrown out  
It is impossible to tell before hand of what kind the apoplexy is  
apoplexy is divided also into stumpans & stunle & asthenic - a tortic and atonic. There is also substant apoplexy

Sometimes apoplexy comes on without premonitory signs, sometimes with them - It is of importance to be acquainted with these premonitory symptoms - they are headache, vertigo but we cannot infer from these that the person is about to be attacked with apoplexy - there are also affectations of the senses - as trinitus aurium - creeping of the skin - spitting - loss of memory & of the thread of discourse - change in the moral habits - Sometimes there is a change in the looks of the person - a brilliance of eyes - flushed face - bleeding of nose - which may prevent apoplexy - These symptoms do not enable us to say positively

That a person is about to be attacked with apoplexy - but in persons who are liable or disposed to it we should regard these symptoms with suspicion, and try to ward off the attack - Thursday Jan 10th 1834

The pupils are generally dilated, but sometimes contracted & when they are nearly contracted it is a bad symptom - sometimes one is contracted much more than the other - there is in some cases a little froth about the mouth - sometimes the face is drawn to one side, on acct. of paralysis - the limbs are generally very flaccid & dead like - sometimes convulsions - which may be general or local - convulsions on one side & paralysis on the other - defecation is imperfect - the feces & urine are expelled involuntary - a cold perspiration may break out -

Duration - very various - may be very sudden - I think thinks that death is rare before one or two hours and this is the most common - occasionally the patient drops dead - It may last for several days - especially grave - The patient may recover perfectly or imperfectly or with loss of power & certain parts - a person who has had an attack is very liable to them but not always - Andral gives a case in which a man in a period of 7 years had 23 attacks & died of disease

Post-mortem appearances - 5 appearances

1 sometimes brain looks perfectly healthy & congested  
2 effusion in ventricles - 3 effusion of blood in different parts of brain and 5 softening -  
The first kind is very rare and denied by some authors -

The 3<sup>rd</sup> kind is sometimes abundantly thrown out -  
4<sup>th</sup> blood is sometimes formed in the brain or on external parts - internally it is caused by rupture of the vessels but under arachnoid by transudation as no rupture has ever been found - The time required for the absorption of these clots is various from 5 months to 20 or more - In some cases the only appearance is softening which is generally connected with the effusion of blood -  
Effusions generally take place near the thalamus & optic corpora striata

Friday Jan 16<sup>th</sup> 1837 Pathology of Apoplexy

The opinion generally held, that death was caused by pressure on the brain - Pressure on the brain does produce symptoms of apoplexy - But sometimes a large quantity of serum may be effused and no symptoms of apoplexy be present. Rarestic poisons - a poisons acting on blood as mercury produce a species of apoplexy, but there is no pressure - Tumours may grow in skull and no apoplexy be caused.

Says that apoplexy is not caused by lateral pressure, but only by vertical which compresses medullary matter. There is a difference between pressure on brain & compression of spinal apertures that in no case can we say that pressure is the cause of apoplexy - He thinks that the ganglia preside over circulation, are deranged, and thus cause apoplexy - Hence apoplexy is due to various causes.

The most common is pressure - The great cause of pressure is an undue amt of blood in the brain, this blood may be effused by rupture of vessels - or no effusion. The arteries of brain, in old people, are liable to affections - as if portions of fat & cartilaginous degeneration, and even disposition of lime may be deposited - The Aorta is the most liable to these affections and next the cerebral arteries and it is this stromatous deposit on coats of arteries that causes aneurism - and apoplexy may be caused by rupture of an aneurism in brain. Dr. Ambercomb

says that when blood is first poured out it causes a shock which is followed by reaction and this causes more to be poured out - serious effusion - not regarded as a cause of apoplexy, but only an effect of congestive apoplexy - which causes the vessels to exude the serum of blood they contain and this effusion may go on after death as we cannot say how much had existed during life -

Causes Predisposing & exciting - Hypertrophy of the heart is a frequent cause (Dr. Hope) - It acts by causing the blood to be forced with great strength into the brain - But it occurs in hypertrophy without aortic valve disease, but when the valves are more open than natural and allow regurgitation backwards to aorta and heart the brain is liable to be affected by the und. sea jets which are forced into it - Also an impediment to the return of venous blood from brain to right side of heart. May cause apoplexy. Affections of the liver may also cause it. The kidneys also the lungs - This considered to be hereditary - not common in young persons, but sometimes does occur when predisposition

Apoplexy may attack persons of all ages, especially between 50 & 60 years of age - Mode of living has an effect - Intemperance has a marked effect 1<sup>st</sup> drives the blood to head - 2<sup>d</sup> deranges the functions of kidneys

Monday Jan 20<sup>th</sup> 1857 - Monday a Friend -

Causes, continued - Predisposing causes are short stature, large head, thick neck, barrel chest, Anaemia, Plethora, arrest of menstruation, or of discharges as from a return

Exciting causes - anything that causes a flow of blood to the head or from the head. ~~straining~~ laughing, coughing, straining at stool, ligature round the neck, or a tight neck tie, or stock of soldiers, tight muscular exertions prevent the return of blood from the head. Corpulence is frequent cause of apoplexy. Cold sea air also exciting causes. Fullness of stomach especially when the persons lays down - as after a hearty supper - it presses on abdominal aorta and thus causes blood to go to head. Alcoholic liquors are also exciting causes - paroxysms, any violent exertion

1<sup>st</sup> abuse of alcoholic liquors & fumes of body - 3  
Autismy - 4<sup>th</sup>

### Diagnosis of Apoplexy

It is sometimes very difficult of diagnosis - It is surprising that it is difficult to tell it from sleep - for some people sleep very long, a case is recorded of a man who slept a month - afterwards 14 weeks & was 3 months - When we see a patient insensible - with stertorous breathing - he may have been poisoned, he may have received a blow on the head, &c. - suppose he had been poisoned, with opium and we were to mistake it & bleed we would kill the patient - 1<sup>st</sup> Injury of head, concussion may cause a kind of apoplexy - compression may cause congestive apoplexy - we must obtain the history of the case from those who may have seen it - Hysteria may also resemble it - asphyxia & syncope may also resemble it but there is want of respiration and pulse - Fever, may also, but unconsciousness comes on gradually.



Poisoning, especially by Opium, is the most important circumstance to be discovered. We must first have recourse to the history, - In apoplexy there are first the premonitory signs, as paralysis - numbness - dimness of sight &c. - but these do not occur in all cases - Next apoplexy but we cannot rely entirely on this as old persons are not the only ones in which apoplexy occurs - 3<sup>rd</sup> the time when the symptoms come on - In apoplexy the symptoms generally come on suddenly - Opium takes 2 to 3 hours - then if a person is eating & or a fall & falls down, it is apoplexy. The insensibility of poisoning comes on gradually - but generally in apoplexy they come on suddenly.

Symptoms of Poisoning by Opium - the most important though it would appear trivial is the smell of opium - In apoplexy the breathing is stertorous in poisoning not so much - In poisoning by opium the pupil is generally contracted, in apoplexy it is dilated, but it may and is generally contracted - In poisoning the patient may be waked easily at first and till a late period in disease but in apoplexy it is impossible to arouse him - except in slight cases - this is a very important part of diagnosis. Convulsions occur generally in poisoning by opium but they may also occur in apoplexy - The two best means are the smell & the pupillary of arousing the patient.

Alcoholic poisoning may be distinguished by the smell, but sometimes the two cannot be distinguished - vomiting is very common in intoxication and the contents of stomach may be smelled - the pulse is usually quicker in intoxication - the pupil is contracted usually if it is not the case to a bad one.

Wednesday Jan 21<sup>st</sup> 1837

Prognosis of Apoplexy

This is a very serious disease and most generally fatal - a patient in a state of coma - may die in a short time or live a few days, or recover altogether - We must notice the mode of attack when it comes on slowly and coma ensues, this is from the pouring out of blood - the case is a dangerous one - also when the attack comes on very suddenly - Other signs are of importance, as great stertor - insensibility - relaxation of sphincters &c and denote a bad case - Discharge of blood from the nose is a good sign - Is a person safe after an attack from which he has recovered? No - especially if any blood has been poured out - but if patient prospers well for 12 days after -

we may have some hope.

## Treatment

We will only consider apoplexy as proceeding from internal causes - omitting poisoning &c -

Sometimes apoplexy is accompanied with a strong pulse & sometimes with a weak & languid state -

Some cases require antiphlogistic and others stimulating treatment. We must first try to prevent an attack & cure the disease when it has set in - & 3<sup>rd</sup> to prevent its recurrence -

1<sup>st</sup> Prevention - We must notice the functions & excretions - see that they are all well performed - Regimen & Diet must be regulated -

This is of immense importance. Exercise must not too great - Purgation is useful as it causes the blood to leave the brain and go to bowels, by derivation, it also serves to empty the vessels - Bleeding may also be of use - and then a purgative -

But if the patient is weak & head cool &c - we must not follow this treatment - but give stimulants with great caution watching the pulse -

If apoplexy be threatened after a meal we should give an emetic to unload the stomach, sometimes, if the pulse be full, it is best to precede the emetic by bleeding -

If a person have bleeding piles & these stop bleeding & apoplexy be threatened we may apply leeches to anus or irritate it to make it bleed - or give purgatives that will act on anus & rectum -

We should follow up bleeding by Salts, emetics - in small doses - all exciting causes should be avoided, 2<sup>nd</sup> Apoplexy already set in - we must remove all ligatures from the neck - shave head & apply cold water -

If head be very hot apply ice in a bladder - but if head be cold we should not apply ice or cold -

We should not allow the head to get warm as reaction occurs - If head be hot - carotids throbbing strongly face flushed - &c we must bleed to 30 or 400 -

If pulse again rise repeat the bleeding - again - if required - We must afterwards leech & cup -

We must suit the quantity of blood taken to the strength of the patient - The age of patient, if old must not be purgated or given bleeding - but we must be cautious purgation is the next most important to bleeding -

If patient cannot swallow we might mix up calomel with butter and place it on the tongue and it will find its way down -

Croton oil or castor oil may be used in same way - we must keep up the purging - Calomel is the best as if there are signs of recovery we may wish & should give an alterative course of it - If purgative do not act in a certain time we should help it with enemata containing turpentine - Emetics are also useful but only when the stomach is full, Hot applications to feet & legs - as hot water & mustard - or sinapius. ʒss of Turbith & ʒss of Ricini make a strong purgative. Emetic should be given to keep down the pulse & it may be combined with calomel - & salivation - Blistering is decidedly improper in early stages of disease should not be used till after depletion - and then not on the head but on shoulders & back of neck - When Paralysis occurs with apoplexy it is a sign of a clot - and we must not bleed to such an extent as where there is no paralysis - only to prevent the increase of the clot.

Weak apoplexy must be treated altogether on a different plan - It is known by the paleness of features, weak pulse &c - and we should use stimulants but not of the permanent as alcoholic liquors - but the diffusive as Arnica - ether &c - we must wait for the reaction and then follow the antiphlogistic treatment.

"When a patient is recovering he is not altogether out of danger yet - it may take on a form of inflammation of the brain & we must ward off all causes of excitement - as intemperance - exercise - food should not be stimulating -

"When a patient has recovered from the attack and palsy of a part remain - it is a sign of a clot in the brain and we should not overstimulate the patient and let these remove the clot - we should not give tonics as strychnia or electricity - as they are of great

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Thursday Jan. 22<sup>nd</sup> 1834

## Paralysis

Paralysis is a loss of motion or sensation of a part of the body - without inflammation or pain - There may be paralysis with loss of motion only and not of sensation & vice versa - This led to the presumption that there were nerves of sensation & of motion - Hence, Paralysis of two kinds that, with loss of motion and that with loss of sensation - The first is anesthesia the latter anesthesia - It is also divided into idiopathic and symptomatic, but they are all symptomatic also divided into perfect & imperfect - but the best division is into general & partial - The partial is divided into Hemiplegia, Paraplegia

1 Paralysis of motion - There is a feeling of numbness, a tingling - which increases and paralysis follows - this may commence at the extremity of a limb & passes upwards, it is then called creeping - The size of limb is diminished, and the muscles lose their character - becoming whitish - and are sometimes converted into fat - Sometimes the muscles remain plump and the part is not diminished - The limb, some say is colder than the other - but it is sometimes hotter - Dr Copland says that this heat is caused by the dry, unspiriting state of the skin - Sometimes there is renewal of parts - There is generally some sensation left, some times none at all - some persons have put their legs in boiling water - others burned them by the fire &c - Sometimes sensation is increased - There is sometimes a perversion of feeling - Although there is loss of voluntary power, still there is excitatory motor power, which may be shown by tickling the feet - the limb will be instantly drawn up - Sometimes there is great pain but generally none - there is not loss of any of the faculties, usually, but all the functions are carried on as in health - Sometimes, as in hemiplegia, the character is changed - The memory is most generally affected - but it does not affect the whole of the memory - but of certain things, and the most common is the inability to remember or pronounce nouns - & names

General Paralysis means the paralysis of the limbs - it may come on suddenly or gradually - suddenly as when the neck is dislocated - gradually, as when it commences in the neck or plexus & extends to the four limbs - It is astonishing how long it may continue without

Destroying life - St. Ambrose gives the case of a woman who lived 20 years - and a girl paralyzed from birth who lived 17 years -

Partial Paralysis - Hemiplegia

It is limited to one half of the body longitudinally - and the other side is healthy - There is a drawing of the mouth & tongue towards the sound side - and the tongue is projected to the paralyzed side - sometimes though it is projected straight & sometimes to the sound side - If the patient has acquired some power over the leg and attempt to walk, it is lifted with difficulty and swoags round, sometimes it is drawn straight forward

Transverse Palsy is the affection of a leg on one side & an arm on opposite side -

Causes it comes on in various ways - The most frequent cause is apoplexy sometimes convulsions take place on one side in apoplexy and not on the other, if he turns to one side, if the mouth be drawn to one side there is soft paralysis - Sometimes it comes on suddenly without loss of consciousness - but generally the mind is affected for a short time and consciousness but paralysis remains - 3 The patient may be attacked by a severe palsy either in the head or limbs or convulsions &c and there is reason to believe that there is softening of brain - 4 there is loss of speech the patient becomes morse or taciturn -

Morbid appearances The opposite side of brain is always affected - as when right side of body is affected the left side of brain is affected - It may happen that the lesion and paralysis may exist on one side - but in these lesions are in the spinal marrow below the occiput - Hemiplegia is sometimes intermittent it is sometimes connected with ague or hysteria - and with ague it is cured in the same way as ague is -

Friday Jan 23<sup>rd</sup> 1851 Prognosis of Hemiplegia

When arising from apoplexy there are better hopes than when it comes on slowly & without apparent cause - as after apoplexy the clot may be absorbed - but sometimes although the clot be absorbed - the solution of continuity is so great in brain as not to allow recovery - Generally the leg recovers faster than the arm but not always -

## Paraplegia

may arise from injuries to lower part of cord - or also from apoplexy or hemorrhage in cord - we may know that this is the case - by a severe pain in end of limbs - with loss of power in lower extremities - This apoplexy of spinal cord is very rare - It may take place in any part of the cord below decussation - There is want of power & pervention or impairment of sensation in the lower limbs - If the trunk be affected there will be retention or perhaps incontinence of urine - and involuntary discharge of feces - The urine is affected & causes disease in the bladder - The urine is loaded with Phosphates - these are even deposited in bladder causing pain - Sometimes also the head is affected causing vertigo - dimness of sight &c - We are hence led to believe that the affection is situated in the brain - But it is not usually - Sometimes when the body is affected that the colon cannot act, and becomes filled with fecal matter - Sometimes there is spasm and also rigidity of the limbs - When the limb is removed from the position it has been it will be drawn back again -

Local Paralysis is that which affects only one or a few muscles. It is generally the commencement of a general palsy - Any muscle may be paralyzed - as by pressure on the nerve - or by imp of neuritis &c - Stasis is a paralysis of the tongue is sometimes paralyzed as also are the muscles of deglutition - Aphonia is paralysis of the vocal cords & muscles of the larynx - Facial palsy - Paralysis of seventh pair causes loss of motion but not of sensibility as this is due to the branches of 5th pair - When the 7th pair is affected mastication is not impaired - but it is when the motor branch of 5th is paralyzed - Paralysis of a limb is sometimes found in children - when its development is arrested - while the other part grows - Paralysis of any organ cannot exist long without destroying life - but sometimes they are affected as the intestines & bladder -

# Paralysis of Sensation

Different names are employed to designate paralysis of sensation in different organs - as in the eye - Anaurosis - of smell Anosmia - which may be caused by stimulatives, tobacco or disease of bones of nose - Loss of hearing Chuphosis - this is sometimes a mere functional affection which may last for years - but the bones + membranes may be destroyed - Loss of Taste - Ajustia - it is common in fever when the tongue becomes dry + coated - a use of stimulatives, tobacco, cause it - Loss of Touch Anaesthesia - this term is applied to such cases as when there is loss of sensation but not of motion - some, as Copland, assert there is not complete loss of sensation, but in some cases there is - as the patients may be scalded, burnt, cut, torn, scratched &c with out causing pain in the part affected

Thursday Jan 24<sup>th</sup> 1834

Monday Jan 26<sup>th</sup> 1834

Anaesthesia - Continued - When there is paralysis of one side of the face, and the patient goes to drink out of a vessel the vessel seems to be broken as the anaesthetic side does not feel - The mode in which Anaesthesia comes on is sometimes sudden sometimes gradual - sometimes may be caused by an injury or cold - the duration is also very different - in cases - It sometimes returns again - Ocular organs when they lose their power are said to be paralyzed - but improperly - The mind is also affected - There is a forgetfulness of some parts of speech - or of a few words - using one word for another - and he knows that he used the wrong word but cannot pronounce the right one -

## Causes of Paralysis

Sometimes Hereditary - Old age is a frequent concomitant but it may also occur in young persons - Sedentary persons more liable to it than active - Great labour of mind -

### Exciting Causes - Divided into Physical

Physical - Cold is one of the most common - 2 prepare on the nerves of different parts - go by sleeping with the limbs hanging over the back of a chair - or sleeping with the head under the head -

Apoplexy and injuries to head may cause it - also  
 various growths in the head -  
Poisonous substances, especially lead Mercury - Ar-  
senic - Mercury causes a trembling or shaking  
 palsy, as also does arsenic -  
 Palsy is also sometimes symptomatic and depends upon  
 the chilo-poitic viscera which acts by reflex action -  
Integrity may cause it - it gets well (i.e. the viscera) but  
 palsy follows -

### Pathology of Paralysis

This is a purely nervous affection. It is supposed that it is  
 merely an affection of the cervical portion of the brain  
 hence it may be caused in two ways - 1<sup>st</sup> If the circu-  
latory is prevented from acting, or want of  
 nutrition it will cause paralysis in the part sup-  
 plied by the portion affected - 2<sup>d</sup> If anything pre-  
 vents the conduction of nerve force from the cervical  
matter paralysis will be produced -

Diagnosis - Paralysis cannot be mistaken - The dif-  
 ficulty does not lie here though but in the diagnosis  
 of the cause - whether it depends on derangement of  
 the chilo-poitic viscera or on that of the brain  
 2<sup>d</sup> whether it depends on the brain or on the nerve  
 after it has issued from the brain or cord -  
General paralysis generally depends on disorder of  
spinal cord above decussation -  
Hemiplegia generally depends on the brain -

It is important to know whether Hemiplegia depends  
 on apoplexy or softening, Dr Todd makes 3 divisions  
 1<sup>st</sup> in which there is perfect relaxation of the muscles  
 2<sup>d</sup> in which there is stiffness or rigidity  
 3<sup>d</sup> in which there is rigidity but which does not come on  
 till a long time after  
 In the first he does not think there is pouring out of blood  
 but a rupture of the fibres -  
 2<sup>d</sup> due to pouring out of blood & lesion of substance  
 3<sup>d</sup> due to a cicatrization or union by fibrous tissue



Wednesday June 4<sup>th</sup> 1874      Prognosis of Paralysis  
 Depends much on what we suppose to be the cause of the  
 Paralysis - If the disorder exists in the nerve itself the prog-  
 nosis depends on whether we can remove the cause or not.  
 When paralysis is complete recovery is very rare.  
 Ordeberghorn's takes a more favorable view of these cases -  
 and thinks that they are nearly curable. - He will has a  
 great deal of power in the cure - as a strong emotion some-  
 times causes a cure - Fright & violent emotions have  
 sometimes caused a cure - But these are not true cases of palsy,  
 but other diseases of the nerves, as Hysteria  
 When it depends on structural affections our prognosis is bad  
 but when it depends on functional derangement it is better  
 Palsy from poisons, as lead are often recovered from

Treatment of Paralysis

We must first remove the lesion if possible - Hemiplegia  
 is but a species of Apoplexy - and the treatment the same  
 but the state of the pulse & system must be regarded -  
 When there is a great congestion or determination of blood  
 to the head we may bleed - Purging is of the greatest  
 value - If head is hot apply cold to it.  
 When the first stage has passed over and there is depression  
 we may give stimulants - to remove the clot - but we must  
 give them cautiously - Mercury assists the absorption of  
 clot - Aq. Cl. has been recommended - as it is left stimulants  
 than Calomel - if there is depression we may give Tonica  
 with Bells as Iodine - Counter-irritants as issues  
 and Setons are also useful -  
 In Paraplegia if it depends on apoplexy of cord we must try  
 to prevent the further effusion of blood - if an inf-  
 use must apply strong counter-irritants over spine -  
 as moxas, caustic issues on either side of cord are  
 useful - General Palsy treatment the same as Para-  
 plegia as it generally depends on same causes -  
Local Paralysis, remove the paralysis cause if possible  
 local means are useful as cupping - leeching & -  
Paralysis of sensation has the same treatment as that  
 of motion -  
 There are other remedies very useful in Paralysis - as strychnia  
 commence with  $\frac{1}{2}$  gr or  $\frac{1}{4}$  gr and increase gradually - should  
 be given in acetic acid or in solution when trembling or creeping of  
 the skin occurs we should desist - it is a cumulating medicine  
 It is a stimulant to the nervous system and hence should not  
 be given in cases where stimulants are contraindicated  
strychnia is very useful in Lead palsy

Other remedies have been recommended as Urtica  
canadensis - Cantharides - warm bath & cold bath  
 among local means may be enumerated - friction, attempts  
 at exercise even when the patient has dropped our limb  
 strong counter-irritants as liniments of croton oil,  
 alkalis - mustard - issues & setons are more applica-  
 ble when the disease is situated in internal parts  
 or at roots of nerves - Electricity & Galvanism  
 are of great use <sup>doubtful</sup> lightning sometimes cures palsy  
 they are more useful in paraplegia arising from pressure  
 on the nerves -

Thursday Jan 29th 1834 - Epilepsy

Epilepsy is known by coming on in paroxysms, with loss of volun-  
 tary motion but more or less of convulsions - It is classed by  
 Cullen under spasmi - tonic spasms and clonic spasms  
 epileptic convulsions are of the tonic kind & hard to suppress  
 It consists of more than fits - it consists of a tendency in  
 the system to bring on these fits -  
 These fits are often very sudden, sometimes there are  
 premonitory signs - as fullness in head - ringing in the  
 ears, spots before the eyes - slight delirium, apparitions  
Aura Epileptica is a feeling as of a cool blast - commencing  
 below and proceeds upwards - sometimes it is not  
 a wind but a creeping - In some rare cases it depends  
 some consider this aura to be only produced by the ir-  
 ritation at the root of the nerve but it is not as the  
 fit may sometimes be prevented by tying a bandage  
 around the limb & preventing the aura ascending -  
 The fit comes on, whether with or without premonitory  
 symptoms, with a shriek which is terrific -  
 The patient before insensibility comes on (before falling)  
 may perform some curious acts - as climbing - leap-  
 ing against a wall - When the patient falls he is  
 usually rigid - the muscles of face are drawn in var-  
 ious directions - the tongue is often bitten and  
 this is a distinctive mark - there is a noise as if  
 patient was being suffocated - and that is a sign  
 of the mouth, sometimes bloody -  
 There is sometimes relaxation of sphincters - &  
 incontinence - sometimes head ache follows - sleep  
 deep - the patient may be roused but soon falls off  
 again - sometimes mania follows or equivocal  
 affection, very variable from 5 minutes to 4 hours  
 to 2 hours - When a patient has a fit he  
 is unable to then again & then recurrence is very

variable, The patient may have one every day - every week or only every month, These have nothing to do with the moon as once supposed - Sometimes the fits will be absent for several weeks and then they will come on and several together - In some cases they are so slight as not to be called fits - as they only last a few moments - Sometimes these fits are alternated with stronger ones - Esquirol says the system suffers more from these fits, than from greater ones - These slight fits usually come on at night - The patients never remember having a fit without being told - If there are some marks on the persons as mud dy clothes from falling down - Tongue bitten -

Sometimes patient may get well - sometimes Epilepsy terminates in apoplexy or in Paralysis - Also in Insanity - this does not come on usually till after a long time - The insanity from this cause is very common in insane asylums -

There is no difference between the sexes - no age is exempt young children about period of second dentition are liable to it -

Divisions - Idiopathic - cerebral & Sy also centric & eccentric -

Post mortem sometimes no marks at all found - and none found in all that can be depended on - various tumours have been found - Sometimes effusion sometimes none - The Cerebral gland is often affected & sometimes the Pituitary gland - The skull is usually thickened  $\frac{1}{2}$  to  $\frac{3}{4}$  inches - Bony tumours are sometimes found -

Causes

Exciting causes are not known - The first fit is usually ascribed to some irritation in the brain, any thing that tends to cause congestion - Getting is a frequent cause in children - also worms - Calm & Bleeding sometimes cause it - Any irritation either physical or mental may cause it - The fits may be brought on by excess in eating or drinking Papier - fright - Irritation as one man was attacked and 20 were also attacked soon after - People who feign epilepsy have sometimes become affected -

Pathology - the changes in the system are not known -  
 It is curious why the cause which exists in the system does not always cause these convulsions, and not only at intervals -  
 Dr Bennett thinks it to be a cerebro spinal disease -

Dr Wood thinks it is due to some change in the blood - He says it does not depend on want of nutrition - nor on coagulation - but on bad blood, which causes irritation in the brain and the brain assumes a different polar constitution, and the electricity collects, till no more can be held & it is discharged causing the fit - He says, to sustain his opinion, purple acid whose poisonous effects on the blood resemble epilepsy -

Friday Jan 30<sup>th</sup> 1857 Diagnosis of Epilepsy  
 Diagnosis not difficult when not complicated with other disease or when all the symptoms are present.

The following marks when present may be relied upon -  
 It usually commences with a scream - after there is stiffness for a short time - then convulsions (tonic) follow. Foaming at mouth, lividity of face - Distortion of face - prapisms, biting the tongue - & the sops which follows it

It may be confounded with apoplexy but in apoplexy the patient is still in epilepsy convulsed, but convulsing may occur in apoplexy - and patient may be still in epilepsy - But these two merge with each other and renders diagnosis more difficult.

Dr Pritchard also has given another kind of epilepsy in which there are no convulsions - pulse weak and it resembles syncope very much -  
 Must not be confounded with convulsions, Dr Cullen says epilepsy has convulsions with loss of consciousness -  
 Dr Cullen calls these fits - Epilepsy accidentalis -

Fits of parturient women & of children while teething cannot be considered epileptic, as they pass off when the irritation ceases - But the fit itself cannot be distinguished from epilepsy -

Hysteria may be confounded with epilepsy -  
 To distinguish epilepsy when feigned - sometimes very difficult - there is usually some want of consistency in their conduct - An epileptic is incapable of feeling - & blow smelt up the nose - It does not affect an epileptic -

## Prognosis

Divides itself into two - Prognosis of the fit & of the cure  
 seldom fatal of itself (the fit) but may be sometimes -  
 With regard to duration we must take into account the  
 history age strength, hereditary tendency, form of  
 head &c - In all cases prognosis should be cautious  
 of excitible the prognosis may be favorable, but  
 of centric not so -

## Treatment of Epilepsy

### Treatment during the fit

Place the patient in a place where he cannot hurt  
 himself - slightly depress the actions of the muscles  
 prevent cutting the tongue by a piece of soft wood  
 or brown paper between the teeth  
 If the patient be plethoric & congested about the head  
 bleed or if there is a tendency to apoplexy a bleed  
 there is no power of depletion so it is not good to  
 introduce irritating substances as Ammonia in  
 to the mouth, If the fit last long - Injections of turpen-  
 tine, or camphor are useful, also purgatives -  
 Cold may be applied to neck or spine - Prep firmly on  
 and over an spine

Treatment during Interval - Some cases are incurable  
 but these we cannot tell from others - Two modes of treat-  
 ment - if plethoric reduce the quantity of blood - If  
 weak and anemic give tonics & strengthen system -  
 The mind has a great influence over Epilepsy as over  
 all nervous diseases - But we cannot make use of them  
 as we would wish - It is of great benefit to patient to  
 have confidence in his practitioner - Do not let  
 the patient know what medicines you are giving -  
 Keep patient cheerful & hopeful -  
 Treatment should be changed at times as it seems to  
 be beneficial -

In the greater number of cases the patient is plethoric  
 we should reduce this by bleeding purging - low diet  
 It fits be periodical bleed a short time before expected  
 attack. Patients will have to live on low diet for  
 a long time (a year or so) Refrain from animal diet -  
 walk in air - Keep head cool - hair short - avoid  
 sedentary habits - Keep bowels loose -  
 Dr. Ferrius recommends Lanes powder 2 to 3 grs every  
 till vomiting occur then half again -  
 When there is a tendency to congestion about the head we can  
 apply in neck or arm - If the patient be weak we  
 must give tonics as Epilepsy may depend on excess or defi-  
 ciency of blood -

When patient is neither plethoric nor the opposite, we may use the Ammoniac of copper 3 to 5 grs in the day - it may produce vomiting & pain in stomach -  
 A sulphate of zinc is also useful in small doses -  
 Arsenic in small doses is also good -  
 Argente Nitras is largely used five grains in the day and increase to 5 or 6 grs - It must be continued for several months - It produces a colouring of the skin hence we should not use it over 4 months then discontinue and commence again - It has been said that cream of tartar taken with Arg Nit will prevent this coloration - Indigo is largely used - also Turpentine this is useful if an anthelmintic -  
 And Deschamps worms which may cause Epilepsy Dose ʒi to ʒii during day - Dr Holmes has seen it do more good than any other medicine Quinine & various tonics have also been used, as also have alteratives - Extract of Codonopsis of portine of skull be depreped, or exortosis be present use trephine - Dr Hall recommends Gra-shotomy - as there is usually spasm of plectis & and this causes a derivation of blood to the head -

James M Garry  
 Medical Student

James M Garry  
 Medical Student

William Martin

William Martin

Monday Feb 3rd 1857 Hysteria

Hysteria (from Hyster the uterus) Dr Copland says the the greater number of female complaints are hysterical.

1st Paroxysmal has kinds one connected with sympathetic viscera & another with nervous system.

There is a feeling of uneasiness in the side & abdomen - there is sometimes a large secretion of limpid urine - there is the sensation of a ball which mounts up from abdomen to the throat and causes a difficulty of breathing & sometimes the head becomes affected - there is headache & vertigo - sometimes there is no power of utterance - the patient cries & laughs alternately - may last for 3 hours more or less - these fits may alternate subside & recur - In the more nervous fits the patient exhibits great strength sometimes is ferocious - raises herself up and throws herself back with great force - This fits may last only a few minutes - The flow of urine may only occur after fits - fits are apt to recur again - Hysterical patients are irritable & fickle & capricious -

Hysteria may simulate Epilepsy and apoplexy - and it is sometimes difficult to distinguish it from these.

Hysteria may occur in the male - Copland denies it, but still it is true & sustained by numerous eminent authors -

Causes Predisposing & exciting

The predisposing are sex - Hereditary - There is a condition of the body - mobile or mobility, which is a cause - these persons are easily acted on by various causes - sensations - Plethora - Indulgences, Excesses &c - change from a bad to a good condition - Tea & coffee and an derangement of the stomach & bowels - Disappointments, surprises, fright - Of all these diseases Hysteria is the most readily propagated by imitation (Watson) but a stern nurse prevents it by threatening them with a ducking (in the ward of an hospital)

Pathology of Hysteria Ancients thought the womb got loose and clamped about the abdomen causing the fits - others refer it to the spinal cord - others to stomach - And some to nervous system generally - I should regard Hysteria depends upon a diseased condition of the blood -

Wednesday Feb 4<sup>th</sup> 1837 Hysteria. continued

Diagnosis - When we have globus, crying & laughing, and a rapid secretion of urine present, there is not much doubt - but sometimes these are not present - and the diagnosis is more difficult. It is liable to be confounded with Epilepsy and sometimes runs into Epilepsy, hence we must be careful in our diagnosis. - We must look to the mode of attack, the history of patient.

Hysterical women are usually plethoric, with large mammas - and dark areola see

This usually connected with love - anger &c. Epilepsy is periodical - Hysteria is also but not so markedly - When Epilepsy comes on it is usually by night and epileptic fits commence by a scream - Hysteria does not come on at once but gradually and there is not a total loss of consciousness - pupil is sensitive there is a travelling at outer angle of elbow eyelids - The eyes have not the vacant stare of Epilepsy - The convulsions seem to be voluntary & done on purpose - In Epilepsy they do not -

Prognosis Hysteria is a disease of little consequence either to mind or body. Prognosis is favourable - The fits may recur - but if the patient has a strong will they may be avoided - The will has great power over them - They usually commence with retardation and last till cessation of menses - may pass into Epilepsy or epilepsy -

### Treatment

When Hysteria has obtained a firm hold of patient it is very difficult to eradicate it -

Treatment during fit - 1<sup>st</sup> Produce a strong shock on system by medicines strongly stimulant - If patient has had fits previously restrain them slightly - but not powerfully - If patient feels fit coming on she should drink a large quantity of cold water - If it does not succeed should take sassafras, valerian, asafoetida, ether chloroform - &c. - We may combine opium & morphine with antispasmodics, if patient is not very plethoric. -

If fit last long, give purgatives or injections of cold water - or turpentine or sassafras - or if these do not do give a large quantity of purgatives - If patient is fervid & wild - the cold douche is useful poured over the head or face - it soon cools them down - The fit is liable to return again and the apply cold douche again,



Dr Connally recommends Opium & if it produce vomiting & thus act as a stimulant - As a general rule we should not bleed but if there is a great flow of blood to head & patient be very plethoric he might bleed -

### Treatment during Interval

This is a class of medicines called antihysterics, or foetid or Antispasmodics - sabamum & the foetid gums are useful. These are two conditions of the system which favor Hysteria they are plethora & Debility -

The Uterus is often found deranged - if patient be plethoric the patient has pains in back, legs, and over pubes - the neck of uterus is quite tender to touch - and hence there is a local plethora of Uterus - Hence we must relieve this - by cupping over sacrum, leeches on thighs - warm baths are useful.

The Catamenia are usually disturbed - either too much or too little - Apleric women have usually torpidity of the bowels & constipation - this must be corrected by a strict regimen & laxative medicines -

Struphine is a very useful tonic in small doses, bitters - Iron & zinc are also good Tonics, Exercice, change of air - travelling for some time, shower bath or cold sponging, Patient should get to bed & rise early - bed should not be very soft -

There is usually flatulence - give carminatives -

### Chromalons Hysteria a.k.a. Paroxysmal

Hepimus varius formis - There are Pains of various kinds sometimes have the character of inflammation, Sain and it is sometimes difficult to distinguish them. It has a tendency to take on the form of various complaints - Headache is a common occurrence in Hysteria - It will last 1, 2, or 3 days - very common at catamenial periods - come on frequently very suddenly - frequently a darkish color under eye - head cool, & pulsation in carotids weak. Pains usually in ant. frontelle Clavus Hystericus - Bowels are usually out of order and patient iritious. These headaches are usually worse in morning than in the evening -

When there is no determination to the head, opium is very useful - relieve headache immediately camphor dissolved in chloroform is useful - Rectic acid to forehead - smelling salts -

2. A pain in the <sup>right</sup> left side, which may last for years - and it is very hard to be got rid of - <sup>often resembles pleurisy</sup> this sometimes resembles pain in right side is neuralgic affection of liver - in the left it is affection of spinal cord -

Thursday Feb 5<sup>th</sup> 1834 - Hysteria non Paroxysmal

Pain may occur in any part of abdomen & sometimes resemble Peritonitis, there is frequently pain over pubes denoting Derangement of bladder & is often very distressing  
 There is sometimes pain in the spine with tenderness of the psoas - And it is spinal irritation with no disease of the bones - Hence should not be permitted in bed, but should take plenty of exercises. Sometimes the pain is situated low down, as abscessum a coryx and indicates disorder of uterus. - Brodie says that 4/5 of the females of higher classes, who are thought to labour under disease of the joints, labour only under Hysteria and if their attention is not directed to it while we are examining the joint (as hip joint) there is no pain.  
Hysteria sometimes resembles Asthma. There is usually a perversion of respiration - which when healthy is one of beats of pulax. - in this Hysteria it may be one to one or one to 2/3 - This may sometimes distinguish Hysteria.  
 There is sometimes the Hysterical cough which may last for several hours or occur at paroxysms - Sometimes accompanying this cough is the expectoration of saliva with blood - But the blood is not coughed up - but spit out of the mouth - may continue for months - A cough or sneezing are present; Sometimes there is a large quantity of blood vomited. There is usually strong pulsation of aorta and of abdominal artery. This often occurs in Hysteria & other nervous affections, and is sometimes not found in the line of aorta - and often resembles Aneurism.  
Hysteria may show itself by spasm of external muscles - as locking of jaws - rigidity of limbs & often resembles Tetanus. - Dr Watson says they are perfectly under the dominion of cold water.  
Hysteria sometimes shows itself by coma, & draming and often resembles Apoplexy.  
 Sometimes by fainting and resembles asphyxia & even Death. - Sometimes by loss of voice - sometimes resembles Laryngitis and obstruction in upper part of larynx and tracheotomy has been performed.  
Palsy of the bladder is not uncommon - Hysteria sometimes shows itself by its effects on mind - sometimes mania - at other times feigning diseases as some girls say they never pass urine, they drink it to carry out their fancies -  
Hysteria may be complicated with other diseases - aggravating & modifying them -

Spinal Irritation may be present with or without pain - sometimes only one vertebra is affected at other times more - if high up - pains in the arms, and affections of abdominal viscera, low down pains in legs &c - may last for years - occurs most commonly in young persons -

Treatment of Spinal Irritation - That of hysteria generally, but local applications are useful - A blister often relieves the pain in the side - Dr Holmes relieved a severe neuralgic pain in the heels by two moxas applied to the tender spot in spine - Moles sometimes labour under it -

Causes It has been supposed to be caused by congestion of spinal veins & their pressure -

Prognosis - favourable - symptoms sometimes suddenly subside

Duration is variable -

Treatment palliative - morphia, opium - croton oil - moxas -

## Friday Feby 6<sup>th</sup> 1834 Catalepsy

very rarely seen - comes on in paroxysms at irregular intervals voluntary motion & consciousness are lost - but if the limbs, when placed in any position, remain so - no matter how awkward - there may be headache vertigo dimness of sight, &c preceding it - the pupils are usually dilated - the eyes fixed occasionally there are no premonitory symptoms - The patient's limbs may not retain the position in which they are placed - but he cannot speak - there is loss of sensation -

there is a sort of ecstasy the patient not affected by external objects, but absorbed with some visions may terminate in hysteria, or get well, or in mania

It is usually considered to be a high state of hysteria Dr Beauchamp says that Indian Hemp may bring on symptoms like Catalepsy

Treatment - nearly like that of hysteria, strengthen the system - purgatives are useful exercise good diet -

## Chorea St-vitus' dance

Chorea (Dance) signs - irregular movement of muscles - they are not under the influence of will - usually affects one side, but whatever part it affects, if seized remains still - usually commences slowly - by convulsions - the mind is affected - may commence in the foot patient drags it - then the face is affected eyes distorted squinting patient moving first from one side & then other & arm also - motions are sometimes very violent like convulsions -

sometimes so violent are the motions as to throw patient  
 out of bed - but when patient is asleep motions cease  
 The mind is often affected - bowels are usually dis-  
 ordered - pulse natural sometimes quicker, sometimes  
 debilitated is affected, cannot swallow -  
 Duration two or three months - sometimes for years  
 when cured is liable to return -

Pathology - unknown - cannot be explained  
Diagnosis no rigidity - usually occurs in early life -  
Paralysis agitans in latter periods of life  
Prognosis favorable if uncomplicated - But if com-  
 plicated with Rheumatism a disease of heart as it of-  
 ten is, it is dangerous - There is often a murmur in the  
 heart which depends on functional derangement  
 affects females more than males - most common  
 from 8 to 10 yrs - but may occur in older people -  
Causes - strong mental emotions especially fright -  
 There seems to be a connection between Rheumatism &  
 Throat & It says they are both produced by the same  
 cause - deprivation of the blood - Dr Todd says it is due to  
 bad blood & want of nutrition -

Treatment - It is a disease liable to get well of itself -  
 1<sup>st</sup> Restore the tone of the different functions  
 2<sup>nd</sup> Strengthen the nervous system -  
 The alimentary canal is usually affected - Hence purgatives  
 are useful - should be strong at first & weaker afterwards  
 give Linacids during interval of purgatives, Antispasmo-  
dics are also useful - Bleeding, Leeching & cupping may  
 sometimes be required when there is congestion, but they  
 are very seldom required - If verrucae are present  
 give antihelmintics -  
Ironics such as Iron - ZnO - a ZnO<sub>2</sub> - Liq. Arsenicalis  
 is very useful - Zn valerianate is useful - is one of the best  
 forms of Ironics - Ironics should be varied -  
Citrate of Quinine & Iron is useful in children -  
Empurative is useful - in small doses as an antispas-  
 modic - Apapogetic a - myrrh & other antispasmodics are  
 also useful - Paracotics are sometimes useful -  
Exercise & Bathing (shower bath) are very useful -  
Throat sometimes becomes chronic

Tuesday Feb 15 1837 - Paralysis Coctans

Many persons are slightly affected with this in some of their limbs as in the head - constantly shaking - But in the real form there is a great tendency to go forward - the upper part of the body leaning forward - & causing patient to run to keep up with it - this becomes so great that patient can not walk alone - the power gradually become exhausted & patient sinks - Pathology not known  
Treatment - beyond the powers of medicine -

Tetanus

Different parts of the body may be affected, when jaws alone are affected it is called Trismus - Muscles of back - Episthotonos  
But they are all varieties of Tetanus - Tetanus is divided into Symptomatic or Traumatic & Idiopathic  
More common in hot climates than in cold - When a person is wounded sudden changes of heat & cold favour tetanus  
Wounds of tendinous parts, lacerated & jagged cause it - Idiopathic caused usually by cold - as laying on the ground under the dew - Premonitory symptoms sometimes present as twitching of the muscles, headache  
Difficulty to open mouth - pain at root of the tongue - Pain at upper part of sternum - Stiffness of neck - The muscles affected are hard like a board - Spasms are frequent muscles are always rigid - very slight causes bring on the spasm - There is seldom fever - bowels are almost always affected - constipated - pulse quick - May terminate in 24 hours - usually between 3<sup>rd</sup> & 5<sup>th</sup> day or may last 24 days - Prognosis very unfavorable usually fatal - Idiopathic more amenable to treatment than symptomatic

Hysteria may be confounded with it, as also may poisoning by strychnia - or lead refer to a poison in the blood -

Treatment - of little use, as most cases prove fatal - but sometimes we may prevent it coming on, as by removing tetanus from bowels, by extracting a cecum tooth, cutting the nerve - one of the first things to be attended to is the bowels - give a powerful cathartic - as turpentine or it & castor oil - Large doses should be given as bowels are very torpid -

next we have to alleviate the spasms - never bleed  
 out there are great signs of febrile excitement  
Warm bath has not been found of much use  
Cold - Putting the patient in a hot and pouring cold water  
 over them - it is sometimes useful - but we should  
 be careful as it is very depressing - by far the best  
Opium is not very useful - Tobacco is by far the best  
 Depressent & narcotic - it is used by injections & should  
 not be made too strong as we may kill our patient -  
 Some say it is a weakness of nervous system & not an  
 excitement, & hence treat it by stimulants  
Cannabis Indica has been found useful -

## Hydrophobia

Does not come on till sometime after the bite of the rabid  
 animal - There are loss of appetite, uneasiness, dullness  
 but it usually comes on suddenly as when taking  
 a drink they are arrested - There is generally a great  
 horror of water - sometimes not - This horror of water  
 sometimes subsides and disease seems to be arrested  
 but the patient is then sinking -  
Duration from 24 hours to 4 or 5 days -  
 The time the patient may lay with the system is usually 40 days  
 to one year -  
Pathology - not well known - some signs of inf. about  
 base of brain - Prognosis - very bad  
 Not at all capable of being cured -

Treatment - after bite - excise part - cauterize  
dog bite is considered best - by Mr. Cuvart - He has bitten  
 himself 3 times, and applied it over 400 times to others  
 with success -  
 The medicines used in Letanus have been used, but none  
 can be depended upon -

Wednesday Feb 11<sup>th</sup> 1834 Neuralgia

There may be preliminary symptoms  
Pains are very violent & have exacerbations - sometimes  
the skin of the part affected becomes very sensitive -  
the colouring the nerves twitch - It Neuralgia is not a  
dangerous disease, but causes patient much pain &  
trouble - Duration a few hours or a year or two -  
Any part of the body may be affected - but most  
commonly the face - called facial neuralgia, the lower  
jaw is sometimes affected - also the tongue or throat  
the mamma - the testicles, uterus, lower extremities  
may be confounded with inf. of Herpes zoster or surround-  
ing parts -

Causes some are predisposed to it - Wounds after healing -  
cold - may be caused by irritation in the course of the nerve  
at centre or periphery or in a nerve not at all affected -  
Crichton describes a rheumatic neuralgia which comes  
on in attacks of 2 to 3 minutes -  
Neuralgia being a functional disorder leaves no permanent  
appearance, in fact it seldom proves fatal -

Treatment - During pain - are those of a narcotic & cool  
in nature - hot water & cold water relieve it, but only  
for a short time - opium, belladonna, phosporine -  
aconite - (Blisters - tart emetic & croton oil are used ext -)  
Croton oil is best but leaves cicatrix after it - Firing is  
very good, Trovas have been used, but should not destroy  
the skin or leave an eschar - Acupuncture - & galvanism  
Belladonna & Stramonium, and opium with camph, applied as  
are useful internally -

During Interval. Best medicine is the precipitated carbon from  
this very useful, but is apt to collect in bowels - other forms of  
iron are also good - Mercury, (oil of turpentine in sciatia)  
Croton oil with cast. collyrium comp is the best purgative he can use  
it acts specifically (so Holmes thinks) Bowels should be kept open  
as irritation of them may cause it. Remove the cause if possi-  
ble in all cases -

Face Ache, consists of pain in face & teeth  
or water recommended strongly - Muriate of ammonia  
But Holmes does not find it useful -

Hemicrania - usually affects one side of the head, sometimes  
to the usually caused by cold  
but it comes on only at certain regular periods, but sometimes

is always present. Pains last 3 to 4 or 6 hours and then go off or are greatly relieved. - occur usually in nervous persons - may be cured in a few days - first attend to bowels - give *ana emetic* & purgative or only a purgative - then give an antiferriodic as *Lime* or *arsenic* (Holmes employs arsenic & is cheaper) He does not look for relief till fourth days - You may sometimes relieve the pain immediately by *gr sol Sulph Morphiac* - administered before pain comes

Nervous Headache

Thursday Feb 12<sup>th</sup> 1837

Delirium Tremens

called *Mania a potu* - Brain fever - usually caused by drinking liquor, but any thing else that stimulates the brain, as opium, may cause - anything that over stimulates the brain may cause it. It is brought on after over stimulation by any depressing cause or removal of the stimulus - divides it into the forming of the disease, 2<sup>d</sup> the disease when formed, 3 into that of collapse -

Symptoms - first a soft full, frequent pulse, general debility, inability to eat - especially in morning. This is a very prominent symptom - bowels usually constipated sleep disturbed, hands tremble, make patient separate his fingers - 2<sup>nd</sup> stage - a hurried, agitated manner, pulse becomes rapid, surface damp & cool, Delirium is violent and attended with fear - of persons & objects (imagination) there is absence of sleep - Pulse becomes soft & small & more weak as Delirium advances - This state continues 4 to 5 days or 7 or 8 and terminates by the patient falling into a sleep of 12 to 24 hours & wakes quite collected - Sleep is always a favorable sign - but when about to terminate in death Delirium becomes greater, pulse quicker, constant talking - may be confounded with Paranoia - Mania, Typhus fever Prognosis for 2 or 3 time favorable, but further attacks not -

John Jackson



Dr P. M. Apperanus, & Watson say he generally finds a remarkable soft, flabby state of muscles of heart

Treatment — 1<sup>st</sup> stimulate the brain, & the system  
 opium in large doses, frequently repeated is the remedy  
 ℞ opii ʒss ʒi every half hour or hour —  
 Dark emetic root — ℞ opii ʒi & quinch dust.  
 Give more opium — A Purgative should be given before  
 opium — Cotton oil is best, but if patient is weak we  
 should not give it — If opium does not quiet patient  
 we must let him have some liquor — Chloroform has also  
 been used — Emetics are very good at commencement  
 Some practitioners do not use opium at all — some only  
 purge, others liquor & others emetics —

Hiram Bromley

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John Harkins

John Harkins

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John Harkins

Friday Feb 13<sup>th</sup> 1837 Diseases of the Chest

Croup - There is coughing & a loud hoarse sound usually fever - child is put to bed well, and at about 3 o'clock wakes up with croup - there is difficulty of breathing, hot skin, flushed face, as the disease continues the distress is great, patient cannot get enough air & hence blood is not properly oxygenated, causing a cyanosis of hands & feet - this may bring on drowning children do not cough up the expectoration, but sometimes bring up some shreds of albuminous matter

Duration 2 to 5 days or even a week -  
Relapses are more peculiar than first attack -  
 Occurs most commonly in children - of 2 years of age -  
 and even in older persons -  
 Is not contagious, but occurs in damp cold places - almost like an epidemic -

Diagnosis - not difficult, cough is peculiar, but difficulty of breathing is a more diagnostic symptom -  
Prognosis - rather favorable, Deaths here 1 to 4 or 5 -  
 must be treated energetically -

Pathology, a false membrane is cast out from the inner surface of the larynx & may surround larynx or occur in only a patches, larynx & is inflamed & congested. This difficult to get rid of this membrane  
Diphtheritis may be confounded with it.

Treatment usually successful, first give an emetic, this generally relieves it, but if it does not, we should bleed, if child is 3 or 6 years old, or vein, if younger by leeches, over sternum - give small doses of tart emetic vomit repeatedly if difficulty of breathing occurs Calomel should be given in small doses, till child is under its influence ( stools are greenish ) then diminish the quantity, or lengthen interval -  
 Bleeding is applicable only in first stages, Tart Emetic is the sole remedy in second stage - In some cases you cannot make child vomit, & child generally dies -

Hot Turpentine may be put on trachea, should be repeated Does not vesicify like Mustard  
 Dr Green of New York recommends Argent Nitrol introduced on a sponge  
Tracheotomy has been useful when the Bronchia are not filled with false membrane -  
 Generally of little use -

## Spasmodic Croup - Laryngismus Stridulus Spasm of the Glottis

Comes on in spasms at irregular intervals, without any apparent cause supposed to be brought on by irritating the child.  
Usually disorder comes on during sleep, child struggles cries and crows - frequently brought on by making child laugh or cry or frightening it - there is usually carpo-pedal spasm there is absence of cough and this distinguishes it from croup but the difficulty of breathing is greater - occurs usually at period of dentition & is caused by irritation of cerebral system -

Gums should be lanced frequently when they become wounded - the digestive organs should be looked to, give easily digestible diet.

Wednesday July 18<sup>th</sup> 1837

Laryngismus Stridulus - occasionally the glands of neck are swelled - use Iodine - disorder may last for weeks sometimes better - sometimes worse - a charge of air is then of great use - spasm comes on very soon and lasts but a short time, we should try to make child take in a long inspiration, by cold water dashed on it, or slap it on the back - some use chloroform or ether - others infusion of tobacco - to front of neck -

## Laryngitis

Different forms fit common cold produces it slightly - two kinds of Laryngitis - chronic & acute & asthenic

Symptoms of Acute - hoarseness, dry cough, fever - sometimes shivering, dull pain, constriction of throat - fauces slightly reddened - epiglottis standing up & red - these symptoms may continue for a few hours, or a couple of days - if it continues farther symptoms change, voice is low, every attempt at

swallowing causes a violent fit of coughing - not able to fall down on trachea - face becomes swollen lips blue - & face ashy, pulse becomes frequent & soft - and death ensues if patient is not relieved patient may live in this state for 2 or 3 hours or several days -

Post-mortem - chorda vocalis swollen, larynx inflamed & red - epiglottis sometimes not affected - larynx may also be ulcerated if disorder has lasted a long time -

Asthenic Laryngitis - There is not difficulty of swallow-  
ing - usually confined to chords & vocalis, usually  
accompanied by cough - especially of kidneys -  
Not much signs of inflammation - Disorder seems  
to consist only of pouring out of serum beneath sub-  
mucous cellular tissue -  
Diagnosis - Great importance - Must be diagnosed  
before Croup, which usually affects children &  
Laryngitis of older persons - from Epiglottic Laryngitis  
from Hysterical Laryngitis.

Prognosis - Unfavorable - very -  
Causes - those which produce inf-general - as cold  
winds, hot air - as going into flames - inhalation of gases  
or irritating substances - Drinking hot water - as some-  
times happens to children in Scotland -  
Treatment - in acute - must be energetic, & anti-phlogistic.  
Bleeding must be performed very early - The Pulse must  
guide us as to bleeding - Give Calomel so as to bring  
system quickly under its influence - Tart Emetic  
is useful as a trauseant but not as an emetic -  
Nothing should be applied externally that will interfere  
with tracheotomy - if we cup, the back of the neck is the  
place - Turpentine may be applied to front of neck -  
Ice - not applied int - is sometimes useful -  
If these remedies do not relieve patient, we must per-  
form tracheotomy - and should not wait too long  
before we do it - No matter how bad the case is  
we should not omit to perform it, as patients  
& parents & dead have been saved by it -

Treatment of Asthenic, resolves itself into the operation  
merely, operation should be performed immediately -  
Calomel, might be given, but there is not time -  
Chronic more common than acute may bring on ulcer-  
ation of larynx and also the cartilages, common in  
phthisis.

Thursday Feb 19 1837 Catarah

Catarah is a term now used to designate inf. of upper part of alimentary canal - as nose - pharynx &c - has a great tendency to migrate, as from nose to lungs or from lungs to nose. Colds in the head - this sensation of stuffiness in the head is caused by the swelling of the mucous membrane, which when put - is about to subside. There is generally an herpesic eruption present on the lips -

Catarahus Vestivus - Hay fever - caused by the odors given out by newly cut hay - not known what it is -

Catarah is never dangerous by itself - since Prog. is good - apt to pass into inf. of lungs, and assume the form of Bronchitis -

Treatment - Palliative - one of the best methods of curing a catarah is by causing patient to sweat - by fire & kept in blankets - give a black draught in morning - Patient should be kept on low diet and in a temperate room - a good mixture for cold is equal parts of the Symplicium & syrup of squill - if there is great pain over the sternum or even more by counter-irritant is beneficial - when cold has a long time for weeks stimulants are useful good diet, change of air - ammonia is good when inhaled -

Influenza - is of a catarah nature but very aggravated - it affects great numbers of people at same time - it may commence by fever, shivering - it takes a great hold on the system, and reduces patients more than cold, occasionally circulation is excited, requires bleeding may continue for several weeks, the disorder resembles catarah and can only be distinguished from it, by affecting numbers of people at same time - and causing great weakness -

Prognosis favorable though more people die of it than of cholera - Cause epidemical & not known -

Treatment - similar to that of cold - but we must remember that there is a great tendency to depression - sometimes to suff - Lobelia is recommended in place of Opium

## Bronchitis

Symptoms very similar to those of Catarrh - May affect large & small bronchial tubes and to the sides of lungs and become very serious - It is said that if all the bronchial tubes could be spread out we would have 440 square feet of surface - Hence when all this surface is inflamed it is very dangerous.

Divided into sthenic & asthenic acute & chronic. Comes on by chills, rigors - a sense of pain in chest in limbs & back, constipation, fever, cough dry but cough becomes more moist as disorder progresses, and a transparent mucus is spat up this is very tenacious & stringy, as it rests in chest and as disorder progresses this mucus becomes more opaque (when disease is terminating) and becomes more friable & brittle.

Stethoscopic signs are useful. chest is resonant, as nature these are silent a common rale, or a coarse rattling sound in first stage, in 2<sup>nd</sup> we have muscular rales - a bubbling sound -

Coughing paroxysms are aggravated in the morning - to spit up the mucus which accumulated during the night. It then leaves him & comes on again when mucus has collected -

Friday Feb 20<sup>th</sup> 1854

When much mucus is spat up & disease lasts a long time patient becomes pale and then symptoms of sinking come on & patient dies if not relieved. Duration usually 7 or 8 days or even 4 or 5 weeks - may pass into pneumonia or pleurisy -

Diagnosis - Known from pneumonia by the symptoms of bronchitis, the sputa of pneumonia is far rusty color - & bronchitis may be same spots of blood, but is not diffused throughout all the sputa.

Causes whatever reduces the strength of body predisposes to it - Exciting causes. Cold - gases - irritating substances -

Prognosis - favorable - but not very in old or in very young persons.

Treatment - If person be robust we might bleed in first stage but slightly as to 15oz - but we should be very careful about it - We give antimony - commencing with  $\frac{1}{2}$  or  $\frac{1}{4}$  of a grain to  $\frac{1}{2}$  - A purge is useful, give calomel then stronger purgatives - We should not calculate an emetic especially in children is very useful - give tart emetic or if child be very young give ipecac - Diaphoretics are also useful - Blister act like charms in old people - but in children should be applied with care - In Poland recommend camphor with other medicines when there are any symptoms of sinking - Opium is also useful to relieve the cough -

Monday July 24 / 1837 - Monday June

Pneumonia

Symptoms, Difficult breathing, cough, sputa rusty - Sub Pneumonia may exist without these signs, a very good sign is hot skin - Cough varies, often very slight & few sputa unless in evening - sputa great and often a fine pinkish sputa up a light yellow sputa - which becomes brown - This stained sputa is pathognomonic - when present - but is sometimes absent - sputa is also viscid - This viscosity of the sputa may continue all the time of complaint - varying in colour - and may last even longer - When Pneumonia is about to terminate fatally, there is not so much sputa, as patient is not able to spit it up - it accumulates - sometimes patient spits up blood - When about to end in suppuration, sputa become creamy - When Empyema is about to ensue there is great fetid breath and pieces of the lungs are spat up - The breathing is shallower & quick - chest is expanded and elevated - so if patient could not expand it more - Breath is cool - As disorder advances chest becomes less movable - Patient usually lies on his back - Pain - dull & heavy - sometimes lancinating but this is more pleurisy - Pain is increased by coughing - There is also fever - very hot skin - pulse quick & strong - full - occasionally cheeks flushed - sometimes only one cheek so, thirst scanty urine - symptoms increase towards evening - and diminished towards morning - In pleuritis it is just the opposite - There is another kind of pneumonia which has opposite signs, yet case runs on & may terminate fatally -

called by water stage of lob-conjestion  
 Launce divided Pneumonia into 3 stages Stokes & Walsh give another  
 1<sup>st</sup> simple conjestion - conjestion - 2<sup>nd</sup> when structure has  
 become changed - called Red Hepatization - 3<sup>rd</sup> grey  
 hepatization caused by the effusion of pus -  
 you may see in the same lung frequently the three  
 stages - 1<sup>st</sup> stage - lung is dark - heavy - some crepitation  
 if cut much fluid flows out -  
 2<sup>nd</sup> stage - lung hard - not fluid in it - though harder  
 than natural, it may easily be rendered soft  
 & broken down by pressure -  
 3<sup>rd</sup> stage - Has the same feel as 2<sup>nd</sup> stage - more fluid  
 in it - is softer than the red - Has a grey colour sometimes  
 almost broken down - and looks in alveolae -  
 sometimes abscess form in the lungs - and even gangrene  
 sometimes a large portion is affected, at other times the  
 gangrene only affects small spots - Tubercle Pneum  
 generally terminates in abscesses, it is caused by Pyæmia

Physical Signs - 1<sup>st</sup> stage - crepitating rale is pathognomonic  
 vesicular murmur - caused by the dilatation of the air cells  
 which have collapsed during expiration - It occurs only  
 during inspiration  
 In capitis any bronchitis both lungs are usually affected  
 while in Pneumonia only one - there is also a crepitant Rale  
 but it occurs both during expiration & inspiration.

Dullness on percussion, vesicular murmur diminished -

2<sup>nd</sup> stage No crepitant rale in part affected - vesicular  
 murmur gone - but one may have bronchial breathing  
 there is also bronchophony, dullness increased - vocal fremitus

3<sup>rd</sup> stage not to be determined by the physical signs as they  
 are not much changed  
Gangrene, gurgling sound, fætid breath -

When patient has passed, as most <sup>into the 2<sup>nd</sup> stage</sup> do, and they are  
 recovering from it, the crepitating rale is again heard -  
 this is the crepitating rale red - is seen frequently -  
 sometimes crepitating rale is not present in first  
 stage,

Duration & differs very much may terminate in a few  
 days or weeks -



Cases - Cold. Infantile age when it exists in children it is usually combined with Bronchitis - any irritating substance, blows, pyæmia

Friday Feb 2<sup>d</sup> of 1834 Ramesay Esq  
Ash Wednesday, no lectures, Thursdays

Pneumonia said to occur in foetus in utero -

Pneumonia divided into 3 kinds Lobar, Lobular & vesicular  
Lobar when it affects a lobe or a portion of a lobe or several lobes, Lobular when it affects the lobules -

Vesicular  
æcums (Lobar) in lower part of lung & sometimes in upper part - said to be more dangerous in latter situation -  
Lobular not very common, caused by pyæmia  
Steleptæsis is want of expansion of the lungs in children & has often been mistaken for lobular pneumonia -

Vesicular is rare, the lung is of a granular appearance because the vesicles alone are affected -  
The right lung is more often affected 5 for right & 3 for left and 2 for both in every 10 cases - Pneumonia of right lung is usually æthemic, of left æthemic -

Diagnosis - from bronchitis by its signs - I might be mistaken for fever - but stethoscope distinguishes them -  
I for œdema of the lung, the effusion gets into the cells, causing a crepitation, which is more moist than in Pneumonia - sometimes similar to it - Pneumonia is generally accompanied by bronchitis whose sibilant rales may mask them -  
Prognosis

Treatment, antiphlogistic - low diet  
1<sup>st</sup> Bleed so as to produce a marked effect several times  
2<sup>d</sup> Emetic so as to produce nausea, is useful after bleeding but it also has a specific effect upon the inflamed vessels  
Dose 1/4 gr gradually increased - it first affects the stomach & makes patient sick, but patient pts w<sup>th</sup> it & can take 6 to 8 gr a day - If it disagrees much with patient give they with it a  
Calmel is useful in first stage, give in small doses to salivate - Callard to bowels, give a hydragogue dose of calomel first - Blisters are useful after that stage -  
Expectorants as Tartar emetic or Spiced wine useful in 2<sup>d</sup> stage - Stimulating expectorants afterwards -  
Dr. Walshe recommends Carb, Potop - Germans use chloroform -

Wednesday, March 4<sup>th</sup> 1834

3<sup>rd</sup> Opening of Normal School

Pleurisy

Acute & Chronic

Acute - Symptoms, Intense pain, short breathing -  
 cough <sup>strong & full</sup> Fever, quick pulse - sometimes shivering at  
 first.

Sometimes pain is absent in weak persons - pain is sometimes  
 intense especially when lower part of pleura is affected,  
 but not so much when upper part is affected.  
 Sometimes pain does not exist in the part affected, may  
 change place - Dyspnoea or oppression - depends upon extent  
 In latter stages there is true dyspnoea caused by effusion.  
 There is a great discrepancy among authors as to the side on  
 which patients lay - Dry cough sometimes not present.  
 Physical signs - first a grating or rubbing sound - & rumbling is found  
 accompanying a friction sound also in some - dullness & absence  
 of effusion, Respiratory murmur diminished, want of  
 equal vibration (resonance) - Cough hoarse (muffled) a kind  
 of nasal sound of voice, heard by stethoscope - a very good  
 sign when present, usually heard towards angle of scapula  
 backwards or forwards, or a line with it -  
 Side of chest expanded, ribs raised - Heart, liver & spleen  
 may be displaced -

Pathology, In first stage adhesion - afterwards lymph-  
 ten & sometimes adhesions - if patient is of a bad habit, this  
 lymph degenerates into pus -

Termination - adhesion - a Empyema

Diagnosis, stitch, physical signs - from Bronchitis  
 cough is different, Bronchitis rarely absent in Pleurisy  
 in Pleurisy there is want of expansion of chest  
 In second stage it is difficult to diagnose between  
 Pleurisy & Pneumonia - in both cases there is  
 dullness -  
 from Pneumonia sides of chest called Plurodynia, In  
 latter there is no cough - pain in other part of the body  
 you require to wait some time before you can tell  
 from Pneumonia - pain sometimes affects patient to bear  
 not breathe - or intermittent

Some recommend Tonics, and the chief of these are the precipitated carb of Lim - and other preparations of Iron - Antispasmodics are also used -

If h<sup>em</sup> fits are present chloroform may be administered when disease has begun to subside, tonics & change of air are useful - When other organs are affected as inf of Lungs - we must treat them as if there were no h<sup>em</sup> suff<sup>er</sup> enough - inf of Brain - Cerebr<sup>um</sup> -

## Haemoptysis

Hemorrhage from the Lungs - not uncommon - either Symptomatic or primary, commonly former -

May come on without any previous sign - Perhaps a little tickling of throat - Other times there are constitutional symptoms - Fever - oppression -

Symptoms - preliminary - a sense of fullness - pain - tightness sometimes a sense of boiling or bubbling in chest

and patient spits up blood - quantity variable - usually rather - blood is light sometimes dark, but only towards the close - it is an evidence that the blood has been effused a rather long time -

patient feels relieved after it -

Severity of cough depends on the part affected, if the large bronchia, cough is slight - it comes up easily -

patient usually gets a fight - which causes paleness & depression,

When patients are affected with haemoptysis, once it usually returns & we may look for it, but it is not without exceptions -

It is a matter of importance to determine whether the blood comes from Lungs, mouth or nose -

If it is from mouth we may see sparry fumes or an ulcer &c - if it comes up without having its

from the stomach it is vomited - from Lungs it is fluid. from stomach is always black & grumous.

and mixed with contents of stomach -

Prognosis favorable at the time - but not afterward it does no harm of itself, but indicates some disease of the Lungs -

Wednesday March 12<sup>th</sup> 1851 Haemoptysis continued

Bleeding from lungs not due to an rupture of a vessel - but to trans-  
udation - or molecular rupture but sometimes may pro-  
ceed from a large vessel - and then bleeding is profuse.

Causes - predisposing - a predisposition at a certain period  
of life to give out blood, as long bleeding at nose - but this  
is not true - whenever Haemoptysis occurs it is indica-  
tive of tubercular disease - It is said that curvature  
of spine malformation of chest - tight lacing & pressure  
of - are predisposing causes -  
Vicarious menstruation may take place from lungs -  
a thinness of blood as in spinaemia - sclerosis may give  
rise to it -

Exciting causes anything that increases the circulation  
or violent efforts - blowing an wind instrument, running &c

Treatment depends on condition of patient - Fever,  
excitement bordering on delirium - deplete - but when  
patient is cool, depleting  
to prevent the flow of blood - we should bleed - patient  
should be kept quiet, not to speak - in a cool room  
keep extremities warm - bleed once or twice -  
give a cathartic with an astringent - as Epsom  
salt & sulphuric acid - apply cold locally to chest  
by sprinkling it over - or if profuse apply ice -  
but if it is not disagreeable to patient causing  
shivering &c, take it off - though theoretically wrong  
it is practically right to apply cold -  
we may give tart. emetic or ipecac - to open action  
of heart - emetics may be given (or cupland)  
we may use counterirritants ext - as dry cupping  
sinapisms - rubbing - &c to chest - Dr Rush recommends  
a tablette powerful of salt every little while -  
Give astringents if there is no fever present - Acet  
of lead is considered the best - Dose 5 to 10 grs every  
3 or 4 hours - best given with vinegar to prevent it  
being converted into PbO or to astringent colica picturata  
give it in form of pill, if the liquid sickens patient  
or combine it with Opium & Acy. -  
Tannic acid & t. grs every 2, 3 or 4 hours Exop  
of rye - is also very good Creosote - Surpentine  
Refrigerants are also useful - Hydra or Urtica or MMS  
&c - Prodyne - Diphthal also & Acornite  
There are no means by which we can prevent its recur-  
rence -

## Pulmonary Apoplexy -

Symptoms a sudden oppression, sense of distension in chest. There is spitting of blood from lungs - Walsh says he never saw profuse hemorrhage from it - but it may exist without any spitting of blood - great discrepancy among authors about it.

Post Mortem Appearances, blood effused into the substance of lungs, or may be collected in nodules or masses, quite homogeneous when cut into, but if washed we see the substance of lungs - size of masses from that of a pea to those inches - usually confined to one lobe - especially at lower part - This more common to find the masses of an irregular form than in round masses. Sometimes it is diffused - Generally connected with disease of heart or lungs -

Treatment nearly same as common apoplexy - bleed - Dr Walsh does not think bleeding proper, he thinks dry cupping better -

Thursday March 12th 1831

## Pulmonary Consumption

A very common disease  $\frac{1}{5}$  or  $\frac{1}{6}$  of the deaths are from Phthisis at first tubercle is semitransparent white, but becomes yellow when tubercle is small it is called milk curd - at other times it is laid down in larger masses called curds

occur most frequently in upper part of lungs - a person may have the tubercular temperament without having tubercle -

There are small abscesses emptied which are called cavities -

Stages - 1<sup>st</sup> curd tubercle, softening, 3<sup>rd</sup> excavation 1<sup>st</sup> a slight cough which may pass unnoticed for a long time 2<sup>nd</sup> signs - cough, a light fever, with quickened pulse, emaciation. The difference in the frequency of the pulse sitting & standing is not so great as in health. There is sometimes a red line along lower of arms - (Pain in the shoulder and quick pulse are a sign of pythiasis) and pains in other parts of the body - Physical signs are absent -

Dullness on percussion about clavicle is the first sign of tubercle - weakness of respiratory murmur - both expiratory and inspiratory - Expiratory is elongated - Respiration is roughened - finally Resp - on some parts -

John Martin Drummondville Ont. 79.  
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 John Martin Drummondville Ont. 1879  
 John Martin Drummondville

Dr M Garry  
 Dr M Garry  
 John Martin  
 School B Garry  
 Wm M

Kate Leary Drummondville

Wm Martin  
 Tailor for G Goldboro

# Diseases of the Heart

More common in old than in young people - but not confined to any age - Pericarditis

Symptoms vary much, an acute pain, burning, shooting to left shoulder or axilla - pain over pericardium when pressed on, heart excited, Pulse may be regular or irregular, sometimes a slight cough, a feeling of anxiety, sometimes delirium and when it comes on at the symptoms are ameliorated.

But these signs may not be present, none of them - and we can only determine it by the stethoscope - lymph poured out

stethoscopic signs - a slight rubbing sound - a rattling - when quantity of lymph is considerable the rubbing sound is greater - sometimes a continuous sound or jarring sound - a new rattling sound -

Pericardium enlarges causing dyspnoea, anxiety, pulse becomes small - there is dullness - blood is buffed - skin is hot, but becomes cool and towards the end flabby -

We must regard 1<sup>st</sup> the sound of heart 2<sup>nd</sup> Impulse 3<sup>rd</sup> Rhythm 4<sup>th</sup>

sounds - 1<sup>st</sup> a systolic is synchronous with the pulse -

Thursday March 19<sup>th</sup> 1837

Post Mortem Appearances - redness, effusion of lymph covering both sides of Pericardium, one surface may not have any if this effusion that causes the rubbing sound, the lymph at first fluid, becomes solid, there is also some serum poured out, especially in cachectic persons. Sometimes pericardium is found together by bands - and if patient recovers the cavity is commonly obliterated by the pericardium becoming attached to the heart -

Diagnosis symptoms are sufficient with stethoscope

Prognosis not so fatal as once thought. If treated properly at first Prognosis is favorable - a patient may recover altogether from pericarditis but when the pericardium is attached to heart some say this will cause hypertrophy of heart, others say it does not - (not settled)

Rheumatism is the most frequent cause of  
Pericarditis—

Treatment— bleed pretty largely & early—bleeding may be repeated—use also local bleeding which is very useful—then give mercury in small doses to salivation—opium counter-irritation—ac blister on chest—Tart Emetic may be employed with Cal—  
If caused by Rheumatism give colchicum  
If we do not see patient early till all the excited state is over—the time for bleeding is passed we may give mercury so as to slightly salivate but counter-irritants are the best remedies and support the system  
In chronic Pericarditis try counter-irritants for a long time—Iodide of K—Hf—Digitalis Liquid

### Carditis

Is a disease very little known till after death—  
It is inf- of the substance of the heart—

### Endocarditis

Is even more common than pericarditis, there is no mbling sound—the principal sound & most distinctive one is a bellows or blowing sound—It is difficult to distinguish it from the sounds in Pericarditis—slight dullness from torpescence of vessels—

England

James M

John Martin

John Martin

John

Tyroy Cur of

Harry Fisher of  
Throld C H

John Martin  
Lummond



James M Garry  
1 2 3 4 5 6 7 8 9 10

James M Garry

Dr. M Garry  
Peter " "

James M Garry

James M Garry Jr  
John Martin

Kate Scary

James M Garry

William Bromley

John Martin

James M Garry

John Martin  
John Martin

James M Garry

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Dr. Holmes. Fever. Season 52.



*Pathology - Ringers not generally altered - sometimes a appear*

*due to Ringers' disease - rather is not common - when the*

*pop a small no. of tubercles is so to irritate the tube of the*

*duct - but the organ is not the same as in true diabetes*

*when an too tonnes of sugar - the sugar is taken into system*

*the diabetic of being similar to sugar taken into system*

*the sugar is taken into the system by the port of the*

*conduits in them - the liver, when it is converted into*

*grape sugar - they occur at all periods of life, & in tubercular*

*that in persons labouring under calcareous in the liver has*

*sharp sweet - that in sugar in the liver - sometimes*

*prominent is best - calphate of copper, and the potash =*

*"Friday Feb. 11th 1855"*

*liver may be present in the same tubercular form very much*

*liver - Diabetes generally insipid*

*more cases patients do not bear food -*

## *Oxalic Acid Inference - Oxyliver*

*The oxalic acid exists under the form of oxalate of lime or*

*oxalate - they are crystalline - but in many the same form of*

*crystals and heat will - they are sometimes efflorescent*

*in tubercles or kidney stones -*

*in hypophosphoric a some effluvia, coming in the form*

*of a white granular matter - and often has to a*

*degree of phosphoric - sometimes in solution or*

*of some of the blood & other parts of the*

*greatly increased in tubercular aff.*

*treatment sulphuric acid - some the cases - 901*

There are 6 pairs of Kidney and still in this disease -

1<sup>st</sup> large vessels - of a dark colour, some diminished

2<sup>nd</sup> the large white kidney - some natural size - large grey - de-vascular column

3<sup>rd</sup> the smaller kidney -

4<sup>th</sup> large, dense & white

5<sup>th</sup> hard, granular & vascular

6<sup>th</sup> the coarse kidney - large & dark

Wednesday Feb 16 1838

Cancer. Induration & swelling - occurs at all ages and in all parts of the body - especially in the lungs - and in the stomach - that climate - Philadelphia - existing since the first part with the blood as described - print - printing -

All done November 28

Wednesday Feb 18 1838

Dialysis - Melitana - Chusanna

At first the patient is thirsty with a clammy taste in the mouth, and

frustration soon follows - there is a slight fever - and some burning

much increased - often hot & dry - green hard & dry - this is not

an infrequent affection - dryness - dryness - perhaps a few in back

as disease advances these symptoms increase - appetite disappears

throat - great sense of burning - generally coming - there is a

obscure & a sense of burning - generally coming - there is a

small of men - dry - by dialysis in capsule - fungus in

at eye - papillary membrane in eye - dialysis is very likely to

occur - the name is made out of dialysis - common - but great

increased in qty - 40 or 50 parts paper weight - of gr. increased

amount always over 1020 - up to 1050 - the other ingredients of the

weight in water in albumen is about 1000 gr - a little more than the

in one gallon of water 1040 lbs. dialysis will be 1000 lbs -

701 appears in a few months & then returns and so on -

Practice of Medicine. Dr Holmes. Albuminuria. Bright's Disease.

Drumler disease of the kidney -  
 acute & chronic - the acute is usually brought on by cold, beer, -  
 albuminuria - the acute is usually marked in by beer, -  
 pain is relieved by the use of whole ery, acid Quinine - pain is  
 pain in the knee - may extend to spine & some legs - inflammation  
 pain to the pain - fluctuating in frequency, and more readily some-  
 times painful - sometimes it terminates in chronic -  
 chronic emunctioes of urine - great inflammation in the first  
 symptoms are, usually attacks attention to diuresis - and pain in  
 urination & urinating very frequently, sometimes - and pain in  
 a great tendency to urinate in the parts - there is usually pain and  
 tenderness in the knee - but is not at all general - organic disease  
 of the eye is very frequent, as of the heart, or apoplexy -  
 the urine is of low sp. gr. in acute 1015 to 1024 in chronic albuminuria  
 1002 to 1010 - the loss of urinary acids from decomposition of acids -  
 albumin is generally albuminous - emunctioes out -

Friday July 1883 Albuminuria - Sympthoma - Albumin  
 not of certain origin, as it is emunctioes absent - there is albumin -  
 and in quantity in the urine & there is albumin - the liver, etc -  
 not the great quantity of the disease - the quantity of urine is very  
 albumin - natural, excessive or diminished in quantity, or the  
 Great groups of it in greater qty - the colour of the urine is usually  
 and there is great pain - has a brownish colour - contains casts  
 of the tubes. The patient is generally in a state of high fever -  
 of the tubes. The tendency of the disease is towards the spine - the spine  
 has another very peculiar - the qty of urine is usually elevated in  
 2 to 3 or 1000 but in the disease it is as low as 10 -  
 death does not ensue directly from the disease, but from some  
 other disease - and (Albumin) is a common air - pneumonia -  
 3 casts - tubular - mucous - containing granules & granules -  
 4 terms groups - from existing granules in the urine -  
 in the chronic form it is likely to progress to the albumin  
 especially in the acute part - also hyperphosphory of the acid  
 Affections of the brain are also common, apoplexy - Convulsions  
 (Albumin) may not appear at all -  
 Albumin in the urine, casts of tubular form from granules  
 in the urine - especially of granules in the urine, or in the urine & urine -  
 the critical period only is affected -

# Medical Jurisprudence

W. P. Howard, M.D.

Notes by James McGraw, Section 1836-57.

Monday Nov 10 1856

## Medical evidence

Witnesses are either common or skilled, a medical man may be both, a common witness states facts a skilled witness gives <sup>his opinion upon the bearing of these facts on the case.</sup> A medical man when called to give his opinion on a case, should be altogether impartial. One judge will allow appeal to authorities, while another will not. Our courts do not allow this appeal to authorities. Notes should be taken at the autopsy or immediately after it and used only to refresh the memory.

Dying declarations may be read in the testimony and is the only one which is omitted from the rule that all evidence should be given under oath. The person must believe he is dying to make them good. He must also be calm & sensible, not malicious. Never go to affairs of honor because you will become one of the party and be liable to prosecution. However, if you have been, you are not obliged to answer any question that will inculpate yourself. The account of the sufferings of a patient given to

a physician is good as evidence. A coroner has the power of summoning witnesses & a medical man. If the medical man refuses to attend or give his opinion on a case he is liable to be fined or committed for contempt of court. The coroner may bind over any medical or other witness to appear in a higher court at trial of accused. Notes are taken of the physician's evidence the coroner signs them & they are used at court so the physician must take great care not to contradict himself. If the physician dies or is away these notes are taken as sole evidence.

Tuesday Nov 17<sup>th</sup> 1886

### Real & Apparent Death.

States of the living body resembling death:

Syncope, epilepsy, catalepsy, narcotism, hyper-  
tension & convulsion, Apoplexy.

Syncope, is a total cessation of the heart's ac-  
tion, and may last for several minutes.

Syncope is sometimes voluntary.

Yet there are states of the body in which it resembles  
death & only distinguished from it, by heat of body.



Muscular irritability & the restoration to life on the application of suitable means.

- 1 Asphyxia can only be distinguished by the application of the means of resuscitation
- 2 Catalepsy Hence the patient retains the same position which he had before the attack. Loses volition, but retains consciousness. The pulsation of the heart does not altogether cease, nor does respiration. The temp. is preserved.

### Signs of Death

- 1 Cessation of circulation 2 of respiration
- 3 Hæcicis Hippocraticis, 4 loss of elasticity of skin
- 5 loss of transparency of cornea, 6 loss of irritability of muscles, 7 coldness of body -

1 Cessation of circulation apply ear or hand over heart and arteries. The apparent cessation is not a sure sign of death

2 Cessation of Respiration, tests a polished mirror held over mouth, or a feather, or a glass of water on chest. Not a sure sign.

Hæcicis Hippocraticis, wrinkled brow, prominent cheek bones, sunken eyes, pointed nose, &c.  
Temples hollow, lips pendant, ears drawn up, skin leadish colour -

(64) is not always present only in injuring illness - Is produced by a strong impression of fear or danger -

Cannot be relied on  
The eye <sup>translucent</sup> a film on the cornea <sup>& conjunctiva & collapse of cornea</sup> generally a sign of approaching death, <sup>seems in acute Hydrocephalus, and scarlatina</sup> loss of transparency may have been formed during life or at Post Mortem.  
In Hanging & suffocation, poisoning by Cor or Punic acid the cornea is brilliant. So this is not a sure sign.

5) Color of Skin - loss of elasticity, livid discoloration but all except elasticity may exist during death -  
Loss of elasticity is a valuable sign.

Extinction of muscular irritability, when irritability is not present it is an infallible sign of death. Electricity will permit  
The following is the order in which the muscles lose irritability  
1. left ventricle, 2. horns, 2. intestines & bladder, 3. right ventricle  
& esophagus. <sup>5. Iris</sup> Muscles of external life & the Annicles  
narcoleptism diminishes the contractility, Asphyxia does not.

Coagulability of blood is a very good sign. Draw some blood from a vein & see if it will coagulate -  
in Asphyxia the blood is fluid sometimes, & in poisoning by prussic acid & strychnine  
contain of Prussic acid & strychnine & measles think that  
when the fingers are partly flexed & thumb adducted but this is not always so -

Wednesday Nov 19th 1836

Signs of death & mode of telling how long since it has taken place.

When a person dies he usually becomes cold, but not always as in malignant cholera, after death the body becomes sometimes heated to 84°.

But by this heat you cannot tell at what period death took place. It usually takes 15 to 20 hours but varies greatly. A fat person cools slower than a thin person. Persons dying from cholera and Hemorrhage cool quickly.

Rigor mortis commences usually at 4 hours after death and lasts till 36 or 48 hours and it takes place when the nerves supplying the part have been divided. It commences first in the trunk, then in the neck, then in upper extremities and then in lower extremities.

Comes on sooner after death from exhausting diseases, <sup>in death from</sup> lightning, H.S., convulsions if come on com.

When the person is in good health previous to death it is slow in coming on. In death from Asiatic cholera it comes on soon & lasts long.

Tetanus, catalepsy, hysteria epilepsy resemble it. But in these the heat is preserved, can be found in *panco sinus*.

A state resembling rigidity or rigidity occurs at the moment of death in somnolence & is called cadaveric spasm not rigidity.

Rigidity is a certain sign of death.

Putrefaction are those chemical changes which ensue in the dead body and tend to change the organic into the inorganic substances.

Hypostatic or cadaveric lividity is caused by gravitation of blood.

Distinguished from blous given during life by affecting only the outer skin but if produced during life the whole depth of skin is affected.

These patches indicate that death has been sudden & from acute & severe diseases, when not present indicate that death is from chronic disease or hemorrhage.

Green discoloration of abdomen occurs at 60° in about one day.

Gas is disengaged in the hollow viscera, as in the heart lungs & viscera, and cellular tissue. It causes bodies to float in water, and some to move. This accounts for the brilliancy of Cornea, &c.

The cuticle raises & drops off.

## Causes which affect decomposition

1 Temperature, 2 Moisture, 3 Access of air

Friday Nov 21st 1836

3 access of air is not necessary, but accelerates, when present the process of putrefaction & putrefaction, Free oxygen is the most favorable gas to putrefaction.

A temp. of about  $40^{\circ}$ , moisture & quiet air are the most essential & favorable conditions of putrefaction. Age, sex &c modify the process. Females & old people putrefy sooner. Persons dying of acute diseases putrefy sooner than those dying from chronic diseases. Persons dying of asphyxia putrefy sooner than those dying of hemorrhage. The greater the quantity of blood & fluids decompose, the sooner.

Ammonia is found to be formed <sup>in quantity</sup> in 5 days in winter.

The saponaceous substance formed in dead bodies is called adipocere. The fatty <sup>principles</sup> ~~principles~~ are decomposed into stearic acids and this combines with ammonia forming a soap (margarate of ammonia). Water, if remaining, especially favors its formation. A sea-born child

maybe totally saponified in 6 to 8 weeks in the soil  
to water closets.

Adipocere is of a pale white colour, of a soapy  
feel, always occupies when recent more space than  
the tissues from which it was formed. Exposed  
to air, it becomes dry & pulverizes. Melts at 200°  
and is inflammable.

When a medical man is called to see a patient under  
suspicious circumstances, he should examine  
every thing around him.

1<sup>st</sup> The place in which the patient is found  
2<sup>nd</sup> The position. as is  
3<sup>rd</sup> The examination of the spot on which the patient is found.

4<sup>th</sup> position of surrounding object.

5<sup>th</sup> Bearing of surrounding persons

6<sup>th</sup> Examine the clothes!

John Jackson

As skilled witnesses The first thing we should do is to identify the person, if unknown, as color of hair, eyes &c Then make an external examination, afterward examine the internal organs, & no matter how obvious the cause we should examine every organ

Monday Nov 24<sup>th</sup> 1836.

Death from Natural Causes

Disease of the Heart capable of producing death in sudden death.

Pericarditis produces obvious symptoms, but sometimes it may be so sudden & short that it may be difficult to ascertain the cause of death.

Morbid appearance of Pericarditis

membr. of pericardium, more or less inflamed & more pulpy & thick & opaque, effusion, may be of various characters, serum, lymph &c. pus. The two latter are certain signs, but pure transparent serum is not, but if it contains flocculi of lymph it is a certain sign, Pericardium adherent to heart.

Hydrops Pericardii is effusion into pericardium, not the result of inflammation.

Papine Antryp pericardii is the result of general  
drop of 4/5. 8 2 2 35 4 6 2 8 5 5 3 2 6 7 of these is  
mechanical <sup>5 7 9 4</sup> 4 may be produced by pres-  
sure of tumours on veins.

Adhesion of Pericardium may produce either  
hypertrophy <sup>supplies</sup> or atrophy <sup>supplies</sup>

Pericarditis a inf of muscular substance of the  
heart. The muscles become hard & crisp  
sometimes the part affected bulges out & may  
give way.

Severe general intense carditis is a rare  
disease. Partial carditis may occur & produce  
abscess, or rupture by softening the muscles.  
A brown red colour of the Pericardium is formed  
in extensive pneumonia or after drinking  
liquors.

We can tell that it is the result of inflammation,  
if it is very red, has lost its polubrous & is  
changed by position.



Condensation of mucus in the larynx is usually  
by the pressure of the blood vessels in the  
the chorda tendina may be ruptured, the  
valves may be fissured & split & deposits  
of lymph take place on them.  
Polypi may be formed during life or after death  
those formed after death are yellow & fleshy like  
and do not adhere to the walls of cavity.

Monday Dec 1<sup>st</sup> 1836

### Pathology of the Lungs

1<sup>st</sup> Inf. of the glottis. common occurrence in England  
on acct. of drinking hot tea from the spout of a  
teapot, the children seeing their parents drink  
whiskey out of it, take it & perhaps get scalded  
with hot tea. It is purplish & red & lymph is thrown  
out, it is erect, maybe caused by erysipelas  
acid poisons. Sometimes become chronic  
Ulcers are frequently met with on the under  
surface, most frequently affect only the membrane  
rare, but sometimes the cartilage. Commonly  
met with in Phthisis.

Laryngitis Acute.

Washington died in 24 hours from it.

The aryteno-epiglottic folds are usually affected, also the chordae vocales.

The redness varies in hue, it is velvety, soft & reddened. It may contain lymph, or pus, or serum.

Ulcers are met with in the larynx in the same cases as in the epiglottis. Caused by inflammation arising from coughing & expector. Syphilitic ulcers are also sometimes met with.

Inf. of Perichondrium of larynx.

The membrane being bound down & effusion occurring it cannot yield, may open into oesophagus or in trachea, or ext. through skin.

Usually ends in supuration sometimes in gangrene. Common cause syphilis.

Oedema Glottis very fatal, if acute it is suddenly fatal, but if insidious is not so sudden, but still certainly fatal.

Sometimes in severe variola pustules occur in  
larynx the same as in mouth.

Spasm of the Glottis, Miller's asthma, Laryngis-  
ma stridulus, spasmodic croup.

Leaves no post. mortem appearances. If you find  
an enlarged thyroid or thymus compressing  
the Laryngeal nerve De Lee says you have  
sufficient evidence. There may be some affec-  
tion of brain

### W Kachetis Croup

After conjiction we have exudation which  
may be thick & jelly like, or thin & contain-  
ing flocculi of lymph or a thin mem<sup>br</sup> - 1 to 2 lines  
like the film formed on milk.

If patient lives long enough, this false mem<sup>br</sup>  
may be expectorated. If the mucous mem<sup>br</sup>. be  
examined it looks like feels like cloth  
Diphtheritic croup occurs in asthenic children

Diverticula or pouches sometimes occur in  
the larynx between the rings.

# Bronchitis

Symptoms uniform redness, membrane thicker  
softer, a glary, transparent, viscid, tenaceous  
fluid is thrown out, Does not lead to ul-  
ceration of membranes. Bronchitis, in large tubes  
Capillary Bronchitis in small tubes. & is usu-  
ally followed by collapse of tubes, this may be  
distinguished from Pneumonia by blowing out the  
Bronchiectasis or dilatation of bronchi occur  
in pertussis, acute bronchitis. May be of three  
kinds viz, cytic globular, irregular & cylindri-  
cal, Laennec explained it by saying it  
was the cause of retained secretion.

Williams by saying that it is the obstruction  
to the entrance of air into them giving the

due to some obliterated or atrophied part as  
pleurisy with effusion.

Plastic Bronchitis is effusion into the bronchi  
& if it is exceedingly chronic will extend over years

Wednesday Dec 3<sup>rd</sup> 1836

The lungs are occasionally absent in monsters,  
Hypertrophy takes place when one is diseased, It  
is not a disease, The lungs are heavier than  
natural in true Hypertrophy, In atrophy the  
lungs waste, then attenuate, and become  
The thorax becomes deepened & occasionally curved  
is effused, The lung is greenish in colour  
Atrophy may be local, & is thus caused by any  
thing which interferes with the nutrition of the  
lungs.

Emphysema - two kinds the vesicular, interlobular  
The cell vesicles are inflated, the vessels are  
nearly obliterated, the air cells vary from  
the size of a pin's head to that of a pea,  
This process causes absorption of the cell  
walls forming cavities

It is very chronic & leads to Hypertrophy  
right side of heart, Rokitniko's sign of emphysema  
Ballin Paralysis of lungs 2 asphyxia & paralysis

Interlobular caused by bursting of the cells  
as in shouting, in parturition, defecation & coition  
& allowing the air to escape into the cellular  
cellular substance, they look like frothy  
serum, Horrible insufflation of air may cause  
interlobular emphysema, & this is a common mode  
of infanticide,

Atelectasis unexpanded lungs, are dense  
non crepitant, sink in water, reddish colour

Pneumonia Lobar & lobular <sup>interstitial</sup> & <sup>vascular</sup>

Divided into 3 stages, Congestion 2 Red Hepatiza-  
tion 3 Grey infiltration - Stokes & Walsh hold that  
there is a prior stage - that of arterial injection indi-  
cated merely by the redness & exudation of blood.

Friday Dec 5th 1876 Dr R P Howard

Typical Pneumonia the ~~the~~ lungs is of a livid colour  
some degree of pneumonia is generally present & a  
oplastic matter is deposited in the bronchiae.

Suppurative Pneumonia (Abscess) must not be confounded  
with simple passive stagnation. occurs most fre-  
quently in old persons - in hospitals where chronic  
patients are kept - in climatic regions.

Lobular Pneumonia occurs in adults after phlebitis  
and pyaemia. Isolated, distinct, dense - solid  
or crepitant portions, are found surrounded  
by healthy lung. They are of a straw or light grey  
colour. These patches of pus depts are isolated  
surrounded by hepatized lung. Most frequently occur  
in numbers - & near the surface. The pleura on  
them is diseased presenting patches of lymph.

Interstitial Pneumonia - or cirrhosis of lung (firm)  
The lung gets under knife. the atrophied portions  
draw down the lung - forming cicatrices - Bron-  
chial dilatation takes place in the vicinity of dis-  
eased parts. The chest on side affected is drawn  
down

Occurs occasionally spontaneously, but is generally  
a secondary affection. The matters thrown  
out are converted into Fibrous Matters & do  
not undergo suppuration.

### Catarhal Pneumonia

occurs most frequently in children. The super-  
ficial lobules are those affected. They appear  
sunken - occurs most frequently in pertussis  
& suppurative catarrh -

Chronic Pneumonia Andral - & Hope think that  
this is but interstitial Pneumonia - Andral  
divides them into grey

The grey form has the pale affected heavy  
insensible to air - incompressible hard  
grainy - natural texture cannot be traced  
they exude on incision. The ultimate bronchi  
are filled up with white matter - Intimately  
associated with tubercles & spots -



A Pneumonic abscess is a cavity without a sharp outline and filled with pus.

Generally occur singly - size from an almond to that of the fist. An abscess presents a cavity surrounded by a false membrane - separating left or more - may remain in this state for years without inconvenience - may collapse & form a cavity - the pus may be absorbed into the blood & cause pyæmia - gangrene sometimes forms on the abscess.

Metastatic abscesses are depots the same as in tubercles pneumoniae - the usual associates of these abscesses is the suppurative fungus distants, parts causing phlegmasia alba the parts affected.

Filiform masses are sometimes met with - wedge shaped with broad ends towards one surface - hard - friable - yellowish - grey - Kowalewsky has never seen them undergo cheesy ossification - they may remain like uncoloured tubercles.

### Gangrene of Lungs

Diffuse & circumscribed the latter more frequent - the diffuse affects generally upper lobe - latter lower lobes -

Wednesday Dec 10<sup>th</sup> 1836

Tubercles is now generally held to be an exudation from the blood vessels - two kinds grey & yellow - the former most common - penetrates most into crevices that of a snuff & mustard seed - first becomes old it becomes opaque & of a dull white colour - and then softens - yellow are opaque, streaked colour - slight consistence - attain the size of a hemp seed - they may be unctuous or cheesy - the cream separates - Miliary tubercles is when they are small - very common in children - and aggregated when a number are aggregated together - and when a great many are crowded together it is called infiltrated tubercle - The softening process usually commences at the

circumference & ends in the centre - the pulmonary  
type also breaks down leaving a cavity  
may either be separate or connected together  
by infundibuliformities - when a cavity exists by one  
end there is usually one in the other - these cavities  
may cicatrize - blood may be effused into  
them - obsolescence - is either fibrinous or  
calcareous - the former is the one we most  
desire to occur - but seldom does - The cal-  
careous cough pin test calls the Rach. & Wasson  
Cancer of the Lung - is usually of the soft form  
may occur in two forms the infiltrated & isolated -  
Melanosis is only the addition of black matter to the  
infiltrated - Cancer -  
Hydatids - may cause death suddenly

### Oedema of Lung

Occurs under two forms the acute & chronic  
Caused by arrest of circulation & congestion of lung  
may be a consequence of catharrh -  
by metastasis of exanthemata - by chronic diseases  
by several dropsy & local dropsy of quaternary sacs,  
the symptoms and post mortem appearances are the  
same as those of Asphyxia -

### Pulmonary Apoplexy

Divided into circumscribed in this form the  
blood remains in the air cells when cut are either  
slightly granular or perfectly homogeneous -  
at blood escapes on section - the lung is healthy  
around it - This may be absorbed - if it may  
go on to suppuration or gangrene <sup>around</sup> or it may  
become crystalline - or be converted into fibro-  
cellular tissue  
is diffused or circumscribed much less com-  
mon than nodular - it has escaped from the  
cells and has escaped into the cellular tissue



Monday Dec. 15<sup>th</sup> 1836

The Liver - 1<sup>st</sup> Hyperaemia or congestion of liver  
Partial congestion most common - the central part  
of lobule presents a red dish spot - & around this a  
yellowish or greenish appearance - the central red spots  
are produced by the blood - its stagnation in a space of  
death, called by Budd <sup>Primary</sup> ~~Primary~~ venous congestion. It is the  
morbid condition, when the congestion extends further  
backwards the redness is more spread - caused by the union  
of the red spots of the intralobular plexus with the interlobular,  
called Hepatic venous congestion of 2<sup>nd</sup> degree - the liver is  
larger - more friable & firmer than natural. When  
this condition becomes habitual these veins are dilated  
& varicose, congestion may be active & passive  
acute is produced by mercury, alcohol, sudden & chronic  
arrest of menses, exposure to high temperature  
Hyperaemia is also passive, as in cold stage of typhus caused  
by retro-pulsion of blood from surface to liver.

It may also be mechanical  
Dr Budd also thinks that the blood when diseased may  
also cause it as in Purpura Haemorrhagica,  
temporary congestion causes no structural change  
Permanent congestion produces atrophy & destruction  
of cells, accumulation of bile pigment causing the  
yellow hue in persons with this disease. &  
Dr Rockitansky thinks that the Mutiny liver may be caused  
by congestion but Dr Budd denies this altogether  
Hepatic apoplexy caused by extravasation from capil-  
laries.

After the absorption of the blood a cicatrix is left -  
Anaemia - caused by haemorrhage - small prof  
& in diseases accompanied with profuse discharge  
& in diseases of liver itself as in Lardaceous disease  
Mutiny Liver caused by fatty degenerations - the lobules  
enlarge and press on the interlobular & outer vessels causing  
anaemia exte and congestion internally -  
Fatty Degeneration the Biliary canaliculi are hy-  
pertrophied.

May present no symptoms during life - no symptoms  
during by which it may be known or diagnosed  
Acute inf of substance of liver some say terminate in  
steatosis - others deny it. these abscesses may be small  
or very large - at first they are not collected into deposits  
substance becomes so - in weak persons they are not  
they are infiltrated

circumscribed - By adhesion of the abscess to the bile duct  
or vena portae - or Biliary ducts - may also open into  
stomach - or duodenum - or through diaphragm - or  
into pericardium - or almost anywhere -  
Dr Budd believes that diarrhoea carries it - by the blood being  
contaminated by pus from an abscess of intestine - or other  
matter - By Grammatic causes

Gangrene of Liver Rokitanski has only seen it once - so it is  
very rare - the liver becomes a brown greenish like pulp -  
Phlebitis - the veins become obliterated & the part they sup-  
ply become atrophied

Cirrhosis granular, Holmsted lives adhesion inf of  
Glosser's capsule - around the  
1<sup>st</sup> stage organ is enlarged 2<sup>nd</sup> stage - is diminished  
3<sup>rd</sup> stage liver very small from undue supply of blood caused  
by the contraction of the adhesions - the margins are thinned  
or gaps obliterated these appearances affect principally the  
right lobe - may be of a yellow or olive green colour -  
The cells may retain their natural structure or undergo fatty  
degeneration -

Brown liver considered as a species of cyanosis - the intra-  
lobular vessels are affected - is due to chronic inf of glisson's  
capsule

Rokitanski considers a morbid development of gall ducts  
to be another cause of Cirrhosis

Wednesday Dec 14<sup>th</sup> 1836

Granular liver may precede or follow hypertrophy -

Circumscribed spots appear on liver after secondary  
typhoid - and in a child with chronic perniphlegus -

Lardaceous

great increase of weight - great increase  
laterally and flattened - is smooth - is doughy, hard  
and elastic, the blood is pale and crusty - the tex-  
ture is grey or purplish brown - on section smooth  
resembling bacon - or wax - the scalpel is hardly  
stained with fat - but sometimes is - Present under  
microscope a flocculent, hyaline amorphous flakes  
which forms spaces between the cells & compress them  
this is attributed to an exudation called colloid - also  
occurs in lardaceous disease of spleen - these consist  
of a series of concentric laminae - resembling starch  
cells & give the same reaction with Iodine -  
Dr Meckel regards this substance as a soap, a fatty









Wednesday Feb. 1838 - Chronic Enlargement of Spleen  
 usually accompanied with some pain - some cases this is a splenic  
 growth which begins in spleen increases by pressure and by patient trying  
 in left side - It also induces cough, and in chronic progressing  
 angina, and in liver & kidney - the patient is made to thin  
 from such may splenic enlargement very variable - a few individuals  
 may have the spleen enlarged - some may reach 8 lb. weight - some  
 will hold off the abdomen - some will be difficult to breathe - some  
 in diameter 10 to 20 lb. - spleen is liable to emphysema & other  
 morbid changes - spleen commonly enlarged in  
 and in very large during cold days - increasing another after a  
 Rheumatic pneumonia, and the swelling of the enlarged spleen -  
 treatment. Leeches & cupping. & blisters to very useful - mercury is  
 generally applicable in disease of spleen, but may be given in small  
 doses - amount to very great - from ʒi to ʒiij in the day - either  
 in water from intermittent - emetic - tartaric - nitric acid and  
 ʒiij of spirit of wine - emetic - tartaric - tartaric - nitric acid and  
 nitric - muriatic acid - Potassium - Iron - Quinine

Disease of Kidney - Nephritis

In a little kidney may be affected - there is pain, but very  
 extent to testicle in sperm - urine scanty of most pale often red  
 some difficulty of micturition & frequent - sometimes appears  
 often hot & dry - patient can only lie on his back - Urinary  
 inflammation from calculus & the most common kind, it is  
 more painful but not so dangerous - comes on suddenly with  
 acute, irritating pain in one of the kidneys, is very severe -  
 if next suddenly ceases - or takes considerable time - some  
 by the passage of a calculus through ureter - pain in back  
 & throbbing in testicle, or an abscess - urine contains  
 with blood - If the symptoms continue a considerable time  
 may may be fatal - the spleen & diaphragm, the stomach,  
 when suppuration is coming on the pain becomes dull, and  
 may die in pain - when an abscess forms the pain may pass  
 by the ureter, or even, suppurates, or perforates  
 may become chronic, or may terminate in suppuration, or  
 The kidney enlarged, either, as before, or by suppuration, or  
 from an unknown cause. The blood is also affected, and  
 the in some cases difficult to remove it.



Yellow Fever

Causes from enlargement of spleen, caused by separation of splenic  
the liver is generally eaten, & a pale yellowish, or brown color -  
but varies in color - red, yellow - the weight does not increase  
with the case. There is no trace of bile in the urine, but  
it may be enlarged during the fever and may increase in fatty -

Monday Feb 9th 1838

Liver of the Liver - small pieces of tubercle

Cysts in the Liver the cysts are formed of fibrous matter & the  
contents are serum - they are not organized - but have an outer  
which are organized - they are parasitic -

Nervalgia of the Liver - Hepatitis, Catarrh Hepatic

Pain in the region of the liver, dull or sharp - sometimes intermittent  
but at other times not - usually no pain or pressure - and  
usually no jaundice - but much enlargement of spleen - but  
also cerebral pain or change of balance, increase of  
temperature there to such an extent as to affect  
the nervous system. thought to be connected with pain -  
Treatment same as neuralgia - if inflammation present  
stimulate but the temperature with hepatic - give bark & iron

Prognosis of the Liver

The portal or hepatic vein may be compressed, or both. The  
enlarged, a sense of fulness - may be either spontaneous  
or induced - pain in the liver - pulse not much affected, still  
and then, various whether enlarged - acute or chronic -  
the patient is dull and stupid - insipid - sometimes it  
exists but a short time sometimes much longer and may  
eventually, cholera, diarrhoea - Eructations from  
indigestion attending affections of the liver -  
The more common in hot climates - Biliary congestion also  
often occurs - The most frequent down the symptoms, give a  
prognosis, also common - an acute or chronic has not

*Setimo de medicina (colla) when found in the urine on suddenness  
very dangerous - it affects the  
Setimo glandularum (Setimo membranarum colla)*

**Treatment of the early cure** - It will kill in and cause  
rot of eggs - great danger and any thing which will  
cut it - the treatment depends on the cause - if not  
in primary cause keep in the pen - following a few  
gall eggs give sperm, if much sperm, fresh sperm  
injections - an injection in membrane  
the continuing use of purgatives necessary - changing  
fresh by water, carnation of rose in water - dipping to also a  
sandy against infection, after that - prevention in the  
When it has been long, give a course of purgatives, lactation  
and *Setimo* - When there is stony after the sperm -  
*Mellomina*

### Diagnosis of the liver. - Friday July 5th 1788

Cancer exists in all the *Setimo* - *Setimo*, *Setimo*, *Setimo*  
*Setimo* *Setimo* or *Setimo* - first *Setimo*, then *Setimo*  
and *Setimo*, in *Setimo*. *Setimo* on *Setimo* & *Setimo*.

*Setimo* *Setimo* (or *Setimo*) it is white & opaque, surrounded by vessels -  
When they come in contact with the peritoneum they set up an *Setimo*  
as *Setimo*.  
The *Setimo* also containing a *Setimo* substance -  
The *Setimo* kind, which increases by *Setimo*, then being  
as it *Setimo* the *Setimo* *Setimo*.

**Mellomina - Mellomina.** more common in the animals -  
it is a deposit in various parts of the body, a black matter,  
forming the melanosis to melanosis with cancer or tubercle,  
the deposit is usually small, certain species the *Setimo* may  
but much larger in the *Setimo* animal - think if it is small  
any *Setimo* - when it appears & grows rapidly, it is usually *Setimo*  
cancer - *Setimo* if a *Setimo* - think that it is *Setimo* human -  
may - *Setimo* the *Setimo* it is often in small masses & *Setimo*  
through it - *Setimo* in *Setimo*.

*Setimo* is the same process by which coal dust is cast  
in the



Engl. of Venereal cat & live, has symptoms much the same as the  
growing an pain is greater - treatment the same -  
Mucous cat. - emitting penaeas the whole again, slight  
pain, wandering pains in abdomen, slight parades -  
Causes - syphilitic - secondary - tertiary -  
Symptoms - profoundly general - light pain -  
It affects the brain -  
Treatment - mercury - emetic, bleeding.

Phrenitis of liver great - from acute, or if may enter on of  
itself, symptoms shew, mental epilepsy, when calm, some  
easily and high colored - slight pain, liver enlarged, irritation  
slow - from - becoming over time, patient is engaged, feet begin to  
swell, and then acute - perhaps symptoms - hemorrhagic.  
Prof. - shew, head is greatly affected, liver is found in  
various states - nothing more serious

Wednesday Feb. 5<sup>th</sup> 1878.

Diagnosis of Phrenitis, is shown, it being affected, liver is  
confined large - caused by obstruction of the  
Symptoms - and cerebral, of gas expansion -  
Treatment, centre the causes - heat, inflammation, exposure -  
After a time, special bleeding, bleeding & counter-irritation are given  
Causes either paralytic, or also prof. - cerebral & some other  
acted with causes - chronic habit in part. Treatment given  
likely to go off gradually, here considerable pain, mild, light  
and cerebral, some acute, some chronic, and some  
not as a last, it increases, then of it, beginning, and finally  
taken. Symptoms - cerebral -  
3<sup>rd</sup> - take one ounce of a galan & water, which should be taken  
break up in the liver - or opening over the  
Engl. of Phrenitis - caused by obstruction of the  
in a long time - Treatment of Phrenitis, was by German  
improvement in diet, mercury. Food as good as possible.

The fever is produced by the epidemic from nearly pure cap-  
sically our flesh.

Monday July 28<sup>th</sup> 8.

Dr Holmes.

(Diseases of the Liver.

**Hepatitis** - acute, catarrh and chronic, then are a feeling of tension  
and pain in right hypochondrium, epigra, frequent pulse, sometimes  
little pain in liver itself till a deep inspiration be taken or upon  
application, sometimes there is oozing, then is sometimes pain in scapula  
a lower portion of chest a spine, sometimes left shoulder sometimes  
may excite a night of restless sleep - Oozing sometimes  
the urine is always scanty, high colour, often contains dark bits  
they terminate in suppuration, a continuation of the increasing matter  
is that, there are signs indicative of suppuration, there is soft  
the discharge - low fever - absence of fever, there is soft  
tissue - may last for several weeks. When deep seats of suppuration  
pain is dull, when more superficial pain is more severe.  
Sleep may last externally, a wife is that, into long, perspiration  
is a rare, short. The liver is of a deep red colour, soft  
and moist, Abscess may be formed by pyæmia,  
**Cholera**, Heat, damp situations, obstruction of bile  
**Jaundice** may be mistaken for signs of putrid infection, but  
of the phlegm, or apoplexy, and fever -  
from Pleuritis by obstruction, pain great in inspiration  
**Pyæmia** doubtful - when an abscess forms it is always  
**Pyæmia** - patient dies slow fever -  
fever, ment, antiphlogistic, blood is 3 or 4 times in 24  
hours - thin purgatives, calomel is a good one, but best  
remedies is hydropicums, and purgatives, cupping and  
bleeds - Phlegm - after suppuration, Calomel is the best  
given up, Abscess should be left alone till we are sure that  
abscess has taken place -







It is useful in cholera - And also in dysentery, given by hypodermic - In 1/2 grain from - soft mucous -  
The patient has passed through stage of collapse, and  
is now in little hope & except in stage of collapse, and  
the patient is beyond the stage of collapse, and  
the number of cases in 3 days

Then a patient has passed through stage of collapse  
and is now in little hope of recovery - And the treatment  
is to give the dose of common hypodermic - even given  
in 1/2 grain - but it is not in order, but in order  
together local application of heat, & emollients  
calomel of not less but not - Abundant -

### Entozoa. Intestinal Worms

There are 5 kinds of Entozoa, (ascaris) ascaris -  
americanus) trichuris - loecis solium - trichuris -  
The ascaris trichuris resembles the earth worm - its  
growth is enormous - by a very small trichuris -

Trichuris the small intestine, sometimes the large, and  
may strike the stomach & reach the trichuris  
in large numbers - 140 in a single case (part) 37 of a case  
a little & 1000 full - 200 - 300 - 400 - One common  
in children -

Dysentery (trichuris) male female, whole of intestine  
trichuris, sometimes found in upper part of intestine -  
trichuris, sometimes in young children - the trichuris  
large of the end -

ascaris ascaris - give up of trichuris - trichuris  
ascaris ascaris - the very large - 20 feet - 300 feet -  
has the power of locomotion, by contracting itself up & down  
usually seen in children, some specimens in a double  
trichuris - all it was collected - but there may be 2 or 3 others

It may occur in water in the acute stage -

Monday Aug. 26th 1858  
Treatment of Cholera.  
I think the water in the early stage - in some instances of the epidemic - that  
the water is contaminated to a great extent with carburetted hydrogen gas  
that the stomach is irritated -

It is probable we give stimulants - as ether, ammonia, brandy -  
especially in children - If the patient has been given any of these - he  
will probably vomit - small doses will be necessary - he  
will probably vomit - small doses will be necessary - he

Another treatment is opium but advised in a general  
stage - a large treatment - (Dr. Stephens) in the first stage -  
a small quantity of opium will do good - a small dose will be necessary - he  
will probably vomit - small doses will be necessary - he

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Cases

The cause is unknown - generally originates in a weak  
rich - and very aged or a fever, the cold stage of  
in children, and of certain do cure as it is followed a  
by typhoid, the only difference between common & septicaemia  
letting (or) degree - and nature and the progression of the  
particular features of the typhoid fever are only differ in degree  
fever - or rather see out about that there is a person in  
fever - or rather see out about that there is a person in  
fever - or rather see out about that there is a person in

fever

1st it arises from a person from out from the local aff-  
by violence - a person from out with the fever  
2nd You can trace to the atmosphere which when taken is the  
a great number of malarial which when taken is the  
3rd Proceed by steps of heat - but heat only a consequence  
The electricity of the air - can say on a discovery of heat that  
there is heat -  
The more oxygen in a electric state - it is strongly powerful  
all properties and electricity - there is a heat is itself of it  
of a vegetable fungus - found in air -  
The air is sufficient to destroy other  
The air is sufficient to destroy other  
The air is sufficient to destroy other

Empysem

The French authors say it is contagious, others think it is not  
The French authors say it is contagious, others think it is not  
The French authors say it is contagious, others think it is not

As a rule says  
The French authors say it is contagious, others think it is not  
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The French authors say it is contagious, others think it is not

Friday Jan. 22<sup>nd</sup> 1878  
Domestic in tempo emblem of death - the embryo  
increases from the end stage of that process  
then may be no previous diseases - further to process  
increases from the end stage of that process

Pathology of the Intestines (Blum) found altered with little an-  
guish, the most protuberant, but no protuberant - peris-  
pneumic enlarged - mucous membrane, erythematous, reddened -  
there is also found some of the same material as in the other  
papers - the blood is thickened - equal cap. at the an-  
guish of greater density - the cells are not damaged -  
the liver protuberant - fibrine material in it - liver protuberant  
increases from the end stage of that process

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guish of greater density - the cells are not damaged -  
the liver protuberant - fibrine material in it - liver protuberant  
increases from the end stage of that process

The vomiting starting continues in cramps occur - after  
during the second stage - that of colic - flatulent, pale  
weak - small weight - surface becomes cold - appears the left  
extreme of abdominal - though patient complains that  
longer throat an cold - that is a dark acute animal  
the eye, they change from amber - the skin becomes  
wrinkled - the pulse gradually grows up with little dis-  
appearance - the rise is remarkably changed - it is a change  
which seems to other diseases of the stomach -  
there is no pain in the stomach - the various organs is not  
much affected except cramps, no delirium, no coma -  
there is an empty feeling in the heart - a sense of oppres-  
sion - the vomiting to return after a few days  
patients will die in this state of colic in several hours  
sometimes patients die in a much shorter time, the shortest  
time observed has been 5 hours - but the normal time is  
from 8 to 12 hours - or may last for 24 hours and then  
patient may recover - and if the patient is emaciated  
in several days, he is subject to danger - for a kind of  
fever - like typhoid may attack him - and then the skin  
becomes hot - coma may occur - or about the  
time the time is not observed - this is collected in  
the liver - the liver is accompanied by emphysema like  
protruding heart

Blum

AT Holmes, M.D. Dean of Medical Faculty.

Treatment of Typh. If the patient can be treated with ginger it should be better done - Good cathartics in the form of castor oil - large quantity - but a large quantity of water in large quantities - very useful - with a large quantity -

# Cholera

from (Cholera) for this.

It is epidemic in the East - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic.

Common cholera - one epidemic in 1817 - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic.

## Treatment of Asiatic Cholera

### Cholera Asiatica

Asiatic cholera - one epidemic in 1817 - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic.

As the common cholera - one epidemic in 1817 - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic.

Asiatic cholera - one epidemic in 1817 - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic. The epidemic is Asiatic - and the epidemic is Asiatic.

1855  
Monday Jan 10<sup>th</sup> 1855

So a narrow narrow disease affecting the lining  
of the spinal cord -  
then to a blue gray annular eye of same - sometimes  
small dots after acute stage causes the ring -  
Treatment is generally favorable -  
Treatment has indicated otherwise - when  
the hands - the use of same is when the pain  
is not so acute - but to be particularly careful  
to take care of the system - inspection, Phlebotomy  
the medicine as thought specific as mercury  
administration should not be carried too far -  
the use of opium - when also has good  
effect - allowing it in a certain time from total  
rest also - when the patient has sufficient strength  
not to spend strength, it is more amenable  
to treatment than the former stage of the disease  
also -

Wednesday Jan 20<sup>th</sup> 1855

Cholic - Blue Steatorrhea - Blue paper

Produced by some obstruction to the passage of bile  
thickened feces, soft stool, distention by thickening  
of the coat. Inf. tends to papery firmness of the  
small intestine, or bilious discharge of stool & tend  
getting in thin consistency - Heresia -

forming a tuberculous structure several feet long

into it. Amorphous papery stringy mass -  
sometimes the knots get knotted - cannot be accounted for.

The system generally -  
is of choice - systematic -  
of choice - systematic -  
of choice - systematic -

Heathmont - gave as the cause - in 1847  
again the shot generally as a good deal more  
something is going in fact, ornamental the effect  
does not pop off with the cause, in some of the cases  
remains it rather than a fine, elastic, and  
the subject is the best, with respect to -

It is not in error of fact, and accompanied with  
more a part in error, and the the part  
Dario's paper is not so, on the Camp Hill -  
Spain - col - camp - from the Camp Hill -  
then - a description has been obtained of the same

fine steam's going - especially - from any  
fine color of treatment the hardness falls - the  
must give a strong purple - having an ornamental  
in case of diamonds - colored in a good ornamental  
and also a purple - in an ordinary ornament  
not get well by these means - not coloring  
in heating soap in catkins for a month in the day  
containing with steam - or cast & pipe -

in children when shot in position to resist the  
of a spin small and elastic large -  
in the same direction the like must be carried off  
and give colour -

John Mackin

John Mackin

John Mackin John Mackin



Dyspepsia

They describe in man the occurrence of frequent  
 a rapid spasm - such an spasm of spasm  
 arising in the cause - the irritation may result  
 in number the same - from only one large vessel  
 to every few minutes - the gty. is sometimes  
 sometimes pain may last for a while  
 after - it does seem pain if the not bear  
 themselves making - when it comes later by  
 this - they last only a few days to a year  
 these kinds - free nature of the  
 2. sometimes number is affected -  
 3. sometimes acute treatment -  
 In the first the immediate effect is when a  
 person has taken for first, diarrhea, or  
 a diarrhea brought on by emotions, as grief,  
 or the same - the numerous result is not a  
 and there is a burning and pain - sometimes  
 the numerous number is not a  
 some persons cannot stand the heat without  
 being affected with diarrhea -  
 Diarrhea sometimes arises from forming only the  
 the - it is often in the case, before diarrhea  
 sometimes the result is black in the form, as in  
 Diarrhea - distinguished by the occurrence of  
 sometimes the bile is taken up into the  
 appears the cause by bile - but this is not so -  
 the diarrhea of ability is usually without pain -  
 sometimes depends on sympathy - as - feeling, if you  
 know the relation by feeling the pain you describe  
 the diarrhea - sometimes about an galy or  
 only - the cause is not with pain - but  
 great effect - it is not pain - but easy was  
 by great - it - by sympathy - or else it was one  
 these with it - Diarrhea, fulvous than  
 in case of the fulvous are noted -  
 Causes - 1st. an injury to the  
 habit is generally - some action  
 as indicated in imperfect - others act through

Hæmaturia

Figures - to distinguish when danger is not sufficient to  
with severe disease of stomach, the quantity may be large  
as to produce hæmaturia -

Treatment

may have blood granules in the urine -  
to return to normal - the granules of hæmaturia  
is hæmaturia generally was called hæmaturia hæmaturia -  
the hæmaturia is generally temporary - hæmaturia hæmaturia

is hæmaturia - as seen in hæmaturia hæmaturia -

granules of blood granules - hæmaturia hæmaturia -

has many granules - hæmaturia hæmaturia -

granules of blood granules - hæmaturia hæmaturia -

granules of blood granules - hæmaturia hæmaturia -

granules of blood granules - hæmaturia hæmaturia -

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granules of blood granules - hæmaturia hæmaturia -



Chlorine and Iodine are effective in the treatment of  
treatment not satisfactory up as it is often a medicinal drug.

Idea a depraved appetite - eating clay - eating pensils, lime  
treatment - think the best treatment of the stomach, occasionally  
a milk and calomel -

### Cancer of the Stomach. July 12<sup>th</sup> 1858

Since sending letters with the name of cancer in  
the West, with sympathy in support of the - Cancer  
which is a primary development from a carcinoma or  
in cancer & healthy blood.

Predoping Cancer little is known about them, it is hard  
to say - I also deplore the present state of  
a small firming or even paper or lip may become cancer-  
ous by the induration of the cancer - often from  
over to be cancer & generally thinks that the long - long  
cancer the cancer, but only because it is outside, but  
of people have taken out the cancer, but it grows over & an epithelium  
which is a cancerous carcinoma -

Treatment very inadequate - expenditure  
a. by operating a surgical operation -  
General treatment - but I think thinks  
that the removal of the cancer is a form to be used -  
Iodine is also used internally or locally in the  
General treatment - Iodine, it is not of much use  
local use - When cancer is external in the  
cancerous in appearance - your school - and your  
school of medicine with 576 parts of water with a grain  
change the character of the cancer - sulphur & quina  
used in a cancer.

There occurs Hoist. In the small head spinal  
 the inferior, subnate of Brownish to nearly  
 passed in the disease - very small deep  
 spots in the 140 is the size of the - the  
 as we mentioned in my first publication, they  
 than proved to be the same as the  
 also as Blandy, Spurr  
 public performance

nausea & vomiting - ~~nausea & vomiting~~

Some persons have a tendency to vomit  
 the treatment will depend on the cause - when from  
 any taking of potent drugs, first an emetic &  
 clear in the stomach - then vomiting should  
 on hand of the stomach give commensurate  
 & stimulants - the vomiting subsiding, moist  
 and they are aided & other antacid - to  
 also useful - ammonia also - Sarsaparilla or other  
 Sarsaparilla a species of eye to emetics found in  
 the stomach also -

Friday Jan 8/1838 Another accomplishment of  
Dyspepsia or Headache depending more probably  
 need to attend to them. Treatment common smoking  
 The stomach is empty, the pulse is small &  
 slightly some other symptoms - size of the stomach  
 give the part - attend to the mind, diet, exercise -  
Choleric dyspepsia  
 Broussais means a sea -  
 and appetite - a long time ago in an average  
 and very little of the  
 and by the way - some individuals  
 and especially those who in





Chronic Rheumatism - hard to cure, need sharp  
 the treatment, but acute not properly cured, there is  
 some tendency - at first, some in the belly, others  
 and of appetite, gradually improve - but the  
 rheumatism & thickening leads to stiffness from time to time  
 especially in the joints & head - inflammation on head  
 which is very common  
 treatment - but small qty, and not in motion in what  
 degree of growth, pain on any part of colon - some  
 have made the mistake, opening in at night, but  
 in form of loose stools of time in acute stage  
 a slight cause of pressure - skin on head soft  
 soft & moist, the odor - also may be  
 good in 2000 or 2500 grains, with some - if you  
 had returned to a little quantity of time with  
 had a more or less - if you had put 2 or 3 - be  
 had a more or less - if you had put 2 or 3 - be  
 in the - had a more or less - if you had put 2 or 3 - be  
 part - if you had put 2 or 3 - be  
 have a change of air to get -

Dec. 2<sup>nd</sup> 1857  
Physic Stictic

nothing to grow common than Rheumatism - describe of  
 the disease, when a person gets it in the  
 it is a disease of the stomach, arising  
 Rheumatism, but it is a disease of the  
 head, the back, the joints, the  
 treatment of patient have been advised which  
 from the other with some - the  
 the general treatment - clear out bowels -

Chronic Rheumatism -

A case of Rheumatism in the stomach, sometimes  
 in patients, it is a disease of the stomach, arising  
 in the first - sometimes from the  
 when patient eat, gets inflammation, or  
 up - a feeling of burning - sometimes  
 appetite - sometimes of the  
 of treating when they have been - or



**Diphtheria** - The most common of it to primary or secondary - so fatal.

**Diphtheria** generally fatal in the country, but not in warm climates - dependent on the degree of humidity & temperature - When there is also diphtheria with the scarlet fever -

**Treatment** - If given in high fever then diphtheria

**Diphtheria** - It is a very fatal disease, but not so fatal as the scarlet fever. It is a very fatal disease, but not so fatal as the scarlet fever. It is a very fatal disease, but not so fatal as the scarlet fever.

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Myfor is best

# Medical Jurisprudence

Judicial medicine is the science by which medicine and its application are made subservient to the laws and the preservation of human health  
Divided into forensic medicine & medical police -

Enteritis - acute + less acute - Bacteriologic disease  
Symptoms: pain, griping, diarrhoea, tenesmus, rigors  
caused by heat, pain in peritoneum - pain is  
increased by pressure - indistinct diarrhoea  
diagnosis: bacteriologic, after 48 hrs - sometimes  
acute + remitting - some authors say the disease  
is always fatal - all this is not the case - the  
infection may last for months & years - some  
think (Bacterium coli) the Bacteriologic  
is necessary, due to bacteriologic, or specifically  
with the lower part of small intestine to affect the  
intestine to the - common.

Wednesday Dec 16/89 - Chronic Peritonitis

You may give some emetics in dyspepsia & gastritis

The treatment - Diet must be strictly abstemious & give  
the bladder most remarkably good & all stimulants  
must be avoided, Narcotics are good to cool.

Medical treatment - In many instances & after use - by  
leeches to relieve the inflammation, especially when the  
on the part of the bladder, & when the inflammation is  
from - Some light purgatives are -

usually given to obtain relief from the patient in  
we may obtain in a single purge - 40 grs

When we expect Hematuria, since we are not in great  
increased dose - 40 grs to 60 grs in pure cast.  
also gives - 40 grs - hardening & very good.

the change of circumstances - keep up with strict  
care -

### Scirrhitis - (Ductitis) Dec. 11. 1837

Causes - Hygiene & Abstinence, Abstinence of food -

Aliments, Spicing of articles, or consumption of good wine  
partaken in quantity, after drinking, often given  
a mixture with opium, or Symplic. extractum glandularum

Scirrhitis glandularum - The lymph is not absorbed but forms  
scirrhous masses which may form indolent tumors, or  
abscesses - take to chronic and extreme pain, in  
a continuing, and chiefly occupy the duct of the  
and the ducting, & when they produce in the  
to nearly natural, in substance it is quite small & very

Mineralia & Bases is often applied & is very good  
Pectoralis, Pains unrelieved, & if necessary, & if  
often - patient to rest -

Abstinence of animal matters. Fasting, & also  
must be strictly pursued in Abstinence.

Treatment - Fasting - see above and full  
after fasting, we should - but Dr. Keil's same  
often, & in some of the patients, but after the  
often give a full dose - also, & also -

the case is possible - see so in  
the case of Hematuria - see above & also  
and then leeches & Abstinence - see above & also

leeches applied - a Bleed - see above  
Bleeds are usually employed - Hygiene an Abstinence

Friday Dec 11<sup>th</sup> 1879

Chronic Gastritis

Very soft & opaque gastric contents, but more commonly firm  
 markedly - vomiting is one of the most common symptoms  
 actual pain in upper stomach, pain is usually dull -  
 at other times as if a lump or induration in stomach  
 sometimes bed like rigidity - induration, a feeling of  
 heat in stomach - distension of epigastrium - pain  
 may take place - in flatulence, epigastric, or  
 from the liver - more or less, high soft, vomiting  
 very freely present - touch a soft, flat patient  
 cannot keep anything on stomach, and still  
 patient does not feel great discomfort  
 flatulence usually present - sometimes a thick  
 starchy mucus like substance is thrown up each  
 during vomiting - sometimes water - Regurgitation  
 from various causes - sometimes in epigastrium -  
 heart also heart a pulsation in epigastrium -  
 Nutrition - various gray patches a few weeks or  
 over 3 years - after dropsical ascites appear again -  
 Post mortem stomach is usually dark or dark slate  
 color - sometimes black points in mucous coat  
 present coat thickened, sometimes hypertrophied  
 the thickening is usually largest at pylorus & lesser  
 in which the stomach may form a bag of by eating soft  
 in eating stomach a near by, or by eating through  
 stomach - heart of can - especially in eating & drinking -  
 small taking may cause it -  
 Diagnosis - will be mentioned in dyspepsia -  
 Progress depends on whether or not various the  
 cause - we must always bear in mind  
 the possibility of gastric cancer -









John Martin

John Martin

John Martin

John Martin

John Martin

John Martin

John Martin

John Martin

University of *Albany*  
*Albany*

Session 1857-8.

James McFarley

Notes By

Dr. Holmes.

By

Medicine

Practice of

*mean*

*John Hart*

*John Hart*

*Dr. Demean*

*School No.*

*John Hart*

*James M. Garry*

*James M. Garry*  
*San Francisco*

*James M. Garry*

*Dr. M. Garry M.D.*

*Derby Conn*

*Peter M. Garry*

*72*

MS  
Acc. no. 258  
1856-58



*Handwritten text, possibly a title or author's name, in cursive script.*