MORTON, PHILLIPS & CO.

[Successors to ROBERT GRAHAM,]

Established 1829,

STATIONERS

AND

Account Book Manufacturers

375 NOTRE DAME STREET

MONTREAL.

medical students
note book c 1895
Montreal
"200"

C. C. M. Young





General Pathology - deals ē groups of diseases Special Pathology relates to individual diseases -

Disease is an abnormal condition of structure or function most frequently of both. of part or whole of the human body

In investigating a disease 1st we consider - Symptoms. When obvious they are said to be objective. When told by the patient = subjective. Swelling. colour &c = objective symptoms, but pain is a subjective symptom. 2nd Etiology or causes 3rd Pathology = nature & constitution of of ū disease 4th Morbid Anatomy = changes in ū part produced by dis

Classification of Diseases -

The one formed by a committee formed by the London Med. Society -

This classification is formed on anatomical grounds & diseases are. divided into General & Local. General affect the whole system. Local: individual or special parts of ū system but not ū whole of it.

I General Diseases -

Sect. A. includes diseases which appear to modify the blood: are attended ē fever (hence febrile dis.) often accompanied ē eruptions on ū skin. run a definite course & may protect for a second attack. (as.

small pox) are apt to be epidemic, most communicable fr person to person & nearly all due to y action of a specific poison fr ext. This section corresponds to Zymotic dis of Farr.

B. Comprises for y most part dis wh invade many parts of y body either at y same time or in succession. Constitutional dis have a tendency to be transmitted fr parent to children & are often due to y cause in y system. Among dis of Sect A. we place all Fevers. 2 Continued fevers 3 Malarious fever. also Cholera. dysentery Influenza, Mumps &c. Under B. Rheumatism, Gout. Anaemia. Purpura. Scurvy Syphilis. Scrofula.

II Local Diseases. I Ic.

They are divided according to the part affected. as Nervous dis.: dis of Eye Ear. nose: of circulatory system: of absorbants: of ductless glands of respiratory system: of digestive system: of urinary system: of generative system: organs of locomotion: of cellular system & last of cutaneous system

All these dis are arranged under some 23 or 24 forms - thus -

Forms of dis. wh affect y organs.

1. Catarrh 2 Inflammation under wh there are several varieties. as. a ulcerative. b suppurative. c. plastic. d pyæ

mic. e rheumatic f. gouty. g syphilitic. h gonorrhoeal. i scrofulous - 3 Gangrene 4. Passive congestion. 5. Extravasation of blood or hemorrhage. 6 Alteration of ∂ dimentions of organs & dilitation contraction - hypertrophy or atrophy 7 Degeneration as fatty, calcareous or fibroid. 8 Lardaceous or waxy dis of organs - 9 Syphilitic dis. 10 Cancer 11 Colloid. 12 Non-malignant tumors 13 Cyst. 14 Scrofula. c & cout-tubercle 15. Calculi & concretions 16 Parasitic dis. 17 Malformations 18 Injuries. 19 Foreign bodies & 20 Functional diseases. 3 other classes may be added to complete ∂ system. as. age (old age) debility. poisoning & mortality fr injuries -

Modes of Death. The importance of knowing ∂ modes of death arises fr ∂ fact that ∂ same dis may destroy life differently & hence may need different treatmt. Ricord. gives 3 modes of death 1st Death beginning in ∂ heart 2nd: in ∂ lungs. & 3rd Death beginning in ∂ brain. 4th Death beginning in ∂ blood.

1st Death beginning in ∂ Heart. 1st by Syncope & 2nd by Asthenia.

By Syncope = sudden death beginning at ∂ heart. Either fr paralysis or spasm. In paralysis ∂ chambers are open & full of blood. but this condition lasts only for a short time after death. ∂ chambers being

either emptied fr decompos. or fr contractility of ∂ heart. ss ∂ heart is flaccid & ∂ cavities empty. When fr spasm ∂ heart is closed & empty. This was for a long time confded c̄ hypertrophy until Cuvier proved it otherwise (By putting a heart contracted by spasm into Spts. it will acquire its nat size. whereas that fr hypertrophy will not) Syncope may be produced 1st by violent nervous shock as mental emotion (fright) s̄ injury of ∂ brain. & spinal Cord. injuries of ∂ N.S. concussions, injuries burns or fr. swallowing fluids in too great quantity as cold Aq. after being heated. & also by poisons. Chloroform does so. & is thot to act in a reflex manner. Syncope may occur fr. dis of ∂ heart itself. Rupture of heart causes syncope also: Or. fr hemorrhage as fr an Eurism or flooding. Watson called this death fr anaemia

Symptoms. of approaching Syncope ss no sympts. death is so sudden. But if death comes on more gradually ∂ lips skin & surface grow pale & cold. pupils dilate surface covered c̄ perspiration. sighs & falls & ss has convulsions. p grows slow flickers & then stops during faint. & heart may again rally, these are signs of reaction & pat may rally or ∂ former sympts may recur & pat dies.

Asthenid. = gradual death beginning at ♂ heart. After death of Asth hearts walls are flaccid & contain more or less blood. ss contr & empty but not so marked as in spasm. How is Asth brot about? Diabetes. consumption. Chr. diarrhoea &c are apt to cause death of Asth. Also dis of ♂ heart may cause it.

Signs of death; both mental & physical powers begin to fail. p feeble. General strength fails; tongue dry & brown or glazed & red. Extremeties cold. Even sphincters may fail. These sympts increase steadily till death supervenes.

2nd Death beginning in ♂ Lungs-

Asphyxia better Apnoea = death beginning of failure of respiration Any dificuncy of oxygenation of blood causes apnoea. thus the circulation is impeded & not being sufficient of supplied c̄ O. ♂ brain loses its activity & voluntary respiratory motions cease. ♂ right side of heart is gorged & left is empty.

P.M. The right of heart is gorged & ♂ left is nearly empty. Lungs gorged c̄ dark blood In bronchi there is a frothy subst. Almost all the viscera are gorged c̄ venous blood also ♂ sinuses & membrs. of brain are gorged c̄ dark blood.

Causes. Whatever excludes air fr lungs causes death fr apnoea. Foreign bodies in trachea or glottis. Dis of lungs. Pneu-

monia. ss Bronchitis. Croup & spasm of glottis 2nd Whatever arrests movements of chest as spasms in tetanus or pr pressure on chest as in crowds. 3rdly Loss of nervous influence as wound of phrenic N. injury & dis of med. oblong. When function of Med. oblong is affected death is called "death by paralysis 4thly Whatever interferes c̄ circulation of blood in lungs as Extreme mitral impediment. Death by Apnoea may be suddenly If respir. is suspended beyond 3 min death usu follows.

Sympts. feeling of suffocation. forced & hurried attempts at respiration. face becomes red. then purplish soon stupor comes on. temp of body falls. respiratory efforts become feeble & voluntary efforts cease. Heart continues to act after respiration has ceased about 3 min & 15 sec. hence we sd try artificial respiration in cases of drowning &c for ō time after respiration has ceased. The intensity of ı sympts will vary c̄ ı suddenness of obstruction. If sudden ı pat makes violent efforts to respire. projecting eyeballs. tongue protruded. great discol of face; but q̄ death comes on less suddenly there is not so great lividity of ı face.

3rd Death beginning in ı Brain.

In Coma death begins at ı brain but still does not cause death directly but by

apnaa because Med. Oblong is affected. or Coma causes Apnaa & Ap causes death. In addition to P.M. signs of Apnaa the cause may be fd. in ɔ brain.

Cause. anything wh obstructs circulation in ɔ brain. Depressed bone; extravasation of blood. Effus. of lymph & pus. tumors &c It is also held that want of blood in ɔ brain is a cause of Coma, but this is included under 'whatever obstructs circulation'. Poison in ɔ blood as morbid poisons. as urea. also extraneous poisons

Sympts. of coma are modified according to suddenness of attack. Its pat falls suddenly as in Apoplexy & yet heart may beat violently. When an attack comes on gradually, ɔ senses are blunted: Eye does not see distinctly, nor does pat hear or hears noises when there are none. Extremities become numb, memory fails, at last he becomes stupid & at last coma comes on & pat cannot be roused. Respiration is delayed & is jerking c̄ stertor: pupils contr. or dilated. p slow: at last voluntary actions fail.

4th. Death beginning in ɔ Blood.

Necraemia. In s̄ bad forms of fever. death comes on very rapidly. not giving time for any structural derangement of ɔ organs to take place the blood only being fd unhealthy hence ɔ dis is said

to commence in the blood

P.M. appearances wh justify us in saying death begins in ye blood are: petechia: extravasations of blood. & because it is most fluid & is ever dark. Poison may be fd in the blood. The rapid decompos. of ye body

Symptoms of approaching death fr neræmia. Livid congestion of ye surface. minute or large extravasations of blood: oozing of blood fr gums. mental faculties obtuse. convulsions. tongue dry & brown: thirst: ꝑ freq. & respiration deep. Cold clammy perspiration: faces escape involuntarily: twitching of ye tendons: ss (as in cholera) & ꝑ is not perceptible for hours before death: & extremities are cold. Heart every fever may kill suddenly & changing ye blood. Certain poisons act thus, as that wh causes charbon: snake bites, eating mushrooms &c. Gas. Poisons may be generated in body as biliary matter or urea. It is chiefly if death is sudden that each of these modes may most easily be distinguished: & gradual two or three are blended together.

General Diseases.

And firstly we will consider those under Sect. B. q. vid. They are so spoken of as constitutional & are apt to be inherited, are sporadic, occurring here & there among communities. These dis arise fr ō unhealthy state of ī system. Either inherited or stamped in ī constitution at birth or may be acquired de novo after birth owing to ō disturbance ~~state~~ of ō of ī functions of ī body. The constitutional dis are to be regarded as manifestations of a certain morbid bias. Its existence causes a dis wh wd otherwise be very simple to assume a serious form. As a blow will ordinarily cause simple infl, but in scrofulous children on ī knee a blow may give rise to synovitis. These diseases have a tendency to act symmetrically, but all are not thus symmetrically disposed but generally so. (Exceptions) gout attacks great toe. Cancer. Lupus in nose. The London College puts Syphilis amongst constitutional diseases but Dr. Howard thinks they have blundered & so be amongst the Zymotic dis.

Anæmia.

ss called Oligæmia, Hypæmia & ss Hydroæmia. The chemical & physical char. of ∂ blood in An is altered. The red corpss are decreased. The quantity of red corpss in health varies swh. The amt of W. Corpss & fibrine in An is not much altered. In bad cases fibrine may justly supposed to be diminished. The solids of serum are not materially altered. Law. When R. corpss are deficient Albumen is increased. There is an increase of Aq in ∂ blood & hence blood is watery, but there is sufficient saline matter in it to preserve it fr decomposition.

Physical Characters. Thin, clear, & watery viscid. Clot small, & soft. Sp.gr. lower than natural. Nat. Sp.gr. 1050.

Causes
Cause

Causes. Direct loss of blood: as hemorrhage. flooding. ~~menorrhagia~~ &c. rapidly reduces ∂ R. corpss. & ∂ dis may be called Ac An when thus brot on. Gradual & small hemorrhages. as menorrhagia. Loss of any albuminous fluid may cause An. as Leucorrhœa. Bright's dis. Food, defective in qual & deficient in quantity is a cause, especially wanting in animal material, more so in young than old. Confinement in low damp & close apartments. Pure air is as really necessary to health as food. Close study & xsive bodily exercise. anxiety are causes. Impairment of digestive functions. All febrile

diseases are very apt to cause An. Mesenteric dis (in children) is a cause it prevents chyle fr. entering into the blood

Chlorotic Anæmia. seems to depend on impairment of uterine functions.

Malaria is a fruitful cause. In malarious districts the pigment of destroyed blood corpss causes blood to become dark or black giving rise to melanæmia.

Hodskin's dis. Lymphatic dis. due to enlarged lymphatic glands associated w amyloid degeneration. The destruction of these glands accounts for the great deterioration of blood in this form of the dis. inasmuch as 5 of these glds assist in forming blood

Closely allied to above dis is Leucocythæmia. In this there is an xs of W. corpss There are some other causes of An, certain minerals as Ag. I. Pb. also protracted Syphilis. Addison's dis. But to An exists wout any discoverable cause & then it is called Idiopathic. An is usu a symptom but when it cannot be explained it is called Idiopathic. Dr Walsh is of opinion that An is produced by running up & down stairs or up & down hills. Servants are often anæmic & it cannot be explained except by fact that they have to run up & down stairs a good deal.

Sympts. of Chr. An. The most obvious is great pallor of countenance & general surface. If the pat. be fair they are deadly pale but if dark they are sallow. This paleness extends to v M. M.* Conjunctiva is exceedingly white. The muscular system suffers. pat is easily tired. p. feeble & small. ss thrilling: hearts action quick having tendency to palpitation on least exertion ss hearts action is irregular ss abrupt knocking, but does not give that heaving sensation of hypertrophy. c̄ wh it is ss confdsd. On listening we may ~~have~~ find a murmur & is called a hæmic or blood murmur, is of low pitch & short readily increased ly exertion & change of pats position being louder at base or q̄ pat is lying down than q̄ standing up: is systolic & is freqly louder in pulmonary art than in aorta. Besides a murmur at v base we have a venous hum (or bruit de diable) in v veins in general. wh is continuous & sounds like v word "who" whispered continuously. ss it is loud & cooing. Use heard better in v veins on v right than or v left side of v neck. In children fr 5-10. venous hum is fd in 95-98 pr. naturally but more intense in An. At v age of 70 it occurs only in 45 pr. Coldness of genl surface espec of v extremities. Deficient digestion. bowels apt to be irregular &

The tongue & lips are large & swollen.

confined. N. S. apt to suffer. Thus there is increased susceptibility of N. Centres, accounted for by impairment of nutrition, Neuralgic pains espec in infra-mammary region. Nervous disturbance is various. headache noises in ears. convulsions & delerium: urine very pale: Col matter to its natural amt. Sp. gr. low skin usu dry, nails sunken. & their Ends craggy & split. menses scanty & pale & in very bad cases are stopped

= 15 & 20 at pu.

Chlorosis occurs chiefly in girls 1 berty. 2 Kinds. 1st Idiopathic followed by amenorrhœa. In the other form a suppression of menses occurring first gives rise to An. The complexion becomes of a greenish hue. Appetite depraved. liking slate-pencils, clay, & mortar: tongue flabby & indented & teeth breath offensive, bowels irreg. costive & then loose. Pat complains eyelids puffy, ankles & legs œdematous, & a dark ring under eyes. Hysteria is often present. The blood coagulates more firmly in Chlorosis than in common An. but not small fibrin.

Lymphatic Anæmia In this the lymphatic glds are enlarged. The cervical glds are first enlarged Elastic & moveable. they do not tend to suppurate & break down as in scrofula but gradually enlarge. They are often then in

cancer. Later v spleen & liver are enlarged

Pathology. The glds become enlarged & contain lymph cells in increased numbers, & also a large quantity of fibrous tissue This same fibrous tissue is fd in v liver also in v kidneys & lungs, but here v cell element predominates. It sewh resembles Leucocythaemia

Consequences (course & results) When severe there is a tendency to passive congestion wh tends to dropsy or hemorrhage (as fr nose) Also enlarged heart may result. fr v fact that it is easily excited to xsive action The Thyroid gld is ss enlarged. Also prominent Eye-balls are supposed to be produced by An

This dis (viz An) is usu curable but w v lymphatic glds are diseased as in Hodgkin's dis. it is not curable. Pat usu dies fr exhaustion ss fr. syncope, ss by coag. of blood in sinuses of v brain. In such cases there wd be drowsiness. headache stupor & delerium & finally profound coma

Treatmt. Two indications, 1st Remove cause of An & 2nd Restore quality of blood & combat any complications. To remove cause we must discover it. Stop all hemorrhages xsive Albuminous discharges. If accustomed to live in malarious districts. remove. Restore function of stomach. also of uterus.

Restore ~~from~~ Quality of blood. Give good diet. Espec animal food as dark

meats. ss it is necessary to begin ℥ de-
grees. as ℥ broths. beef tea, ss brandy & wine
then animal food under-done. mutton &c.
Light exercise, & pure air are essential & light

Remedies Almost specific is Fe 1st
We give Fe because it promotes assimilation
of food 2nd Improves nutrition of N.S. &
3rd Because it increases i proportion of
R. Corpss. All preparations of Fe are used
Where there is no fever or headache i sol
uble salts are given. as syr of Iod. & soluble
Phosphate. sesquichloride &c. But when there
is a tendency to fever & headache give i
less sol. salts as citrate & ammonio-
citrate. Carbonate. Ferrum redactum Ses-
quioxide. Dr. Chambers prefers Griffith's
mixture. Begin c̄ small doses or ss we
must begin c̄ gentian or columbo or min
eral acids q̄ Fe is not tolerated. Fe com
bined c̄ ♀ is good.

℞. Ferri Sulph gr vj.
Quinia disulph gr gs-j.
Acid Sulph dil m v-x.
Ter die. M.

If there is a tendency to constipat
ion combine i above c̄ ʒj-ij Mag. Sulph.
If pat be constipated: urine high col-
oured. you must give a purgative be-
fore commencing Fe. as a seidlitz or
citrate of mag. Aloes is vez good com-
bined c̄ Fe. Pil Al. et Ferri is a vez good
combination. Fe sd not be given on

an empty stomach sd be given immediately after meals. Mn is ss used q Fe is not well borne. The double Iod of Fe & Mn is good.

Treat. of Chlorosis. Same generally as in ordinary An. but as constipation is usu present Pil Al et Myrrh. sd be given Must restore menses. Fe is the best Emmenagogue. Hence Fe is used to improve blood & act as Emmenagogue. & Aloes combined c̄ it helps it as an emmenagogue Bathing riding on horse-back. exercise change of air & in obstinate cases electricity judiciously employed. NH_3 ℥j to Milk ℥j injected into vagina at menstrual period is very good. Subdue nervous excitement present in An. Espec. in females by employing sedatives. Belladonna Hemp. HCy: Camph; if much depression we use stim as Camph Asafoetida & fetid resins generally. Dropsy of An usu disappears q blood is improved i.e. restored to normal condition. Use P. Jalap Co to remove effusion.

Also called Lymphosardena, This dis. originates in the lymphatics, but ss in the Spleen.

Hodskin's dis is little understood, but must use genl means. but we do not know how to reduce size of lymphatics & hence cannot cure it but try to by Fe: tonics &c as above. Raw beef is very beneficial in restoring health in profound An. pounded in a mortar c̄ bread & ss c̄ wine or whiskey. rapid enlarg. of Spleen. Very large glands on sides of neck. later in dis. liver & Kidneys enlarge. This disease does not induce Lucocythemia.

Leucocythæmia.

According to Dr. Howard. Vircou discovered this dis. In Leu fibrine may be deficient normal or increased. ~~There are many more W. than Red corpss~~ The proportion of W. to Red Corpss is increased. 1 W to 2 R. If blood be examined under i microscope between the rolls of red there may be seen a no. of colourless blood cells a few W. cells.

The blood is said to have an acid reaction, but this must be slight.

Sympts. Remarkable pallor; tumefaction of abdomen fr. Enlargmt of spleen, Liver, Ascites, anasarca of lower limbs. hemorrhagic tendency fr. nose, jaundice. constipation or diarrhœa Transitory pains especially in abdomen, dyspnœa. Increase of uric in urine & in Chdren perspiration offensive. Anæmia usu confirmed before it attracks attention & pat dies fr Exhaustion preceded by purpuric spots. & in last stages there is a peculiar tendency to hemorrhage. Enlargemt of glds of neck. Usu runs a Chronic course but in Chdren is ss Ac. in wh case there are febrile sympts & Kills in 2 or 3 weeks*

*This dis. is always fatal

P.S. Enlarged Spleen. ss i parenchyma of i organ is diseased. dry & transparent ss Liver is diseased. as Enlarged. altered or lardaceous. ss Kidneys are affected ss i lymphatic glds are affected as well as i Spleen ss Ley are altered by calcareous degeneration, In addition to Enlargemt of Spleen lymphatic glds Liver or Kidneys. white lymph cells are formed

naturally altho increasd in number & unnaturally in ✓ Kidneys & Liver. The lymph elements fd in ✓ Kidneys can scarcely be distinguished fr tubercular elements. But they are softer. The solid flds of ✓ intestines have been fd loaded w these white cells.

more common in male & in advanced life. Is not hereditary.

Causes. Virchow says white cells are originated by lymph flds. In support of this view he says we have Physiological signs of lymph flds acting on ✓ blood. E.g. if you feed a dog on rich food an xs of W. corpses is fd in ✓ blood after a full meal. This is also noticed to be ✓ case in pregnancy & he says also. on Pathological irritation of ✓ lymph flds W. cells are increasd in ✓ blood. Hence we cd infer that there is increasd functional activity of ✓ lymphatic flds, & facts support ✓ supposition since ✓ lymph glands are enlarged.

Diagnosis. Take a drop of blood in wh we will find a manifest xs of W. cells. Again if you whip blood drawn fr the arm to separate ✓ fibrine & then allow it to stand. So you will have a white layer of W. corpses. Try if this white layer is sol. in ether. if sol = fat. if not-sol = W. cells. On Path. Examination you find white coagulated clots in the blood. Hence ✓ xs of W. cells if you have enlarged lymph flds. or splen you may pronounce ✓ dis Leucocythæmia or Splenic. Leu there are very large W. blood

cells. In Lymphatic Leu i to cells are smaller c̄ ragged edges.

Treatmt. Incurable. Fe. K.I. & Cl. C.L.O. & all tonics have failed when it is once established. * The complications are particularly hemorrhages. In 1866. Dr. Wilks of Guy's Hos. exterpated i spleen but pat died. so did another c̄ i same in 1867 result, hence splenotomy is not justifiable because Leu is a constitutional dis & in removing spleen you do not remove i cause & thus i dis is not cured.

Miopathic anaemia has been said to be cured by Phosphorus.

Rheumatism.

Ac & Chr. ss subacute. Articular & Muscular. R.

Ac. R. = rheumatic fever.

Sympts. This dis (viz. Ac. R.) ss sets in suddenly in those who are well. 1st. After cold & fatigue, pain is felt. again q̄ pat is very susceptible to cold. or is sallow has high col^d. urine irritable. Constipated When i dis sets in suddenly c̄ a rigor. heat of skin sleeplessness. & pain in joints. p. large sharp & bounding. 90-110. Saliva acid bowels sluggish & offensive. urine high col^d. of high density scanty & acid ys of urea & pigment & more SO_3 than is excreted in any other dis Albumen ss appears in urine for a couple of days due to congestion of kidneys. The skin

May have R fever cont affection of the joint. seldome have oedema of the joints. When the fever preceeds the joint affec the fever falls when the joints become affected

tho' hot is covered c̄ moisture of acid reaction The articular sympts may occur before or at ✓ same time or after ✓ febrile sympts joints puffy: slight redness: pain. slight or very severe so that pat fears your touching the bed clothes. ss skin is shiny. wh looks as if ✓ joint were going to suppurate wh is seldom ✓ case. The order in wh ✓ joints are attacked is as follows. ankles; knees; wrists Elbows. Shoulders & hips

Durations. 3-4 weeks. From 41 cases cont medicine we have ✓ following facts = Average No of days in wh pat got better 14.3 Complete convalescence in 19 days & could leave Hospital in 27 days.

Recovery is indicated by tongue becoming clean. urine more copious but still of same high density ss a sub ac condition remains; ✓ pain jumping fr joint to joint wh may be due to malassimilation The tendency to sub ac is more in asthenic than sthenic persons. ▽

Complications The heart is especially liable to be att. McCloud says 20 & Fuller (best) says in 50 p. When Endocardium is att pat does not feel any pain & we discover it only by a sound or irregularity of ✓ p. When Pericard is in Fld pat usu has pain but ss not. freq has restlessness & slight cough. There is a tendency to the deposit of fibrine on ✓ valves of ✓ heart. 1st This is ✓ case in

fibrin from want of alk or excess of acid

very severe forms of ∨ dis due to deficient alkal of ∨ blood. Dis of ∨ heart is ∨ most serious complication. 2nd It is most apt to occur in youth & in that kind of R called Fibrous 3rd In those forms in wh febrile sympts are great. Where much effusion is in ∨ joints & little fever heart is not so apt to be att. More liable to be att in primary attacks - if true infl is only present. but if c̄ infl there be a tendency to fibrinous deposit. it is apt to be affected in subsequent attacks.

*Comes on fr. 12 to 14 day

Duration of Dr is 6 - 8 days

The arctic cases of R temp in fr 100 - 103 Pent in R D rises as high as 109° 110° cause fever - hyperpyrexia

* Cerebral Disturbance 1st & most common is R. Delirium. It usu makes its appearance cont any subsidence of artic sympts. The pat becomes talkative restless then delirium sets in. wh is taciturn not accomp c̄ headache. has a tendency to syncope or rapid prostration & coma.

Apoplexy in wh pat suddenly drops comatose c̄ paralysis.

R. Chorea or as Trousseau calls it Cerebral R. of choreic character There seems to be s̄ connection between Chorea & R. If a chd has had 2 attacks of Chorea he is very apt to have R. & vice versa. Common endo-carditis is usu fd in choreic chdren.

The Sp cord is s̄s affected & we have convulsions & spasms These derangements of ∨ N.S. depend upon a rheumatic state of ∨ blood. Proof. The poison in ∨

RR RRR

blood in R. is very likely to interfere c̄ function of v organ & 2nd at P.M. no infl of v organ is fd: the membrs are dry or & pale & ss blood is extravasated. In order that R. poison sd att v N. centres there must probably be a predisposed susceptability of v N.S. If pat pale & weak R. Delirium may occur. ss R. delirium occurs before infl has set in v joints or Elsewhere In rare cases true R. meningitis occurs. & in these v cause is supposed to be metastasis fr joints to brain It is an odd fact that this R. meningitis is not accompanied by vomiting or pain in the head as is usual in affections of v brain. Ss ~~affe~~ infl of v lungs is present c̄ R.

Morbid Anatomy. R tends to affect white fibrous tissues of v body as ligaments tendons periostium & perichondrium &c but also heart brain & lungs are ss attd. Ss muscles are attacked as muscles of heart & uterus; ss v muscles of v neck of v bladder. but rarely –

Sympts. of Rheumatic Infl. in v joints 1st There is injection of v synovial membr & here it often resolves. Effusion of serum is common. Plastic lymph is not uncommonly thrown out producing adhesions often in serous membrs. as around v heart or in lungs but v synovial membrs are not apt to be seats of adhesions. suppuration

& ulceration rare. R. fever probably depends upon a blood-poison. Proof. 1st All fevers are now admitted to depend on a poison. 2nd Symmetrical distribution of i dis suggests a general cause (viz) diseased state of i blood 3rd. Fever often precedes infl. The severity of i fever is not in proportion to i no of joints affected. 4thly Erratic nature of i dis as fr ankles to knees &c. 5thly Occurrence of metastasis is best explained by supposing a poison in i blood also because a similar dis Gout. is known to be due to a poison = urate of soda. Lactic was supposed to be i poison in i blood in R.

Characters of i Blood in Ac. R. If drawn becomes buffed & cupped This buffed & cupped appearance was formerly thot a sign of infl. Fibrine increased 6 parts in 1000 instead of 2. It is suspected to contain lactic. but I object to this view. Urea not increased in i blood. R corpss decreased. fibrine increased Nearly all i secretions are acid. Urine highly acid, hence we must suppose i morbid subst to be a poison in i blood.

Causes. Predisposing. Hereditary tain 29% Rheumatic cases are Hereditary accord to Fuller. Rheumatic diathesis Those who have a R. diathesis have sweats, urine has brick red sediment

Age - most common between 15-30 & gradually declines up to 50 but Chr R. increases c̄ advance of life. Males more liable than females, but after menstruation ceases women are as liable as men. Moist climates cause it. More common in England than here because v climate is more moist altho' it is colder here In India & warm climates Ac R. is rare. & at Equator & Poles it disappears. Functional disturbance is a cause of impairing health. Impaired nutrition also predisposes to R. In this way Brights dis, uterine disturbance, disturbance of functions of v skin &c predispose to R. If a strong predispos to R. exist any thing that depresses v system excites R. or any thing that impairs v health.

Diagnosis. Pyæmia & Gout are ss confded c̄ R. In Py there are repeated rigors: v fever is at first irritative & soon becomes typhoid. There is intermissions in v fever In Py. abscesses are apt to be fd in v body internally & externally. The swelling of v joints in Py is diffuse & rounder & more uniform. In Py. v joints are disorganized & generally ends fatally. Py use depends on s̄ suppuration In R. fever is infly, no rigors perspiration profuse & of sour smell genl secretions sour. Infl Erratic. Infl is not destructive to v joints. R tends Espec to

att v heart; does not tend to be produced by suppurat or any local cause. Tends to get well spontaneously or under treatment. In young chdren the infl in v joints is not well marked. The pat uses its joints more freely than old people & it is usu confined to one joint, pain not so severe. Hence Artic R. may be overlooked in chdren.

Bad signs are a rapid rise of temperature delirium. a sudden increasin pulse. Arrest of perspiration.

Prognosis. Very seldom fatal directly but may cause death indirectly, as fr heart dis. fatal about 2 per cent

Treatmt. 1st Correct acidity of secretions & neutralize ys of acid. 2nd Favour Elimination of SO_3 & Lactic & v change of uric into urea. Those cases get well soonest where there is a great amt of solids in v urine hence favour Elimination by v Kidneys 3rd Lessen v plasticity of blood. 4th. Relieve pain 5th Protect heart.

Alkaline Treatmt = most generally approved of by profession. Alk in large doses. They act 1st By neutralizing acidity in system & promotes Elimination of SO_3 & lactic. promotes Elimination of Effete matter by Kidneys & lessens acidity of v blood. Are sedative of to hearts action & diuretics. Alk given in following way (Dr. Fuller) To ordinary dose of Cit of Magnes - add. ʒiss - ʒij of Acet or cit of KO. Give ʒij Every 2

3 iv 3

hrs The urine is made alk. in 24 hrs by these large doses & thus heart is protected As soon as urine is alkaline Dr. Fuller recomends Q & KO followed by a purgative If there be no tendency to perspiration Guaiacum is very good. as in following,

Pot Bicarb 3SS
Quinn gr II
4 Sh

℞. Mist Guaiaci ℥j
Tr. Guaiaci Ammon ℥j
Liq Pot m XXX – XL
Every 4 hrs. M

Thoracic

When pat is cachectic give bark fr. beginning c̄ alkalies. Another remedy wh may be given c̄ alkalies is Opium 2-3 doses of P. Doveri gr. V in day to allay pain or P. Doveri gr XV. at bed-time. Aconite is also recomended. It shortens fever, quiets hearts action & agrees better c̄ pat than Op. Tr Aconiti gt j every hr. The value of diaphoretics is shown by Dr Chambers Experience. He treats by wrapping pat in blankets He says of 63 cases Either bedded in sheets or the blankets having been thrown off 16 had affection of heart & 4 of these died. Of 184 wrapped in blankets only 4 had affect of heart & none died: these were also treated c̄ alkalies. The warm or hot air bath is good ū perspiration is scanty. Seldom give purgatives. because of v pat being apt to be Exposed to cold. Yet if tongue be dry

bowels constipated &c give blue pill. gr V followed by blk draught in morning. Locally cotton wool covered c̄ oil-silk or Lint dipped in following

℞ Pot Carb ℥iv-vi.
Liq Apii sedat: ℥j.
Glycerine ℥ij
Aq or decoct Papaver ℥ix.

Ft Lot.

The Blistering treatmt. Dr. Davis thot that v virus of R. concentrated in v joints hence if blisters were applied to joints they wd draw off a good deal of v materies morbi hence he applied 8 blisters above v joints. These blisters did not produce strangury but v urine became alk in 24 hrs. Pain was relieved soon & permanently. p lowered Relapses were not common only 25 %. Every case that Entred v Hospital cout heart dis Escaped an att under this treatmt. The blisters sd all be applied simultaneously. He (Dr Davis) uses Acetum Lyttae by applying it above v joint. The blistering colodion is as good: after blister uses dress c̄ cotton wool or Poultice. Again Q c̄ Alkalies according to Dr. Garcod thus.

℞ Quinia disulph gr V.
Pot Carb ℥ß
A few drops Chloroform -
Every 4 hrs -

The Q here does not increase thirst: lessens action of heart: declares rapid convalescence & few relapses. For this treatmt. Of 41 left to nature 66 % had traces of heart dis In Dr. Fullers 172 cases 18 % or 31 cases had affect of heart Dr. Dickenson treat 48 c alks only 1 had dis of heart Dr. Chambers 184 c bark & Alk only 4 % had heart dis

Best Plan. is a combination of Alk & blistering treatmt do not fear about number of blisters. Diet. at outset milk diet as sago & milk corn starch porridge &c. begin early c animal broths: as fever declines give stronger food & gradually animal food. When much debility wine may be given early.

Complications. R. Delerium use a sign of exhaustion & calls for supporting treatmt. If pat has been sweating profusely for several days. cool him give cooling drinks support system c diet gradually increase. & administer wine c caution If pat be restless give 40 grs Pot Bromid. at 6 & 10 p.m. Must not give Op. in coma. May be necessary to blister back of neck & put mustard blister to feet to rouse pat fr coma. Must have a good nurse to see that pat does not exert himself & get tire up & thus bring on syncope.

R. Meningitis. Same treatmt as in

simple Meningitis c̄ a continuance of ↄ alkalies.

When Ac R tends to fix itself in one joint leek, splint, & follow ꝫ blistering give Hydr.

Muscular R. Most freq in middle aged persons. Caused ꝫ sprains, cold & damp applied to ↄ part of ↄ body & one att predisposes to another

Sympts Att is sudden, pat awakes c̄ stiff neck. pain felt on motion. In severe attacks there is pain q̄ at rest painful to touch At first there is no heat of skin but after a while there is; no swelling, urine not febrile. Espec attacks ↄ lumbar region. & neck; ss ↄ intercostal muscles. ↄ think it attacks ↄ involuntary muscles

Pathology of Muscular R. is not understood. does not seen to be at all connected c̄ Articular R.

Diagnosis between Myalgia & Muscular R. My is constantly caused ꝫ fatigue. If it comes on after a rowing match or a ride &c. you have pain most ↄ day after If ↄ pains are fr constant work they are always better after a rest. There is hot burning pain in ↄ muscles, at their insertions or origin or in ↄ fascia are Espec affected as those of ↄ legs, arms Nurses have pain in ↄ shoulders or in ↄ

side. wash-women in ı back. relieved by support. as flannel bandage or a strength ening plaster.

Treatmt of Mus R: Pot. Iod. Liq Ammon Acet c̄ Colchicum. The Pot Iod sd be given in large doses & afterwards Q in gr v doses ter die.

Locally. Damp cloths or anodyne fomentations. In ch cases give such remedies as improve capillary circulation Mineral waters are good. Electricity friction & shampooing are also very good

Gout = Podagra.

divided into Regular & Irregular G.

Sympts. Premonitory for stime before dis sets in. As palpitation of ı heart, stifling. fluttering & irregularity. All authors say that dyspeptic sympts. are premonitory, as gastrodynia. pyrosis coated tongue constipation. coldness at Epigastrium. T cases are not ushered in c̄ premonitory sympts. About 2 in ı morning ı pat is roused by pain in a joint usu great toe: pain throbbing as if squeezed in a vice. Joint powerless foot becomes swollen. becomes purplish & turgid. In a few hrs. ı constitution sympathizes. skin hot. pat restless. till about 6. in ı morning, q̄ pain abates, at wh time ı swelling sets in actively, much to ı relief of ı pat

till about 2 next morning again

Constitutional Sympts. In addition to dyspeptic sympts. p is hemorrhagic. urine scanty & high col^d. less hypuric. bowels costive. St gout attacks fingers & arm or hand where v pain is more severe than q in great toe. When in shoulder v pain is worst. but q stomach is att. pain is worst. Attack lasts fr 2-12 days ss longer After pat recovers he enjoys better health than previously A pat after an attack if strong may be exempt fr another for 4 years Before 40 the attacks recur more freq^y than after that age

What is v condition of a pat who is a Chr subject of gout? After 1st att he becomes strong. After a second the muscular system fails. is less desirous to exert himself. Does not digest his food so readily must have dainties. Has gouty cough; lips livid. Complex sallow. large veins in feet When gout is confirmed or in last stage generally v pat is not free fr an att. The nervous functions now fail. Shown in giddiness. tottering. blunting of senses becomes chdish loses memory

Irregular G. = Atonic G. First shows itself in various forms of dyspepsia as Gastrodynia. flatulence less lithates. Apt to be gloomy hypochondriac & fears sud-

den death Hemicrania. stitches in side cough & expectoration such like asthma. How these symptoms may last 5 times before gout manifests itself & at last gout shows itself to relief of pat. Is not so painful as regular G. but more obstinate to treat-ment.

Causes. Exhaustion or ill health. When transferred to internal organs it threatens life When it att stomach it becomes cramped & a sense of heat. prostration vomiting & hiccough The vomited matter is a mucous fluid It contains blood like coffee grounds as there is gastrodynia. flatulence. sour eructations Metastasis to head is supposed by some to be a most common May cause Apoplexy or pat may not be able to converse or only in monosyllables or as there is headache &c

When heart is att pain is like angina. Pulse thready may cause syncope At other times there is no pain in heart but pulse irreg. & palpitation present At urine is suppressed: neuralgia. hemicrania. hysteria spasm of bladder. Spasmodic cough pruritis &c are usu occas by G.

Blood in G. Is of uric. as urate of soda urea is often yes. Oxalic wh is easily derived fr uric. is fed as oxalate of lime uric may be changed to oxalic in urine if allowed to stand 24 hrs. & you may have instead of uric oxalate of lime

Urine in G. In Ac. G. before paroxysm there is a diminution of solids, uric phosphates pigment & extractive matter. During paroxysm. the same condition is fd Except urea & uric is increased. Es alb is present. When pat is getting better uric & phosphuric is eliminated. In Ch. G. urine is scant & pale. A small quantity of Alb is fd. & tube-casts & gives rise to contracted Kidney.

State of joints in G. After 1st Att. joint usu recovers its wonted usefulness but as there is a small amt of urate of soda deposited. After several attacks joints are stiffened & Enlarged urate of soda is deposited in them. Ves in bone itself. Its swelling is so great that an abscess results. causing the skin over the part to slough & discharges a subst like soft mortar. Is Chalky subst accumulates over coh & skin wears off thereby Exposing it bear so that a pat has been known to write his name on a Black board. Is gouty Concretions of urate of soda are deposited in pinna When abscess opens it usu leaves a fistula wh is difficult to heal Ves opens to & bone Each att adds to & deposit of urate of soda.

Causes. (Predisposing) Hereditary Mr. Garrod says he traced it in 50 % in pats & it is more frq in & rich.

More in men than in women because they are more dissipated I think that menses exempts them for it & that after they cease they are att & it Youth is not often attacked. A few cases have occurred as early as for 8-15. use between 30 & 40 Spirituous liq. causes it very much. but ale & porter is more apt to cause it than Strong liquors. The stronger wines as sherry & port are more apt to cause it than the lighter ones. The use of sherry for 2 years is very apt to bring on an att altho' not hereditary In beer & strong or wine-drinking-countries G. prevails But liquor is not altogether to blame but high-living (animal food) is as productive. Causes wh create predisposition to G. one is deficient Exercise All the above causes act by loading the tissues w effete matters. Alcohol prevents elimination of effete matters. Good living supplies more animal food than can be eliminated. Deficient Exercise leads to a torpid condition of the organic functions

Dyspepsia. = a predisposing cause especially that form wh in creases lithic acid

Dyspepsia wh predis to G. = Heart-burn eructations oppression & sleepiness after food. distention after dinner fullness. Tongue red at tip & edges. Urine scanty & high col^d & deposits lithates Mental anxiety is a cause.

Climate. Those of temperate most obnoxious to it. In tropics they are exempt. Those who work in lead are apt to have G.

Exciting Causes. When predisposition is strong an extra bottle of wine &c may readily induce an att. Cold local injuries espec of v joints. Loss of blood In short any exhausting dis as carbuncle &c.

Pathology of G. Is difficult & not yet settled A peccant humor or M. morbi may be proved to be in v blood = uric in form of urate of soda & is a production of secondary assimilation process. 1st Proof. uric is in xs in v blood at v time or before v seizure 2nd The morbid effusions in synovial & serous membrs &c contain urate of soda. After each att in wh this deposit is formed v pat is better for 5 time In urine before & during paroxysm uric is deficient. Thus showing that it is retained in v system.

Causes. High living deficient exercise & use of Alcohol. & ss a certain form of dyspepsia. That gout is hereditary is not opposed to v view of its being due to a poison in v system. The peculiar tendency of secreting instead of eliminating uric may be transmitted fr parent to child. This poison may have

an elective affinity for sclerous tissues as ✓ bones. There is nothing opposed to ✓ pathological supposition of a poison in ✓ blood. Lastly Dr. Garrod says there is no other dis in wh urate of soda is deposited. Even Rheumatic ✓ has not urate of soda deposited

Diagnosis between Rheumatism & G.

In etc R. several joints are att.
G. only one usu great toe.
etc R. att large joints. G. small. &c
etc R. occ in early life: G in middle
R att ✓ poor. G Those who live too high
R. is not usu accompanied & disturbed
If fever there is great inflam fever
G. There is disturbed of live no high fever
R. perspiration pour.
In R. no uric. G. xs of uric.
R apt to att peri & Endocardium.
G apt to att stomach
R comes on at any time in ✓ day
G. usu about 2 in ✓ morning.

Treatmt of a Fit of G. 1st etc Regular G. In etc sthenic G. confine to bed & feed on slops sago arrowroot porridge &c no animal food all alcoh stim. sd be avoided. If fever & pain abate may give better diet. as fish mutton beef broth &c but stimulants sd still be avoided. Had better keep in bed for a few days because pat. may be subject to metastasis. but pat sd be kept

cool & allowed up as soon as possible In Ac Stage Dr. Gairdner advocates abstr of a little blood. He prefers this to purging. He even recomends slight bleeding in Asthenic G. Purging q constipat is present. usu in robust persons. So be of a mild kind laxatives rather than drastic purgatives

℞ Tr Rhei ʒj-ij.
Tr Senna ʒj-ij
Tr Aloes
Infus Senna ʒj-ij.
M

If bilious Pil Hyd gr v c Extr Colog Co.

℞ Magnes Carb gr xv
Spr Ammon Aromat ʒß
Vin Colchici m x
Infus Senna Co ℥ij
M

Acet. Tart. & Citrat of Ko ʒß may be given every 2-3 hrs.
Phosph Soda ʒß-j c Soda bicarb gr x is espec good. Colchicum has long been chief in treat of G. Colchi is anodyne in G. When carefully administered does not lessen i interval between i attacks nor does it favour recurrences Those of Regular Ac. G. are i best cases for Colch as there is no affect of heart or kidneys not so good in Irreg. G. Best given q i dis is on i decline

The bowels sd be opened before using it. If we begin too early c̄ Colch we may lengthen d att. X–XX m̄ V in Colchi. is sufficient & its effect on p̄ sd be watched because may depress act of heart & produce obstinate diarrhœa. It sd combine Colch c̄ laxatives.

Local. Wrap in cotton wool & cover c̄ oil silk, but in robust persons this is too warm & in these cases may moisten c̄ Tr. Opii & Hospital lin. or any anodyne lotion. but generally d less local treatmt d better. Sd elevate fort or part effected & may in asthenic Chr cases blister.

Treat in Irreg G. Usu d physician waits & d delay is not usu followed by bad consequences, relieve pain irritability of pat &c & it will get better. When hearts act is strong d case bears delay best, but in those cases in wh d hearts act is depressed we must act promptly. In metastasis of G to head use purgatives Blister nape of neck. In metastasis to heart it is usu fd disd & sd not give Colchi. & purgatives sd be given c̄ care Now we give brandy Ammon & strong broths till depression is over come. In s̄ att it depends on overloading of stom In such cases give emetics. In misplaced G we apply blisters to its original site to coax it back. In interval of att

try to correct gouty predisposition In hered itary G. advise exercise & frugal but substantial diet. If heart be dis^d exercise sd be taken c̄ care. Wines beer & fermented liquors sd be avoided but in old gouty people a moderate allowance of their wine must be granted Agents wh promote elimination of urates fr blood are espec useful in correcting gouty predisposition. as Cit & Tart of KO in small doses largely diluted c̄ Aq 4 hours after or 1 hr before meals Natural mineral waters at springs are ss very good perhaps because pat is away fr home for his health & thus denies himself of his luxuries as wine beer & high living When skin is inactive in G. Sulphur Aq is very good as at Caledonia springs. Those Springs wh contain a great amt of mineral is espec good in robust persons. Lithia is espec good. Carb & citrat of Lythia are gen^ly used. It is diuretic. Grs v will make urine alkaline Eliminates uric 1 gr Carb Lythia will dissolve grs 2.3 of urate of soda. removes dis increases health of pat & is a prophylactic -

Osteo-Arthritis.

Once called Rheumatic Gout in wh it was thot there was an admixture of the 2 poisons of G & R. but this is not y case.

Causes. It occurs in Ac. & Chr forms Attacks y weak in wh exercise is impaired or in robust persons after being covered by illness prone to att children of Gouty or Rheumatic parents Young girls at time of 1st catamenia or ft irregularity in them. Due to Renal dis Syphilis & Gonorrhoea. At all ages. more Espec about 35. Espec in girls at puberty

Symptoms of Ac. Form. Very like those of Ac Rheumatism but in a milder degree. Eyes & surface are apt to be yellow & even clay or dark colour In Ost Arth there is a great tendency to effusion into y synovial membs. but there is little edema round y joints The synovial sheaths are liable to Effus There is less redness of y joints, not so much pain. not so much fever but is more obstinate & more apt to impair use of joint. Not apt to att y heart. but y Eye. producing sclerotitis: also y brain & pleura

Ac form may change to Chr but y Chr form is most Common. Symptoms

Languor. loss of appetite & chills. pain & stiffness in ✓ joints. wh soon become swollen fr effusion. ss there is no evidence of dyspepsia: in that case ✓ complexion is florid. skin free. urine pale. but there is irritability of temper. depress of spts & limpid urine of low Sp.gr. In ✓ majority of cases there is impairment of digestion. skin sallow. conjunctiva yellow. bowels constipated urine turbid skin sluggish. apt to be flatulence after meals. In this case ✓ joints enlarge slowly.

P.M. Appearances. The ligaments & members of joints are thickened opaque & red & deprived of their glistening app. ss fringes dip down into ✓ joint & ss to these fringes cartilages are attached ss head of bones are enlarged. Occasionly we find hyperostosis in form of stalactitic deposits. producing anchelosis The carts are usu worn off & ends of bones are shiny & like ivory = eburnated In consequence of effus growth of bone &c the limbs are distorted. fingers to ul nar side. May att all joints of ✓ body ss new matter is deposit in ✓ joints but is not ~~lithate~~ urate of soda but Carb of lime

No excess of uric acid in the bd. in this dis.

Diagnosis. Ost Arth may be confded c G. but Ost Arth is not hereditary. Affects both sexes common in young as well as middle aged. G. occurs in

paroxysms Ost. Arth is permanent. G att great toe & smaller joints. This att all v joints. Ost. Arth. is usu preceded by ill health G. is not as a rule. Blood in G. conts uric in form of urate of soda not so in Ost. Arth & on this we rely to distinguish it fr Ac. G.

Treatmt. In Ac form treat very like Ac Rheumatism but less actively. the functions of Ex. & secretion are impaired. hence restore secreting functions (diaphoretics. alks & anodynes) Small doses of antimony c̄ hot or warm baths. Alterative doses of Hg. q̄ biliary secret deranged. Pil Hydr. c̄ Colchicum. & a bath of Soda 1lb & 20. gals Aq. is espec beneficial.

Local Treatmt. of Ac form. Absolute rest of joints by splints & apply sed lots If pain very severe & infl abstinate leeches followed by blisters to infld joint. Blisters sd be applied freq.

In Chr. Form. Pot Iod c̄ Alks & bark If arrest of perspiration Guiacum may be added thus

℞. Pot Iod. gr v
Liq Pot 3ß.
Tr Cinchon 3iß.
Tr Guiaci 3j.
Ter die ~~M~~

Rub v joints regularly. bathing. & exercise as far a compatable. In s̄ cases v mineral acids may replace v alks as q̄ tongue is clean & urine pale If there is little disturbance of liver c̄ cold skin: Cold shower bath is beneficial. Cod L. Oil is good in broken

down constitutions. Fe if anæmia be present. When skin is unhealthy arsenic but if it does not do good in 2 or 3 weeks it sd not be continued. Fowler's Sol ♏ v-x 3 times a day. It may be combined c̄ carb or cit of Fe. When complicated c̄ Syphilis Pot. Iod. is good & per. Chlorid of Hydr. In Ch form we also have to treat joints carefully. The pain is ss severe & then we use Alkaline sed lotion or wet tobacco leaf. or perhaps better to blister. Iod lotion if pain not very severe Tr Iod ʒß. Glycerine ʒiv ℥s Aq. ʒiij. Pressure may also be used wrapped in cotton wool & bandaged c̄ flannel

Rickets.

is one of ✓ great diathetic dis of chd-hood & is more widely spread than syphilis 30% of chdren in London were Rickety causing more deaths than tubercle or syphilis & is common here among French. Indirectly R is one of ✓ most fatal dis wh att chdren

Anatomic Lesion. 1st. Enlargement of ends of long bones 2nd Softening of ✓ bones. 3rd. Thickening of flat bones 4th. Alteration of ✓ skull. 5th Deformity of spine pelvis & long bones 6th Arrest of growth of bones & parts connected c̄ them as muscles tendons &c Lesions of lungs & spleen. Alteration

of nutr organs.

1st Enlargement of Ends of long bones It produces large joints as wrists. elbows & Epiphyses are esp affected = enlarged The periosteum in neighbour of Ends of bones is thickned

2nd Softening. There is 21% of organic matter naturally. & 79% in rickety subjects.

3rd Flat bones are thickned esp along their edges. & ridges of new bone is formed.

4th Alteration of Shape & Size of head Alteration in size is as one apparent & body being small but as it is truly Enlarged. Hydrocephalous. Shape either long fr before backwards or square-flattened & as frontal & parietal eminences are greatly enlarged & very prominent The sutures are as wide apart. & as flattened or elevated fontenelles open till 3rd year or even later. Deformities of whole skeleton are as present fr unless softening of it

5th The antero-post curve of v sp. column is greater than natural or increased backwards or & natural curve may be increased. To discover whether this curve be rickety. lift chd. under arms & it will disappear if rickety. Long-bones. Femur bent forwards & outwards Tibia & humerus outwards. In forearm ulna twisted in prone position. The most remarkable deformities are in &

thorax The thorax is a little flattened fr behind forwards, Near ı middle line is a depression of ı cartilages at their junction c̄ ı sternum. giving rise to 2 vertical grooves. There is also a tran verse groove extending fr ı sterno xy phoid artic downwards & outwards. Cause of this deformity is ı yielding nature of ı chest at this point during respiration These rickety alterations often remain during life & ss impede breathing St R produce a Δ pelvis wh inter feres c̄ labour. hence R in a female chd is serious. Growth of bones is arrested hence rickety chdren are stunted. The teeth are arrested in their development. dentition late. There is a depression at left ventricle in Rty chdren St Emphysema along free margins of lungs. St tho' not common. there is dis of ı viscera. Amyloid or waxy deposits are very common in intrnl organs in R. Some deny this condition but admit enlargemt of spleen. ss subst of ı brain is hypertrophied

Sympts. Seldom or never congenital usu sets in about 12th month. rarely after 2nd year ss as early as 2nd week They may be supposed to be suffering fr indigestion or tuberculosis at commencement. Hot & thirsty. bowels irreg-

stools leaden or brown. pat dull & languid restless drowsy or sleepy. Tendency to perspire about v head & upper part of v body c̄ fullness of veins of scalp. rest of body dry & hot. Kicks off bed-clothes. General tenderness of surface q̄ lifted. does not care to play now. The child looks older face broad & spare in growth. soon the bone deformity commences & the younger v chd v softer v bones. The 1st indication of alteration of bones is v beaded condition Appetite good. stools dark & fetid; ceases to walk Abdomen becomes enlarged perhaps due to enlargement of spleen & liver & a flatulent condition of v bowels Skin discoloured Intelect not much altered if any perhaps below par He learns old fashioned tricks fr remaining in v house c̄ old people

General aspect strongly shown. Bones crooked. joints large face smal. head square forehead depressed. Eyes freq^ly large & stary. Expression placid. The 2 grooves of v chest. ss one kind of pigeon breast. is pres^nt ss v glds of neck axilla &c are enlarged & Elastic under v Skin. Liver & Spleen enlarged. urine pale & contains earthy matter. phosphate & Carb of lime. Urinary calculi are not uncommon. Urine conts less urea & uric. R unfortunately is freq^ly fatal.

Ss R is masked & we must trust to v following to make out v dis St head is alone deformed. or v chest alone is rickety. or dentition is delayed. & is v only sign of R diathesis & if accompan c̄ febrile att we may suspect R. If inability to stand or walk before 18 mos & is not due to s̄ illness or idiocy suspect R. But if weakness does not soon yield to treatmt it is not R. Sympts gradually abate if going to get better Appetite improves; bowels more regular getting of deeper col Limbs grow firmer & straighten & even v enlargement of v artic end of bones abate. Sutures & fontanels close R. unfortunately is not an uncommon cause of death. In London more die fr R. than any other dis of chdhood. common catarrh & Bronchitis are v usu diseases that cause death in Rty subjects. producing collapse of v air cells & Apnoea. Sir. Wm. Jenner says that Albuminoid degeneration of intr organs produces a fatal issue in R. Ch. Diarrhoea ss takes off pat. Convulsive affections are next to catarrh in producing death. Spontaneous Laryngismus Stridulus is an indication of v presence of R. Laryngismus is ss accompanied by convulsions. General convulsions are very ~~gen~~ freqly present in R. If you can exclude all. brain dis specific

fevers & irritation fr indigestible food
you may say that convulsions indicate
R. 56 of 61 were rickety Effusion into
membs of brain was once thot to be
due to presnce of R. but now rather
an effort of natur to fill up skull
wh is preternaturally large. Hence Dr
G. says dropsy of brain is not cause
of death in R. It does not cause
enlargement of skull.

Causes. Is hereditary but from delica
cy in mother. anaemia in mothers
perhaps tends to produce R. in children
1st child is healthy but subsequent
may be rickety. The following are causes
Defic. of food. impure air. want of clean-
liness. Allowing children to suck at all
hours (at night). & suckling them till 18 mos
old. Ailments wh predispose to weakness
as tabes mesenterica are causes. Jenner
does not think that syphilis in parent
produces R. in children. Does not think
health of father has as much to do in R
in a child as mothers

Pathology. = dis of nutrition fr a
change in quantity & derangement
of secretion The earthy salts are de-
ficient deposited in wrong places. Again
lime is reabsorbed & deposited in abnor-
mal places. Bones contain less gelatine
than nat. Att. all organs, fatty glds
spleen liver &c. Rickets has been accurately

of being v mat. morbi in R also oxalic Phosphoric & Hydrochloric

Treatmt. Genl indication is to improve genl health. In early stage q fever is present. if pat be child attend to ventilation diet & digestion If chd be not at breast v following c̄ Ridge's food is good

Milk Op
Aq Calcis ℥ij
Cream ℥ij

If younger than 12 mos recommend a good nurse if older beef-tea eggs bread &c Det meals be given at stated time intervals If over 20 mos. give a little beef tea or raw meat pounded. If stools be offensive give a few grs of Gregory's Powder c̄ Ag c̄ Creta. then 2 or 3 times a week Alterative doses of Rhubarb & soda. gr gs-j. When febrile stage has subsided prescribe tonics change of air: in summer send to sea side, dry & bracing atmosphere. Cod L. oil best. next Fe & Bark.

℞ Vin Ferri ℥j.
Quinia disulph gr ¼
Acid Sulph q.s.
Ter die. before or immediately after meals.

Cod L oil almost specific ℥j in Tr Aurantia die. If food be passed as eaten it is either deficient in quality or fr imperfect mastication: pound v food If stools cont curdy matter give Lime Aq. Soda &c.

Local treatmt. So not put on heavy splints to support spine or pelvis is better to make pat lie down. R. does not permit use of Ag. nor purgatives. In Pneumonia NH3

& Ipecac sd be given. Convulsions sd be met
c Pot Bromid. gr iv every 4 hrs. c tonics & good
diet

Syphilis.

is another diathetic dis of chdhood. Sy-
affl fœtus m ulcers & may produce premature
labour. Pemphigus is an other indicat of
Sy. Suppuration of lungs or Thymus gld
or induration of liver mid c m Sy. chdren
There are several stages m the development
of dis Earliest stage m wh 2ndy symps
are present Intermediate stage during
wh symps are latent & 3rdy. m wh tertiary
manifestation are present. A chd may ap-
pear healthy at birth Even vigorous & thin
dis wd manifest itself fr 15 days to 8th mo.
It wd be an exception if after 8th mo. but
even so at a later period. At first chd
is withered. decrepit. like an old man
fairy like. Skin tawney. muddy yellow &
Effects espec cheeks & chin & ss forehead
If this discol is not born c chd it is pre-
ceded & great pallor. hair thin brows &
lashes absent. nails badly developed. ss
Sy onychia occurs. Coryza is very com-
mon There is a thin mucous discharge
fr ab. M. of nose. Chdren have snuffles
& hence it is difficult for them to suck
Excoriations. pustules. ulcers often present

around nostrils. As ulceration goes on in nose & saddle-nose is produced. hence if you see saddle-nose you may suspect Sy. Fissures & cracks form at angles of mouth & usu correspond to wrinkles in face. Mucous patches are common at commissures of mouth & in mouth & fauces palate &c. They commence in centre & ulcerate outwards. It is usu due to these mucous patches on vocal cords that give that peculiar squeaking voice. The mucous condylomata are usu found in any place in there are folds of skin & retained perspiration. Copper colored spots of roseola are common in Sy Children later. a Lichenous eruption occurs, next a vesicular or pustular eruption. Psoriasis usu precedes Lichen. Amongst pustular eruptions are acne. impetigo & ecthema. When lepra is present it usu occurs on palms or soles wh peels off & leaves a new skin. Lepra on palms & soles is an invariable sign of Sy in Children. These Eruptions & they ulcerate leave a copper colored patch.

Iritis unattended by marked inflamy zone around cornea that is present in adult. occurs. It usu shows itself 5 mos after birth.

Ch. Arachnitis may also occur. In such Children the prominences of frontal bone are very marked. Dis of liver &

nodes occur later.

Latent Stage begins about 18th mo or end of 1st year & extends to period of 2nd dentition or about 7th year. but even then chd may show signs of 2ndy Sy: the nose may be saddled. Espec if it had snuffles in infancy: scars on face prominence of frontal eminences & depress ~~of~~ over cilliary ridges; nails brittle, split & broken skin pale. chd preternat old & teeth may be badly developed. Relapses may occ in this stage in form of condylomata

Tertiary Stage. begins at 2nd dentition or ss about 16th year or even as late as 20th year. And a mark of hereditary Sy is fd in v permanent teeth Espec in v central incisors. wh have a notch in v centre [illegible] They are smaller & have their angles rounded; also v screwdriver tooth V Ss a single incisor is malformed. The upper incisors are most commonly malformed. This malformation is not always present but q it is; it is considered by s to be a sure sign of hereditary Sy

Eyes. Interstitial Keratitis in wh there is a hazy state of v cornea or white spots on it. Ss it has v appearance of ground glass. Accord to Hutchinson this is a dis produced by Sy in chdren. Often this haziness Exists thro' life. Keratitis may yield to Pot. Iod. In chdren, Sy att. eye in form choroiditis. Retinitis atrophy

of optic Nerve & clouds even in vitreous humor. & ss congenital cataract. Nodes or gummata or gummous tumors are fd in this 3rd Stage. Occurring in several bones near v articulations. not so painful at night as in v adult. Espec fd in v upper extremities & in several bones at a time Humerus in preference & att whole length of bone. ss form in skin as a small solid swelling. ss having v feel of gum. also fd in liver spleen & lungs. Circular induration & lardaceous degenerat of Liver fd in this dis. Partial deafness due to dis of v brain or dis of intr Ear. Phagedenic & serpiginous ulcers in skin ss occur & are symmetrically arranged. more so than in adults. It is seldom that persons who inherit Sy. transmit it to their Chdren accord to Hutchinson Only in one case out of 8 was v dis transmitted. Hereditary Sy does not tend to produce Phthisis or scrofula. If chd escape v many forms of ill health connected c̄ Sy it may live to an ordinary age As regards Course of Sy death ss occ fr it & ss it occ suddenly. If chd survive 1st year it is usu comparatively safe

Sources of Inherited Sy. If father is a subject of Sy. he supplies a disd germ. 2nd Mother at time of conception may have Sy. 3rd Mother may become att c̄ Sy after conception. St both parents may ~~hy~~ have Sy. at

time of conception.

Acquired Sy. A chd may acquire Sy. fr infectious matter at time of birth or fr poison on breasts. If sore may be a chancre. Or a healthy nurse may convey poison fr one Sy chd to a healthy one. Possibly a nursling may acquire Sy fr mother's or nurse's milk. Again may acquire Sy. fr Sytic vaccine. taken fr. a Sy. chd. Do symptls present in chd denote stage of dis in parent? The more recent parent has had Sy the more likely is chd to have dis (2) When both parents have Sy chd is more apt to be att. (3) A parent may conceive or beget a Sy chd anytime in 20 yrs after his or her last att. Always appears in chd in 2ndry form. no matter what is condition of dis in parent.

Treatmt. If mother is subject of dis she sd not nurse her chd but a healthy nurse sd be hired. But this nurse runs a risk of taking Sy fr chd & sd more ally speaking be warned. If cannot get nurse bring up on bottle.

Remedy. Hg. holds 1st place for hereditary Sy. Sir. B. Brodie's plan is Ung. Hydr. 3j put on flannel bandage & wrapped round body. He says that few chdren have wholly recovered fr Hg. being given int. but in above way never fails Hg. c Creta gr j P. Creta Co. gr ij tu die.

till all Sy sympts have disappeared or Hg. Bichlor. $\frac{1}{30}$ gr ter die. increased 2 or 3 times a week by $\frac{1}{20}$ gr.

Pot Iod. gr $\frac{1}{2}$-$\frac{3}{4}$ next to Hg in value If debility Cod. L. O. & tonics generally. Fe. Bark & NH_3. S treat Sy in Chd. by treating the mother. For condylometa cleanliness. For sores on face Ung. $\frac{n}{3}$ inci O_4 Benz. or Ung Citrini ℥j in Lard. ℥j. Mercurial Oints best. If there be crusts remove them by ~~[illegible]~~ poultices & then apply Oints. Wash tubercles & dust c̄ Calomel or use Blk-wash. Ulcers on mouth touch c̄ $AgONO_5$ or SO_3 1-10 honey.

Visceral Syphilis.

In present day physicians must study Didtrick described Sy dis of the viscera in 1849. Since that time many have added to the facts set forth by him. Wilks says every organ may be att by Sy. The presence of 2ndry & 3tiary Sy is mainly determined by the organs affected. In 1ry & 2ndry we have to do c̄ congestions, inflammations, or ulcerations of the parts. In 3ry there is (1st) a constitutional cachexia c̄ certain definite anatomical characters. (2nd) Growth (nodular) as nodes & may be fd in brain heart viscera (3rd) Diffused interstitial growth (4th) Cicatrices on surface & in structure of viscera & in diff. parts of the

body. The persons diathesis modifies the expression of sy. as. if a pat. be rheumatic nodes are apt to be formed on the bones If gout vessels & joints are apt to be att. In tubercular diathesis. sy chiefly att those tissues wh are most likely to be att. & tubercle & Espic of M. M. The lesions in the viscera begin as nodes wh tend to softening ulceration. growths in bones depressions & cicatrices.

Gummata. begin as nodes in true skin or surface of bone, or subcutaneous or submucous tissue or in solid organs as pale swellings varied fr size of pea to almond. in lax tissues. they are much larger. fr size of almond to that of chestnut. feel as if filled c gum. Virchow regards the connective tissue as the matrix of these gummata & hence they may be formed all over the body. since connective tissue covers the whole body. He says that these gummata are formed by a proliferation of this tissue under the influence of the sy poison. Cells appear bedded in this tissue. The rapid growth & destruction of these cells lead to the formation of a glue-like-fluid wh produces adhesions. If these gum are superficial, they suppurate. If deep they undergo cheesy transformation or fatty degeneration liquify leave cysts & cicatrix or nodes may be formed in form of calcareous concretions

The period at wh Sy. tends to att i intr organs. is fr. 4-10 yrs. fr time of contagion. ss 20. Ss as early as 2½ mos fr inoc. usu slow; relapses may occur.

Morbid Appearances. 1st of N. system May att N. centres. or envelopes or Ns arising fr them. separately or all together Ss there is no change in organs to acct for i disturbance of their functions & ss there is. They are ss circumscribe or diffuse or both. The Ns are usu affected at their centres: dura mater is most abnox to it. i deposit of gum causing adhesions of bone to membr &c. membr to brain. or of all three. The brain next to liver is most liable to be att. & espec i cerebell & gray matter. Gum may undergo cheesy or fatty degeneration & are often surrounded by softening. And when it has undergone this degeneration you may confd it c Apoplexy. Ss there is diffuse softening of i brain. usu hydroceph. Idiocy Hypertrophy. delerium hysteria caries of bones skull. espec of frontal. & freq extends fr bone to membr. The bones att next in freq. to i frontal bones are i crebriform lamella & then i ossa petrosa Same remarks apply to sp Col. its membr & cord. Spinal system less freqly att than cerebral caries of Col is common. Spinal or other nerves may be

hypertrophied & atrophied. Gummous deposits or Neuromata have been found on the Nerves themselves The 3rd N. is most liable to be affected as both 3rd Ns may be affected. While 3rd N is chiefly affected. Levator palpebræ is mostly affected. Next to 3rd N the portio dura of the 7th is affected. The optic may be affected at origin & traga & caries of the bones of the orbit or skull may compress the N. & cause amaurosis. The hearing may be affected. The affected respiratory organs Espec larynx. At early stage may have only congestion of membrs. but in advanced (tertiary stage) there may be ulceration causing aphonia May have gum in larynx wh may soften & cause ulcer of vocal cords. The bronchi are as affected & Sy. A mild att may not be uncommon in Chdren & slight Expectoration dry cough & great pain below sternum This Syphilic bronchitis passes off & Eruption appears on skin. The lung substance is also as affected. but diffuse induration is comparatively rare But in Chdren it extends over a considerable portion & is of a pinkish hue. In adult is more circumscribed & of a darker col. As results in softening. Gum in lungs are more common. they are gray & size of pea to that of a chestnut. rounded firm & dry. These are as associated & diffuse ulceration of the lungs. They are as the seat of gangrene & may be very

apt to be confded. & tubercular softening
How shall we distinguish Gummata fr tubercle or Pneumonia. (1) They contain more fibre than tubercle (2.) The nuclei are larger (3) Contain a large proportion of fat. (4) more rounded (5.) Usu surrounded & a distinct capsule. They ss leave a cicatrix after them as tubercle does. Heart is ss subject to diff. & circumscribed Sy deposit, wh may soften & lead to softening of heart subst. Coats of arteries may be att (fibroid thickening) Aneurisms & obstructions. Ts soft of brain may be caused & supp of blood being stopped fr obstr. of arteries.

Liver. = most liable to Sy. 4 forms of dis met w in liver. (1) Interstitial hepatitis & Peripepatitis. The organ is enlarged & hardened & ss wh granulated. This condition of liver is most common in new born infants (2) After a long time cirrhosis may be present (3.) Amyloid degen. (4) The capsule of liver is also att. The cap is thickened & fibrous tissue in bands accom & corresponding cicatrix-like depressions. The circumscribed nodule is most often met w.

Spleen. is also subject to circumscribed & diffuse dis. Diffuse ss att whole organ. Circumscribed patches usu commence & swelling. that part becomes

pale & gradually hardens & then i organ tends to contract. St true cicatrices are left fr remov. of Sy deposits. Lardaceous dis. occurs in spleen pancreas & ss Kidneys. The latter have also i two forms. The diffuse may infiltrate whole cortex of Kid but ss occurs in patches. fatty c̄ indurated subst round.

The M.M. of intestinal canal. Gum are commonly fd on tongue larynx oesophagus Lardaceous degenerat has been fd in stomach. Little is known about small intestines but in colon Gum have been fd. But perhaps rectum is most commonly att. c̄ thickening. causing stricture. St Peritoneum is att but only perhaps of intests in neighbourhood Testicles are att. commencing in free extremity of cones wh. extends to tunica albuginea. Organ becomes enlarged forming nodular growths. wh may undergo softening & testicle may become atrophied. Sy does not att epididymis. These Gum in testes may be confdd c̄ tubercle. Sy dis of testicle is usu a tertiary sympt & is rare Ovaries are also liable to diff & circumscribed forms of Sy & may be atrophied. Thot that uterus is espec abnoxious to this dis. In preg. women placenta is att & undergoes fatty degeneration & thus may cause abortion Mammae seat of circum & diffus. dis. c̄ or c̄out

softening. Themuscles are also liable The thyroid gld. in adult & thymus in chd. are apt to circum & diff. affection Bones are also att

Diagnosis. We say Sy Exists fr. following. History. presence of former venereal dis. Induration of external glds. at occiput. cervix & glds of groin cicatrices in fauces. scars on face or on body. Traces of former Iritis or retinitis. Iritis is usu a suspicious sign of former Sy The existence of Keratitis. In Sy cutaneous dis may be present, as rupea or creeping ulcer of crescentic outline Nodes. Loss of nasal Bones. saddled nose. Sparse hair Sy teeth. thick nails bulby ends of fingers Pain in head at night. A pale ashy complexion. At first Sy att skin & m. m. then latent stage 2rdy tertiary symptoms Ulcers. affects of inter organs.

Treatmt Does Hg influence course of Sy? Yes. In stage of induration it causes healing of y sore. in cutaneous erupts it heals; in Iritis & retinitis it causes absorp. of lymph. Experience does not prove that it prevents 2ndy symptoms materially retards their appearance but renders them milder. If 2ndy symptoms have broken out after a course of Hg. Those who have not taken Hg have a worse att. of 3ry Symptoms. Hg given early renders course

of Sy milder. So treat Sy Iritis & retinitis c̄ Hg. All authority agrees that Hg is a most efficient remedy in Sy. They do not say that it cures but its effects are better than of any other.

Treatmt. of 3az & Visceral Sy. Pot Iod is chiefly used but ss Hg may be combined as if there is no cachexia of system & if 3ms are of recent occur NH3 may also be advantageously combined as.

℞. Hg. Bichlor gr ij
Pot Iod. ʒj.
Ammon Mur. ʒj-iß.
Tr Iod. M xvj
Infus Cloves or cinnamon Aq. ℥viij. M
℥ß ter die.

Local Diseases.

Organic Diseases of Stomach.

121 - Gastritis.

a. Ac. G. fr. Poisons & Alcohol

b. Ac. Catarrhal G. or better Ac. Gastric Catarrh.
& Chr. or. Chr. Gastric Catarrh

c. Ulcerative G. Superficial & perforating

Degenerative Diseases.

Fibroid

Cancerous

Hematemesis

& add Stricture of Pylorus but this is usu a consq of other dis of Stom

Ac. Gastritis.

is seldom idiopathic: Almost always results fr some cause spec of irritating poison. Is occ after large draughts of Alcoh or Aq. Ong & it follows taking of poisons is Hyper Ac G. applicable

Ac. Gastric Catarrh.

is occ in course of yellow scarlet & typhoid fevers. Small pox & measles diphtheria, tubercular fever. Is as a consequence of retrocelle. Gout & Rheumatism.

Causes. Eating irritating or indigest food or eating or drinking to xs. or taking Alcoh to xs on empty stom. Xs food wh under ordinary circumstances wd not cause G. wd if ∪ secretion of gast juice was interfered c Any impedt in circulat of heart liver & lungs. produces derangemt of digest functs of stom & consequent G. Fever arrests secret of stom. Xt Exhaustion of any kind will produce G in same way. Long fasting causes a kind of Gast Catarrh. Xs fo in those who keep lent. The common causes of catarrh elsewhere as fr cold or influenza may produce G.

also uterine disorders. esply in disordered Menstruation

Sympts. in milder forms are those of bilious att. or indigestion: thus fatigue ache in back. depress of spts. gastric distention. tongue coated usu c dirty yellow fur. but xs brown. pain & tenderness at epigastrium. cramp like pain in back or in side. increased by hot drinks. mouth sticky. thirst. constipation but xs diarrhœa. urine is high col^{d} scanty & loaded. Vomiting xs c much nausea & xs cont. Vomited matter acid mixed c M. not always loss of appetite When food is vomited in Xc indigestion the sympts are relieved. xs food enters into intestines causing colic & griping causing diarrhœa. xs flat & constipation In severe cases there is disturb of N.S. faintness giddiness palpitation

& if predisposition Epilepsy, Neuralgia In aged indigestion will ss cause an att of Apoplexy. When above sympts exist any length of time fr xs in eating or fr mental anxiety or use of improper food or stimulants, we have Chr. G. Or if these sympts are aggravated: there is a desire for sour drinks. offensive breath headache intelectual apathy slow p. fever. In sub ac form tongue coated c brown fur. c red patches or of a raw appear. urine high col & loaded c lithates, nettle rash. Febrile variety is ss called

Sympts. Mild rigors. heat of skin. exas erbations at night. remissions during v day tongue red & papilla elongated Duration fr 10-12 days

Ac Gastric Catarrh. when it follows xs of Alcoh. there is entire loss of appetite: urgent thirst for cold drinks. freq vomiting flushed face tremulous hands yet you may be puzzled to say whether v att is or is not fr use of Alcoh-

Morbid App. G. may exist cont leaving any traces on M. M. Again there may be redness of m. m. cont G. Congest of capillaries may disapp after death Again q there is mechanical congest of stom fr cirhosis it does not prove ~~congest~~ exist of infl. Usu

fd. Redness, capillaries injected minute Extravasation of blood. punctiform in M coat The following are reliable. M M soft-ened. opaque. & swollen. thickened again there are white spots in m. m. like en-larged follicles & ⊙. Symphatics are seen in tissue. Gastric cells are themselves gorges c̄ granular matter. Lt gastric infl is severe wh have pain ulceration. = follicular ulcers to wh ss minute clots of blood are attached

Treatmt. Rest & stom abstain fr food for a short time or only a little gum Aq. Slippery Elm-tea Almond Emulsion milk & Aq. Arrow root made c̄ Aq. Eat ice freely iced Soda Aq Vomiting calls for special treatmt & ice or soda Aq is good. Liq. Pot.

Bismith x to xxx Pot Bicarb. or soda bicarb in Almond Emulsion or other mucilaginous drinks given in small doses. Ss leech & foment Epigast. If pain is severe Mild cases may be cut short c̄ a mild purgative as Pil Hydr gr v or Calomel gr v. c̄ Citrat of magnes in morning

Rx. Pil Hydr. gr ij.
Extr Colocynth gr ij
Extr Hyoscy gr j.
Ft pil. In Habitual G.

In those advanced in age & taking little Exercise Aloetic pil Every 2 or 3 nights. These purgs do not aggravate & sympts of indigestion as was formerly thot Pil Rhei may be used in obstinate forms. Leech Every 2 or 3 days followed by counterirritation low &

easily digested food. & Exercise The alkalies sooth mucous membrs & also promote secretion & relieve congestion. Bismuth is very good in G. Cat. after Ac stage is over & Espec in Children. Diet. Ripe fruits: grapes oranges bananas. Sips lemon juice relieves pain & vomiting

Chr. Gastritis.

or Chr. Catarrhal Inflammation or Mucous Flux of Germans of Follicular gastritis or (best) Chr. Gastric Catarrh.

Is as a sequel of Ac dis owing to persons persisting in improper habits, indulgence in Alcoh stimulants or fr degeneration of Stom. More frequ Chr fr first. Usu depends on obstruction in circulation hence it accompanies dis of heart, lungs, & liver & Chr. Bronchitis produces it. Other causes as uraemia. Bright's. Chr. Gout. Addison's dis: not uncommon in Chr Phthisis In 28% it was associated w Phthisis. Most authorities say immoderate use of Alcoh is a chief cause. Dr. Chambers says that sipping tea in large quantities, sedentary habits Espec in aged & good living is a cause. Use of tobacco & Chambers not that to produce it. Eating to ex habitually & digestive powers are impaired & fr imperfect mastication fr bad teeth. or in those who bolt their food Again Ch Cat accomp

ulceration & cancer of stom. Predisposition is inherited

Sympts. are proportionate to extent of M.M. infld When extent is small often there are no sympts. but q extent is great & sympts are marked. At 1st there is uneasiness in stom as of tightness or fullness at Epigast. often q stom is empty it is accomp ℂ inward fever & constriction in œsophagus & pharynx. When food is taken uneasiness is increased. but q there is acidity of stom food relieves pain. If food as soon as taken produces pain & knowing this pat will not eat. Thirst between meals towards Evening. When dis is consequent to obstructed circulation or fr Bright's there is mucus in stom. This glairy fld is thrown up in morning or long after food has been taken. vomiting is occurs an hr or 2 after a meal is & vomited matter contains sarcinæ = like a bale of wool. ⊞. but not common in this dis. There is no yeast matter in what is vomited. Flatulence & spasmodic constriction q stom is empty & increased q lying down. but relieved q getting up & walking about. Constipation ℂ pale & lumpy stools: is diarrhœa Tongue gives no invariable appearance. 1st. in age wh use too much food it is coated ℂ thick yellow fur. Edges red papillæ strongly: again wet & glazed or red & raw = beef-steak tongue & in this last condition

we find lips cracked. & is common in scrofulous dyspeptic chdren. Q. Atony of M.M. exists usu in aged. tongue apt to be larger pale & flabby c̄ elong. papillæ ss tongue is healthy q̄ G is due to obstructed circulation. ss gums tumid. Chr. infl of larynx causing tumifaction of v membrs. hoarseness & dry cough. Urine not very marked in character. Freq^y deposits urates oxilates or phosphates apt to be of low Spgr. Q dis lasts long genl system suffers. Face of a dull hue. pale. p small extremities cold. Catamenia deficient or arrested. Such persons are apt to have an Ac att of G.

N.S. sympathizes: pat low spirited languid heavy in morning & after meals & such are apt to have night-mare. hypochondriacis is most com in this form of indigest than in any other. Lastly blood in vomited matter like coffee grounds.

Morbid App. In early stage membr is congested. The depth of redness depends on length of dis. The redness is brighter v more Ac v att. In cases of long standing v m.m. is of a slate col. The cause of slate col is v deposit of col matter of v blood & its undergoing pigmental degeneration & may be fd in Ch infl of m m. Elsewhere. M. coat thick ened fr congestion & serous infiltration follicles very distinct ss presenting mam

malations. The M.M. is covered c̄ a thick tenacious mucus. The thickening & induration chiefly att M.M. but also ⁊ subjacent tissue to s̄ extent.

⊙ The gastric tubules are fd to have undergone fatty degenerat. & membra limitans is thickened: owing to gorged contition of ⁊ tubes they often become converted into cysts. If you take s̄ of ⁊ mucus you find on ⁊ memb of stom you find it conts a large no of nuclei & unhealthy cylindrical epithelium But strange to say pus cells are never fd. Mammalation per se is not an evidence of G. but ss is due to contr of muscular coats of stom. ss produced by engorgement of ⁊ tubules ts we find superficial ulcers.

Treat. No one plan is adapted to ~~any one~~ every case, 1st Alterative diet & med to relieve congest of stom. We try to assist stom by alkalizing ⁊ milk. given in small quantities at a time as a wineglass ful every hr or 2 for about a week & then chicken broth & beef tea. Oysters sweet breads white fish & then stronger food mutton chop. may now give sea bis-cuit wh is very good

Medicines. Ag. is chief Ag c̄ creta gr ij-iij for 2 or 3 days or blue pill acts by increasing destructive metamorphosis of tissue. If symp to be severe leech epigastrium followed by s̄

mild counterirritant. purgatives are usu contra indicated but if there be obstr. of portal system purg. are good as—

℞. Podophyl. gr ij
Ext Colocy. gr iij
Henbane gr j.
M

An Emetic of Ipecac to dislodge mucus may ss be given. To check fermentation in stom. Sulphite of Soda or mag gr x or ¼ gr Carbolic in Aq ℥j 1hr to 1½ hrs after meals. Astringents to check hyper secret. fr M.M. (vegitable astringents) log-wood. Pulo Kino. gr v–x before meals. Bismuth tresnit. or carbonate. Q there is red tongue. great acidity & uneasiness. may add carb of soda. useful in gouty people. AG as well as Op is good q vomiting is present. if acidity present combine c̄ Soda. In aged: scrof Chdren: or broken down constitutions Pepsin acts as a mechanical solvent. given alone or c̄ HCl dil m v–x c̄ Pepsin wine ʒj before each meal

Ulceration of the Stomach.

2 forms of ulcer in stom. 1st Superficial ulcer = hemorrhagic erosion & 2nd Perforating. also small irreg. ulcers very superficial resembling aptha fo espec in congest^d state of stom in Chdren Ulcers are ss produced by corrosive poisons

Hemorrhagic Erosions. usu fd in connect c̄ Ch. Catarrh. but only in very bad cases. Cases in wh there is severe pain. not relieved after a meal. vomit more freq & contains blood comes on soon after meals. the constitutional sympts are also more severe. high fever. They are virg. superficial & small. Edges not elevated & nearly always a little blood adheres to their edges hence v name. Likely to be produced by action of gastric juice on v m.m. wh is most congested because of stagnation of circulation in that part. The reason given why our gastric juice does not digest our own stomachs is that v constant change of v alkaline blood in v capillaries of v stom neutralizes it hence when there is a stagnation in v circulation v gastric destroys v subst of v stom

Simple. Ch. or Perforating ulcer of the Stomach.

Situation Usu fd in Pyloric half of stom towards lesser curve or towards posterior aspect of stom It is fd in one of these positions in 87 %. Called simple because usu one but ss 2 or 3 Size fr that of a 4d piece to small cheese plate 2 or 3 in. in diam are round or oval of 2 units they are uniform or hour glass-shaped edges smooth. M. M. more destroyed than Sub. M.

& sub m. more than muscular & muscular more than peritoneal hence it presents a beveled app. ss Edges are smooth & soft Espec q spreading. but q Chr. they are thick & hard ss for ½ in round v Edges. & ss Extends to base wh is an Evidence of attempt at cicatrization. If ulcer is Extending v base is soft & filamentous under water. & almost sloughy in appearance; cicatrizes in about 50% & cicatrix is radiated fr contraction When cicatrized v M.M. covering v cicatrix ~~[illegible]~~ is usu on a lower level than v surrounding M.M. The Effect of ulcer in Stom. in pyloric half q it undergoes contr. may lead to obstruction to out-let. of v Stom. Ss Stom takes hr-glass shape fr v cicatrization of a large ulcer & thickening of v walls of v Stom is produced

Sympts. Simple ulcer may be quite latent only shown by slight dyspeptic sympts till sympts of perforation set in suddenly. But in v majority of cases pain is constant & distressing & pain is increased after food. attaining its maximum severity 15-20 min. after a meal, not usu lancinating referable to xyphoid cartilage but ss in back corresponding to 3 lower dorsal & 1st lumbar vertebra ss at umbilicus. or right or left hypochondriac. This pain usu abates as Stom Empties itself Occasionally position Effects v pain. Ss pat will be Easier lying down

or on his face due to v food in v stom being taken off v ulcer. It so circumscribed is v pain that v pat can put his finger on v spot. It pat has paroxysms of severe pain so great that he ~~has~~ faints or has convulsions. Pain due 1st to extension of ulcer or to cold or to over bodily exertion. This pain freq^ly subsides for weeks or mos. Explained by supposing that v nerve that was exposed has been cut through. Pat is liable to vomiting ss to Pyrosis. Vomiting varies in v length of time it occ after a meal. It there are streaks of blood in vomit. & ss profuse hemorrhage fr eating thro' a large artery as fr opening of v coronary or splenic art but this last is rare. If hemorrhage be small in amt. it might escape notice fr passing off by stool. but even then v pat becomes pale & faint, but usu blood is so profuse that vomiting is produces. When profuse hemorrhage occ. pat becomes palid pulseless weak c̄ profuse perspiration. Bld is also fd in stools in a Klond state fr being acted on by secretions of intestines. Pat seldom dies immediately fr. hemorrhage. Budd saw 3 cases. Another termination is fr perforation wh occ in 13% usu happens after a meal. Sympts. Pat is suddenly siezed c̄ violent pain then faintness & collapse & pat dies in 24 hrs.-48 hrs. fr peritonitis.

Usu fr adhesions about stom only partial peritonitis occurs. Giving rise to a peritoneal abscess, wh produces constant pain headache & gradual prostration ss opens externally wh is rare. Exhaustion often causes death, as if pain is severe vomiting xsive or bleeding profuse or if adhesions interfere c action of stom. Ss Adhesion causes death as adhesion to pancreas or liver exciting dis in them or ss an artery is opened. The adhesions between pancreas & liver ss produce a cure. St ulceration perforates Pleura - causing Pleurisy or Pneumonia If it exts into lung there is Gangrene of lung Heals in 50 % When healing process sets in pain abates, food is retained

Duration fr 10 days to 30 yrs. Usu fr several mos to 3 or 4 yrs.

Causes. More common in females than males. Liability increases c̄ age but v genl impression now is, that it occ more freqly fr 15-30. (Fox) very rare in Chdhood, but ss as early as 6 to 8 yrs. Ulcer more apt to perforate in women fr 15-30. in men fr 50-60 Not caused Espcc by spt drinking nor by irritat of foreign bodies. Occurs in consumptive pats T of Rocatanskie's pats say their ulcers occ fr Ague. In women it is allied c̄ catamenia Amenorrhoea or chlorosis. The 1st step in the

production of this ulcer is an arrest of circulation in M. M. of stom to sufficient depth to permit v gastric juice to act on it & thus destroy it. Vircow believes v most freq cause of obstruction of circulation is Emboli & 2nd Extravasation of blood in sub mucus. tissue fr obstr of portal vein: degeneration of v coats of v stom or fr violent Efforts in vomiting Embolism once it occurs leads to Extravasation of blood. Hence Extravasation is the cause. This will Explain how simple ulcers occ in certain diss as in amenorrhoea or chlorosis in wh there is a periodic vicareous menstruation fr coats of stom.

Diagnosis. in Early period difficult to diagnose between it & other dis^s of stom But if it has lasted for weeks or mos & pain persistent & severe altho paroxysmal & ~~not~~ much aggrevated by food & relieved by vomiting: if referable to small spot there is little doubt. but if in add there be hemorrhage there is no doubt. Hemorrhage is a good diagnostic sympt unless it occurs in connect c̄ other hemorrhages also provided there is no tendency to hemorrhage as in skurvy 2ndly No mechanical obstr to portal system 3rd No Enlarg^mt of Spleen & 4^thly No periodic replacing catamenia. Cancer. only wd produce similar sympty

Duodenal ulcer. diff^lt to distinguish but

in 1st place it runs a more latent course. slight dyspepsia pain less prominent & is limited to R. Hypochondriac & tenderness in that region. vomiting less freq. & q̄ persistent there is stricture of d intestine. Hemorrhage fr stom or bowels in 1/3 of d cases

Treatmt. Rest stom. So that treat is main ly dietetic. Easily digested food sd be used freq & in small quantities as milk & lime Aq. wineglass Every 2hrs. fr early morning till late at night. If taking food ly stom causes pain feed per rectum given in small quantities ℥ij at a time beef tea & pepsin c̄ HCl dil m v-x. If pat tolerates food ly stom for 2-3 days improve diet. give beef tea Chicken broth or thicken milk c̄ stale bread Crumbs sea biscuit or Ridge's food. When there is no tendency to vomit may feed at long intervals

When fr pain you suspect spreading ulcer apply leeches to Epigastrium then Counterirritation may be kept up ly Acet Lyttae or Blistering Colodion Astringents used intr: tris nit of Bismuth (best) fr X-XXX grs. accord to severity in Emulsion or in Compd tragacanth powder. If taking of food is followed ly pain. there is xs of gastric juice & Bismuth is Espec indicated. AgONO5-gr 1/3 in pil of bread crumbs may be used

Gallic m i-ij alone or c̄ NO_5 m ij-iij ter die. Vary your astringents. Next indication relieve pain. Opium is best. often in large doses. (gr ¼) or Morph gr ¼ or Morph gr ⅛-⅙. in sol. hypodermically. To induce purging cold Aq per anum Or if by mouth use Aloes. not Castor Oil General means. Cod L. Oil. travelling. change of air.

Cancer of Stomach.

Few organs are more obnoxious to Cancer than stom. 35% of Cancer att stom. All varieties occ in stom. Scirrhus. medullary or Encephaloid & colloid. Villous may ss occ. Colloid more common in stom than in any other organ. ss there is more than one kind of C. present as scirrhus & medullary as if changed fr one kind to another. In hard C. v coats of v stom become converted into a dense white structure of consistency of Gristle. Hard C begins in sub M. coat. thence to muscular & m coat. & welds as it were all v coats together. Medullary C begins sub in same way as last but Colloid begins in gldular tissue of Membr resembling in this respect Epithelioma. The glds become ~~affected~~ Enlarged & thence affects adjacent parts.

Situations. 1st in frequency v Pyloric

extremely. next. greater end. cardiac end lesser curve & lastly whole stom & greater curve. When it has lasted in stom for s time it may contr it & produce obstruction of both extrem of stom & hence we have hypertrophy of coats & dilitation of stom. When whole stom is att is becomes contracted. C is nearly always primary in stom. Ss extends to lymphatic glds or to colon fr stom. After primary C has been established in stom Sndy deposits are fd elsewhere as in lungs liver omentum. Colloid Espec att. omentum & peritoneum The Sndry deposits are usu soft C. Colloid has a tendency to att peritoneum & hard & soft C s liver & neighbouring lymphatic glds. Villous C may be developed on cancer or simple growths & it is not certain whether they are malignant or not

Sympts of C of Stom. Like in ulcer they are ss latent but rarely. Produce dyspeptic sympts loss of appetite & loss of flesh. Usu runs a marked course. As. An Elderly person has at 1st a capricious then an impaired appetite next nausia & vomiting. slight pain in Epigastrium. distention after food. but free fr. fever. tongue clean. little thirst soon however pat becomes paler & soon afterwards complex becomes muddy.

Now vomiting & pain becomes increased flesh & strength fail, pat is irritable, restless at night. swh later hemorrhage occurs scanty in amt at 1st & of coffee ground app. now & then hemorrhage is profuse & a quantity of liquid or coag^d blood is vomited. At or after time of detection of hemor. a tumor is fd in Epigast region countenance muddy loss of strength & at last pat is completely exhausted. Ss pain & vomiting may cease but pat continues to fail & at last dies fr. Exhaustion

When C is at cardiac there is a peculiar feeling on swallowing: pain fr stom to back The food is apt to regurgitate ss immediately or a short time after meals in this case tumor is rarely felt because behind xyphoid cartilage. Stom usu becomes contr fr being habitually empty: abdomen is also contr

When Pyloric is seat of C Here it produces contr of orifice & food is delayed in stom: vomiting is a necessary consequence but at s time after a meal Vomited matter large in amt & shows complete digestion & often fermentation is sour & covered c̄ yeasty froth & ⊙ contains yeast sarcinæ & torulæ A large quantity of glary mucous is ss Ejected From retention of food in stom fermentation is induced. distention eructation.

headache furred tongue. constipated bowels. Repeated vomiting keeps intests empty. hence abdomen is retracted & bowels constipated. As much as Ovj are ss vomited c̄ sarcinae ⊞ & torulae ⁘ ⁘ -
The large tumor fd on exam of stom has peculiar characteristics. The stom q̄ enlarged occupies left hypochondriac left mammary & ss left lumbar & ss inguinal regions. but usu in nat position & pylorus being 2 or 3 in lower than nat
The tumor in pyloric C. is usu 2 or 3 in below ribs & in lower part of hypogast region but in women very apt to occupy umbilical region fr lacing. Is moveable but not very much so. ss pulsation is felt fr being over & aorta.

Cancer of whole Stom. both orifices are usu obstructed. Vomiting soon, after meals due to contracted condition of stom. we seldom discover tumor but ss we may feel a deep seated resisting fullness in Epigastrium q̄ there is great thickening of ant wall of stom By & by secondary deposits are fd. usu in liver producing jaundice, or as fr Colloid may form in peritoneum giving rise to ascites & it is not unfreq that we find ascites towards End of dis

Duration. fr 6 mos to 2 yrs average 12½ mos. usu dropsy anasarca hiccough & coma at End of life.

Cause. not known. Is stated that Extr violence is a cause. Is hereditary however but beyond this we cannot go.

To distinguish Cancer fr G. Catarrh known & lancinating pain cachexia Epigastric tumor & recurrent hemorrhage of C.

C. fr Simple Ulcer.

1st C is twice as freq. in men as in women & vice versa. C rare under 30 & increases in freq up to 60. Simp U common up to 30 but also increases to 60 Seat of dis C pyloric end Cardiac & lesser curve. U Chiefly post aspect next lesser curve & then pylorus. In C loss of appetite is common & early & if accomp by cachexia & gen'l debility is almost diagnostic. In Simp U no loss of app. but is afraid to indulge fr pain caused. In C pain is later & not much affected by food. but if increased by food is not relieved by vomiting & pain is not an early sympt but is in U In C pain is lancinating In U it is knawing burning or boring. Vomiting in C often occurs & empty stom & coat apparent cause profuse vomiting of food is rare & vice versa. in Ulcer. Coffee ground vomiting & mucus is indicative of C Tumor if present is usu a sign of C & Espec if tumor be moveable but if ulcer centre & feels such like a tumor

so that tumor is as present in Simple U but cannot be moved. In C at an early stage you have a muddy green sallow discol of y skin & cachexia long before pain & vomiting can account for it. In C cancer cells are discovered in vom ited matter.

Duration. C for 1-2 years. Simple U for years 2-10 & y intermissions & recovery wh is often in U do not occ in C. The formation of 2ndry deposits is a proof of malignant tumor. Trousseau says edema in y limbs is a sign of malignant dis in abdomen

Fibroid induration or cirrhosis or Hypertrophy of walls of Stom. Coats of stom are very much thickened ½ to 1 in thick. also they are very ~~thick~~ dense & resisting as if of fibrous tissue The pylorus chiefly y pyloric ring is affected & extends along pyloric half but rarely over y whole stom. Resembles pyloric cancer but is found to consist only of fibroid tissue & no cancer cells C.U. is moveable on sub mucous coat. Coats of stom are not all blended together as in scirrhous. True hypertrophy of y muscular coat. Is analogous to cirrhosis of liver. occurs not before 40. Most freq. in intemperate & accompanied by cirrhosis of liver & splen-

Diagnosis. A fibroid degeneration pr of Pylorus. It is slower in its progress. may last 10-15 yrs. Hematemesis is very rare occurs chiefly in spt drinkers. absence of tumor. but as a dis att whole stom a tumor is fd in Epigastrium. There is absence of cancerous cachexia. Endrs depos its as a rule do not occ Ds is more insidious than cancer. thire being no symps at any moment.

Treatmt of Cancer. Like cancer elsewhere it is incurable. palliate & prolong life. Food to be given in small quantities at short intervals & to be easily digested. In advanced stage food that will pass thro' pylorus & be digested in intestines to be given. as milk & lime Aq. sago. yolk of raw Egg. Cold arrow-root. & wine soups & broths. pulp of cooked fruits. Food may be given by Enemata of beef tea. milk & pepsin. If pylorus be obstructed give fluid food or pulps of ripe fruit or raw beef pounded. Owing to fermentation in stom we have an acid condition produced. CO_2 or Lactic Acetic or butyric may be produced. Mag gr xv. Bicarb Pot. gr xv-xx. in Aq just before or 2 hrs after meals will counteract it. Creasote gt ½. after meals or to correct flat & prevent fermentation Brandy & Aq. Carbolic gt 4 in Aq or in pill is very good to check putrifaction & fermentation

Charcoal may be used. Pain calls for anodynes. Extr Belladonna gr ¼-½ or Conium or Extr Hyoscy because do not produce constipation. Is necessary to give Opium or M Correct constip cause by these by Enemata of cold Aq. or by mouth by Aloes & Colocynth.

Cadaveric Softening may be confdd c dis after death. Hunter fd that if pat died c full stom softening of stom is produced by gastric. In v catarrhal states of stom mentioned above. if there be mucus in stom c a small amt of lactic softening of stom wd be produced There may also be acid fr Columnar Epithelium. & pepsin in M.M. wh together may have solvent action on Stom.

Occurs usu in hot weather & not in winter hence a warm temperature is necessary The cardiac end is v usu seat of softening Degree of softening varies fr v slightest degree to perfect sol of coats of stom Is thinning of coats is present The blood in v part acted on is always darkened If this action Extends beyond v Stom. to v liver & diaphragm or pancreas or spleen or any of v neighbouring structures. I think this cad. softening occurs during life.

Functional disorders of Stomach.

Atonic Dyspepsia.

Causes. 1st are those wh depress v vital powers acting either thro' v N.S. or nutri tive fluids or thro' both as long contin ued & as mental Emotion. loss of sleep. ve nereal xs. loss of blood alters quality of blood. Want of exercise espec. & want of fresh air & light. exhausting discharges Hot relax weather if long continued 2nd. By causes affecting v Stom itself as. long fasting. xs of liquids espec warm ons. abuse of condiments. wh probably tend to constipate. or active mental or bodily exercise. immediately after meals. febrile disorders These 2 last appear to lessen gastric & suspend feeling of hunger. Hereditary. Old age is a cause because tubular glds under go degeneration. In fl of v organ may produce Atonic D.

Sympts. Impairment of digestive power for animal or vegetable food. un easiness or distention at Epigastrium or behind sternum giving rise to dys pnœa. Begins about ½ hr after meals & lasts till food is digested. Flatulence

& eructations of gas & half digested food. Flatulence affects stom & bowels usu in equal degree. Fermentation of o kind usu affects o stom. usu little or no thirst. appetite impaired. dislike for food. ss for fluids even. Tongue pale. large. & flabby. indented. ss slightly coated. ss tonsils are enlarged. uvula enlarged & tendency to hocking is induced. of viscid mucus - constipation. & in consequence of genl atony of bowels fr constipation flat in o bowels is produced giving rise to phantom tumors in bowels. noises in bowels & pain in sigmoid flexure. Evacuations pale dry & hard ss scybalous & if xs of animal. food has been taken. Evac are offensive. Urine pale clear & of low Sp.gr. p slow but feeble & ss intermittent. dyspnoea. oppression behind sternum. drowsiness after food. timidity - irritability & loss of intelectual power. Showing that N.S. is effected. complex becomes sallow. Extreme cold. flesh & strength fail & if neglected Chr Catarrh may set in.

Pathology. depends upon genl asthenia more than on dis of stom itself. Such asthenia involves derangement of function. & predisposes to change in structure, but o change may be such as to evade any observation. Still there are cases in wh organic changes are

discovered. What are ye diss wh predispose Atonic D? Fatty degeneration of tubules of stom. Thin wasted condition of M.M. of stom & infiltration of M.M & fibro-nuclear tissue

What are ye causes of these forms of degeneration. 1st of Fatty or fibrinous degeneration. is Advanced Age. 2nd. Independent of infiltration Dr. W. Fox says ss mfl is its cause as Chr. Catarrh. Again if M.M. has undergone degenerat. vascular system is also apt to be att. Fatty degeneration is seen in Scrofula. phthisis. Exhaustive dis & in Fatty degen. of Liver Closely allied to these fatty degenerations other changes of structure are so present produced in M.M. of stom Epithelium becomes highly granular & is prone to degeneration. hence ye persons may suffer impairment of digestion in Exhaustive dis for impaired secret of Gastric

M.M. rapidly suffers change after death wh may be confded to dis as. tubular glds become destroyed and The nuclei wh are in abundance in tubules in health are rapidly dispersed over ye membr. 3rd Atonic to decompos air is disengaged after death wh may be confded to cystiform & dilatation of tubules

Treatmt. comprises means to restablish Nervous & digestive powers & in

prove blood.

Dietetic & Medicinal Treatmt

Dietetic. Food most easily digested & to be given in small quantities. Albuminous articles to be given in liquid form. Essence of beef. beef tea animal broths. jelly. milk if it agrees. Do not prolong fasting as it increases dyspepsia. When Atonic D. is great pat to always rest for 2 hrs after meal if very bad may be kept in bed. Active out door exercise if it can be taken at a time after a meal is of great benefit. Functions of the skin must be promoted by tepid bathing & flesh brush. Stew bread sweet meats, pastry, Compd dishes. tough meat to be avoided. raw vegetables Except ripe fruits. as grapes oranges &c to be avoided. Fat meat not good. indigestible. Game. mutton. fresh water fish may be taken. Oysters very good Espec raw. The accessory food is to good to retard waste & Espec to stimulate N.S. & the secretions of the gastric In some cases moderately strong tea or coffee is sufficient but Alco is useful Espec in mental anxiety & fatigue. Brandy & Aq. or water is the best form. Undiluted Alcohol in large quantities precipitates the pepsin & if in very large quantities may check secretion of Stom. A wine glass of Brandy to a tumbler of Aq. or 2 of Cherry or its Equiv of Claret

at a meal Rule. Sd not be more than 10% alcoh. in ✓ draught. mault liquors as ale porter & ō of unfermented wines are not good as they set up fermentation in ✓ stom.

Medicinal Treatmt. Ipecac thot to be the best excitant of gastric juice

℞
Pulv Ipecac gr. ß-ij
Pulv Rhei gr iij-V
Pulv Capsici gr j.
Before dinner M

Mineral Acids (dilute) m V-XV before or during meals. Espec good if urine contains ox of lime. & q lactic fermentation is present. These acids also help gastric in neutralizing ✓ alkaline saliva. They are also tonic.

Alkalies. In large doses neutralize gastric hence objectionable. But a weak sol of alk increases secret of gastric. Hence if well diluted & administered before meals = good. When fermentation is going on in stom small doses of Alk neutralize ✓ action

Pepsin espec good. Use in form of Liq Pepsin ʒj at commencement of meal & Acl m X added is better than vinum

Nux Vomica or Strychnia is good espec in dyspepsia fr over exertion

℞ Tr Nux Vomica m X.
Acl. dil. m X.
Infus Aurantii Co ʒj.
c̄ a little syr. M

If anaemia be present the mild er. preparations of Fe. as citrate Lactate & Phosphate. In deficiency of

gastric depending on debility — c̄ clean pale tongue & no headache Q in pil in Gr j-ij or Liq or Fr Cinchonæ. Calumbo These may be combined c̄ acids NO_5 or HCl If bitters do not act beneficially in 2 or 3 days stop them. To counteract constipation do not use strong purgatives. Kneading of abdomen or cold Aq inject. Purgatives Aloes or Rhubarb

Pyrosis.

Sympts. Attack of heart-burn = cardialgia i.e. burning pain at pit of stom. as if hot smoke rises up into v gullet Eructations of a quantity of thin watery fluid swh like saliva ss it has v alkaline reaction of saliva & contains sulpho KCl Its origin is not settled ss is acid & opaque viscid & mucoid q of this character it likely comes fr v stom This form Espec met c̄ in organic dis of stom Fr 3j Ol is vomited most freqly q v stom is empty as at morning. ss sarcina & torula & vibriones & ss apto-thrites, a vegetable fungus, are present & the secretion of this viscid mucoid fluid is thot to be due to v irritation of these paracites.

Under what circumstances does P exist? (1) In pregnancy (2) Is

c̄ organic dis. then apt to be acid & mucoid. (3) In connection c̄ defective food as in Scotland w̄ people live chiefly on porridge. Females more liable than males & people in country more than in cities

Anxiety. hard work or gen'l causes of debility

Treatmt. Remove cause. If food be deficient give good food & remove xs secretion. Astringents are best in removing it as Kino gr. V. Bismuth gr x–xx c̄ Op.: Pulv Kino Co gr x–xv. very good ½ hr before meals Recently Carbolic gr ¼. XO_2 (Dawson) is very good Sulphite of Mg. or Soda gr xv. but SO_2 itself m xxx before meals is better.

Gastralgia.

or Gastrodynia is closely allied to last characterized by violent paroxysms of of pain s̄wh like cramp of stom. Pain usu q̄ stom is empty. Relieved by food & v horozontal position. Epigastrium tender feet cold. p. feeble. tongue pale flabby & clean. Appetite normal digest good. When pain is severe digestive powers are impaired

Causes. anything wh produces exhaustion. most freq between 30 & 50 more common in men. In ♯ men pre

duced by family cares anxiety fatigue In women for same also for profuse menstruation

Distinguished for organic dis of stom By pain only present q stom is empty

Treatmt. Hcy & Op. Hcy 3-5-m in Almond Emulsion or ♏ gr ¼ Belladonna Conia Chloroform. & Chlorodyne to relieve pain. Fe good as Citrate & Carb q Anaemia is present. When debility is especly present tonics as Q & veg. etable bitters

Disease of Intestines.

Muco Enteritis.

use applied to infl of small intests Often used in same sense as Enteritis. Enteritis = infl of all v coats of small intests including serous coat. Muco Enteritis is rare in adults but common in Chdren.

2 Forms. Mild & Severe.

Mild. begins c̄ deep pain in belly towards umbilicus & R. iliac fossa. of griping character ss gradually extends over whole abdomen c̄ flatulance & constipation. but constipat soon passes into diarrhoea. Stools are serous-mucous or bilious. pale green or dark Tenderness on pressure over abdomen

Slight fever is present. Skin scarcely hot p not much accelerated tongue covered c̄ white fur. c̄ red tip & edges drowsiness Espec in chdren nocturnal Exacerbations & morning remissions occur

Severe Then it sets in c̄ chilliness flushed face pain in limbs faintness more pain referable to belly griping more common, more flatulent distention. abdomen becomes tympanitic, stools feculent & fetid. consisting of mucus c̄ blood p small & freq q̄ constipation is present p is firm. tongue red all over. ss has prominent papillæ. pat apt to be faint ss runs a fatal course. Fever becomes worse purging & vomiting increases cheeks become hollow sleeps c̄ eyes half closed Emaciation steadily procedes p a mere thread. stools passed involuntarily Extremities cold. Convulsions come on before death & chd dies comatose or exhausted.

Sympts vary accord to part of small intests affected. When duodenum is affected there is vomiting fr its proximity to d stom tenderness & pain in R hypo. Chondriac. & there is usu sub jaundiced condition. When lower as q̄ ilium is affected. tongue red & raw cheeks flushed drowsiness present

P.M. Congestion of M. coat of small intests occurs in points or in large patches. points Espec seen around the

follicles & glds & on rugæ: ∪ membr is thickened softened & sewh opaque On cutting thro' M.M. ∪ submucous tissue is fd infiltrated c̄ serum & in extreme cases may have indications of peritonitis

Causes. (1) Cold & damp applied to ∪ body or feet. (2) All irritants applied to M M of intests as improper food. Acrid secretions fr intests purgatives (3) Mechanical obstruction, invagination This infl is occ fd in connection c̄ fevers espec eruptive fevers, ss in Typhoid & tubercular ulceration. Infl. of M. M. of intests ss follows burns & suppressed menstruation, Common in Chdhood rare in adults

Distinction between infl of bowels & infl of brain. Infl of Brain. pain 1st felt in head & is constant. In infl of bowels pain is first felt in bowels. Vomiting in infl of brain occurs cont- nausia or much retching. is not relieved by emptying stom. Vomiting in M. En. rare & q̄ present is accompanied ẹ more nausia & retching & relieved after stom is emptied In infl of Brain tongue clean conjunctiva clear. abdomen retracted. In M. En. tongue coated conjunctiva yellow & abdomen distended In infl of Brain first indication of brain being affected is pain in ∪ head intolerance of light & sound. contraction of pupils. pat dies fr coma. In infl of bowels

pain is in ꝺ bowels. Diarrhœa no pain in head sick for days before pat is drowsy & has convulsions: Coma only comes on before death. Examine well ꝺ inguinal regions for hernia in all cases of infl of ꝺ bowels

Treatmt. If constipation exist wh is not common or irritation of intests commence w a mild cathartic (Ol. Ricini ℥j. Tr Opii ♏ x-xv) If vomiting signs of hepatic disorder be present use Hg. Calomel. gr ij-v. followed by salmi in morning or an enema If breath offensive use calcined Carb of Mg. or effervescing Mg. When great tenderness & pain w constipation showing infl of all coats of intests apply leeches w fomentations

Alkalies are among ꝺ most suitable remedies because they promote secretion & are sedative. & neutralize irritating secretions in bowels. KOClo₅

℞ Pot Chlor. gr x
Pot Bicarb or Sodæ bicarb gr x.
} If pain be present Tr. Conium or hentane may be added

If diarrhœa be present in first do not suddenly arrest it because may aggravate dis. If severe diminish it by Chalk mixture after each stool. If not strong enough may add P. Doveri. or P. Aromat w Opii. Emulsion of Castor oil & yelk of egg. is good. As soon as dis becomes Chr. NO₅ dil in infus. cinarubæ ℥j- 2 or 3 times a day Also Tannin or Cinchona. Keep pat

in bed. Diet of least irritating Kind. Do not allow solid food too soon.

Peritonitis.

or infl of peritoneum ÷ Ac & Chr. also accord to cause primary or 2ndry

Primary. One of v most rare affections we have. Cold is said to be a cause or suppression of habitual discharges. Dr. Habershon's results. (1) Due to local irritation. Ac so in many instances it was due to Extension of irritat fr organ to peritoneum. as Abl hernia. invagination bands & adhesions between organs. Cancerous obstructions & perforation of intests & stom. dis of liver & gall bladder Caecum & appendix verm. Ac dis of Colon. operations on abdominal viscera as for stone. or on uterus. Extension in fever. Typhoid ulceration cont perforation of 501 cases 2 were fr above causes.

2nd Group. in connection w altered condition of blood. as in Bright's. Pyaemia Erysipelas Pneumonia. 1/5 of 501 cases.

3rd. Group. In connection w gen nutrition changes followed by strumous or cancerous deposits. also Dis of liver Cirrhosis & Heart dis. bth produces congestion of peritoneum & both predisposes to infl 3/5 of 501 cases.

Infl seldom seldom att healthy organs

& q an organ is att it shows that it must have had a predisposition. These statistics are too broad as in Peritonitis in connection & Pneumonia there was & existance of double infl: P. probably being caused & same cold as caused & Pneumonia. Hence this may be an exceptional case of primary P. from cold or Idiopathic

Symptoms. It usu sets in & a rigor also & sense of debility & paleness These signs of shock are soon accompanied & symptoms of reaction as pain. wh is acute & severe. felt & pat moves in bed, pain increased & pressure & moving of plates. It is usu in R. Iliac fossa & quickly spreads over whole abdomen. Pat lies on back & draws up legs. thereby relaxing abdom. muscles & supporting bed clothes & his knees. Respiration carried on & ribs not & diaphragm countenance anxious & pale. features drawn & shrunken Tongue dry & slightly furred. thirst nausea & vomiting. sick of a bilious character. bowels usu constipated. & there is diarrhoea. Febrile symptoms as skin dry. P small & firm. wiry. frequency of P in proportion to severity of case. Muscles of abdomen tense & rigid & is one of & most significant symptoms & of & most abiding may be distended & gas. tympanitic. In some cases. belly is not so tympanitic

2nd. Stage. The parietes of abdomen

relaxed. abdomen softer, as Effusion increases belly becomes less tympanitic. feeling is doughy even fluctuation is ss perceptible & then we have dullness on sides & clear sound in centre of abdomen. When Effusion is genl. & swelling of abdomen is uniform

Progress. genly rapid & q going to terminate fatally. above sympts are increased. Abdomen may become enormously distended. Countenance becomes ghastly, shrunken & haggard, vomiting incessant or rather regurgitation Vomited matter usu bilious. dark green but most freqly black, stools may be sewh like vomited matter. p freq & thready surface cold & damp. hiccough. dies fr exhaustion ss comatose.

When going to get better pulse becomes slower & tongue cleaner less pain. less vomiting, & bowels begin to act cont purging. When Effusion is purulent & tendency is unfavourable & pat dies fr exhaustion. Ss assumes achr form.

Local Peritonitis As fr infld ovary or uterus. usu fr infl of cæcum & Appendix also fr operations on velvic viscera In L. P. it is usu & peritoneum covering & infld organ that is att. When Peritoneum covering & stom is att we have urgent vomiting pain in Epigastrium & marked constitutional sympts. When Periton. Cover

mg & liver is att., pain over liver & jaundice is apt to be present. When over small intestis constipation is constant. Is espec common in women. When Pelvic Peritn is att. pain in hypogastrium in back & down thighs roof of vagina is pressed down & adjacent organs interfered w. Desire to micturate & evacuat bowels very freq. Situation of L. P. is R. Iliac fossa. & is most frequ here in connection w dis of cæcum or appendix. Fæces are apt to collect in cæcum & thus cause infl. Concretions are so formed in Appendix. or cherry stones may cause it

+ or Apendex

Sympt. Pain in region of cæcum.* tenderness on pressure soon after there is a deep seated resistance. & so a tumor wh is dull on percussion vomiting & constipation. may be severe fever or not-

Tumor. The parietes of abd can be moved over a tumor showing that they are free fr it. Cannot displace tumor. In these cases pat lies on R side & leg flexed. pain transmitted down & inguino cutaneous & genito crural Ns. This form is very apt to end in suppuration & gent peritonitis. In infl of cæcum symptⁿ usu yield to treatmt. But a favourable termination of infl of Appendix is not so common because tubercular ulceration usu sets in. but so it terminates favourably Local infl of cæcum & Appendix usu

ends in adhesions & abscesses wh may undergo following changes. (1) Matter may become diffused in v peritoneum fr v bursting of v sac. (2) ss v matter escapes outwards thro' parieties (3) ss matter is absorbed. (4) ss is poured into v viscera. If faeces have escaped into Periton. c̄ pus v att will be more serious. accompanied by irritative or hectic fever & pat dies fr exhaustion ss infl begins in caecum or appendix & extends to surrounding cellular tissue causing perityphlitis. Infl apt to extend up behind Colon & together c̄ sympts of Typhlitis there is oedema showing that pus is forming & opens ss in the back or ss in thigh. discharge very offensive. ss v pericaecal abscess opens into caecum & matter passes of by anus. this is v best termination but ss it opens into peritoneum & causes death fr genl Peritonitis

Additional causes of Typhlitis = Secretions fr v bowels. or liver. insoluble medicines as magnesia or Fe pills.

Peritonitis fr. perforation usu terminates fatally fr 24-48 hrs. ss cont any warning pat feels sth giving way ss this is not noticed. but pat is ss seized c̄ suddenly c̄ severe pain. 3rd Collapse p thready face pinched & pale. surface cold. very little or no reaction. No marked infly sympts beyond. pain but he grows

weaken colder stupid & dies in 48 hrs.

Another modification is that- P. runs a latent- course. but there will be always tenderness of abdomen & slight- pain Latent P. may occur ē mfl of Brain cancer of uterus or in broken down constitutions

Morbid. App. In 1st. stage, increased vascular venus. Chiefly under serous- coat. serous coat- loses its- transparancy is dry. In 2nd stage serous membr becomes soft & can be torn off. There is effusion of lymph (plastic). In other cases sero- lymph ē flocculi, is effused wh indicates an inhealth mfl as pus is to effuse for a few 3's. to 1-2 pints. When abdomen is opened a gush of air escapes. Ulceration & gangrene. rare.

Diagnosis. Colic: Muco. Enteritis: & Hysterical Peritonitis resemble Peritonitis wh- Colic does not set in ē a rigor. no fever, heat of skin, pain twisting but relieved by pressure. pain sudden & will remit. no vomiting.

In Muco-Enteritis pain griping not burning & not so severe as in P. tenderness less marked & needs deeper pressure to discover it. Pat has not so much pain in coughing breathing or moving. P. soft & compressible. tongue covered all over. retching more common in M. Enteritis. & Diarrhoea

Enteritis

Hysterical Neuralgia attacks abdominal muscles. Is not preceded by rigor or followed by fever

as in P. Above tenderness on pressure than in P. if pat is conscious of your pressing. but if you draw off her attention you may press pretty heavily cout her knowing it. Face not drawn & haggard & also habit of life will help you. as if hysterical. complaining ss of globus hystericus When in doubt treat for P.

Treatmt. Ascertain cause if possible It is rarely Idiopathic is genly Indry 1st In those cases in wh infl has extended fr o organ or viscus. or obstruction or invagination If pat young & seen early & pain severe. leech 15-20 leeches over painful part followed by fomentations. Op to relieve pain & oppose Nervous depression & lowering effect on hearts action & relieve tendency to collapse & because it is anti phlogistic & secures rest to bowels. Given in large & repeated doses. Give Op. till pain is relieved & hearts act lowered. watch pupils respiration & brain do not keep respiration below 10-12 in a minute sd be easily roused* M Sl3 or HCl. gr j or Pulv Op. gr ij. repeat gr gs doses of M every 2-3 or 4 hrs till pain is relieved. The Op is to be continued thro'out & att: diminish dose as pain subsides Keep pat in bed Abstain fr food or Barley Aq in small quantities. 2-3 Spoonfuls of milk every 2-3 hrs c̄ ice to remove thirst fomentations to abdomen or hot plates -

Mr 1/2 c aconite

* do not contract the pupils too much

While giving Opi or M. give arterial sedatives. aconite

Ag. has genly been employed in P. but not safe w there is obstr. or perforation or ulceration or cancer. or q fr Bright's. Pyæmia or Erysipelas. In perforation we want organizable lymph thrown out & as Ag will retard its formation it sd not be given. The rare cases of Idiopathic P. are almost v only cases in wh you may use Ag. as fr. infl. of uterus. cæcum. or appendix but even in these s of v greatest authorities wd be against its employment. Sd combine Ag c Op. Calomel gr ss-j every 2-4 hrs. c Op. sd not extend beyond salivation. If you desire to move bowels do so by mild injections. To allay vomiting Rule give little food & drink at a time. as tea-spoonful of essence of beef. or tablespoonful of milk every 2 hrs. ice is one of v best anti emetics & allays thirst. Acy. Aromat. Spts of Ammon. Creasote in pil. may be used q above means have failed. As a draught of cold Aq will relieve vomiting. Counterirritation may be used after infly action begins to subside. At 1st Turpentine. q Effusion manifests itself blister whole abdomen If depression be great support & stimulate c essence of beef & brandy in small quantities

Rx Turpentine M X.
Tr Opii M X-XX
2-4 q.h. to relieve pain & support pat.

Turpentine is a very good stimulant In 12-24 hrs a plastic lymph is

thrown out & corks up v opening & as Op. does this by inducing absolute rest we sd give Op. Sd not deplete c̄ Ag or otherwise In connection c̄ Erysipelas Bright's Pyæmia &c treat genl dis & give Op for v P. Treatmt. of perforation of cæcum causing fecal abscess. opening in loins at crest of ilium & at Poupart's lig. If you have infl of parieties Œdema Effusion & pitting on pressure. Chloroform pat & make exploration incision. Even if you do not find pus you will usu discover it on v poultice at your next visit

Chr. Peritonitis 2 forms. 1st That wh is follows Ac P. 2nd. Usu insidious & Chr fr v beginning & is usu tubercular. May suspect Ch. P. 1st Pat will tell you at about 2-3 mos previous he had a severe illness c̄ great pain in belly 2nd Since then he has had abiding abdominal tenderness p low. diarrhœa or constipation 3rd If you can discover Enlargmt of abd c̄ indistinct signs of Effusion or localized tumor may suspect Chr P. fr an Ac Attack. Is Effus is so small as not to be easily detected

How can you Diagnose tubercular P. 1st Pat. usu young 20-40 2nd Is probably of tubercular diathesis. 3rd Perhaps att has occurred after att of ō exanthem as small Pox. 4th No previous history of an Ac att. May be badly fed & bring on tubercle,

Symptls. Hectic fever. & if you use thermometer every day temperature will be found increased for weeks or mos. Bowels irrig. Abdomen is seat of dull pain & tenderness When pat lies on back you find that flatus can be moved over bowels. Occasionally there is marked signs of Effusion & belly enlarged but usu there is little effus. Most reliable Evidence is that on examination you may find tubercular dis Elsewhere This is the most common form of Ch. P. viz the tubercular form. Should examine the lungs.

Cancerous. P. In advanced life After 40-50. May discover discol of skin (muddy yellow) May discover rounded nodules of cancer under & parietes or may discover cancer elsewhere. Tenderness usu not so great as in tubercular form but Effus is very great

P. M. Lymph more or less organizable, producing adhesions between adjacent parts. Also fluid either serous or purulent: serous fluid contains concrete lymph. In Tubercular P. as there is adhesion of Mesentery & omentum much thickened coats of bowels adhere together. The presence of semi-transparent tubercles on Peritoneum is remarkable but as count this you have adhesion thickening & ulceration. In Cancerous P. & peritoneum is covered & hard granules of a reddish yellow col Perit. usu thickened. mesentery thickened & shrivelled & very dense cutting like mid of pork. Effus usu copious May discover cancerous nodules in adjacent

parts. All kinds of cancer may be fd.
Treatmt. of Ch. Simple P. Rest leech to allay pain & arrest infl. anodyne fomentations. May use blue pill night & morning & Op. to subdue pain. When effusion use Pot Iod. & Pot Bicarb or Ammon Mur. After you have leeched use counterirritants to absorb effusion Turpentine. Iod. Lin. cover & oil silk.
Tuberculous & cancerous P. are beyond art. Treat palliat. support system. relieve pain. &c.
To palliate in cancerous P. must tap as effus is so great.

Obstruction of Bowels & Mechanical Causes.
Ileus & Volvulus.

& pain & obstruction Colic &c ends in Ileus. Mechanical obstruction. 6 heads.
(1) Fr. accumulation of feces is of common occurence in those who are habitually costive: in Aged & females. May last long: seat. rectum. Sigmoid flexure & caput coli.
(2) Fr concretions in bowels. fr indigest food as. Cherry stones husks of corn certain medicines. Fe pills. Magnesia Chalk. Gall. stones of large size. Secretions fr bowels wh evaporate & concrete & form obstructions usu fd in rectum sigmoid flexure & ileo

cæcal valve
(3) Internal strangulation. Bowel may twist 1st upon its own axis or 2nd on mesentery or 3rd round another part of bowel forming a knuckle. Again adhesions or false membs. are formed abt may take & bowel passing under an adhesion become strangulated. Ex a portion of intestine may slip into foramen of Winslow. Internal strangulation produces ⅓ of all cases of sudden obstruction
(4). Invagination ⅓ also the lower end of the * (* ileum into the colon)
(5). Stricture due to cancer or simple mbl forming a bridle or a cicatrized ulcer may cause obstr.
(6) Fr. pressure fr adjacent organ on hollow intestine as fr retroverted uterus or fr pelvic tumor.

Symptoms. All cases may be ÷ into 2 classes according to symptoms 1st Those in wh symptoms occur suddenly. & 2nd Those in wh they come on gradually. To 1st belong all internal strangulation & invagination. ⅔ of all cases. To 2nd belong those cases due to obstruction fr accumulation of fecs. concretions. stricture pressure of tumors. abscesses. retroverted uterus &c.
(1) Symptoms. occurring suddenly. Except any pre existing dis. The pat is suddenly seized w uneasiness of abdomen & a desire to evacuate bowels. but bearing down is unsuccessful. Cathartics do not relieve bowels &

injections only bring down that wh is in. jectis. Soon abdominal distention & flatus is noticed: spasmodic pain & rolling movement in bowels wh are so perceptible to physician The spasmodic pain is more severe than in Colic. & is not of a twisting nature. borborygmi are heard vomiting may now come on, Consisting at first of food then of an alkaline greenish fluid & lastly a peculiar subst called feculent vomiting. Up to this period the signs are purely of obstruction. now we have signs of infl. Enteritis tenderness on pressure freq. small wiry p vomited matter may contain blood. breathing oppressive, fr distention of abdomen. at last Collapse sets in & pat dies as in peritonitis

2nd Mode of att. pat is seized & pain & vomiting & in a day or 2 cannot procure an evacuation

3rd Mode griping pain & a feeling as if sthing had given way & soon signs of shock appear.

(2). In 2nd Class symptoms come on gradually perhaps pat may be of a costive habit may have had constipation & vomiting & has been relieved but complete obstr comes on suddenly. Obstruction does not always terminate fatally vomiting of feces may give relief. & may recover in a few days either temporarily or permanently. In obstr of bowels 2 kinds

of pain 1st That wh pat first feels is due ? to obstruction of circulation in d part. It comes on immediately. is aggrevated by deep pressure & varies c̄ nature of obstr. As, in invagination & impacted gall stones. pain is intense; fr constriction of bowels by bands pain is gradual & not severe, In Empacted feces scarcely any pain ss none.
2nd Kind of pain due to over distention of bowel. is more freq. Characteristic & late in coming on than 1st Kind. ss there are intermissions & remissions according to peristaltic motion of bowels.
3rd Kind due to infl.
Distention is a cause of pain & as distention goes on paralysis of d bowel is produces & is capable of causing death per se. You may feel a tumor fr distention of bowel & d bowel below obstr. is shrunken fr being empty Death. 1st due to infl. Sero-Enteritis. 2nd fr extreme exhaustion & paralysis of bowel. 3rdly Due to rupture of bowel. 4th The mere strangulation of d bowel may cause death fr exhaustion

Invagination ~~Diagnosis.~~ Most common variety of invagination is ileo cæcal in wh ilium is shoved into Colon. Iliac in wh part of ilium is shoved into another part 3rd Sejunal rare 4%. 4th. One part of colon into another 12% Most freq in chdren under 7 yrs. & freqly occurs during agony of death. This last variety is of no clinical importance

Sympts. of invagination. Sudden & violent pain of a straining character. vomiting wh becomes fecal in 3-4 days. ss conts blood. If obstruction is complete there is rolling peristaltic motion of v bowels. constipation. But this complete obstruction is ss overlooked fr v pat having a constant desire to evacuate v bowels & his passing a bloody mucus. ss there is not complete obstr in wh case there will be feces c̄ bloody mucus passed ss a tumor is discoverable & ss obstr may be fd by passing a bougie up. rectum Gets well in 4-5 days, if in ilium. ss part of bowel sloughs & is passed off per rectum & pat may recover or not When ilium is att complete separation will take place in 11 days. If in colon 22-23 days. How can pat recover after part of bowel has sloughed away? As much as 28 inches have sloughed off & yet pat has recovered. In common invagination a portion of bowel ~~has~~ is pushed down into a lower portion  lymph is thrown out between v serous membs as at a & becomes adherent & lower portion is sloughed off fr a-b & thus continuity of v tube is kept up but if invaginated portion of bowel is sloughed off lower down it forms a conical plug ss no sloughing takes place at all.

The remaining ~~for~~ cases of obstruction may be placed into 2 groups. In 95% of invagin of small intests the following were v causes; bands & adhesions diverticula. Ruptured mesentery gall stones (9%) or those obstructions resulting fra hole in the omentum. In large intests 88% is by stricture or twisting. To distinguish between obstr of large & small intests. In small intests pain earlier & more severe & till its distention brings it to abdominal walls its seat is not easily made out. In large intests pain not so early & situation discovered fr first. In small intests pain in umbilical region. In large all over v abdomen* In small vomiting more urgent & earlier than in large intests. Fecal vomiting more common & earlier in small than in large. because ilio cæcal valve prevents regurgitation fr large intests & only occurs if v distention of both canals is such as to open v valve. In obstr of small intest urine is more scanty than in obstr of v large. In small intests borborygmi & tenesmus are not urgent & enlargement of abdomen is not prominent. In large borborygmi & tenesmus greater & enlargement genl. In obstr of small the distended bowel lies in middle of belly or sewhere cin circuit of large intests. Tumor in small is much smaller than in large. ss fingu introduced into rectum will feel obstruction

Diagnosis between Small & Large: 2 causes in the small intest. viz invagination & Gall Stones.

*or in the left iliac

In obstr. of small. terminals fatal in 5-6 days. in large 20-25 days.

Twist. of Bowels. or Volvulus

1st The pain is very severe referable to one spot abstinate Constipation for first. The sympts * are sudden & complete in their development. Twist occurs in colon & sigmoid flex of colon. A. lax condition of meso-colon is a cause occurring in aged. ½ of all cases is in sigmoid flexure.

* collapse due to early enteritis

Cause is constipation causing twisting in a loosely attached colon.

Cancerous obstr is most gradual If pat be over 50: has cancerous cachexia lancinating pain. & if cancer is discovered in other parts. may suspect cancerous obstr Cancer is 4 times as freq on L. as on R. side of abdomen. Favourite seat of obstr is rectum & sigmoid flexure

Hints in Diagnosis. In every case of obstr we ex examine all regions for hernia. Examine whole abdomen for purpose of finding tumor at your 1st visit before abdomen is distended & gas. Try to detect a dull & clear region by percussion. & if you do discover a clear note below a dull place you have emptied part of bowel below seat of obstr.

(2) Explore rectum & finger or bougie or a long tube. or a large injection of water. If obstr be only a short way up only a small

T. Craig

quantity of water will be admitted & vice versa. When vomiting occurs early & obstr is ? in small intests. When obstr occurs suddenly as in invagination & constriction, & rectum contracts forcibly. but in chr contraction of bowel & rectum is lax & readily receives finger or bougie

Treatmt. 1st Indication is to ascertain cause. If you cannot there genl indications to attend to (1) Relieve pain & check peristaltic action (2) Support Pats strength (3) Prevent over distention of bowels & at same time support muscular tone of bowels (4) Allay infl. (5) Interfere surgically.

(1) To relieve pain &c. Op. It allays pain checks peristaltic action of bowels & ss checks vomiting & supports N.S. & secures sleep. Give in large doses till its effects are shown. M gr ß may be put on tongue or in pill or Op gr i-ij in pill. Or hypodermic injection of M gr ß. or Batley's sed sol. m xv. To prevent distention of bowels give as little food & drink as possible merely enough to support system. Food must be nutritious Essence of beef ʒ i-ij Every ½ hr ice to allay thirst. & wash out mouth c̄ Cold Aq. milk may be used if pat gets tired of essence of beef a teaspoonful Every 15-20 mins. After a while if pat becomes exhausted wine or brandy (latter preferable) (4) Allay infl. As soon as there is evidence of enteritis. leech on tender part.

Ap to relieve pain, purgatives sd not be given because if you excite peristaltic action of obstr exists you increase severity of dis. Injects of warm water may be used to empty bowels below point of obstr

(5) Interfere surgically Special Indications

In accumulation of feces, intestinal concretions repeated Enemeta of soap & Aq. or large injections of warm sweet oil. Oiij retained in rectum ℥ a towel. In invagination Enemeta of warm Aq sd be tried. Again inflate bowels c̄ ~~wind~~ air. Old practice is to give Aq or shot not scientific* Hardened feces are ss c̄in reach of finger & you will have to remove them c̄ finger on handle of spoon &c.

*Better to stand Pat. on his head & put Hg. or Shot per rectum.

In obscure obstr tobacco inject is ss beneficial -

If we have strong indications that internal obstr exists open abdomen & relieve obstr = Gastrotomy. but is not suitable in invagination or gall stones, not suitable in invagination because because if of long standing v invaginated portion becomes sloughy

Justifiable sympts for Operating. Well marked sympts of obstr as constipation sd be complete c̄ a freq desire to evacuate bowels. Sudden pain & vomiting. These sympts must last 24 hrs. The more acute these sympts v sooner sd v operation be performed Thus v more freq v vomiting v greater v pain & v more obstinate v constipation v

great & necessity for Gastrotomy.

Dysentery

Colitis or infl of Colon ÷ into Ac & Chr.
also into Sporadic & Epidemic
(1) Mild sthenic D.
(2) Bilious D. — 3rd Typhoid or Malignant D.

(1) Mild Sthenic Infly. D. is most common here & other temperate climates. Sits in & sense of coldness in loins or as rigor followed by ~~loose~~ stools. wh become scanty & tenesmus occurs May be pain in iliac or hypogastric region or in region of transverse Colon. tormina & tenesmus aggravated at night & towards morning. In mild cases there is no fever but in severe as there is & furred tongue. pat becomes weak & pale may be all right mentally. These symptoms after continuing for a few days. & pat becomes haggard. skin clammy & soft & weak Abdomen collapses & tolerates pressure. The paroxysmal pain still occurs stools become watery, mixed & blood & mucus has soapbalce. Character of stools is of importance. When rectum & sigmoid flexure (most common site) are att. stools are scanty, mucous & tinged & blood. little fecal matter! marked tenesmus! difficult micturition. When caecum or transverse colon is affected. feces are liquid & blood, mucus. bladder not so apt to sympathize

If dis increas strength fails rapidly. Eys become sunken Extremities cold. & clammy perspiration on surface. p. small & rapid tongue dry lips cracked & covered c Aphtha stools thinner not like beef washings & as contains shreds. At close of att stools become brown & very fetid pain ceases & voice fails Dies fr asthenia. When about to mend strength slowly rallies. bowels become tranquil tenismus abates feces appear in stools. at 1st of a bilious Character gradually recover natural consistence

Bilious D. In wh there is an xs of bile. In addition to symps of Mild Ithmic D. tongue yellow. bitter taste in mouth stools contain abundance of bile. become glairy. vomited matter contains bile tenesmus. tympanitis. If in a malarious district apt to be remittent

B. D. tends to term favourably in 1-3 weeks.

Typhoid D. use occ in camps & barracks. The symps are those of Dysentery & Typhoid depression The voice is feeble countenance sunken apathetic surface muddy & pale as c petechiae & Echimoses. Extremities cold. skin dry & harsh p. feeble. seldom accelerated seldom above 100. urgent thirst. vomiting after taking any thing Burning pain

in abdomen but seldom very severe. Stools few or freq. loose serous or mucous ss c̄ gangrenous odour. Towards close typhoid prostration of N.S. sets in c̄ delirium hiccough. dry tongue bleeding at nose. Breath & body fetid. urine also fetid & soft parts of body are apt to slough as in Typhus.

Causes. (1) The sudden effects of cold applied to v body after being xs ly heated (2) Food deficient in quantity or quality salt food causes D. Apt to be of a scorbutic character if produced by salt food Food may cause D. if it has begun to decompose (3) Impure air The affluvia of decomposing matter cess pools holds of ships. Of all organic affluvia those fr dysenteric stools are v worst Hence dis. infect stools c̄ Condy's fluid Zn Cl. or Chlorid of lime immediately. Impure Aq is a cause Espec in armies. Malaria Marsh malaria is that to be a cause

Morbid Anatomy. It wd seem that dis does not att allways v same structures. In c̄ follicles or tubules or tubular & vesicular glds & ss whole structure In an ordinary case v m.m. of c̄ part of v colon (generally lower end) is fd infl red soft & thickened. The redness & softness is espec round v follicles & also on rugæ In latter stage Exudation takes place Commences ss in tubular glds & ss in vesicular ss seen by naked eye

ss requires ⊙. The membr. thus exuded is ss very thin: ss rather thick varying fr 3-4 lines. Is of dif. colours. reddened stained c̄ blood bill or feces usu of a dark olive green. This exudation is rough as if mammillated ss so large as to form fungoid excrescences This exudation may be detached in flakes & passed by stool or may become organized & then is apt to ulcerate. Ulcer genly att follicles. They form little punched out ulcers, sloughing however ss att. membr & it perishes in large quantities & then ulcers form. Ulcer usu begins in a follicle it becomes surrounded by a red vascular zone. ss ulceration perforates v bowel but usu only v mucous & submucous coats. The intensity of all v processes. as sloughing. ulceration. fungosities &c ~~are~~ is more severe v lower down v gut. mostly at sigmoid flexure. In ulceration commencing in v solitary glds. we have v glds. standing out like small pox pustules Each follicle is v seat of softening & ulceration

In Chr. D. besides finding ulcer we have v whole coats thickened & calibre of Gut lessened & v infl extends to submucous & even peritoneal coat. Ulcers usu occur in rectum c̄ bloodless edges & base

In complicated D. as in India v infl often extends to small intests. In Ch. D.

also we have atrophy of M. M. thro' out intestinal canal. glds wasted containing no nuclei. Membr thin & wasted. Other changes in Complicated D. = Effus. in pericardium & peritoneum: abscess of liver & spleen ss even lobular Pneumonia In 5 cases you cannot remove M-coat. c̄out tearing it.

Diagnosis. Dysentery fr. Diarrhœa. chiefly in v characters of v stools. In Diar. they contain feculent matter in D. they do not. In Diar no blood usu In D. usu present in large quantities. stools freq. In D usu more tenesmus & dysuria. Fever common in D in Diar is not.

Dis. of Mesenteric glds. fr. D. In Mesenteric dis no blood in evacuations. Mucus not in large quantities.

An ulcer in Rectum may be confd c̄ D. but if you examine c̄ finger or speculum you may feel or see ulcer or stricture In ulcer or stricture of rectum small quantities of pus escape c̄out knowledge of pat. Stools healthy altho' mixed or smeared c̄ pus. In D. stools are not feculant & contain no pus.

Prognosis. The severer forms are dangerous to life. Dangerous sympts. Evacuations resemble beef washings & unattended c̄ feculant matter. freq & large evacuations of blood. stools fetid c̄ gangrenous smell. great constitutional depression –

Treatmt. Immediately give a hot bath & keep in till almost faints dry & put to bed secure rest * Give Gum Aq. Barley Aq. 2 of Rice Aq & 1 of milk.

* Give a good dose of Ipicac dose grs. 15 to 20 every 4 or 5 hrs.

Remedies. Ol Ricini ℥ß. c̄ Tr Opii. ♏ XV. c̄ Chlorodyn. ♏ X 2 or 3 times a day. In a child Ol. Ricini ℥ß. Yelk of Egg. Milk ℥ß. ♏. ʒj. 2-3 times a day. Ss Blue Pill or Calomel & Rhubarb may be necessary to repeat purge in a day or 2. After bowels are well opened you may give small doses of Dover. but dont give astringents as a rule In severe cases 2 indications (1) Remove & allay vascular Excitement (2) Favour circulat in infld M.M. Hot bath till pat faints. It depresses hearts action. as genl bleeding. determines blood to skin. relieves tormina & tenesmus. I apply a few leeches before giving bath round anus. to empty hemorrhoidal veins (French) or in course of colon.

Ipecac in large doses gr XX - XXX in ʒ syr. Aurantii upon empty stom & so not drink anything for 3 hrs afterwards or for 1 hr before taking it. If very thirsty a little ice but better not Ipecac. depresses hearts action. promotes perspiration. secretion fr bowels stom & liver lessens congest of M.M. also portal congestion. In India no remedy is considered as good it relieves pain tormina &

tenesmus. Dose sd be repeated in fr. 8-10 hrs give a little beef tea between continue this treatment for 2-3 days & may even continue in nightly doses of Gr. X for 2 or 3 nights even after evacuations have become fecal.

Again Saline treatmt. is tho't to be best suited in sthenic cases p strong, skin hot & dry. Mag. Sulph. ℥j-ij or Soda Sulph ℥iiß in Oj. Aq or broth. wineglassful 3 or 4 times a day I prefer Castor oil in Chdren. In ō a purg. of Ag is best use in sthenic cases. Indications for its use are yellow fur high colᵈ urine Ag. sd be avoided in Anaemia. scorbutic pats. or in Malarious D. After bowels are unloaded give Ipecac c̄ op. as Pulv Dover Gr viij-x or Pil of Op. Gr j-ij of Ipecac Gr ij Purgatives sd be repeated q abdomen becomes distended & scybala in stools or loaded tongue.

External Treatmt. If pain severe hot stupes Chlorof. Lin: over abdomen Tr. Opii on hot stupes

In Bilious D. Ipecac is espic good & we do not object to vomiting because liver is relieved & cuts short complications May give an Emeto-cathartic as Calomel Gr X c̄ Ipecac XX. After v bilious stools give sed as P. Doveri or small doses of morph. & sour drinks. whey lemonade ripe fruits grapes oranges &c Diet gum-

Aq. &c as case mends give animal Broths

Typhoid D. Little amenable to treatm. Hygienic means. Remove cause. Remove to healthy parts. Good food & water no salt meat. External means. fomentations. turpentine stupes ss even blisters. If skin hot & dry sponge c̄ warm vinegar. Ipecac. alternated c̄ Q. I say that opium in large doses was most beneficial remedy in D. in Crimea. 2 gr doses. Every 2 hrs. Carbolic by mouth or rectum. Creasote was formerly used.

If scorbutic sympts are present treat them Lime juice ʒß-j. in Aq. ter die. Improve diet fresh food in liquid form fresh vegetables. When it tends to become Chr astringents sd be used. Logwood. Tannin. & gallic Cup. Sulph. AgO NO₅ ¼ gr. in Pil. ter die. Change of air travelling flannel next to skin. Convalescence is usu slow

Diarrhœa

= in wh Evacuations are more freq & liquid than normal & ss altered. It is ss a sympt. of another dis as Typhoid Cholera. Scarlet fever &c. But ss it occ. per. se. as a functional disorder & as such it will now be considered

÷ according to character of stools. Thus. I. D. of Irritation or feculant diarrhœa.

a D Crapulosa. b D Biliosa. c. D. Syenterica
II. Mucous or Catarrhal D.
III. Some say there is a serous form.

D. Crapulosa. Caused. by over eating ss by food wh is not digestible because taken in too large quantity or because of its nature. as nuts, salads. rich pastry &c ss food becomes indigestible in stom fr. pat going immediately to hard work as study or bodily exercise. Another occasional cause is unhealthy secretion fr liver & intest. Laxative medicines

Sympts Full belly. griping. twisting at navel & ss tenesmus. Stools feculent & fetid & contain undigested food. There may be gastric catarrh. Tongue thickly coated breath foul. headache languor lassitude. Complex sallow. & loss of appetite To distinguish fr Syenteric D. in wh food is passed almost as eaten. App. apt to be voracious loses flesh vez rapidly. great debility & towards end pat becomes soporose Bile deficient This form acc greatly among soldiers. in Crimea ss find & dis among Chdrn in connection c̄ dis of mesenteric glds. For tenesmus in Dysentery inject XX-XXX m Tr Opii in starch into rectum. or apply Sponge wrung out of ~~cold~~ hot Aq. or ice in cloth applied to anus. ss washing out rectum c̄ wary starch or Aq (½ a tea-cup) relieves for an hr or 2. I say Ag No5

is good grs ij in 4-6 oz. of starch. The following combination is very good

R. Ol Tereb. ♏ X-XX.	After bowels have
Ol. Ricini ʒj	been unloaded by sal-
Chlorodyn. ♏ X-XV.	ines & above mixture
in emulsion 4-6 q.h.	is very beneficial. ss

may combine c̄ Chloric Ether.

Lyenteric Diarrhœa not uncommon in Chdren Espec of teething & may occur after & other forms have become Chr. In this form & food passes rapidly thro' cout being digested.

Bilious D. The hepatic secretion is xsive or altered & irritable in quality. Hence freq. bilious stools. Dr. Chambers supposed it to be due to loss of absorbant power of liver & d bile not being concentrated

Causes. Alcoh Spt wh act directly on liver & indirectly thro' irritating & M. M. of & bowels & stom. (2) Irritation Espec of small intests. by irritating & indigestible food (3) Cold & wet applied to any part of body acts in a reflex manner thro' & cutaneous nerves (4) Long continued hot weather wh increases irritability of liver. In Bilious Cholera in addition to ordinary bilious disorder, we have gastric disorder vomiting of bile cramps in bowels & legs. stools contain bile. Long continued hot weather may explain Epidemic bilious attacks. also hot days & cold nights. Is also supposed to predispose to bilious

diarrhœa & making gastric m.m. more susceptible. Cholera is almost always a dis of hot weather. B. D. is attended c̄ copious yellow stools of liquid consistency or may be grenish if stom be acid. Not usu much pain unless dis be very severe & passes into infl diarrhœa

Another variety in wh feces are black Stools are profuse attended c̄ griping & c̄ scalding at anus. Altho' this ss occurs in diarrhœa it is more common in connection c̄ organic dis of liver Stools containing bile are not fetid & v green fetid stools of chdren are bloody stools swh altered

Diarrhœa Mucosa. ss called infl or congestive D. Here infl of M M is genl of colon in adults but in chdren in small intests & then might be called muco-enteritis There is severe abdominal pain on pressure. slight pyrexia. p soft. tongue green or reddish nausea & loss of appetite. Stools contain mucus & flakes of epithelium ss contain shreds of fibrine ss streaks of blood. If v ~~coagulable~~ contained serous fluid is coagulable may infer infl of small intests ss in infants it is so severe as to constitute true dysentery or muco enteritis & carries off pat in 3 or 4 days

Stools in Mucous D. The degree of serosity shows v extent to wh infl. has gone

in M.M. White. Bloody. putrid & Alkaline are bad signs & indicate infl of cæcum & ileum. If yellow & smell of bile it is a good sign. When blood is fd in stools in recent attacks it indicates infl of M.M. This form is apt to become Chr. When Chr. Diarrhœa alternates c̄ constipation. In 5 cases of Chr. M. D. v discharges are quite pale constituting wh is ss called white flux, the supposed source is v infld follicles. bile being minus. This form usu follows Dysentery Chr. congest. of liver in teething Chdren. ~~[illegible]~~

Serous D. usu included under Mucous D. But ss meet c̄ serous evacuations wh do not indicate infl of M.M as

in Brights. Diastics. The diarrhœa wh precedes Asiatic Cholera ~~[illegible]~~

General Causes. 1. Mental anxiety & fever. 2. Cold to any part of v body. 3. Exhaustion either fr want of food or fr. dis. Often find diarrhœa fr exhaustion in nursing women wh nurse too long. 4. Endemic causes as Effluvia of decaying organic matter. Espec fr drains water-closets dissecting rooms. use of Aq impure from Soakage. fr grave yrds &c

Treatmt. Ascertain cause if food be at fault. remedy it. If impure air remove to a more healthy locality. If exhaustion relieve it. Arrest diarrhœa.

If Feculent D. empty bowels & mild purge as Castor Oil. Gregory's Mixture. If bowels continue irritable after purge. give P. creta Co If stools dark & offensive give purge & sedative as Pil Rhei & Hyosc. or Rhubarb & soda. after bowels have been evacuated give

R. Calomel gr ¼ }
Opii gr ½ }
Ipecac. gr ¼ }
4 q.h. }

As soon as secret. fr bowels lose their dark col. stop Hg. Afterwards give small doses of P. Doveri.

In Canadian Cholera in wh there is vomiting use mustard paste over stom. M or Op. to relieve pain. Mc gr p on tongue repeat in 2 3 or 4 hrs Eat very little. Eat ice or drink strong cold tea. Calomel gr V Op gr i. is generally sufficient. Camphor Pil in mild cases is good

Mucous. D. if mild will be relieved by Castor oil. or ssp. or Tr. Rhei. Equal parts of Castor oil & Turpentine Every other morning & Dover or Gray powder 3 night before If these means fail treat as muc. Enteritis. In children as you will have to leave gums & give Castor oil Emulsion Dr Chr. Form. Bals Copaiba & op. very effectual & must attend to secretion of liver. give a combination of Nitro Mur. acid & Taraxicum. Here injections of Ag No3 & Acet of Pb. are good. The mineral acids are usu combined & vegetable bitters. or Logwood. The following prescription is most generally

℞ Acid Sulph Aromat ♏XX
Tr Camph Co ℥j.
Ether Chlor ♏X
Spt. Menth ℥ß
Syr Papaver ℥j
Decoct Hæmatoxy ad ℥j. ℥
Every 4-6-8 hrs.

If tools are scanty & freq. before you use above give a purgative. Is curative in 7/4 % in 48 hrs. (Dr. Clark)
Alkalies promote secretion of v M.M.
Demulcents are espec good. as mucilage sliperz Elm tea. linseed tea. They act mechanically on M.M. Cold Aq. after objectionable. In most cases Diarrh ca 100 get well fr dietetic treat. alone
Pay great attention to diet. milk c Aq calcis besides milk. flour & milk. Ridges food c̄ milk is very good. Gelatine c̄ milk. as case improves batter pudding & custard. Broths. hygienic means. flannel next skin fresh air.

Tabes Mesenterica.

not so freq as was formerly thot. Mesenteric glds enlarged Extrly by strumous deposits or fr tubercle gray or yellow in v glds. The glds may undergo softening in centre or calcareous degeneration. or v tubercles may wither. In 2 last forms pat may recover. if degen-

eration takes place may die - Seldom fd per. se. you will usu have tubercle elsewhere as in peritoneum & intests Rule. When M.M is infl^d & glds in & neighbourhood are enlarged -

This dis is practically of little moment.

Sympts 1st The chd has injected red tongue craving appetite. usu diarrhoea stools unhealthy & often fetid. bowels irregular gradual emaciation. due rather to tuberculae dis than obstruction of mesenteric glds. skin dry & harsh countenance anxious. pallor & debility. If peritonitis present. there is pain & tenderness in belly & constipation. Chd is carried off by peritonitis or tubercle in brain or lungs.

Causes. 1st hereditary taint. next depressing causes fr 3 yrs to 2nd dentition is & most common period.

Abdomen. It is commonly thót q a chd is emaciated c̄ large belly. to have Tabes Mesent. This is not correct because it may have Rickets. In Tabes Mesent belly is ss retracted. ss belly is enlarged by effus fr pressure on portal veins. The only evidence of T. M. is that you can feel & glds enlarged by grasping & belly or by squeezing & parietes between & hands. How do you distinguish enlarged glds fr accumulation of feces in transverse & descending colon? Tumor fr feces cylindrical & long & stools have a stale smell. dry granular

pale & lumpy & brittle & if you give a large injection you will remove feces & tumor will disappear

Treatmt. Same as for tuberculosis. 1st Diet sd be highly nutritious. abund. of milk Animal broths. pounded raw meat. Change of air. high & dry or sea side places - Cod. oil. Fe. If fever present give mild saline as Pot. Citrat. If stools lumpy & unhealthy give Rhubarb & gray powder. Externally: friction c̄ Lin. Iodi dil.

Bright's Disease

Bright was ✓ 1st to associate dis of Kidney c̄ dropsy So ss called Albuminuria but wrongly. Rayer called it Albuminous Nephritis. Another Granular degeneration All forms of Bright's are included under 3 heads. (1) Infl of tubulae urinifera hence called Tubal Nephritis: Ac. desquamative nephritis. (Ac or Chr.)

Dickinson called No 1. "Tubal Nephritis"

(2) Granular degeneration. Here ✓ fibrous matrix is att first.

(3) Amyloid or Waxy degeneration. A new name depuration infiltration. Here ✓ dis begins in ✓ blood vessels - It is cronic and degeneration begins in the blood vessels

×or or "Acute inflammation of the tubles"

*Tubal Nephritis In 1st. Stage. the organ is enlarged & increased in weight (9 oz) is dark red. On section v capsule is easily torn off. & is transparent cortex & pyramids congested surface is injected & ss blackish red dots are noticable q̄ congestion is extreme ⊙ v urinary tubules are gorged c̄ renal epithelium. If dis continues beyond 5 or 6 mos we have large smooth white Kid. Now v organ is very much enlarged (12 oz) pale & smooth. capsule easily removed & is not thickened or opaque. numerous large vessels on surface. Corticle portion increased fr ½ in to 1 in thick (naturally ¼ in thick). Is smooth & pale c̄m scattered c̄ white dots due to urinary tubules being choaked c̄ inflam^y. fibrinous deposits. This gorged condition interferes c̄ v circulation in v minute blood vessels & hence organ is anaemic. ⊙ tubules appear over distended. gorged c̄ epithelial cells: fibrine can be squeezed out of them & granules of fat.; and epithelium contains fat

black spots are from black spots on the malpigian tufts

It may or may have uniformly paleness.

Between these 2 extreme kinds of kidneys. there is a great variety. Cortex coarse & confined chiefly to pyramidal portion hence we may have what is called coarse Kid intermediate bet above 2. Malpighian bodies not much altered. It is held ḡ s. (Germans) that there is a third stage. in wh v organ is atrophied. English & Yankees say that this stage is very rare & is v result of Amyloid degeneration. It is so rare that

Dr. Dickinson ignored it. It occ 12 in 2350 cases. of tubal nephritis

Symptoms of "acute: Subl. malony Dr Ossey"

Sympts. When following exposure to cold It sets in c̄ a rigor. hot skin. thirst firm. bounding p When it follows Scarlet fever Pat is swollen. Soon after s rigor. pat becomes swollen. Eye-lids become puffy. requires strong pressure to produce pitting. Oedema. Genl. The pat freqly desires to micturate urine scanty, high Cold. ss dark smoky & deposits a granular matter like sediment of blef tea Smoky appearance due to presence of blood. Sp.gr. 1020 or over. ss of albumen. ss tubecasts are present. The Epithelial casts are common * Again granular casts. 3rd wary transparent casts. Freqly you will find blood corpss under s C. ss you will find free Epithelium. Pat apt to have severe headache. drowsiness or coma vomiting common. ss bronchitis is present ss Pneumonia. When functions of Kid are altogether impaired we have N. sympts convulsive twitching of muscles.

scanty urine & will be 1 pult in 24 hrs. When urine is allowed to stand a sedament is formed: Pat will have effusion into the peritoneum and often in Pleurae. Pat may have attacks of diarhoea.

* you may have blood cells & may have blood casts.

May terminate favourably in fr 3-4 weeks Even in 4-5 mos. but not common because then it becomes Chr. & pat usu dies in 6 8 or 12 mos. Few last beyond 3 yrs. More rapid in chdren than in aged.

often proves fatal in one month, in Children

Signs of a favourable Termination. Increase in amt of urine. Sp.gr. falls becomes transparent. anasarca disappears & at last all Albumen disappears. Generly after 5th mo.

a large white Kid. is produced; and tube casts can be seen

In White Kidney. urine is rather dimin ished. density about that of health. increase of Albumen. deposit of coarse granular casts. s Epithelial casts & ss transparent casts & s fat globules either in casts or free. Also pat has genl anasarca c̄ double hydro-thorax-ascites. hydro-pericarditis. skin pale dry & glossy. habitual bronchitis In this form there is remarkable tendency to 2ndy complications

1st. Predisposing C. Seldom after 50 years

Causes. Of Ac. usu in persons about 23 Dickenson says 28 2/10. More common in males than females. pat usu in good health prior to att. Exciting causes. Cold. Scarlet fever (espec). Apt to occ in 3rd week after att. measles; small pox; Erysipelas; pyæmia* Typhus: Rheumatic fever: Yellow. Atrophy of liver. Cholera & diabetes. Dr. Roberts thinks about of severe drinking may be a cause: may follow repeated pregnancies: Ss Chr dis comes on incideously c̄out any app cause Renal irritants cause it: the disease may be Cronic throught

Diphtheria and Pneumonia

Renal irritants = Cantharides. alcohol &c.

It begins externaly to the tubuli

2nd. Fibroid or Granular Degeneration or Cirrhosis of Kid. The fibrinous portion contracts & leads to atrophy. Capsule thick & adherent & opaque. surface of organ granular the texture of organ indurated. The fibrous portion is very distinct wh is not natural & on section there are strands or bands of fibrinous tissue. When dis is advanced the organ is reduced in size* (2 oz) is granular

* and weight

(granulations ½ m in diam) white & stellate depressions between them). Capsule adherent opaque. Cortex atrophied pyramids reach to surface. The organ is anaemic tough & firm. If now you examine & lens you see minute cysts formed & distention of tubules & malpighian capsules. Tubules are irregularly dilated & convoluted & devoid of epithelium. In this stage & organ is atrophied due to & contraction of & newly formed tissue

"Tubules here and there are varicose, like varicose veins"

Healthy P.C.K. Appearances. We often find epithilial granules. & fat granules. The tubules in health are usually filled & epithelium & often granular matter. & empty & & distended & fibrinous matter.

Sympts. of Granular Kid. Chr & insidious from & beginning. usually put consults you for & obscure ailment. as vomiting headache &c. Gradual loss of strength flesh & colour flatulence. morning vomiting. in other cases early sympts are early. Disturbance of N.S. headache. & like neuralgia. moles before & eyes. impairment of vision. & perverted taste altho' pale at beginning. complex. becomes as it were sun burnt. Dropsy is not an early sympt. & is & absent altogether unless valvular dis of & heart be present. When dropsy present. it is moderate Oedema puffy ankles. Bright's Ex = oedema under conjunctiva (present in about 25%) & it is Extension & invades & pleural sacs. then in & peritonaeum

urine in early stage is increased 60-80 oz towards close is scant Sp. gr. 1005-1015. Tube casts as precede Alb. Tube casts large or small, usu granular. Is transparent in chr cases. fat globules are present. Alb at first is small in amt. early urine contains blood. Thickened tortuous radial artery & atheromatous condition of arteries are indications of chr Bright's dis This condition of blood vessels predisposes to hemorrhages. Obst. Jones fd in 36 cases of apoplexy & kidney dis in 29. Impaired vision fr uremia is fd in connection w this form of Bright's. Also fatty degeneration of retina. Bronchitis is also a sign of this form. Pericarditis espec happens in granular degeneration Semi coma is common. Hypertrophy of left ventricle cont. valvular dis is a cardinal sign of granular dis of kid. in fact this is almost the only dis in wh this condition of the heart is fd.

Causes. (predisposing) usu in advanced life rare under 30. increases w Age. More males than females (2-1) Freq in temperate climates mechanical congestion of kid acts directly in producing it (as cause & impregnated uterus) When granular degeneration is produced & valvular dis of heart. Kidney is enlarged & firm & congested. Even in advanced stage the granulations are smaller than in ordinary form. No other form but fibroid

degeneration is caused by dis of heart. Pregnancy is ss associated c̄ Albumenuria & ss after repeated pregnancies. fibroid degenerat may set in. Gout may cause B's. lead Gout espec produces it & granular kid is v only form produced by it. Alcoh is a cause. 1st The liver is most apt to be att by it then the lungs & lastly kidneys. May last 10-12 yrs.

3rd. Amyloid Degeneration Most recent name = Depurative degeneration. Albuminoid Degeneration. There are 3 stages of Waxy kid 1st. The kid is natural but swh pale mal. pighian tufts very distinct swh like sago granules. The arteries of v mal tufts are also very distinct. This is v earliest appearance In 2nd Stage. infiltration thro' subst. of organ takes place. Enlarging it (10-12 oz) Capsule Easily removed. Organ smooth & pale Anaemic. On section is firm. Cortex thickened not granular but very anaemic easily cut into thin slices. c̄ edges semi-transparent swh like candid. citron peel. Density greater than nat. In this stage on section there is a great amt of tissue bet tubules Tubules are very distinct. The process of formation of new tissue proceeds fr cont inwards. If pat live long enough v kid. of this stage may become. Atrophied 3rd. Stage Kid small cap. torn off. lean. long & thin. surface uneven anaemic waxy. Cortex diminished. ⊙ malpighian bodies appear packed

together more so than in health. The smaller arteries are dilated & walls thickend The time required for atrophy in amyloid dis is about 6 yrs. Tubal Nephritis may follow amyloid Kid. & vice versa. Comes on fr s cachectic state of s system. Pat is usu in bad health suffering fr s obvious cause as tubercle. scrofula. rickets or Chr. suppuration. & while thus suffering we notice he has to micturate more often than natural & urine passed is in proportion to amt of fluid taken. of Low density 1010-1015. towards end of life scanty. ss Alb is not fd. at all. tubecasts ss absent at beginning usu waxy. ss c̄ fat cells. ss these tubecasts become reddish brown q̄ touched c̄ I. but rarely. Spgr. 1005-1015. Dropsy is not an early sympt ss absent altogether. ss early but usu late. comes on gradually. Usu in feet. cellular tissue. & peritonaeum. vomiting. Diarrhoea is a common & important sympt due to villi of stom being involved. Coexistence of dis in spleen & liver is a valuable coincidence. In 72 cases of dis of Kid & spleen & liver are enlarged in 48 of s spleen & Kid. 20.* & of Kid alone 5. There are signs of genl cachexia. Complex-waxy anaemic. Is a sequel of s cachexia. Espec of syphilis. tuberculosis & scrofula. dis of s bones. fd in connection c̄ Chr abscess. Empyaema & pyelitis are rare causes. Is not always preceded by above. Rickets

* Of Liver & Kidneys together 4 times

is a cause.* Amyloid degenerat. usu runs a Chr course but it lasts ss only a few mos.* A marked tendency to infl of lungs * & pericardium exists. Uremic coma & ss Epileptiform convulsions occ but not so common as in other dis of Kid. Hypertrophy of L. ventricle: Atheroma: Apoplexy is not apt to occ in connection c̄ Granular Kid. Is not invariably fatal. granular Kid is. Death is usu produced by ō inter current dis. as Pneumonia caries or Rickets.

Symptoms of all Kinds

Sympts. (v more important.) Skin dry & harsh attended c̄ absence of perspiration such persons are very susceptible to cold & a slight cold will freq^ly bring on an att of uremic coma or convulsions. Another sympt is bronchitis. in Tubal Nephritis & Granular Kid. Is due to nature endeavouring to eliminate poison of dis by bronchi. is rather a congestion. than a true infl. Diarrhoea is a common sympt. of several forms of B's. usu watery containing urea in considerable amt. This diarrhoea reduces dropsy & hence sd not be to soon stopped. Vomiting is common in Bright's. Vomited matter contains urea & often relieves system of poisonous matter. Pain in back & loins is not common. Alb in urine is one of most reliable sympts. Besides congestion of renal vessels wh is a cause of Alb in urine we have Amyloid degeneration

* but if not they will be subjects of S degeneration as Diarrhoea or some causes

* or as long as 2 or 3 years and of Pleura

It is generally fatal.

The most common symptoms is a frequent desire to micturate

Albumen in the urine has given rise to the name of "albuminuria" amount of alb. varies fr 3i-3v per day: from 45 to 100 grs. per day

of them. Alb may appear transiently in urine as after consumption of albuminous food. & does not indicate presence of renal dis. Prelicks considers tube casts most valuable. but ss absent as in outset of granular kid.

Tube casts not found in the 3 stages

Varieties of casts. 1st Epithelial casts. composed of v epithelium wh lines renal tubules wh peel off & hence ss called desquamative casts. They are entangled in fibrinous matter. They indicate acute infly action. When they occ in Chr cases they indicate an Ac infly att.

2nd Granular casts. If opaque dark & course they usu consist of disintegrated renal epithelium & indicate that they have been retained in tubules for s. time size 1/500 - 1/700 in. in. diam.

3rd Waxy or Hyaline casts or simple fibrinous casts = transparent cast & structureless. If small 1/1000 - 1/700 they occur in early infl. of tubes. shortly after hematuria & are considered by s to be indicat of a mild att. If large 1/500 - 1/700 in diam c̄ oil granules c̄ compd. granular masses they indicate a Chr form. and are of evil omen

4th Fatty. Casts. = casts c̄ fat.

Blood casts = casts c̄ blood corpss seen ⊙

Another important sympt is deficient amt of solid matter in urine. Espec of urea & extractive products. ss only 100 grs urea is passed in 24 hrs. instead of 4 - 500 grs -

$\frac{102}{40}$ density of urine / amt of urea in urine

Or you multiply the last 2 figures of the density by 2. or better by 2·33

If you take 2 last figures of density of urine & multiply by 2·33. will give you number of grs of solid matter in 1000grs of urine. For grs of urea in any urine Take a measured quantity of urine & put in a graduated glass bottle & place over Hg. add a little hypochlorat of soda to bottle & ·3048 cu. in of N. (Set free) = ½ gr. urea. Liebig's method.

Another important sympt is Dropsy When it occ in Ac. Tubal Nephritis it occ rapidly & simultaneously all over ✓ body & does not easily pit on pressure. In Chr form it does not occ simultaneously all over ✓ body: Eyelids become puffy in morning & ankles at night. pits easily on pressure: B's dis. When dropsy is extensive invading scrotum & upper Extremities suspect B's dis

Causes of Dropsy. in B's dis Congestion of blood vessels. & an altered state of ✓ blood The chief cause of B's. dis. is an altered condition of ✓ blood. Alb & blood globules escaping fr ✓ blood. thus producing an altered condition & retaining in ✓ blood, urea & Extractive matter which sd be Eliminated & in Ac forms perspiration & watery Elements of urine are retained Now does impoverished state of blood produce dropsy? It produces congest. of blood vessels. again ✓ urea acts probably as a poison on ✓ Nerv. centres & impairs their function over ✓

nutritive organs, urea ? interferes c̄ ∨ nutrition of ∨ tissues & probably ∨ blood vessels being badly nourished favours exosmosis Effect of dist blood on N centres. From urea in blood we have head-ache. hemicrania neuralgia, impairmt of vision noise in Ears. Cramps in limbs drowsiness, dizziness loss of sensation in various parts of ∨ body spasm & uremic coma & convulsions. & at last: Uremic coma & convulsions most important complications.

The climax of B's dis is uremic coma & convulsions. They occ esp. in granular kid. & are preceded ss by headache obstinate vomiting. drowsiness, slight delerium confusion of tho't dimness of vision. loss of sensation in various parts of ∨ body, clonic spasms & after a few days coma creeps over ∨ N centres. It usu sets in suddenly in form of epileptic convulsions followed by a condition like shock & pat lies apparently comatose: mouth open; pupils almost always contracted (Dr. Wilks) but Dr Howard considers opposite condition most freq. Pat may be roused by loud questioning. Breathing c̄ stridor due to paralysis of laryngeal muscles. ss coma is very profound & cannot elicit any manifestation of feeling by pinching &c. When semi comatose ∨ pat gives rise to monotonous sounds. State of muscular system varies. ss paralysed. semi

In California

In college this year & God knows where next year

paralysed & in v majority of cases. spasm of a few muscles. High fever, hot skin, thirst disposition to vomiting & purging p rapid & bounding. Coma may disappear suddenly An att of uremic convulsions may be single or may recur & pat remains comatose in v intervals. Coma usu alternates c̄ convulsions

Cause of Coma & Convulsions. is a poison in v blood wh acts on v brain. but v N. centres are also fd anaemic & s think this last is v chief cause. In Gran. Kid Dickenson holds that extreme anaemia is v cause of convulsions. Cause of urea in v blood acting as a poison (1) Frelix supposed that urea is converted into Carb of Ammon, in v blood & it is a poison. Hammond thinks urea itself is a cause, (3) That it is due to v retention of creatine & creatinine in v blood Recently. That it is v urine pigment wh sd be eliminated ⅌ v urine being retained in v blood & changed into uropaetine & omocotic ⅌ its decomposition. Rule. Whenever v functions of v kidneys are suppressed we have these uremic sympts Other consequences of B's are 2ndry infl of other organs espec of pleura, peritoneum & pericardium. & pneumonia wh is apt to terminate in gangrene & suppuration. Thickening of valves of v heart & hypertrophy of L ventricle usu occ fr granular dis of v Kid. B's (granular dis) tends to produce atheromatous condition of v arteries &.

accounts for tendency to Apoplexy. Accord to Dr Wilks ∨ tissues of ∨ body genly suffer in their nutrition. Hepatic cells are mixed c̄ fatty degenerat. & heart's fibre also undergoes fatty degeneration. Again retinitis (a chr form) followed ∫ fatty degenerat of retina.

Treatmt. of Ac. Tubal Nephritis. vena-section seldom needed. Yet q̄ Ac dropsy follows severe cold skin hot & dry urine scanty bleeding at arm or in less sthenic cases cupping over groin, is advisable then put on a large warm poultice. To act on skin hot-air-baths. warm baths. Dr. Dickenson says that diaphoretics warm baths & hydrogogue cathartics are mischievous because ∨ watery part of urine is necessary to wash out Alb. Dr. D. aims at producing diuresis. ∫ drinking pure cold Aq or infus. Digital. Infus Digit. ʒj-iiii Evez 3 or 4 hrs. & then q̄ he has produced diuresis he gives cold Aq ad libit. x Diet fluid. milk diet broths. beef-tea chicken broth &c. Bennet & Dr Roberts employed diuretics. Roberts used Citrat of Pot until urine is alk. he says it protects against uremia & 2ndy infl. In Ac form & in sthenic pat bleed & give Antim tart (as a diaphoretic) Liq Ammon Acet. ʒj-iv. c̄ Antim. Tart gr ⅛-10 or vin Ipecac. Evez 3 hrs. Drastic purgatives are also used c̄ these Pulv. Jalap Co ℈ij-ʒi Evez 2nd or 3rd day or for Children Mag. Cart. gr x. Mag. Sulph. & a little peper mint Aq. ad ʒij Evez 2nd & 3rd day. Now 2nd stage. q̄ infl has passed

Tests for albumen in urine - You boil the fluid c̄ HNO_3 and heat: HNO_3 dissolves and the phosphates always employ the 2 tests. If phosphate in the urine heat will throw down white cloud but HNO_3 will dissolve it. Treat: is antiphlogistically

To test for extractive matters remove the alb. then add a little tincture of galls wh. will throw down any extractive matters.

allows 2-4 pints of H_2O per diem. Dr Howard says. Dr. D's treatment is good for mild cases, but when severe cases then my old plan

Mamier gives milk: and the skin milk treatment has become greatly in vogue

off.) we try to restore condition of blood & hence combine Fe c̄ diaphoretics. Tr. Ferri Mur. c̄ s̄ salt of KO. or Pot. Acet c̄ Ferri Acet: or Vin. Ferri. c̄ KO_2 CO_2 In sub. Ac. or Chr cases in wh skin will not perspire give baths & diaphoretics After dropsy has disappeared. give up diaphoretics. Diet nutritious.

Treatmt. of Granular Kid. To produce action of skin. wear flannels or use baths. Turkish baths twice a week. in milder cases once a week. Baths are better in cases in wh urine is copious Another way to promote action of skin send pat to warm climate. soil sd be chalky. Improve blood by Fe. Liq Ammon acet. & c̄ it may combine Fe.

* Thesis "Bashanis mixture".

* Good-fellow's prescription

℞. Tr Ferri Mur. ♏ v̄–xv.
Acid Acet dil. ♏ xx–xxx
Liq Ammon Acet ʒj–ij.
Aq. ℥i p.
2–3 times a day

Dickenson prefers. Ammon Acet c̄. Fe Acet Fe sd be continued for a long time but must be suspended if urine becomes bloody & scanty bowels constipated &c. Op. is not well born sd use Hyoscy. Conium. Hops &c. Diet * mainly vegetable c̄ but little animal food. Little animal food because it increases urea. Claret. Hock & mild wines. may be used. Dropsy treated best by diuretics. as digitalis squills

* Mamier recommends milk diet.

& cream of tartar. or Spt Ether Nit c̄ Squills. If diuretics fail use drastic purgatives. P. Jalap Co ℈j c̄ Cream of tartar or Elaterium ⅛ Gr. Vapor baths Espec useful. Robert's prefers Spruce beer

If the dropsy will not yield to treatment then puncture a little in the knees & do not allow the fluid to trickel down the leg as it may set up Erysipelas.

Treatmt. of Amyloid dis of Kid. Essential point is to remove if possible v cause It is nearly always a consequence of s̄ form of suppuration. but s̄s follows Rickets & Syphilis. If it depends on suppuration we may hope to arrest it by removing suppur. as necrosed bone. If abl in urine amputate, because v wound will heal more rapid by than if resection was performed.

Phthisis renders prognosis of dis of Kid almost hopeless. but we may prolong v case. Syphilis is more hopeful as Pot Iod. c̄ Sarsaparilla will often remove syphilitic cachexia. Dr. Dickinson recommends Alb & alkalies. He holds that v drain of pus causes dis of Kid fr containing alb & alkaline matter. hence he gives Alks. Alb. eggs & animal broths

Dropsy requires same treatmt as in granular degenerat. Fe to sustain system. Diuretics. Vapor bath not so well born in Amyloid as in Granular Kid. The diarrhoea in Amyloid may be treated by Op. or Cup. Sulph & op. pil

Treatmt. of uremic coma & convulsions

When uremic coma follows Ac tubal Nephritis, if profound & p bounding - bleeding gives v most ready relief - it relieves v congested heart & brain. Active cathartics as P. Jalap Co. or as pat cannot swallow Croton Ol. gtt ij Eleterium gr ¼ - ⅛ dissolved & put to back of mouth. With reference to blood letting in uremic coma & convulsions. There have been some die after blood-letting but v worst cases have recovered after blood-letting. Another mode in milder cases is to cup at loins as in Chdren & weak patients ss necessary to combine both cupping & genl. bleeding Another remedy espec in Chdren = v bath. Hot air is more easily given. Make a cradle of hoop cover c̄ blankets & apply spt lamp under a funnel opening under v blankets.

or of children: Sulp: & Carb of magnesia

During convulsions Chloroform is good in Ac form & is now commonly used in puerperal Convulsions. When coma is continuous Chloroform is not safe. Dr. Dickinson condemns blood letting because of anaemic condition of v brain P.M. He gives Op. or P. Doveri. Chloroform may be given. He recommends drastic purgatives & diuretics & baths. On no account give opium (Dr. Howard)

Inject fr. ⅙ to ¼ of morphia c 15 grs of chloral,

Dr Dickinson gives = { Alcohol = = 1 = a; Chlorophorm = 2 = b; Ether = 3 = f } = 123

Nephritis & Pyelitis.

arise fr renal calculi Is one of v most common renal dis fr mechanical causes.

Calculi. Uric lythic or Usu smooth of dif-sizes & shapes. variable in number. seldom occ in both Kids. Usu in gouty pats This is v most common kind.

Oxalate of Lime. Rough like Mulberry rarely more than one in a Kid: Called Mulberry calculi.

Phosphatic Calculi. rarely occ in v Kid. The triple phosphate rarely composes much of any renal calculus

Cystic Oxyd calculi rare. & Zanthine

When large it excites infl & suppuration in Kid. The abscess may open in various directions. ss in descending colon or duodenum. rarely they perforate diaphragm & enter v lung when v matter wd be expectorated. May burrow into v muscles of v back & point in v loins. ss under Poupart's lig. like psoas abscess

ss calculus blocks up ureter, & leads to v dilitation of ureter & pelvis of Kid. & lastly subst of Kid is ~~[illegible]~~ absorbed & converted into a large cyst ss sacculated ss these sacks are filled c̄ pus = pyo nephrosis ss c̄ urine = hydro-nephrosis. Another effect of renal calculi is atrophy of v Kid. ss calculus is encysted in Kid & does no great harm

Sympts. of Renal Calculi. Pain in reg. of affected Kid of various intensity often intermittent & excited by excessive Exercise is increased by pressure is persistent & severe Tho' felt in affected Kid pain is to be in sacrum. When right Kid is affected pain is felt in R. hypochondriac leading to supposition of dis^d liver Pain so follows down course of corresponding ureter so pain down inside of thigh so blood in urine so in sufficient quantity to be noticed by pat. but so needs microscope to discover it. Bloody urine most common in rough calculi. Bloody urine is absent altogether & pus in ♁ urine is ♁ 1st indication of urinary calculus. Vomiting so present

Descent of Renal Calculus known by acute pain. rigors pain in perinæum urgent desire to micturate. Urine nearly always contains blood in Pyelitis for ♁ outset & ♁ O discovers Epithelial cells for pelvis of Kid. are spindle-shaped.

In chr cases of Pyelitis ♁ urine is cloudy & voided but divides into sediment & a clear supernatant portion. sediment contains pus & ? blood globules If calculus does not escape into ♁ bladder it increases by successive deposits & blocks up ureter & causes abscess As soon as abscess occurs you find by Examining urine daily that after being accustomed to find pus it

suddenly disappears wh indicates occlusion of ureter. Commonly v Kid suffers fr distending force & becomes sacculated, ss abscess enlarges. usu slowly. ss accompanied c̄ rigors & hectic fever. The pus will burrow thro' loins or open into colon or into peritonaeum. & occasion peritonitis. usu renal. Calculus passes down ureter & becomes vesical.

Frequent — Sympts of passage. It may remain in the kidney form a cyst.

Sympts of descent of calculi. Sudden violent pain shoots down ureter into testicle. nausia pallor; depression: cold & collapse. ss syncope or epileptiform convulsions acc during pain. pat desires to micturate freq^ly. Sympts as suddenly disappear as they come on q̄ calculus has reached v bladder

Causes. extension upwards of infl fr bladder to Kid. Enlarge prostate &c. tubercle or cancerous dis in pelvis of Kid. stagnation of blood in pelvis of Kid. Over doses of cantharides & Turpentine ss cause it. Cold is said to be acause but rare. In Egypt & Cape of Good Hope a worm. fr 3-4 lines long occupies blood of portal system & vessels of Kid. Injuries, blows on loins. bruises & strains. last is rare — When external injury is v cause the sympts set in more suddenly & are more violent

Diagnosis. of Nephritis & Pyelitis. may be confded c̄ infl of bladder (Cystitis)

In Cyst. pain over pubis perinæum & penis tenderness in hypogast pain on emptying bladder & q empty. urine in bl infl of bladder is usu alkaline & passed or soon becomes so: fetid & copious deposit of triple phosphates. pus is ropy & tenacious, adheres to bottom of vessel. supernatant fluid is turbid, & contains shreds & minute particles of infl products. In Pyel urine is acid pus goes to bottom & supernatant fluid is transparent does not deposit triple phosphates & pus is not tough & ropy

Perinephritis as occ independently of Pyelitis occ fr blows bruises, sprains does not set in w such sudden acc symptoms as Pyelitis: & matter forms there is subsequent rigor. œdema in l back makes it difficult of diagnosis. but if on examination urine be fd. healthy l kid is healthy.

Psoas abscess. independent of caries of l spine (wh is rare) is as difficult to distinguish fr renal abscess. In psoas abscess pain is felt & leg is extended & used in l course of psoas muscle. urine is healthy. no freq. desire to micturate no evidence of kid dis

Gouty irritation of kid is as very like renal calculus. but in gouty irritation urine is acid high col contains urates or uric. pain att both loins less.

nausea & vomiting & urine cont^s no pus nor blood Also pat is of gout or rheumatic habit or drinks freely of porter or port wine caused by cold & yields to alkalies. saline aperients & diluents & warm baths

Owen Rees says that v coexistence of a freq desire to micturate scalding sensation in v ~~bladder~~ urethra. uneasy sensation about v bladder. pat of gouty habit & lastly pus in v urine gen^ly indicates renal calculus.

Treat^mt. of renal calculus & their effects. Determine nature of calculi. To do so make freq examinations of urine to ascertain its reaction & nature of deposits. Examine pat's habit of body. (as if gouty &c)

When uric calculi be supposed (1) promote function of v skin wear flannels. cold c̄ occasional warm baths. use flesh brush. diaphoretics espec Ammon Acet James' Powder. (2) Ascertain cause of tendency to form calculi. If dyspepsia. cure it. & correct malassimilation (3rd) Regulate diet Pats of uric diathesis sd not eat much meat. more vegetables. Liquors. All fermented liquors sd be avoided. as Ascesent wines. cider mault liquor gen^ly. (4) promote oxidation of uric by moderate exercise For uric diathesis use alkalies Pot cit & acet. Biborate of soda. Phosph of soda Gr xx–xxx. & Phos of Ammon Gr. X–XV well diluted c̄ Aq. Aq itself is a good solvent of uric

Alkaline mineral waters are very good in correcting uric diathesis in gouty pats When oxalate of lime has a tendency to form calculi. treatmt is but little different fr above. 1st Remove oxidation in ye blood. Exercise is one of ye best modes to accomplish this, cold sponging & flesh brush careful diting :- avoid sugar fermented liquors & starchy food. also turnips & carrots coh cont oxalate of lime. Remedies mineral acids & better tonics & Fe. Pepsin & Hcl. is espec good in dyspepsia & a tendency to deposit oxalate of lime. A drink for such persons is brandy or sound whiskey in vichy or seltzer Aq. if they require stimulants. If much acidity give a course of Alk. & vegetable bitters before commencing mineral acids. If calculus be inferred to be of a Phosphatic nature, mineral acids are espec indicated. Benzoic is also very good & ye mineral acids. usu give Fe. & Q or other vegetable bitters. Tr. Ferri Mur. ♏ xs of Hcl. & Q. or Calumba or Gentian In this form Nux vomica & Tr Fe. Mur or mineral acids. Nervous irritation requires Op. to produce sleep. & sustain system Purgatives & other lowering measures are very injurious. Over study application to business &c cause it. Every person in wh you suspect renal calculi sd avoid violent Exercise as riding rowing &c. because ye moving calculus irritation of kid may be pro-

duced. Impose rest in bed. low diet leech & cup: fr 8-10 oz may repeat in 3-4 days. dry cupping is also good. an active purge as castor oil (best) Colocynth. Jalap Co. &c. Do not use saline purgatives because they act on Kid. Appl warm poultices or fomentations over region of Kid. Diluents as linseed tea. barley Aq &c.

After Ac sympts have subsided counter irritants over Kid may be employed. Sir B. Brodie recommends seton. NHz. AgO No5 Chlor of form; not cantharides because it may act on Kid. When renal abscess is produced support Pat. Tr Fe Mur. Mineral acids Q vegetable bitters Cod-oil. Buchu Cubebs Copaiba. wh act on ↄ Kid & wh will now bear stimulation. In many cases change of air will be beneficial. travelling in warm climates. dry, clear, & bracing. If abscess point. poultice & when well pointed open. not before. It may leave a fistula. or close.

Treatmt of Renal Colic = passage of renal calculus to ↄ bladder. Pain is severe. Treatmt. 2 Principles. warm bath or warm bath & chloroform to relieve spasm & Chloroform & Op. to relieve pain. To relieve spasm put in warm bath till pat nearly faints. Op may be given if Chlorof cannot or if you cannot remain c̄ ↄ pat after Chlorof. has relieved ↄ severe pain or Hypodermic injection of M gr ¼ (Acetate)

Tubercle of Kidney.

Tubercular Nephritis

÷ in Primary & secondary. Primary is now extensive & severe. Tubercle in Kid is as much secondary as primary. Tubercle may begin in cortex or pelvis. Tubercle may be circumscribed & isolated fr size of pins head to that of hazel nut. The latter is called agglomerated tubercle. (2) Infiltration of a portion of ♁ organ. Tubercle softens & destroys subst of Kid. may form cavities & softening walls. After it has commenced to soften in ♁ cortex it tends to att pelvis & ureter & may involve bladder. prostate. vesicula seminales. & testicle but in female it does not att vagina & uterus. When it begins in pelvis then tubercular pyelitis is caused. it extends up to Kid & down ureter. the ureter is much thickened

Fallopian tubes escape but the bladder is involved

Sympts. very like those of calculous nephritis. Tubercular Nephritis presents a gradual increase in ♁ severity of ♁ sympts. Cont- arrest or mitigation. more rapidly & certainly fatal. If pat has tubercular or scrofulous habit. If urine remain turbid fr day to day & deposits pus. after standing. If no decided hematuria. If no mitigation or suspension of sympts. If rapid loss of strength & flesh & hectic. Suspect Tubercle of Kid or Renal Physis

3 Facts. (1) Tubercular or Strumous habit

S.S. the enlarged Kidney forms a tumor.

of body (2) freq. micturition c̄ pus in urine (3) No hematuria - ~~Towards close of life~~ ~~of~~ Nephritis of any kind pat dies of uremic ~~coma~~ poisoning. Tubercular dis att both kids -

Prognosis. incurable: pat dies in 2-3 yrs.

Treatment Same as Tub. disease: To Chect. pus gen Tr of iron.

Treatmt. paliate. Anodynes. Op. hen-bane. warm baths & promote act of skin Benzoic gr x to Paragoric ʒj. is recommended.

3-5 times per day) to iron c̄ Quinine good

Malignant Dis of Kidney.

Cancer

use soft cancer of 36. 31 were soft & other 5 were hard. Suspect cancer (1) when there is hematuria occ freq ly. & blood is intimately mixed c̄ urine & (2) When Hematuria is not preceded or followed by sympts of renal disorder* (3) Or When not preceded by gouty sympts (cachexia). There is freq. micturition wing att of hematuria. Towards close of life hematuria is almost constant. Cancerous cachexia appears & a tumor may be felt in region of Kid.* Cancer cells may be fd in urine. Cancer of v bladder is apt to be confded c̄ cancer of v Kid.

Such as pains on inside of the thigh. &c.

x by percussion and palpaption

Diagnosis. Absence of renal tumor in dis of bladder. Introduction of catheter is followed by hemorrhage in dis of bladder. In cancer of bladder blood is not so intimately mixed c̄ urine & Clots are formed in. bladder preventing v Escape of urine & urine is of an ammoniacal smell. Freq

Cancer of prostrate is known by putting finger in the rectum

micturition does not often occur. unless near neck of bladder.

Treatmt. hopeless. palliate & prolong life. When bleeding is dangerous use astringents as Gallic. Matico. Alum in large doses. Tr. Ferri. Mour. Relieve pain by opium But it is rarer than Tubercular disease

Croup

Angina Tracheales. = Tracheitis or Cynanche Laryngitis. There are 2 circumstances necessary to constitute this disease inflt. of M. M. of larynx or trachea or both. & spasm of the little muscles which close the larynx. 2 Kinds of Croup (1) Catarrhal & (2) Membranous. C. 1st most freq. 2nd = is less freq. more dangerous. produces a membr.

also Pseudo Croup

x **Catarrhal Croup.** is called spasmodic Laryngitis. It is begins like an ordinary cold in the head & running at nose. sneezing hoarse voice & cough. In other cases only hoarseness & cough. These symptoms may last for hrs. or even days before true Croupal symptoms set in. Its Commencement of the above symptoms. It sets in suddenly

Symptoms. The child awakens & noisy cough. Brazen harsh dry & sonorous bark like that of a young dog. or cock. Shrill respira-

ion, dyspnoea respiration dry & wheezy If cough is present it is short & brazen. Chld tries to alleviate by jumping up. catches at nurse & clutches at his own throat & larynx on examination if fd drawn down & base of chest retracted. Often but little fever at commencement.

During Fit. p frig & full skin hot face hot. If paroxysm severe. surface becomes livid lips blue. pulse irreg & weak extremities cold & signs of asphyxia & then spasm relaxes. breathing becomes easy & pat sleeps. This sudden att usu sets in about midnight & recurs about same time next night. If means be not made to arrest v progress infl may extend to bronchi & produce bronchitis* ss these paroxysms acc c great frequency & exhausts pat & asphyxia may follow

+ It usually runs a favourably course

Prognosis. When going to terminate favourably v cough becomes loose. phlegm in windpipe & chest. vomits or coughs up viscid secretion. not so hoarse. fever abates & chd gets well in 2-3 days After occurrence of secretion q pat seems to be getting better v chd may suddenly get worse. fr phlegm accumulating in chest.

Membranous Croup. May follow Catarrhal form but ss is membranous fr outset. The Sympts are nearly same as

for C. C. + Except v voice is lowered even extinct, cough muffled. inspiration is not stridulous but whistling or sibilent. inspiration more difficult than in ordinary Croup. & is persistent. Constant struggle for breath & ss expiration becomes noisy as well as inspiration. Chd is afraid to drink or cry or speak because of suffering these acts cause. Face anxious Eyes dull complexion more or less red & turgid - slight lividity of lips. fever at outset usu mild. If sthenic at outset it soon becomes asthenic, p lowered. Intermissions wh occ in Cat C do not at all in Mem. C. at most only remissions. There is a constant struggle for breath. head is thrown back & gullet drawn down upper part of chest is forcibly drawn up & lower part down Towards End we have sympts of sinking & asphyxia. skin cold lips blue. p thrilling & freq. Cough ceases. Extremities grow cold. Convulsive twitching of v muscles of hands & feet; pat grasps throat struggles for air & sinks into Coma. As in M. C v sympts are relieved, mucus is expectorated. pat may relapse. On listening you will hear no vesicular murmur because of laryngeal breathing but in tranquil moment. breathing sounds will be fd to be slighter than natural If

Towards close of life brain becomes loaded c CO_2 & becomes sleepy or soporosed. If you exam. throat you will find diphtheritic spots which show the intensity of disease

Bronchitis or Pneumonia be present it may be discovered. On applying stethoscope to Larynx you hear a sound produced by false membr flapping up & down.

Duration. 4-6. days. Seldom more than 48-72hrs after croupal symps-set in. In C. C. prog well after one paroxysm. seldom last over 3

Morbid App. Croup does not always invade same part. as Larynx & as trachea P.M. C. C. redness of lining membr of Larynx & perhaps under surface of Epiglottis espec of vocal cords & arytæno Epiglottidean fols. These parts are tumid & swollen. Covered w viscid mucous, mucopurulent secretion. As no change is produced after death as if death was produced by spasm. In M. C. we have exudation on free surface of membr. as thick & ropy mucus & thick films of exudation in it. Is yellow or red & ropy & more or less turbid fluid. In characteristic cases there is a membr of a dirty yellowish white col. & thickness of paper to 3 lines in thickness may be separated fr M.M. beneath. In 5 cases this exudation forms a complete cylinder & extends to bronchi. When in bronchi it loses characters of a membr. & is mucous & forms a solid plug like white of boiled egg. It interferes w entrance of air & leads to collapse. Use more or less Bronchitis.

ss Pneumonia & ss Emphysema. Exudation in Croup differs fr diphtheria in containing Alb & is a mere exudation being formed on surface & does not leave ulcerations

C. Croup.

More freq ly sets in suddenly & usu at night. Not preceded by alteration of voice or fever as a rule

After first paroxysm o Chd is well & fever subsides. During paroxysm inspiration is shrill, stridulous, voice natural brazen or hoarse

Parox apt to recur next night

Paroxysms seldom last longer than for 3 days –

Not often fatal

M. Croup.

Comes on gradly preceded for a day or 2 c̄ hoarseness & slight fever

Pat is not well after 1st paroxysm, Inspiration whistling sibilent & prolonged, voice husky cough hissing, voice suppressed ss extinct

Sympts persistent c̄ slight exacerbations. Exudation on back of throat

When we see a patch of false membr on back of throat you may suspect Exudation in larynx

Seldom less than 5-6 days may be ill for weeks. usu fatal

Causes. Climate damp, moist c̄ alteration of temperature. The presence of rivers friths marshes & bogs large inland lakes. Over crowded cities. ss said

to be Epidemic but Dr H. thinks Epidemic C. = diphtheria.

Age Most freq. between 1 & 6 yrs Hereditary & is most apt to att rosy vigorous Chdren.

Treatmt. Cat. Croup sd never be treated lightly by physician D Remedies Emetics & warm baths. Usu succeed. While giving Emetic tell nurse to prepare warm bath. For chd under 2 yrs Vin Ipecac ʒj every ¼ hr. till vomits Over 2 yrs. Vin Antim tart or Antim tart. If chd weak & under 1 yr Pulv. Alumen in syrup. Every ¼ hr. One teaspoonful usu Enough Hive syrup is very good. After chd has vomited put in warm bath of 98° & increase to 100° or 102° After 2 minutes dry & roll up in blankets. Cold wet towel wrapped round throat powerfully allays spasm renewed Every 2-3 mins Having done this may give & following

If 2 yrs old
℞ Vin Ipecac M X
Pot Chlor Gr IV.
Pot Cit. Gr X
in a little sweetened
Aq. 3 or 4 q. h.

Vin. Ipec mv-x
Liq Am acet m x xx
Tr Camp Co m iii-v
Pot Chlor iii grs

Instructions. Keep in bed next day or as long as croupal Sympts last. Keep surface of uniform temperature by wearing flannel & room about 70°. Cause steam to be evolved fr kettle or dish on stove Dr Sayre insists very much on this last. If these means have failed or M. Croup is present fr first

must treat as for M. C. ∴ must bleed fr arm or locally. But chd must be robust. seen early in dis. no signs of lividity. p firm & freq. Most advise bleeding fr arm If 2 yrs. 2-3 oz if 3-4 yrs. 4-5 oz regulated mostly by strength & tolerance of chd. Leeching better accord to Dr. A. Apply one leech for dis & one for every year of chd's age. Either in neighbourhood of larynx or on mastoid process. Better to apply to larynx. May be necessary to encourage bleeding. In addition to bleeding. Emetics is v next means to be relied upon. Ipecac or Alum or Tart. Emet. Make pat vomit every hour for 5 or 6 hrs. till relieved may be necessary to repeat.

Ag. Calomel in small quantities alone or c̄ Ipecac every 2 hrs. Warm bath even at first is very good even if you have bleed. Dr. Climor recommends this q dis is severe

℞. Pot Chlor gr v Pot Iod gr j. good Tr Camph Co. m v-x Liq. Pot m ij. 2-3 q h.	Flint & Climor prefer. Cu. Sulph. or Zinci Sulph. as emetics. Alum.

2nd. Stage. When deficient aeration is present. lips blue Extremities cold p freq Employ emetics of stimulating character Alum or Cu sulph gr j-j in aq every ¼ hr. till vomiting is pro-

duced While we give Emetic still push Ag. Give stimulants Ammon Carb gr j-ij Every two hrs. alone or c̄ squills or senega Strength must be supported c̄ wine, beef-tea wine whey. Warm applications to throat are very good. (Spongio pyline) on flannel &c. & covered c̄ oil silk. If in spite of these means signs of asphyxia show themselves perform tracheotomy. It is becoming v opinion that after Employing v above treatmt. for 24-48 hrs. & v case is not improved perform tracheotomy provided there be no signs of Bronchitis or Pneumonia But s̄ will even then perform it because these diseases have a better chance of being cured c̄ than Croup c̄out tracheotomy. This operation is less successful under 2 yrs than over because a tube ¼ in in diam. is not sufficient to support respiration. When we have to operate under 2 we may keep open aperture c̄ Eye speculum or transfix each lip of wound c̄ silver wire & keep open. The tube sd be a double one so that it may be more easily cleaned After laryngotomy or tracheotomy keep up equal temperature Layer recommends 90° F. loaded c̄ steam The application of $AgO.NO_5$ on sponge probang 20-40 grs. to ℥j applied to upper part of larynx allays spasm. & brings on cough Remedies

may be applied by means of v ~~an~~ atomiser 1 Lime Aq. to 30 Aq. injected in spray for a few minutes every 2nd hr. Next to Lime Aq. Tannin 5 % in sol. or 5-10 Grs Pot Bromid to Aq ℥i -

Secondary Croup. as q following Measles or scarlet fever. Lowering means not bom. In this form do not bled. Emetics must be of a stimulating character as Alum. Cu. sulph - mustard. ss Ipecac. Rule. In giving Emetics Give Ipecac. at night. Alum or Cu Sulph during day as does not produce so much nausea In Indry C Fe Perchlorid nourishmt. & wine Early. In chdren there is a dis wh may be confded c̄ Croup. called Child. crowing or False Croup. or spasm of v Glottis or

Laryngismus. Stridulus. sets in suddenly at chd is sleeping. or nursing or crying: It is sized c̄ dyspnoea fr Closure of v Glottis. The spasm lasts for a few seconds & air is drawn in c̄ a crowing sound. If spasm last beyond a few seconds signs of suffocation Ensue - Chd - throws itself back. throws up its arms grasps at its throat becomes livid & dies in 2 minutes. if v spasm does not give way ss there is spasm of v thumbs in addition to above Thumb is drawn across hand & wrist bent & adducted - & ss

great toe is flexed on sole of feet. usu in late stage spasm of extremities is present These att are usu seldom ss freq. usu caused by alarm fright excitement by irritation as fr teeth or bowels.

Diagnosed fr True Croup by absence usu of febrile sympts no expectoration or cough or alteration of v voice sets in c great suddenness & leaves as suddenly. Each spasm is accomp c a peculiar crow. during interval of spasms chd is free fr dyspnœa. Laryngismus seldom occ after 3rd yr.

Pathology. It depends chiefly on rickets ? there is preternatural excitability of v N.S. wh renders slight irritation sufficient to induce spasms of the muscles esp of hands & feet. Most common irritation is dental irritation *. v 5th N is irritated & conveys irritation to medulla & is reflected along Pneumogastric to muscles of larynx & induces spasm of larynx. From stom irritation is conveyed along pneumogastric fillaments of Pneumogastric N & is reflected along Pneumogastric to larynx Irritat may also be conveyed fr v bowels ss irritat is centric as in Hydrocephalus. may say that fright is centric Fr v ease c wh laryngismus is excited in a chd we infer great nervous excitability Is chiefly connected c Rickety constitution

* Generally seen in the 1st 2 yrs of infant life

Treatmt. During fit. Examine gums. If swollen & tooth is pressing cause. If in fit dash cold Aq in face; blow in Ears. push finger down throat toh induces vomiting Chloroform to allay spasm. If must perform Laryngotomy instantly If you have seen chd immediately after it has apparently died. try M. Halls method of artificial respiration. During interval treat to combat diathesis. Remove irritation. scarify gums. freely remove irritat fr bowels by Castor oil & Aloes If slow loaded give Emetic then you will find a cause in the food of chd. If chd be young. recommend good nurse if older Cow's or asses' milk To allay preternatural nervous Excitement. Pot Bromid & Belladonna — Camphor Nitrous Ether & Valerians may be employed. While allaying N. Excitement give tonics. Fe & Vin. Carb or Phosph. Cod. L. Oil & Quinine. Change of air is very good. If it becomes Chr; Draught & Excitement to be avoided

Ac. Laryngitis

in Adult. 2 forms. Catarrhal & Membranous. When Catarrhal it may be mild = Erythematous Laryngitis or severe = submucous Laryngitis. Ac. Laryngitis is croup in adult. In slight Catarrhal Laryn

gitis. Voice husky ss whistling. uneasiness usu as if foreign body was at top of glottis hoarseness ss amounting to extinction of voice. cough ringing & husky. usu dry unaccompanied c̄ expectoration or at most a tough mucus is hocked up. ss cough is whispering. usu no difficulty in in swallowing usu no fever. Hoarseness lasts 4-5 days & then passes off ss more severe. Chills alternate c̄ flushes of heat: all above sympts ensue but more severe. usu signs of fever. p. freq & firm. If Severe cough painful hissing inspiration prolonged. & difficult c̄ a peculiar rasping or sibilant sound. Expiration unimpeded noisy. Attempt at swallowing is attended c̄ ejection of fluid ℓ nose. & violent cough Pat suffers fr habitual dyspnoea. nares expand & contract at each respiration sterno mastoid stands out. restlessness same as occurs in chd c̄ croup. but adult can controle himself. The dyspnoea is ss exacerbated ℓ spasm of glottis. On exam - i throat epiglottis is fd. Erect & remarkably red & swollen On exam ℓ laryngoscope. lining membr of larynx is preternaturally red

Termination May die fr coma after fr asphyxia

Duration - hours ss kill. more freq. 2-5 days average 3 days -

P.M. same as of C. Croup. mentioned above. redness of lining membr of larynx of Epiglottis. arytenoid Epiglottidean fold & vocal cords. effus in cellular tissue c̄ mucus. or in severe cases c̄ sero-pus. ss we have a membr formed. Fr apex of glottis to trachea lining is congested & mfld.

Causes. a common cold. ss produces it. usu (fortunately) q̄ a cold att us it passes over larynx to tranchi. Xs of Alcoh. & use of voice. Injury as inhalation of steam or drinking hot Aq. Inhal of gas as of Chlorin. NcH_3 SO_2 ss by introduction of probang. Is ss 2ndry as in diphtheria erysipelas. glossitis. small pox. Typhus & Tythoid fevers. When secondary it is of a lower type & effus is usu of serum. A large amt of serum is thrown out under mucous covering of Epiglottidean folds. Oedematous Laryngitis. differs fr. Ac Laryngitis. thus. Soreness of throat pain & difficulty of swallowing are often absent. The tenderness on box of larynx present in Ac is absent in this form Little fever present. By laryngiscope can see yellow white swellings & can feel them by introducing finger to apex of Epiglottis. The dyspnoea is more urgent fr v great tumefaction of v loose membr. Rhm a more latent & insidious course. A part has died in 5 minutes after 1st difficulty of breathing was noticed. Oedema Glottis

is so fd in same part of glottis. ~~may follow~~

Ac Laryngitis may be confdd c̄ Quinsy In looking into throat in Quinsy. tonsils are swollen no alteration in voice or cough. respiration swh wheezing - A. Foreign Body in larynx may produce sympts of Laryngitis. but sympts in this case come on suddenly & fits of coughing are violent. No fever no peculiar modification of voice or cough. on Examination by laryngoscope larynx is fd healthy. & may discover v foreign body

Treatmt. of ac Laryngitis (severe cases) When Ac is diagnosed bleed fr arm under same circumstances as in Croup. In a strong adult bleed almost to fainting. Use 10-30 leeches to larynx. bleeding being promoted if necessary by fomentations. next to bleeding is Calomel. 1 gr Evez 1 or 2 hrs. alone or c̄ James' Pulv gr ij Antimony = 3rd Remedy in nauseating doses - ¼ gr evez 2 hrs. c̄ ō saline. Pot Chlor. gr X or Pot nit. gr v - Impose absolute silence. Steam is of great importance May be medicated c̄ Aly-Op. may be given to relieve spasm of glottis & sooth cough & N.S. Ice Pat may eat ice liberally It acts as sedative on M. M. At outset locally applied to larynx AgO NO5 - gr 40-60 ad ℥j

c a brush or in spray. Gr. ij-v ad ℥j. if used in latter way

Now gent opinion is. if these means fail after 18-24 hrs. laryngotomy to be performed. Do not wait for signs of deficient aeration of blood. usu laryngotomy will be sufficient, but tracheotomy is necessary.

2ndly. Laryngitis. does not tolerate this active treatment. do not bleed gent seldom even locally. Pot Iod Gr X-XV every 4 hrs Aq Ad ℥ss to larynx c brush. or in spray. scarify adjacent parts then give tonics & stimulants as Bark NH3 & Brandy.

Chr. Laryngitis more important than Ac. 3 form of Chr. L.

(1) Simple Chr. wh may be mild or proceed to ulceration is called ulcerative L.

(2) Syphilitic L. (3rd) Tubercular L.

Simple Chr. L. or Ch Catarrh of larynx often there is only slight pain or disagreeable sense of pressure or pricking in larynx or tickling or burning pain as in female choaking. voice muffled or hoarse or (rarely) extinct. as voice is only weak becoming husky after reading sing ing or talking huskiness more apt to occur in evening. clear in morning. Cough absent but a hem is present. Q a viscid mucus is hocked up

Is habitual gentle cough is present & sputa like boiled sago is expectorated In more advanced stage of paroxysms are violent. System is not much deranged. Is disappears spontaneously Espec on return of warm weather. On using laryngoscope & lining membr of larynx is red swollen & thick & follicles are enlarged. True vocal cords congested & in patches The pharyngeal M. M. more or less infld is covered & thin viscid phlegm or is dry & polished Ulceration of larynx is not indicated by any peculiar sympt but must be discovered by laryngoscope Of severe ulceration has att vocal cords it causes aphonia & whispering cough. Expectoration purulent - tinged & blood. Coughing & speaking is painful. Breathing gives a deep resonant rough tone. Deglutition is often difficult - & induces vomiting. Irritating cough is not always present. Pain of larynx is present. Laryngoscope discovers Erosions or ulcers mostly on vocal cords surrounded by infl areola or there may be projections fr surface of ulcer. It may be deep fluted shaped Erosions & even to cartilages. Even in ulcerative stage system is not much impaired but as & spirits fail & strength fails & gen'l debility may be present.

Prognosis. The simple ulcer may heal spontaneously or rapidly under treatment. But if there be much infiltration voice may be altered for life. Where ulceration is extensive oedema glottidis may be produced.

Tubercular L. Even in advanced stage there are no symptoms by wh we may distinguish it fr simple L. unless we discover tubercles of lungs. As however symptoms are well marked. Irritation of larynx is so great that we have severe spasms of coughing wh cannot be overcome. The laryngeal affection advances steadily in connection w dis of lungs. Rule. In those cases of Phthisis complicated w Laryngitis. dis is usu rapid & fatal.

The Symptoms of Tubercular form are same as those of Pulmonary Phthisis. i.g. loss of strength pallor cough & expectoration dyspnoea & lastly hectic Cough

Diagnosis of Tub. L. 1/ Usu can find tubercle in lungs. (2) When cannot find tubercle in lungs. his family history may be tubercular. or may have had haemoptosis & cough If syphilis be absent it is a negative sign in favour of presence of Tub. L. Laryngoscope. In 1st stage besides discovering redness. shows a grayish infiltration in patches. Erosions Ulcers are fd Espec at insertion of vocal cords. & Cauli-flower Excrescences. In later stage

If you find a uniform lobes on upper part of larynx you may be sure of the disease

there are jagged ulcers ss of a diptheritic character. Ulceration may att every or any part. but later than in Syphilis

Syphilitic L. gives rise to same sympts as simple L. Ordinary catarrhal L. in a syphilitic pat develops into Sy L. When v larynx is affected pt there is only a mild erythematous infl ss however 2ndy ulcers form cont previous ulcerations in the throat. Usu syphilitic ulceration of fauces precedes ulcer of larynx

(3rd) ss laryngeal affects are only among v tertiary sympts. When tertiary syphilis att larynx v ulcers are apt to destroy v organ. The ulcers have jagged raised red borders. base = dirty yellow ss condylomata surround v ulcers. Vocal cords are very apt to be early destroyed & completely If Laryngoscope be used & discover these ulcers. & if cords are destroyed it is sufficient to determine Sy. L. ss septum nasi hard palate & even soft palate may be destroyed. This form will not yield to ordinary treatmt. but will to specific treatmt for Syphilis as Ag. Lungs are fd Healthy

Hysterical Aphonia may be confdd c Pub L. But it usu occurs suddenly d pat is healthy & ceases as suddenly no pain heat or tenderness no difficult

in breathing. no redness of v throat - no dysphagia no fever: loss of voice but may be recovered perfectly ss can make pat speak by Chloroform or cold douch Laryngoscope shows no redness nor thickening but ? paralysis of v vocal cords

Another affect is pressure of aneurismal tumor on recurrent laryngeal N.x In Aneurism there is little pain in larynx & is not constant. Dyspnoea is colerably constant & only increased at intervals. In Laryngitis there are well-marked paroxysms of dyspnoea. In tumor voice is cracked but not much loss of power. In Laryngitis voice is seriously altered & is ss difficult to make it heard. The peculiar signs are usu discoverable. In aneurism of chest there is dysphagia. Laryngoscope will clear up diagnosis = In aneurism cords are paralysed or in spasm & genly on one side.

Causes of Laryn. ? the most freq cause is repeated Ac colds. ss implicating larynx but most freqly v throat. hence v frequency of this affection in cold wet climates during winter & fall. Irritation fr inhalation of impurities as in case of cotton weavers. axe grinders stone cutters x &c. Ys & abuse of v voice as singing or loud talking as in clergymen. It is not v habitual use of v

The various Fevers may att. throat syphilis & Erysipelas of fase. most comon in young men at 25 or 30. when they first enter into.

Hysterical Aphonea may be mistaken for it but this comes on sudden. & you may frighten them to talk.

Intra thorasic tumor may also be mistaken but this is usually regular & diffi. of breathing no spasms,

voice that produces it but its unwonted use. Dr. Green says smoking produces it & use of spts. Dyspepsia produces follicular dis of o throat & if neglected may extend to larynx - Occurs most freq. in middle life.

Treatmt. Regiminal applicable to all forms: rest o organ till better espec must not talk loud in open air. Weak persons sd wear respirator sd wear flannels. - Avoid spicy food & alcoh. Food sd be nutritious. Drink. water milk weak tea weak wine &c. Prevention. Wear beard. Medical Treat. local depletion seldom necessary except in persons of a very plethoric habit. Counter irritation to box of larynx blister on each side or seton kept open for weeks or very strong Tr Iod.

If Syphilitic use antisyphilitic course of treat. When infl. mild use mild alterative course of Hg. c̄ Ammon Mur. or Hg. Proto Iod. As a rule Hg. sd be avoided & Pot Iod. & NH_3 HCl. c̄ mild bitters.

Local Treat. most important (& is applicable to all three). Trousseau & Balloque recommend Alum. $AgONO_5$ - $CuOSO_3$ mixed c̄ sugar & inhaled ℥ pat If you use $AgCl_2$ 1-12 sugar $ZnOSO_3$ & $CuOSO_3$ 1-36. $AgONO_5$ - 1-22 or 36 sugar Usu at present we use our medications

in form of lotions $AgONO_5$ gr 20-80 ad. Aq ℥j is v best. applied by probang or syringe. $AgONO_5$ sd be applied every other day for v 1st 2 or 3 weeks & then twice a week. Next Tannic of same strength as $AgONO_5$ Next $ZnOSO_3$ c̄ Plumb Acet. Dr. H. uses glycerine c̄ Tannic. Lastly may have to resort to tracheotomy in syphilitic L.

Bronchitis

2 forms accord to size of tubes infld Common Br. affects v larger & middle sized bronchial tubes. & Genl or Capillary Br. affects whole length of v tubes Ac & Chr. Again accord to nature of infly product. Simple or Plastic

Ac. Bronchitis. affects v middle & larger bronchial tubes to v 4th & 5th divisions.

Sympts. ss sets in c̄ chilliness, aches in limbs, freq p. ss sets in c̄ cold in head running at nose &c. In whatever way it commences it is accompanied c̄ soreness behind sternum wh is ss like a tearing sensation respiration increased in frequency but only slightly in proportion to pulse. Cough paroxysmal usu noisy short & dry. Expectoration on 3rd or 4th day. usu at 1st viscid transparent

& frothy wh becomes on decline of infl muco-purulent. no blood visible. slight heat of skin moderate increase in p Exacerbations in morning. Tightness & soreness of cough abates breathing becomes easier & expectoration more copious.

Duration 4-5 days in mild cases. ss 2-3 weeks. ss in aged & those of broken down habits is assumes an asthenic form c̄ weak p. prostration expectoration & usu terminates fatally.

Genl or Capillary Br. more severe ss called suffocative catarrh. The whole Bronchial tree is involved hence v danger Most freq. in Chdren than in old. rarely in Adults. Rarely ss sets in c̄ rigor headache & vomiting usu it succeeds v 1st form of Br. & then it comes on so gradually that we are not prepared for v serious nature *of v dis. ss bears its serious form fr v beginning. There is post sternal soreness stuffing of chest tongue moist may be furred. thirst loss of appetite constipation no vomiting; oppressive breathing. greater than in milder form. ss dyspnaa or orthopnaa Paroxysms apt to occur, threatening life ly asphyxia. p & respiration increased Pulse respiration ratio ss much altered but not so much as in Pneumonia

Cough short & hacking apt to be paroxysmal. Expectoration soft & glutinous; no Expectoration in Chd As infl declines v viscid secretion becomes opaque then muco-purulent. soon signs of deficient arterialization[2] supervenes. lips nose tips of ears become bluish. jugular veins swollen anxious Expression of face & dyspnoea very great. Expector. ceases. Cough less-freq. p 120-150 weak & irreg. respir. 50 in min. irregular & changeable skin cold. c̄ clammy perspiration. fitful dozing interupted c̄ fitful coughing. in Chd convulsions ss set in & at last in Adult & Chd coma sets in When struggle lasts a few days oedema of hands & feet may occur fr impeded circulation in lungs & heart

May terminate Fatally in Chd in fr. 6-8 days. In adult 10-12 days. May terminate in recovery in fr 10-20 days

Morbid App. In Ordinary Br. v M.M. is reddened fr congestion. Slightly thickened swh rough. Thickening due to congestion & sub mucous infiltration On infld surface we find viscid tenaceous secretion in early stage -

In Genl Br. we have same conditions Extending to v small bronchi & ss v smaller tubes are dilated & gorged c̄ viscid frothy muco-pus. wh obstructs Entrance of air & causes + collapse

Physical Appr. of Lungs. Collapsed portion is on lower level than surrounding parts of a liver red hue & not so crepitating as surrounding tissue. As collapsed cells are converted into fibroid tissue. When you have a collapsed lobule in Br you have around it emphysematous lobules. May find small collections of pus in lungs of chd

Physical Signs. Nearly same in both forms. Chest presents nothing very remarkable but in bad cases there is retraction of base On percussion there is clear note all over chest Exceptions but so owing to collection of mucus as you have slight dullness at base of lungs but rare except in aged As collapse is present you will have a dull note: but rarely will have dull note because of emphysematous condition of surrounding parts. On palpation we feel thoracal fremitus By Stethascope 1st The respiratory vesicular murmur heard in base of lung is ? exaggerated in other parts: next. in first stage whistling ronchi = high = sibilant or low = sonorous or cooing; low in large & whistling in small tubes: produced by air passing over a pellet of mucus in bronchi =

When great secretion we have bub

ling heard during inspiration & expiration due to passage of air in bronchi thro' viscid mucus & indicates secretion in v large tubes. We have smaller bubling in smaller tubes = sub mucous rale or small bubling. The moist sounds are usu heard at base & dry sounds in upper parts of lungs?

Cause of Ac Br. Cold is v chief cause Espec if combined c̄ moisture applied to any part of v body heated air or acrid gases, mechanical irritation as those particles inhaled fr grind stones &c Epidemic influences producing influenza. This Epidemic cause is not understood. Ss Br occurs as a complication. as fr gummata cancer nodes in lungs measles & Typhoid Ss Typhus & small pox. ss fd in blood diseases. as in connection c̄ Bright's Gout &c & is then called 2nd Br.

Capillary Br. may be confded c̄ Pneumonia (Lobar). Br does not set in as a rule c̄ a rigor nor as suddenly as Pn. has not stitch in side. temperature not so high does not reach its acme so fast. nor does it decline as rapidly not so much lividity. P.R.R. not much altered c̄ no dullness in Br Fine dry crepitation of Pn. absent. moist sounds in Br. usu large loose bubbles The whistling

sounds precede & accompany v bubling of Br. Signs all over v chest in Br but in Pn. usu att but one lung. ~~Br~~ Lobar Pn. in Chd. more difficult to diag fr Br. Br is much less sudden in invasion & q it does set in suddenly fever is of a lower type in Br More pallor dyspnoea restlessness; cough is paroxysmal noisy & ringing P. Signs diffused sibilant & sonorous rales heard c̄ fine bubling. In Pn crepitation is coarser in Chd than adult In Pn in adult expectoration is rusty In Br clear colourless In Chd there is no dullness in Br unless v collapse is very great.

Treatmt. of Ac Br varies c̄ severity of v att. & type & age of pat. Tends to spontaneous recovery. When pat 1st complains of chilliness or stuffing. ss giving a diaphoretic at bed-time (as Pulv Doveri gr X-XV) may cut it short or ℞ Liq Ammon Acet ʒss | Hot foot bath
Tr. Camph Co ʒij | helps. Supposing these means fail it is not usu to bleed. The chief remedy is Antim-Tart. =1/12-1/8 gr wh depresses hearts action & resembles genl bleeding & it promotes secretion fr stom & bowels & promotes exhalation & probably secretion fr × bronchial membr. it lessens toughness of secretion. Give in minute doses 1/8-1/4 gr

gr ¼ ss produces nausea & ss vomiting v latter sd be avoided May combine above dose of Antim tart c̄ Pot Nit gr v-viij or Pot Chlor. is a favourate c̄ some. If fever be high p̄ freq. Tr Digit v-x m every 3 or 4 hours. Antim Tart is given every 2-3 or 4 hrs.? In severe cases Alk salts may be given because they promote secretion in v bronchi Pot. Acet & bicarb In this early stage of Expectoration is scanty anodynes not so much used as after: but those wh do not retard secretion may be used as Hcy. Hyoscy. or conium Kcy fr 1/10-1/8 gr Diluents serviceable as barley & gum Aq. They allay thirst. soothe throat & allay cough When there is soreness of chest inhalation of steam is beneficial. saturate atmosphere of room c̄ steam or let p̄at inhale it fr inhaler.

2nd Stage. When secretion sets in & becomes less viscid give Antim Tart in smaller doses or Ipecac may be substituted; & alk. alies are espec beneficial as.

℞ Liq Ammon Acet. ʒj.
Antim Tart gr 1/8
or Vin Ipecac - m viij ~~M~~

More stimulating expectorants may now be used as Extr. Senega.

Now Tr. Camph Co ʒss. -j. may be used Rule. in giving opiates Never give Opiates if signs of lividity be present. Counter irritation is now very good. linseed poultice c̄ a little mustard or mustard or

Turpentine or ss Blisters. When there are signs of accumulation of mucus in small tubes, + as lividity of face fine bubbling all over v back. hurried breathing give Emetics as $ZnOSO_3$ gr xx in adult, or in Chr. Alum ʒj every 20 minutes till vomiting May ss even arrest it at commencement by emetics If it becomes Chr. c̄ purulent expectoration give stimulant expectorants as Ammon Carb & senega fld Ext. = 10-20 m. c̄ beef tea wine beer &c. also balsams: & counter irritation

Asphyxiating form. Difficult to treat ss owing to whole tree being infld or fr weakness of pat; mucus accumulates in bronchi & pat shows signs of asphyxia early Commence c̄ stimulating treatmt early. begin c̄ Ipecac or if there be marked depression Ammon bicarb & senega. or squills & Ether Nit ʒj every 3hrs. Early support pat c̄ wine brandy beef tea Egg nog. jelly &c When affect becomes Chr. Emetics so be freqly repeated, twice a day or ? oftener Alum or $ZnOSO_3$ Temperature 64°-68°. c̄ Steam in room diet mild & unstimulating

Chr. Bronchitis. Laneck considers it under 3 divisions

1. Pituitous Catarrh. In this there are paroxysms of dyspnoea & cough use twice a day. in morning & at night.

These paroxysms are usu accompanied w fever, fru expectoration of clear viscid transparent mucus. hence its name. Apt to terminate in dilatation of bronchi is then so called humid Asthma. Most common in aged. Espec in those whose constitution had been injured & exs in youth. Seems to depend on congestion of v mucous.

2. Slight Winter Cough. cough slight expectoration moderate. Slight or no soreness of chest no impairmt of gen health. Usu leaves in Spring. most common in aged.

3. Chr. Mucous Catarrh more serious cough more freq violent expectoration various. Is viscid & scanty. More frequ mucs purulent & copious as green ish yellow or gray. Sputa as nummular as coalescent. Is in addition to mucs purulent expectoration & pat brings up clear fluid & indicates a recent cold. no blood in Expector unless there is valvular dis of v heart causing congestion of v lungs. Expector as smells of fresh pus as like mortar & 3rdly of gangrenous odour. In this form there is usu no heat of chest or soreness or fever. Is there is fever every evening & pat loses flesh. p. freq. hectic & at last pat dies fr exhaustion. As

4th form. There is also paroxysmal cough no expector. & if any they are like sago granules.

suddenly fr asphyxia. Occurs most in aged ss in Chdren after hooping cough

Treatmt. of Chr. Br. counterirritation espec good. Lin Croton. Strong Tr. Iod. Lin Terebinth; Aceticum night & morning. Blisters ss used.

Internal remedies guided by condition of membr cough. state of system skin & liver If pyrexia or constriction of chest or difficult. expectoration or scanty viscid Expector, use nauseating expectorants as Ipecac Antim. tart. Alkalies may be combined c̄ these Ammon Carb Ospec good Ammon Mur. may be used instead of Ammon Carb. If no heat of skin cough loose & Expectoration copious remedies of a more stimulating Character & sedatives may be used as Ammon Carb & senega or ss Bals Copaiba, c̄ Ammon Carb or alone Antim Tart & senega is a favourate Compd. Squill pil. May give Opium more freely than q̄ there is not much expectoration When there is profuse expector we use astringents as ZnO. SO_3 gr j. in increasing doses Tannic Pb Acet. & ss Tar water. When very resistant to above measures, an alterative dose of Hg.* may succeed as

℞ Blue mass gr j.
Antim Tart gr ⅛ or Ipecac gr j
Extr Conii gr ij-iij
M + gr 1/12 night & morning

When tongue furred urine loaded c̄ lithates Blue pill is Espec good.

Inhalation is as very good in Chr. Mucous Catarrh. Creasote 6m at each inhalation. Iod. & Chl. Recently ClO_2 has been recommended.

For inhalation of Iod. the following. May improve inhalation by adding. Menth. Chloroform or Ether -

℞ Iod & Pot Iod aa gr vj.
S.V.R. ℥ij
m Aq ℥vj.
℥ss at 1st inhalation gradly increased to ℥iv ℈.

In m Chr Br. we have debility. In occasional night sweats use tonics. Cod. L. Ol. Q. Fe. mineral acids & a liberal allowance of ale wine & brandy. Change of climate is espec good. Travelling espec long sea voyages. Lastly in Pituitous Catarrh during paroxysm of cough a warm bath & Emetic & Sinapisms to legs to be employed. As Expectoration is so profuse that you must give diffusible stimulants. Bronchial Dilitation

Diagnosis. Bronchial dilitation & Pulmonary tubercle in stage of cavity - to be made.

Treatmt. of dilated bronchi same as for Chr. Br. There are 3 forms of Dil. Bronchi Viz Spherical. Fusiform & Cylindrical -

Pneumonia.

269
187
82

113
82
31

= Infl of Lungs ÷ into Ac & Chr. Chr = rare ÷ also as to Extent into Lobar & Lobular ÷ accord to seat - Vesicular Pn. = ordinary Pn. wh affects v vesicles &? v Lobular passages. wh lead to v air cells. &.

3rd Inter-Lobular. = q v cellular tissue between v lobes are affd. & is rare & so called cirrhosis of v lung.

Minute Anatomy. Thó' q many that there is no cellular tissue between v air cells but between Lobules hence Interstitial Pn. of old authors is probably incorrect

3 Important Stages in Pn.

1st- P.M. of 1st Stage - 1st Engorgement + a slight escape of liquid & abundant of alb. into air cells. The lung is violet-red for being congested & imperfectly aerated blood * & weight of lung is increased Still crepitates & will float. Will also pit on pressure. On cutting into it it crackles for escape of air & an abundance of frothy serum tinged & blood escapes*; inside it is spongy & of same redness all thro.

* when cut

2nd P.M. of 2nd Stage = Red Hepatization Loss of crepitation, Colour not so dark as in first-stage is light-red - due to Exudation of Lymph & blood is less relieved. Is much heavier than in 1st stage, no longer crepitates, sinks in H2O. Surface of section solid & granular. little

fluid escapes of a bloody appearance. more easily broken. due to formation of solid lymph in air cells & may be imitated by injecting lard thro' bronchi In aged there is a deposit of dark pigment

3rd. Stage of Yellow or Gray Hepatization or Purulent infiltration. Only occurs q̄ d dis is unfavourable, as in connection c̄ Brights. The lungs take on suppuration Gray or yellowish gray

P.M. of 3rd Stage. Lung is solid, sinks, On surface & on squeezing you have dirty pus & can easily poke your finger thro' subst of lung.

It may terminate favourable, in resolution by fatty degeneration, & is absorbed.

Ac. lobar Pn. very rarely goes on to Chr. Pn.

Intermediate stage * When termination seems favourable. The fluid expectorated is yellow but not pus. The lymph undergoes fatty degeneration & is absorbed & thus Exudation undergoes liquifaction & is absorbed. So that in d majority of cases the 3rd Stage. is d stage of liquifaction & absorption. ⊙ Exudation of Stage of hepatization contains fat globules & Exudation cells.

May have blocking up of small Br. or may have oedema. May have plugging up of the pulmonary artery.

In nearly every case of Pn. d memb of lung is swh infl^d & a layer of thick lymph is thrown out on surface of pleura hence pleuro-pneumonia is correct term. Abscess is a rare sequence of Pn. Gangrene & Induration are also rare

Sympts. 1st of Ac Lobar Pn. In $\frac{1}{5}$-$\frac{1}{3}$ cases there are premonitory sympts as of

an ordinary cold. as lassitude, pain in bones chilliness creeping sensation up & back But in remaining $\frac{2}{3}$ it sets in suddenly & distinct rigor. & pain in side soon after. cough. Gen[l] appression as marked & causing prostration of N.S. As severe vomiting Headache Also breathing is oppressive When Px occ in course of other dis these premonitory symptoms are usu absent but & hurried breathing & cough always attract attention and also the rigor

When well established & symptoms are as follows: After rigor smart influ fever sets in, heat of surface Especially of chest Temp. very high 105°-106° usu 104° Px resisting & full fr 100°-110°: in severe cases 120-140-160 When freq & px is usu small showing obstruction of R heart- Pat has headache flushed face. As there is delerium but rare. In chdrn convulsions are common Tongue usu moist & covered & yellow fur. As dry, thirst great & loss of Appetite, as vomiting bowels irrig. Urine febrile. scanty & high density fr 1020-1030. contains vs of urea uric. SO_3 & pigment. but less uric acid & PO_5 Chlorides deficient in & stage of hepatization. Alb is as fo in urine When lower lobe of lung is att jaundice as occurs. "Local Symptoms" 2.

Pain in side present in 10% usu under nipple is sharp, lancinating

due to Pleurisy is dull due to mfl of parenchyma. cough dry; no Expectoration at 1st but afterwards viscid tenacious transparent. not frothy. rusty & as mfl declines becomes yellow muco purulent opaque & not rusty. In still more advanced stage it resembles pus In rare cases no Expectoration this occurs usu if centre of lobe is attacked Expectoration is apt to contain Exudation cells, blood globules & casts.

When Pn. is 2nd dry coup & expec is absent.

Temp in Pn is high fr outset 105–106° in severe cases. 1°–1½ less in early morning & exacerbates towards night. The final fall is sudden & is of several degrees & usu takes 36 hrs to get to its lowest point wh may be 2° below nat temp. The day on wh it falls varies most freq on 5th or 7th day as on 3rd but in bad cases 9–11– or 13th day. Respiration accelerated in usu 1st few hrs fr 24 to 80 pr. minute. In bad cases usu fr 50–60 P.R.R. much altered. Blood highly buffed & cupped. fr 6–13 parts of fibrin in 1000. & hence coagulation may occ in R heart: ? in no other dis except Bright's is abl more common It occurs in early stage before lymph is absorbed & hence may be due to congested state of kid Albuminuria gen however transient

Temperature in child does not fall as fast as in adult.

Pn. runs a definite type. As soon as the fever falls patient feels better.

Physical Signs. 1st Stage. At outset you may to hear dry loud harsh

inspiration & Dr. Water thinks this is v initial character of Pn. but Walsh says it is not always v case but may be exaggerated or weakened Slight dullness on percussion. Cause of dullness is v increased amt of blood & less air in lung. commencing exudation. On listening we often hear fine crepitation. the crepitations are dry & are due to opening of air cells wh have their sides stuck together. Heard only * during x inspiration In v cases no ~~inspir~~ Crepitation is heard. in this stage due to v small bronchi being blocked so as not to admit air to v air cells & is most commonly met w in children

* at end of inspiration

2nd. ~~Stage~~. Complete Hepatization, no air in cells they are filled w lymph If whole lobe is consolidated we have deficient expansion of v affected side. Great dullness high pitch. of short duration, & there is great resistance to finger as dullness is wooden Reason no air in that part of v lung its (abnormal) over consolidated lung you have hollow note = tubular dullness. as if percussing trachia Is apt to occur at apex of lung (round large tubes. Here amphoric* note is to present & occurs if a no of small tubes are enclosed in consolidated lung This amphoric note is often got in early stage of Pn (acute) On listening you hear

crepitation? absent & instead have blowing breathing+. 2 forms of blowing breathing (1) Tubular. as if blowing thro' stethoscope, Is as if air was blown to ear thro' stethoscope. is metallic & has a whiffing sound heard to perfection in consolidated lung (2) Is ss diffuse & is called by French bronchial breathing. Cause of blowing breathing. It is produced by v air passing thro' v bronchial tubes in consolidated lung.

Voice = Broncho phonic. Is highly metallic or brazen & sniffling. cough long ringing & metallic. voice heard by stethoscope is also sniffling as if speaking thro' nose

Palpation hand feels vibration increased because of solidity of v lung In rare cases these physical signs may be absent over consolidated lung due to closure of v bronchus communicating c̄ consolidated portion of v lung

3rd Stage. When stage of hepatization passes into purulent infiltration the only physical sign is large bubbling caused by air passing thro' pus. & may have a metallic sound. There are 5 sympts characteristic of diffuse suppuration as rigors. expectoration dark licorice like fluid. features pinched extremities cold & clammy p freq & weak tongue dry sordes on teeth. drowsiness low wandering delerium & ends in coma. ss pat recovers

Even after these sympts. When abscess communicates c̄ bronchus we have signs of cavity but if it continues filled c̄ pus we have only signs of consolidation & cannot diagnose it One rational sympt of abscess if formed is that v pat spits up a quantity of pus. & then we have signs of cavity.

Course In very rare cases Pn is cut short in v stage of congestion It usu goes into hepatization. It usu runs a definite course 1st Premonitory sympts for 2-3 days. 2nd stage there is sudden invasion of v dis by rigors & in from 5-7 days fever goes down suddenly: in very severe cases fr 9th 11th 13th day. When signs of this abatement of fever occurs you have signs of hepatization.

Signs of resolution. In 1st place it is sudden The Evacuations are profuse, perspiration profuse c̄ sudamina. urine c̄ triple Phosphates or carb of lime sudden fall of temp. With these deposits in urine NaCl makes its appearance Voice ceases to be bronchophonic & at last we have air entering v lung & have crepitus = redux crepitus = fine bubbling. Is usu coarser louder & larger than primary crepitus. heard in Ex as well as inspiration. When whole thing is consolidated resolution begins in apex & extends downwards.

Periods of Danger. are 1st During early stage fr febrile reaction 2nd Apnœa fr consolidation. 3rd During softening due to absorption of Infly products in to v blood. leading to a sort of pyæmia coagulation may occ in R. Heart & be a source of danger

Diagnosis. Pn. fr Collapse. In Col. v bronchi always contain more or less secretion. Is usu a sequence of Bronchitis but even in aged v natural secretion may be retained & produce collapse also there is defect in respiratory power In Col × there is no initiatory rigor nor attendant fever, no rusty expector & if there be fine crepitation in Col it is always accompanied c̄ v sibilant & sonorous rale of Bronchitis. In Col there is little dullness over v collapsed portion because only a few lobules here & there are collapsed & between them there is healthy crepitating lung or even Emphysema In Collapse v dyspnœa is not in proportion to dullness. In collapse there is usu absence of respiration in collapsed portion. no vocal fremates over Collapsed lung, & no Broncoffinae

"Oedema" fr Pn. in stage of engorgemt. In both there is fluid in air cells but in O v crepitation is not so dry & sharp as in Pn. but is rather small bubbling. Signs are at bases of both.

lungs. but in Pn usu at only one. In O broncho phony is not produced. In O watery serum is expectorated. In Pn. expectoration is thick tenacious & rusty. No rigor. no rapidly developed fever in O+ & lastly usu find oedema elsewhere. ss have O of lungs fr sudden transposition of dropsy fr other parts.

Tubercle of Apex may be confdd c̄ Pn of Apex. but tubercle is chr not febrile nor accompanied at outset c̄ rigor nor proportionate febrile reaction. The physical signs do not follow in such quick succession as in Pn.

2 Pneumonia ss assumes a Typhoid type When it occurs in weak or broken down down constitutions. as in Aged or in course of Typhus or Typhoid. or in connection c̄ scurvy. Genl condition is one of prostration p softer & more freq. surface cold. livid c̄ clammy perspiration & patechiae. listlessness wh soon sinks into low delerium. Malar processes purple. Tongue dry & brown teeth & lips covered c̄ sordes neuralgic pains in chest expectoration contains more blood & is fetid

Physical Signs Crepitating rale not so long. is coarser. Hepatization earlier & affects back & base of lung. Resolution not so rapid & convalescence more slow diffuse suppuration & gangrene more common. death more frequent than in Sthenic

Causes. of Pn. 1st Idiopathic - due to exposure to severe or long continued cold. as travelling in wet clothes for ⅃ time. Intemperance. predisposes to it. fr being apt to be exposed

2nd Traumatic causes as Kicks. blows broken ribs. acrid gases.

Pn. is often - looked in D.T.s. 3rd. Secondary. to other diseases as fevers. Ac Rheumatism. Typhus & Typhoid - Measles in chdren is most freqly accompanied by Pn. Croup & Scarlet fever. are ss attended c̄ Pn Tubercle - Cancer Apoplexy of lung. ss Pn. is met c̄ in connect c. pericarditis.

Site. Lobar - Pn. att R. rather than left Lung. & lower rather than upper lobes. ss as in chdren it att both lungs.

Prognosis. The tendency of uncomplicated Pn is to recovery

Age. between 6 - 40 At extremes of life recovery is more rare. Double Pn more fatal than if only one lung was att & if only one lobe be att more favourable than if more. Indy Pn. is of low type & most formidable. Complicated Pn. ✓ fatal Bright's most serious complication. D.T.s next. Meningitis Pericarditis & Ague are grave complications

Treatmt. In stage of engorgement - Simple Pn will be almost sure to get well & very few cases require active treatmt. as bleeding & Sb.

Begin c̄ an active purge as. MgO SO_3 ℥ß

Flemings Tr.

or 3 Pil. Cath. Co. Then Antim Tart gr ¼ c̄ Every 2 hrs. If much pain in side use Tr Opii ♏ x–xv. or Op. gr ½ c̄ Tart Emet. If pain in side be very great & great dyspnœa abstract blood by cupping (℥vi to ℥viij or in severe cases bleed fr arm In milder cases need not bleed.

℞ Liq Am Acet ℥ij–iv.
Vin Ipecac. ♏ x–xv.
Tr Aconiti (Fleming) ♏ i–ij
Every 2–3 hrs.

} Externally if pain be very severe Tr. Op. or Lin Sapon c̄ Tr Opii on hot stupes.

When are we to bleed in Pn? The cases are few in wh bleeding is needed. If we see case at outset soon after rigor. if skin hot p firm freq & resisting. N. Sympts. great lethargy or dyspnœa. c̄ strong cardiac impulse then we may abstract blood to allay any of these sympts & if pat is young & vigourous. take fr. 10–14 oz blood.

2nd Stage. Red Hepatization The fever suddenly abates. freq of p subsides & we hope that exudation sd be absorbed & as infly action has subsided we do not need active measures. Begin c̄ Liq Am. prescription or gr 1/16 Antim Tart. & may give ℥ß of any of v alkalies in 24 hrs. These alkalies reduce plasticity of v fibrine –

Ag. was formerly used. but as a rule Pn may be treated c̄out Ag. but may

ss be used as a purgative. Pot Iod. usu used instead of Ag.

Externally. Turpentine stupes. Tr Iod. Jackets of indian meal c̄ mustard. It is supposed that these externl means promote absorption. Op is usu not indicated when this stage is advanced. Supporting diet. In early delients barley Aq. gruel &c. then weak chicken broth &c.

Typhoid or Asthenic. Pn. may be spoken of in suppurative state. Commence c̄ stimulants NH_3CO_2 c̄ ℥ of v stronger bitters as bark. Alcoh stimuli are required. Q gr 2 every 3 hrs. Externly Counter irritants Emplast Canthar left on 6 hrs. So turn pat every 4 hrs to relieve congestion in v impending parts

Genl. indications for stimulants in Pn. As soon as dis has so depressed v N.S. as to produce tremors. delerium dry & brown tongue p over 120 give stim Commence stims earlier in aged & those accustomed to v use of them. Chdren as a rule do not require stims

Indry Pn. Treat v dis If in course of Typhoid or Typhus we rather treat v fever also if in course of scurvy or Rheumatism &c.

Lobular Pneumonia. called Broncho-Pn. because nearly always an extension of dis fr Bronchi. 2 Forms accrd to distribution. 1st Disseminated. L. Pn & 2nd Generalized. Is nearly always v consequence of Collapse. In stage of congestion v collapsed lobule becomes bright red. volume increased. & on cutting into it can squeeze out blood serum. In 2nd stage hepatization takes plac & a red brown appearance is produced. There are firm brown (on section) prominent spots of induration fr size of hemp-seed to almond. ℞ In 3rd Stage This hepatized lobule becomes yellow & can squeeze out pus fr it. Is exudation undergoes chiefly degeneration

Generalized Form.= ℈ contiguous lobules are affected. Does not involve whole lobe as in Lobar Pn. In Lobar Pn. infl begins below & goes upwards or begins above & goes downwards. Whereas v spots in this form are scattered & will find different stages in different parts of v lungs at same time. wh is not v case in Lobar Pn. Lobular usu affects both lungs

Sympts. ℈ succeeds. Cap Bronchitis as in Measles. L Pn runs an ac course. Begins c slight rigor followed ℈ fever. ℘ accelerated 120-160 respiration fr 40-60 Muscles of neck

stand out & efforts to inspire are very great cough short & painful accompanied c̄ a pitiful cry. pallor succeeded by lividity sweating drowsiness & asphyxia.

Physical Signs same as Cap Bronchitis. If collapse ensue there is slight dullness over collapsed part. Vocal fremitus natural or slightly lessened no blowing breathing or bronchophony. In 2 or 3 days ∨ Pn supervenes. Then there is marked dullness over a larger area, increased vocal fremitus blowing breathing & bronchophony Crepitation is metallic. These signs usu begin in lower part of ∨ lung. After you hear them in one lung you soon hear them in ∨ other. In Chdren under 18 mos it runs a rapid course. Usu terminates fatal in 6-8 days

Ss confded c̄ Tubercle. It runs a more sub Ac course in connection c̄ hooping cough. The fever not so high, temp seldom over 103°

Lobular. Pn more fatal than lobar in Chdren. It occurs under ∨ following peculiarities. 1st Peculiar to Chd hood between 1-6 yrs. (95%) between (5-16) 25% Most common in course of measles & hooping cough & capellary Bt. Increased by bad ventilation. Rickets predispose to it.

Diagnosed. fr Lobar Pn. Lobular Pn is always a sequence to ye other affection in wh ye bronchial tubes are inflde as. small pox measles bronchitis

Lobar Pn. is rarely preceded by Bronchitis Pn Lobular Pn temp. is not so high & fluctuates more & declines more slowly Respiration more freq P. is smaller & weaker than in Lobar Pn.

Lobular Pn. is usu preceded by pulmonary collapse Both Collapse & Lobular Pn att both lungs Lobular & Collapse are accomp. ye Physical signs of Bronchitis in ye other parts of ye lungs & also preceded by them. Lobar Pn is not accomp by gnl Bronchitis. In Lobular Pn we have more abundant muco-crep & fine bubbling at base of both lungs. As a rule ye Physical signs of Lobular are confined to inferior & post part of ye lungs & do not usu extend into axilla as those of Lobar do

Lobular Collapse fr Lobular Pn. Collapse not accompanied ye high fever. dullness not marked. Fremitus normal or only slightly lessened. usu absence of blowing breathing & bronchophony in ye collapsed portion because no air passes in & out of ye smaller tubes

Treatmt. As lobular Pn is nearly always a sequence we shd prevent it

if possible. Thus if Chd have Ac Bronchitis or measles, confine to bed. If Chd have croup or hooping cough or Chr. catarrh. dress in flannel. & keep in house on damp cold days. Chd sd have a warm room of equal temp. fr 60°-65. Give emetics if secretion is prone to be formed. For Chd. Ipecac is v best. Under 6 mos Gr viij P. Ipecac or Vin Ipecac ʒj Over 12 mos. Gr x-xij or Vin ʒij. Or if this does not succeed give Ammon carb c̄ it. or Pulv. Alum. ʒj every 20 minutes. At outset if collapse has ensued c̄ Infl. Vin Ipecac-m v-x c̄ Liq. Am Acet-m x-xx & Gr j-ij Pot bicarb or Am Mur.

If weak or rickety it wd be well to give Am carb Gr j-ij c̄ Ipecac fr v beginning. (Mono carb as it is not so pungent as v ordinary bicarb. At advanced stage replace Ammon Carb by Extr. senega. Externl remedies Jacket poultices, sd not blister in Chd. Food nutritious & easily digested. Beef tea raw egg & milk c̄ wine c̄ much debility. In sub ac & Chr cases change of air is very beneficial c̄ a tonic course as Fe c̄ Cod L. oil.

Emphysema.

= dilitation of v air cells. ÷ vesicular & inter lobular. Vesicular = dilitation of v air cells. Inter lobular Extravasation of air between & outside of air cells. Often due to wounds of ribs &c not of much importance Vesicular common & important. Ac & Chr. Chr = partial & genl When partial only v vesicles, lobules, or series of lobules or a lobe or 2 of a lung is att. In genl both lungs are att.

Ac. Emphysema. more import them Chr. ss occ rapidly. as a Chd dying in fr 8-12 hrs after birth ss shows this condition. During collapsed stage of Asiatic Cholera it is seen. Also in Early stage of Ac Bronchitis we have portion of lung actively distended. In these cases v air cells are simply distended cout any lesion of their walls. Chr* is very serious is permanent accompanied by atrophy of cell walls coalescence of air cells rupture & obliteration of blood vessels wh ramify on their walls

* When it becomes general in both lungs it it is very serious

M. Anatomy. Air cells enlarged fr $\frac{1}{200}$ - $\frac{1}{70}$ of an in. to size of pin's head. pea or even almond & in these cases v

cells have coalesced. When Em is extensive, on raising sternum, v lungs swell up. the float high in Aq. are anaemic scarcely crepitate altho' filled c̄ air. little blood escapes on cutting them. Air vesicles enlarged & stand out.

Portions particularly liable = The upper part of upper lobes Anterior margins & inferior margins along v base of v lungs but ss whole lung is affected

Sympts unless very extensive no very marked sympts are present. Pat suffers fr dyspnoea fr loss of elasticity of air cells. It comes on very insidiously. & dyspnoea is habitual. This dyspnoea is subject to great exacerbations On seeing pat in bed he is bent forwards has his shoulders raised. scapulae fixed S are not conscious of having dyspnoea until they exert themselves it comes on so insidiously. Cough is ss present fr presence of a cold but is not characteristic of v dis. Expectoration very frothy ss quite liquid ss viscid & streaked c̄ c̄ blood face anxious & tho't ful Alae nasi thick & dilated c̄ each inspiration lividity genl. muscular strength fails. gradually loses flesh. has difficulty in speaking loud Extremities habitually cold. In a very marked case chest becomes barrel-shaped. scapulae stand out & this condition is usu

seen q dis begins in youth. Em. is not accompanied by fever. p & respiration usu slow. ss. visible pulsation of s of v arteries: strong impulse over heart & weak over v arteries. constipation. urine watery & micturition freq. & urine apt to deposit oxalate of lime

Effects of Em. (1st) It produces a venous condition of v blood. 2nd Hypertrophy of R. Heart. but in time whole heart becomes Hypertrophied. The dilitation of R heart is followed by tricuspid regurgitation wh produces a sort of stagnation of venous current & genl dropsy. Death occ fr coagulation of fibrine in heart ss pat dies fr slow asphyxia

Physical Signs. On looking at v chest you will notice it bulging & prominent if both lungs are affected or of only one side if only one lung is affected

Intercostal Spaces are depressed or normal or effaced. the chest is greatly drawn up on inspiration but scarcely any lateral motion. Instead of Expanding 2 in it may not expand ½ an in. Base of chest is drawn in fr contr of v diaphragm. On measuring v chest v diseased side is larger than v healthy one

On percussion chest is extra resonant

because it contains more are than natural. walls elastic, so note is even tympanitic. Limits of lungs increased they overlap in upper sternal region & ∪ Δ space over heart is encroached upon. The liver & spleen are slightly displaced

On Listening. respiration is weak. because little air entrs air cells but in ō parts ∪ respiration is increased, due to infl & turged condition of smaller bronchi. Natural rhythm is reversed. There is a long pause between act of inspiration & hearing ∪ entrance of air = deferred respiration No adventicious or new sounds in Em. Vocal resonance is not materially altered. is normal. decreased or exagerated. How is distention of air cells produced? 2 Theories (1) Inspiratory (Gairdner) produced by forced inspiration of air but for this to occasion Em an adjacent part must be collapsed. (2) Sir Wm Jenner says it occurs chiefly during expiration & says that certain parts of ∪ lung are not equally compressed. & that they are over distended.

Pathology. May divide Em into Local & Genl. Local as occurs in Bronchitis hooping cough & wh is due to mechanical causes & collapse.

Genl Em is ~~d~~ constitutional

I Iam

dis consisting in mal-nutrition of air cells fatty or fibroid degeneration & are thus weakened & are distended by natural inspiration. as straining in lifting. coughing &c.

Proofs of its being constitutional. (1) It approaches incidiously (2) not preceded by cough (3) Freqly hereditary as if stamped on constitution at birth (4) Reny fd fatty degeneration of air cells. (5) Involves both lungs equally. Lastly A tonic constitutional treatmt is fd. beneficial

Treatmt. Once v air cells are over distended & atrophied v dis is incurable but we may support system & prevent advance of dis Nourishing diet. tonics Fe (best) It invigorates blood. nourishes N.S. Q is Espec good because it tones N.S. & functions of liver & spleen & skin sd be attended to. Pat sd adopt a certain course of conduct. as moderate exercise. sd not run carry heavy loads. play on wind instruments &c Diet moderate & nutritious & at short intervals. sd not go to bed c̄ full stom. Large quantities of liquids sd be avoided. If weak wine & brandy may be allowed. Change of air good Espec if liable to att of asthma or Bronchitis. Pat usu consults us for a cold. If ac begin c̄ Ipecac c̄

Pot bicarb. dry cup v chest & use Counterirritation. If Chr. Bronchitis is a complication use counterirritation of v chest & c̄ Ipecac give Am-Carb. When spasms occur give Lobelia. S Ether. c̄ Ipecac & Squills. If emaciation & loss of strength give Cod. L Oil c̄ above tonics compressed air bath is ss very good 30-40 baths give relief. v p & respiration are slackened. blood driven fr surface. appetite increased & secretion promoted.

Pleurisy = Pleurisy.

or Pleuritis. Ac or Chr., S subacute Partial or Genl

P.M. 1st Stage. S Hyperhaemia. pleura red less smooth & less polished & becomes opaque & dry at 1st "

2nd Stage. In strong persons in wh dis is caused by cold. plastic matter in. patches or a layer of lymph is deposited on v membr. The layer is produced by proliferation of v cells of v lymph & d v process is going on cells are thrown off & in 3rd Stage serum is poured out fr v surface when serum is poured out cells are carried off c̄ it. It may be fr a few oz to several pints & contains floculi of lymph. pus cells. blood corpns In s cases v proportion of fibrine is so great that v fluid coagulates on being drawn

you

you

The fluid in chest fr. dropsy is always clear & contains no flocculy. While fluid fr. Inflammation contains floculi & is turbid.

In all Ch. Infl. of the lungs we have a layer of Pleurisy on the lung.

fr. v pleural sack. ss contains pus espec in weak constitutions & then constitutes empyema. Pus may perforate walls of chest or bronchus & be expectorated or may perforate diaphragm & pass into v bowels. What becomes of v fluid secreted? It is usu absorbed. When serum is absorbed v recently formed lymph causes adhesions of pleura to lung. As fluid is poured out in pleura air is pressed out of v lung & it is collapsed & driven to upper & back part of chest. If this collapsed state of lung exist for a long time v lung will become atrophied. ||

Sympts of Ac Pl. Genly sets in suddenly ss a rigor precedes but is less marked than in Pn. Then infly fever sets in then pain in v side. Infly fever not so high as in Pn. skin dry & hot p 110 small & tense. tongue furred urine febrile. In Pl q Effusion has occurred Chlorides are absent or decreased. Alb is ss present but not so constant as in Pn. Pain in side: short dry cough wh is suppressed by pat because painful. No expectoration unless Br be present: respiration short & freq. & each respiration is accompanied c̄ an exclamation. P. R. R is ss 1 to 3 ss 1 to 1.07.

Pat lies on back seldom on affected side. When Effusion has occurred pat lies in a diagonal position. partly on his back

& partly on ∨ affected side. Pain below ∨ nipple. is below ∨ ribs & is in lumbar region. Shoots thro' to back. It is cutting stabbing stitch-like Pain exists for 48 to 60 hrs & is relieved on Effusion into pleural sack

Physical Signs of dry stage. Deficient expansion of affected side & pain wh ∨ movement of ∨ Chest causes. movement is jerking. Percussion Normal respiratory murmur weak because pat inspires imperfectly. Seldom get a friction sound in this stage but so we do. is of a grazing character. A few hours later Exudation has formed on pleura. = Stage of Exudation = Plastic Stage. Friction sound always present 3 signs of dry stage. Dullness on percussion.

3rd. Stage in 12-18 hrs later serum is poured out = Stage of Serous Effusion. There are new physical Signs. When Effusion is partial. deficient Expansion more complete. scarcely any movement. intercostal spaces filled & Effus is very great may have local bulging. or if ∨ whole side of ∨ Chest intercostal spaces widened & bulged in Extreme cases of Effusion. On percussion now there is decided dullness: most marked below & diminishes upwards & in upper part of Chest you have hyperresonance When Lung is compressed & flows up to 3rd or 2nd rib you get a tubular

but more freq an amphoric note due to
lung no of small bronchi in upper of
lung This dullness is moveable & this is
characteristic of Effusion (& changing pos-
ition of pat) But if v chest is completely
distended w Effus. this moving of v dull-
ness is absent. On side of great Effus-
v viscera may be displaced

Auscultation. In moderate Effusion
friction is gone but at upper part where
v 2 pleura met you may have friction
sound. no respiration at base where lung
is covered w Effus but as you ascend
you have slight respiratory murmur
still higher up you have exaggerated
breathing or blowing respiration. thro' v
compressed lung. If pat count 1-2-3 &c
resonance is absent due to fluid round
lung. When pat speaks a sound is heard
= Egophony. below inf angle of scapula
Effusion must be moderate. In children
if Effus has taken place we may hear
respiration even thro' copious Effus. Bron-
chial respiration is more freq in children
than adults

Resolution Signs of absorption. Fluid
is absorbed & lung expands Line of dull-
ness diminishes fr above downwards. We
may have dullness in base of chest
for a time. Vesicular murmur gradually
returns Expansion caused by Effusion
diminishes fr day to day. Mobility in

creases. May have redux — egophony. When Effus has got below infl^d roughened portion you may have redux friction sound In certain cases of Effus. has taken character of pus a deformity is produced Base of that side of chest is flattened & retracted intercostal spaces narrowed or almost obliterated nipple & shoulder lower on that side scapula protrudes: ribs over lap: ×

Varieties & Course of Pl. Ac Pl seen at outset may be cut short before Exudation sets in. Or Infl may be mild or sthenic & a little plastic Exudation being formed & pat recovers in fr 2-5 days Usu however serous Effus takes place whereupon pain abates p falls. fever less but dyspnoea remains If much Effusion pat lies on affected side or diagonally & gets well in fr 3-4 weeks. Ss improvement is preceded by ō critical Evacuation as diarrhoea perspiration boils, &c. Again pat may lose flesh become weak pale & complains of shortness of breath on Exertion. In this case there is usu copious Effus & ss takes fr 6-8-10 weeks to be absorbed & before pat recovers.

Again in weak persons pus may be formed giving rise to Empyema Symps fever hectic p freq (120) & small surface dry & hot 106° c profuse perspiration at

night. face flushed. debility - brilliency of eyes. dyspnoea cough common Expectoration muco purulent. no hemoptosis features puffy. arms & leg on affected side oedematous. There is no indication of tumor in chest. In a few cases we have a sign wh may be confd'd c̄ aneurism in Chest (vz) pulsating Empyema. it ss perforates & forms a tumor under v skin & if near heart may seem to pulsate Empyema may terminate by absorption or may perforate lung & be Expectorated & air entering pleura causing Pio-pneumo-thorax. Ss it escapes Externally. Freqly it ends fatally by Exhaustion but before this happens pus causes caries of ribs & sloughing of inter costal muscles. Ss Pl runs a latent course pat complaining only of dyspnoea on Exertion. pat pale & on Examination you find copious Effus in Chest. Pl is freqly fd in connection c̄ other diseases. It often Extends to pericarditis causing pericarditis seldom Extends to lung. yet seldom have Pn c̄out Pleurisy. Pl is a sequence of Br. ss fd in connection c̄ tubercle of v lungs. Bright's. cancer of liver.

Causes. (1) Idiopathic independent of any cause Except Cold Rare. (2) Traumatic fr blows kicks broken ribs &c (3) Secondary to s other dis 1st Indry to local irritation, most common irritation

is tubercle next Pn. ss fr pericarditis Abscess in lung. Pulmonary Apoplexy Gangrene Fr adjacent parts. as a cancer ous mamma. or fr liver spleen or kidneys or fr caries of thoracic parieties. ss Indry to deathetic diseases as Rheumatism Bright's Gout Skurvy ~~Skr~~ purpura.

Diagnosis. Pleurodynia. In Pleurod. there is absence of fever not preceded by rigor sets in suddenly & reaches its acme at once. The pain in Pleurod. is affected more by motion than in Pl. Pain is superficial. agravated by pressure or percussion. No friction. & no Effusion at end of a week

Fr Intercostal. Neuralgia. Intercostal Neu is non febrile. no chill. Pat anaemic or hysterical. pain paroxysmal ss severe at other times almost nil. Chiefly att fr 6-9 intercostal Ns & more freq. on left than R. side. While slight pressure is vez painful firm pressure is well borne. No friction & at end of weeks no Effusion

Pleurisy from. Pneumonia

Surface of chest of affected side im. moveable	Slight motion
Intercostal spaces often obliterated	
Enlargement of side of Chest shown by measurement	

Pleurisy from	Pneumonia
Palpation discovers that over effusion vocal fremitus is nil	Over hepatized lung fremitus is increased
On percussion of effusion is present dullness is extensive & in extreme cases of pulmonary resonance is increased in extent	No displacement of viscera in Pn
Dullness often movable & position of pt. Tubular or amphoric percussion is common in apex because lung is deprived of air	
Tubular breathing not so of effusion. It have diffuse blowing breathing but have it only in 2 or 3 localities. to top lung is pushed by effusion. at root of lung or at back	Blowing & tubular breathing present.
Vocal resonance is usu absent - over Pl. Effusion	Vocal resonance intensified
In Pl Effus - when moderate you have Egophony	
Does not det usu & a prior unattended by cough & cough present expectoration scanty.	Expectoration - rusty
P.R.R. not so much disturbed.	

Pleurisy	from. Pneumonia.
Early pain is stabbing usu recoverable Idiopathic seldom fatal but q̄ it accompanies Br. cancer. scarlet fever. usu fatal fr formation of pus. When double usu fatal. When consequence of caries of ribs fatal	Pain dull & appressive. Genl symptoms in proportion to Physical signs.

Treatmt. (severe case) In early stage abstract blood. in healthy robust young adult q̄ pain is severe. fr. 10-15 oz. of blood. usu however does not require genl bleeding but leech & cup sufficient

After leeching apply warm poultices to increase bleeding & relieve pain. Besides bleeding use other means. as Op. given in doses to relieve pain & vascular excitement Op gr j c̄ James' Powder gr ij. or Antim Tart gr ¼ every 2-3 hrs. Ss give Calomel c̄ Op in healthy pats. but ss severe cases get well cont Hg. Ss arterial sedatives are used as. Verat. Viride or Henbane. but o majority of cases does not need this heroic treatmt. Op. or Dover c̄ Antim Tart. usu sufficient Poultices &c to relieve pain

Stage of effusion. Now too late to bleed. but if pain be severe cup or leech side usu no fever. thence apply counterirrit

tants to promote absorption. Good size blister to chest. left on 6 hrs. Dress c̄ poultice or cotton wool or soap plaster & in 2 days apply another at v side of v former one. Also give diuretics. as

℞ Pot Acet ℥ß.
Spt Ether Nit. ℥j
Infus digit ℥ß.
4 g. h.

Adison's Pill.
℞. Pulv Digit
Pulv Scill āā gr j
Blue mass. gr ij.
One night & morning till gums are slightly touched

Pot Iod c̄ Pot Acet or Nit After using the absorbefacients & dyspnœa continue give drastics. P. Jalap Co. ℥j. Ol. Tig: Pil. Gamboq Co. gr XV. A good Haustus N. Every other morning

Chr. Pleurisy. When Chr. if Effus. be purulent there are 2 indications (1) Promote absorption & (2) support system. When you suspect pus. Blisters: Pot Iod or Tr Iod. c̄ ō diuretic as Digit & bark & Q. Compo Iod ointmt. or Iod lotion covered c̄ oil-silk. Purgatives may now be given it there be no tubercle in lungs but if there be you may suspect tubercle in bowels In these cases give tonics (whole class) bark Q mineral acids. C. Loil: Fe. Syr. Fer. Iod. but often travelling is v best means of recruiting strength. If all these means fail: tap. not so safe in Ac

as Chr cases.

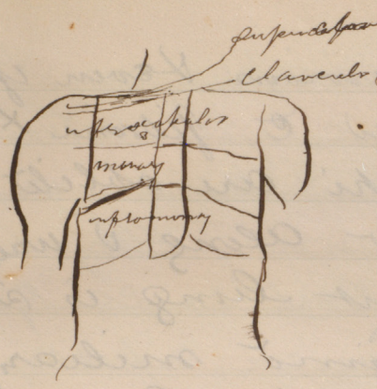
Indications for tapping. 1 As soon as dyspnoea is urgent & interferes c̄ vital functions. 2. If health & strength are failing 3. If fluid is not being absorbed. 4. If chest be gradually enlarging even if dyspnoea be not increasing. 5. In cases of Empyema And the Rule is to tap early. If on tapping you get blood. you may be sure of malignant dis & prognosis is unfavourable. Even after 9 mos tapping has been successful Avoid spots at wh there are adhesions. - Signs of adhesions At point of adhesion inter costal space depressed & wd hear voice & breath sounds more distinctly. Never tap unless inter costal space is effaced or bulging.

Place to tap. between 9 & 10 or 10 & 11 ribs or at lower border of scapula - If you are not sure of presence of fluid Explore c̄ trocar. Exclude Entrance of air. Don't draw off all fluid at once

Phthisis Pulmonum

1/6 - 1/8 human family die fr it.

Sites. Tubercle may occ in nearly every organ of v body. Primary tubercle occurs 1 Mostly in lungs & lymphatic glds. 2 Next urinary organs & female sexual organs 3. Medullary tissue of bones. Secondary tubercle occ in larynx trachia serous membrs. Spleen & liver. In Chd Lymph glds & Spleen most freq^ly att.



2 Forms of Tubercle. Gray, & Yellow.

Gray. small round semi transparent gray bodies fr size of millet seed to that of mustard = miliary tubercle ⊙ It consists chiefly of cells. like lymph cells or white cells of blood, in ⅓ cases also a fibrous matrix is fd.

Yellow. The greatest authors deny the existence of yellow tubercle. Vircow & several others say that it is gray undergoing degeneration or cheesy transformation.

Tubercle is thus deposited Miliary = isolated masses disseminated thro' ⊙ lung. these disseminated tubercles may coalesce & form agglomerated tubercle. or 3rdly you may have infiltrated tubercle Once caseous transformation begins it goes on & softening sets in due to fatty degeneration & now instead of an albuminous subst wh was at 1st present. you have a fatty subst sol in Ether. The effect of softening is to leave an ulcer. wh is apt to form thick overhanging edges & tubercle is usu fd in edges & is apt to spread by contamination A cavity in ⊙ lungs is not called an ulcer but a vomica While tubercle is softening low infl is going on round it. In the lung a sort of slow Pneumonia takes place. It is this infl wh accounts for ⊙ dullness & rapid distruction of tissue. The blood vessels become obliterated by ⊙ tubercle compressing them & ss to a cavity is formed

Blood vessels become impervious & even if eaten thro' they are filled & fibrine & will not bleed so bronchi are obliterated & so can be traced along & walls of a cavity. The adjacent lung is so tolerably healthy as around miliary tubercles wh seems to exhibit little inflammation congested. Again in a state of hepatization, & red or gray usu gray. Again lung is fd in Emphysematous State Tubercle does not always soften & form vomica. Its abscission takes place & kinds. Tubercle withers & drops & has been compared to horn = comification Again earthy matter is deposited in stead of animal matter = cretefaction or calcareous transformation. most usu in aged

Site of tubercle in lungs Most frq in apex & upper lobes in Chr Phthisis &c It occurs uniformly all over fr apex to base. Tubercle almost always att both lungs. Once tubercle forms it usu softens & is expectorated or may form vomica When vomica are formed they seldom cicatrize

Sympts accord to 2 forms Ac & Chr Chr most common

Stages. I Intubercular or stage of tuberculosis. II of Deposition or Tuberculization. III Softening IV Cavity

I Intubercular Stage. Sympts &.

incidence of emaciation & fever. Emaciation earliest progresses steadily permanent & cannot be referd to any cause except tubercle. Acceleration p. uniformly too freq. more so at evening. least excitement accelerates it. Skin dry & hot permanent elevation of temp°. Chills in afternoon & feverishness towards evening & towards morning acid bad smelling perspiration. Appetite uncertain as loss of Appetite for breakfast. as there is a particular form of dyspepsia present in wh there is dislike for certain articles as fat. as sugar. as Spts. & dislike for fats pat complains of biliousness. Hæmoptysis shows a tendency to pulmonary tubercle & may precede all other sympts. After above sympts have lasted for a time we cannot say for certain that pat is suffering fr Phth until we find Physical signs. but suspect it & treat for it.

II Tuberculization The above symtoms are intensified & increased & new ones are added. Dyspepsia may appear for 1st time. Pat may lose hair. p gets more freq. night sweats precede & feverishness more freq. pain in chest. below shoulders follicular dis if not before. Pat begins to cough at 1st may be merely dum & this cough is apt to induce vomiting. The cough may last for 6-

to 8 weeks & then becomes suspicious. At 1st cough is usu dry but after a time pat begins to expectorate. At 1st expectoration is mucoid. Ss more frothy & then indicates Bronchitis Amt in early stage ¼ to ⅜p. As dis. advances expectoration becomes floculent c̄ masses like cotton wool. now becomes opaque. ss emits a plaster odour. When cavity is formed expectoration is genuine pus. of various colour & is ss distinct (nummular) then becomes diffluent. Amt of expectoration increases in advanced stages fr wineglassful to a pint. Haemoptysis usu scanty but ss copious fr congestion. When pat spits blood in this stage softening will supervene rapidly. Loss of weight more rapid than in any other stage

Thermometer. If tubercle is deposited temp. is permanently elevated during v day. if less actively it well fall to natural temp° s̄ part of v day. The average temp° during deposit of tubercle is 99 4/5° to 104°

Pretubercular Stage. Physical Signs. Smith says before deposit of tubercle we have 5 P. signs. E.g. 1 Deficient elevation of ant lateral part of chest 2 Fluttering under clavicles. Empty intercostal spaces. 3 The shoulders become rounded On Listening. The vesicular murmur is lessened in force & fullness & shorter ss Per

cussion will discover slight dullness in ∪ flattened regions.

P. Signs of Deposit. 1st When tubercle is scattered thro' centre of apex & supervening healthy tissue. Percussion No dullness. ∴ hyperresonance fr air cells in neighbourhood being emphysematous. Auscultation. Weakness of vesicular murmur or harsh respiration In deposit of tubercle or Bronchitis ∪ respiration may be harsh espec during expiration In ½ cases inspiration is harsh. This harshness is not so reliable over right as over L. apex - because respiration is usu more harsh over R. apex in health. But ∪ tubercle is agglomerated & ∪ intervening lung tissue is congested so that there is a good deal of consolidation Now there is deficient ~~et~~ expansion on that side of ∪ chest. ∴ flattening under clavicle as well. Now on percussion we have decided dullness, slight or wooden or even tubular as ∵ a large bronchus is enclosed in consolidated lung.

Auscultation. Respiration altered very harsh, respiration prolonged or blowing in wh both inspiration & expiration are altered. whiffing, metallic, & of high pitch. Seldom have tubular blowing as we have in Pn On listening to ∪ voice we have bronchophony. The heart sounds are in-

creased. They are very distinctly heard under R. clavicle & they are very faintly heard in health. Its respiration is wavy & indicates a superficial deposit of tubercle. & if heard at apex is reliable. but if all over not so reliable When tubercle is about to undergo softening. we have dry crackling heard at end of inspiration & if this crackling is heard at same spot & at every inspiration it is a good sign. Its there is what is called Cog wheel rhythm & is fd on eve of softening A murmur is ss heard in pulmonary artery at 2nd costal cartilage on Left.

III. Stage of Softening. P. signs. essentially same as last. described. Tubercle agglomerated c̄ intervening consolidation deficient expansion ss hollowing & m or less hollowing A New Sign is moist crackling wh indicates softening. consists of one or two moist crackle at end of inspiration & has a metallic ring. When large liquid & metallic it is called cavernulous. May have absence of dullness even in this stage.

IV. Stage of excavation. 5 of smaller cavities have coalesced. Sympts are aggravated & usu assume character of hectic, pat lies on one side. Softening is preceded by rigors. profuse sweating

& now diarrhœa p small & rapid, apthæ in mouth, tongue large red & tender. difficulty in swallowing. 2 kinds of vomiting. After taking food or after coughing. Cough loose expectoration purulent hæmoptosis free & ss copious & ss proves fatal. The ends of fingers become bulbous & nails turned in.

P. Signs of Cavity. Percussion over a cavity may be simple dullness or tubular or amphoric or crack pot. In a small cavity near v surface may have dullness or hollow note as whether you percuss firmly or not. ss you may have amphoric note, indicative of a large cavity. If several bronchial tubes communicate c̄ this cavity you will have crack pot note on percussion c̄ pat's mouth open

Auscultation ss have large hollow bubbling caused by air passing thro' fluid in cavity

Cavernous Breathing is ss heard & v expiratory note is stronger than v inspiratory. ss we find amphoric breathing & if pat speaks you have pectoriloquy. ss v cavity is full & you will not be able to detect it. but if he expectorates half v cavity may be emptied. & fr 2 bronchi entering v same cavity. one below & v other above v fluid. you may get amphoric note

or gurgling

Incidental Sympts. Enlarg^mt of liver In Chr Consumption liver often undergoes fatty or amyloid degeneration or. Perineal fistula may precede. but usu occ after deposit of tubercle. Seldom fd in ac usu in Chr. & indicates a Chr course. It say an operation sd not be performed, because in 5 cases it is not successful. but q successful it usu hastens dis

Pleurisy accompanying Phthy is usu of a dry form ss is attended c̄ Effusion & then usu proves rapidly fatal. When caused by perforation of pleura we may have pneuma thorax & may be suddenly fatal. Pat has great pain on its occurrence & collapse. Diarrhoea usu occurs in 3rd stage. rebellious to treatment In early stage ulceration does not occur. but in advanced stage we have ulceration of Payer's glds. tongue red & raw. aptha in mouth stools ss bloody usu offensive

Course & Termination of Chr Pulmonic Ph. 1 Tubercle may be absorbed this usu occurs in young pats. Circumstances under wh this may take place 1st Absence of hereditary taint 2nd When dis has been induced. or 3rd When tubercles are few & gray. milliary & widely scattered & surrounded by

healthy tissue 4th When only one lung is affected or q constitutional sympt. dis appear early. & v possibility of securing change of air & good diet.

2. Again tubercle may be latent may remain inactive. & then is often overlooded. Again v systemic sympt. may have have ceased. & these cases may last many years, running a very Chr course

3. Tubercle may undergo calcareous transformation. A few chalky masses may have been expectorated. a slight cough may be present &c. Pat may suffer successive attacks of impaired health may expectorate chalky or horney matter. This is most common in aged who have not inherited a predisposition

4. Even in stage of softening may run a Chr course & may last 5-10-15 yrs. The att of hectic occurs less freq. In interval the fever & frequency of p. falls. strength returns cough not so freq. The Physic signs also undergo following changes. The crackling becomes dryer. ronchi more clicking & crackling. sibilant rales subside: & this removal of liquid signs indicate that infl is subsiding. When tubercle is extensively scattered. softening may go on slowly & dis be arrested. When a limited cavity is confined to one apex. dis may be arrested & a cicatrix may

be formed. Average duration of cavity = 66. mos. Condition of pat undergoing recovery in 3rd Stage. Flesh & strength increases. colour returns. Appetite good but has dyspnoea on exertion, slight cough. In these cases we have. hollowing of chest. dificient expansion over apex. creaky sound under stethoscope. harsh breathing heart dragged to affected side. The dis usu terminates fatally.

Causes of Tuberculosis. (1) Diathetic ÷ Predisposing & Exciting causes.

Predisposing. Espec tubercular diathesis. & may be inherited. If both parents are tuberculous & chdren are almost certain to be. Such chdren are tall straight. bones small. skin transparent hair silky. pupils large. good looking & live fast. cut teeth early. chest long. & flat fr before backwards & narrow or is pigeon breasted. Ribs remarkably oblique The organism of such achd is delicate. usu nervous. muscles small & soft Southy says that Phth is scrophula in & lungs. Rheumatic. Syphilitic & Gouty diathises predispose to tubercle Age mostly fr 25-35

Exciting. Vitiated atmosphere deficient muscular Exercise. depraved habits defective diet. Continued operation of cold fr insufficient clothing Nervous

Exhaustion occupations requiring confinement & stooping. Climate alone is ? not sufficient to cause it. High altitudes over 1000 ft are least abnoxious to Phth. Temperature, The extremes of heat & cold do not excite Phth. but exists preeminently in temperate climates. Soil In low flat water-logged localities. Phth more apt to occur. Egypt, Persia, Algeria. Greenland. Labrador. Rare in Siberia. Phth most common in v Temperate Zones. Other dis will excite it. as Influenza. whooping cough. catarrh. Scarlet fever Measles. but it is almost necessary that there be a predisposition

The weight of opinion is that Phth is not infectious. but q nurses &c. health breaks down it is due to fatigue c̄ a presisposition.

1. According to Dr Cotton every animal has its special organization as v orginization of a Guinea pig has a tendency to form tuberce fr irritation.

2. It has to be shown that v inoculation of tubercle will produce tubercle in man

3. Experience does not tend to show that local irritation causes tubercle in man. The deterioration of health caused by a chr bone dis is rather v cause of tubercle than v dis itself -

4. We often see v suppuration cout v supervention of tubercle.

5. The order of development of tubercle does not follow ∪ same course as that introduced into ∪ venous or lymphatic system. In infants tub occ chiefly in lymphatics & brain. in Chdren - in lymphatic glds & abdomen. & in adults in lungs
6. Tubercle is often developed cout any previous local irritation
7. The admitted causes have nothing in common c̄ ∪ local origin of tubercle.
8. Tubercle is not well enough known to be recognized by naked eye & microscopic observation not sufficient to say decidedly the characters of tubercle are always the same & hence cannot be for certain said that what is observed is tubercle

Diagnosis. Dilated Bronchi. fr. Phth.
Dil Br. is inferred to be present q̄ it succeeds Ac Bronchitis or Pn. Little night-sweats compared c̄ cough & length of dis. Diarrhoea & hæmaptysis not present as a rule. Dullness not usu above clavicle. Dil. Br. lasts longer than Phth. Dil. Br. freq^ly occ cout any hereditary tendency to tubercle cavity precedes dullness.

Chr. Pn. fr. Tubercle. Chr Pn. ss follows Ac dis but rare. Chr. Pn. is ss a local attendant of tubercle but is very rare indeed. Lung does not soften but ss gangrene sets in & cavity is formed. This dis is hard to distinguish fr tubercle in lung - but 1st It is very

rare. 2nd Freq^ly affects only one lung & very often q̄ it att only one lobe it seldom runs thro' v whole lung. no hæmoptosis. no signs of cavity. Expectoration slight. no pus. usu in aged rare in young.

The deseased part is solid and cut surface is granular, and nodules are formed from fibrous tissue;

Cirrhosis of v lung. (Corrigan) In this we have hypertrophy of v connective tissue in lung. surrounding v small bronchi & air cells. This connective tissue proliferates & v new formed fibroid tissue contracts & collapses v lung. & s of v bronchi are dilated P.M. The affected part of v lung is reduced in volumn. usu fd adherent to v chest pleural sack obliterated & have difficulty in removing lung. On section is hepatized solid firm fibroid. usu iron gray or grayish white. granular air-less. & m or less bloodless. & atrophied Is distinguished fr tubercle. by its usu attacking only one lung. Hæmoptosis less freq. Affected side more retracted. The heart is apt to be drawn to v right side if R. lung be affected & upwards if left be affected. Hypertrophy of one lung is always diagnostic. History of a winter cough for years. of an att of Pl. or Pn. & has not had health since. Lasts longer than Tubercle. Follows protracted use of alcohol. More freq in men than women. People in wh it occ are

usu of v fibroid diathesis. Tubercle is coexists c̄ Fibroid dis & we suspect it if we find it in apex & espec if in both apices. and especialy moist crackling in back part

and if sighns of cavity in both apices then very probably Tubercle

Cancer in Lung fr Phth. Cancer usu of soft form. usu only in one lung. universal dullness* c̄out any morbid sound present. signs of ulcer & excavation usu absent. Expectoration like red currant jelly. May have cancerous cachexia. or signs of intra thorasic tumor. When softening occ ⊙ may discover cancer cells. hæmoptosis freq: mediastinum is pushed to healthy side in C.

* and very feeble respiration When cancer is in nodules then not that amount of dullness.

Prognosis. There is no constant proportion between local dis & constitutional sympts. A freq. p indicates a rapid tendency. & a slow p a chr course. A good appetite & digestion are necessary to recovery & are good signs of present. If only one lung be involved. If deposit be limited, If base free, cavity small. prog is favourable. Rapidity of type = unfavourable.

Disease antagonistic to tubercular action. as Dis of heart. venous condition of v blood. Emphysema or cirrhosis of v lung. Profound Anæmia even c̄ blood murmurs. Fistula in ano renders progress of dis slow. Skin dis also. Early & copious hæmoptosis is unfavourable but a single & late hæ

moptosis is a favourable sign. Spare habit of body cout much fluctuation in weight is fabourable In advanced age it is apt to be latent or slow. Diarrhoea profuse haemoptosis: unfavourable Lyrangitis is usu absent in senile Phth. Chdren are freqly subject to scrofulous Pn.

Treatmt. Indications. Prevent development of dis by correcting predisposition (2). Tubercle being deposited prevent further development. promote absorption. When softening has begun support pat promote healing of vomicae. prevent deposits & meet complications

Early Stage Antecedent to deposit. mainly hygienic. In premonitory stage *1st promote healthy blood change maintain full respiratory action maintain nutrition & health of body Invigorate system by bathing & by means wh promote appetite. To promote healthy blood changes Exercise in open air. By Experiment during Exercise pat Expires more CO_2 & inspires more fresh air Exercise must be active & equal to strength. If carried beyond strength it lessens vital process, causes indigestion &c. So be rough & rapid short of fatigue. Women so skate snow shoe. run as far as consistent. Gymnastics. One of best Exercises

*best done by exercise in open air; Dr dont think extremely powerful aethelitic sports to be ing urious: good to have rapid walking: rowing deep inspirations in open air are good. and to flies. throw head back chest forwards. and take deep inspiration and by means of two sticks, raise chest well forwards.

is walking 2–5 miles. per day. riding on horse back. Begin in morning after taking a crust & cup of coffee. or chocolate. Promote full respiratory action. Rule. Exercise of an organ tends to maintain its physical & functional health. Practise deep respiration. Besides deep inspiration keeping up function of lung it keeps open & bronchi. & if there is any tendency for them to be blocked & impediment is displaced

Posture those predisposed to Phth. do not follow an occupation wh makes it necessary to sit stooped. or to be confined. do change for out door work. His room to be well ventilated & open fireplace. If predisposed & occupation not favourable give it up.

Restore nutrition & bulk of body. Means Nutritious food. fresh meat. milk. bread & vegetables. No single scale of diet is applicable to every case. Must find kind of food most suitable to each. Fat bacon marrow cream. when they can be borne. When fats do not agree give game venison. fish oysters. turtle soup. Recently shown that there is abnormal absence of P. in dis connected & Emaciation. hence give gluten Eggs cruciferous vegetables. also give raw meat chopped up & bread, brains of animals & several wineglasses of blood per day.-

Invigorate System. Means baths & remedies wh increase appetite & improve blood. Cold sponging, removes atonic state of skin. Checks perspiration & promotes circulation. Best mode, sponge c̄ tepid or cold salt aq. Apply rapidly not over 2 minutes. Sea or river bathing q̄ strong enough is very good. Clothing sd only wear enough to keep warm. Sd not sleep in v flannels worn during v. day but in a thick cotton shirt. Tendency to sweat fr 3-5 in v morning (because vital powers are then lowest)

Cold sponging should not occupy more than 2-3 minutes:

Remedies to promote nutrition. Whole class of tonics. Never begin tonics as long as any fever is present. Fe is one of v favourites espec q̄ menses are arrested or deranged. Or q̄ anaemia is present. Tr Fe. Mur. m x-xx: Fe Cit: Fe. sd be given after food. Wine of Fe espec in chdren ʒj-ʒij ter die q̄ a stimulant is needed. Vegetable bitters very useful. The milder are often better than v strong ad. Infus Gent: Calumba Quassia often better than Q. but in s̄ cases Q is useful q̄ others have failed

Caymin has been recommended. Det is very good to give an appetite, and if any fever: even good to combine c̄ Quinine.

Mineral Acids. Where there is perspiration, but if perspiration be alkaline Carb of Pot or Soda may be given c̄ vegetable bitters: SO_3 or NO_5 or Acl. (best) c̄ s̄ vegetable bitter.

HNO_3 is best where any fever:

Arsenic has been recommended in early

Hypophosphites are very good
Extract of malt: good
Ʒss - Ʒiss is good dose.

In giving C. L. O. you only give a tea spoonfull at first.
If much tendency to nausea C. C. L. O. then you may give strychnia:

Pancreatine wine is very good to give c C. L. O. or Sulphuric Ether.

& later stages m j - ij Fowler's sol tr die after meals. It is a tonic

Cod L. Oil. good, but do not give it if tongue furred or pat becomes nausiated. ℥ ii. I can take it on milk or may be given c̄ Syr Aurantii.

c̄ Fr. Aur. Co.
Dr. William's.
℞ Ol Mor. ʒj - iv
Acid Phos. dil m v - x
Infus Aurant Co. ʒss.
c̄ or c̄ out Syr Aurant.

Often use vegetable bitters instead of infus Aurant. If any infl in lungs be present & urine depos its lithates he gives NO_5 instead of PO_5 sd suppress other fats q̄ you give C. L. O as butter Cream &c. You may give sulphuric ether c̄ C. L. O: it is better retained c̄ ether

Change of air. One of the best modes send on a long voyage as to Australia

Stage of deposit of Tubercle. If in spite of these means tubercle is deposited. We endeavour to render it latent. Promote absorption remove irritat & congestion of lungs. prevent softening & restore genl health. In this stage congest of pulmonary tissue is important & sd try to obviate it. Hence if heat of skin. feeble freq p daily febrile Exacerbation dullness over apex. harsh breathing. Give perfect repose. unstimulating diet. mild salines, as cit. bicarb & Nit of Pot. c̄ Infus Digit. Aconite if much acceleration of p Might apply a few leeches to up. per part of sternum & over dull region

Treat any simple Gallarh in any one c̄ the greatest care; for may turn into Consumption

Now q̄ febrile sympts have subsided p̄ less freq. & physical signs diminished may begin c̄ tonics. begin c̄ mild tonics. When tongue becomes clean. no nausia may give Cod L. oil. ʒj twice a day When all febrile sympts have disappeared may give Fe. When stom is intolerant of Cod L. oil Strych 1/32 gr may be added to William's prescription. or alone will allay irritation of stom. Pancreatic emulsion & Pancreatic wine ʒj to ʒij of Cod L. oil. Ether has been given c̄ C. L. oil. It excites pancreatic secretion Hypophosphites are good in certain cases. Counterirritation over chest (1) Relieves congestion. (2) Has a peculiar action on cough. allaying it. moreover it produces an artificial skin dis.

Stage of Softening. Attend to congestion & obstruction of pulmonary circulation. Usu have marked irritative fever sharp. p̄ loss of appetite hot-skin night sweating Endeavour by counterirritation to relieve congestion of lung.

Blisters 1-3 inches square Blister 3 or 4 inches square once in 10 days Lin Iod or Lin Crotonis. once in 6 days Lin Terebinth as often. Give salines as Pot Carb Sodæ bicarb &c.

Diet. Light. milk white fish ripe fruit Strong stimulants. & malt sd be avoided. wines may be given As soon as febrile action subsides. give tonics. improve diet. plain animal

food stale bread. Cod L. Oil. Now change of air. Strong stimulants to be avoided

Cavity. counterirritation is Expec useful. if the tendency is to form a single cavity. Drs. Stokes & Pollock recommend a seton above pectoralis major Others use Pot-pusa When there is a tendency to rapid softening the case is probably hopeless Use endeavour to palliate & prolong life Do not travel

Straping the chest on the diseased side is very good in diseased lungs

Climate. No one climate is suitable to all cases of consumption or in different stages of dis in same individual Qualities Dryness. (2) rarefaction (3) Coldness. When do a pat not travel? So long as there is marked irritative fever as long as there is heat of skin rapidity of P & sweating. Dis do not be actively progressing. Dr. Pollock wd not send away pat if there is marked acceleration of P + 100 or if poor appetite. but Dr A. thinks a latter is often benefited by travelling. In selecting climate. if weak languid circulation & cold feet or pinched in winter in short if cold does not agree & pat do not send to cold climate Send to Nice Rhodes Algiers Syria Malta N.S. Wales. New Mexico Cal. afornia &c however climate must be moist & moderately warm & pat

Frequent change of climate are often beneficial stay in one place as long as it agrees & time if not send to another

Changes are best in the the earlier stages: Generally a climate which is opposite to the one in which the Pat. contracted the disease: If warm moist climate agrees with the Pat. then send him there: Good Rule where Pat. lives in warm climate, move to north in Summer: Generally in high altitudes it is now thought to be the best for Sumsumptive; affects of high altitudes = it does not hurt Pat: does not cause haemoptysis: pure air: prevalence of winds. & influence of Soil

has much irritability of bronchial m.m. & dry hacking cough If cold climate agrees send to Canada. Minisota In summer it is well to send to bracing atmosphere as cacoona & in W. North of Superior;

Special Sympts Night Sweating Restore strength Cod L. Oil. & tonics Q gr ij c̄ SO_3 dil.; Ox Zinci gr iij iv in pil night & morning Gallic gr ij-iij night & morning. P. Kino Co.

Sponge every morning & change night dress; Pollock uses Gallic acid:

Cough. Find cause. If due to bronchial irritation c̄ mucus, bubbles &c use mild irritation over chest. c̄ Ipecac. Kcy. & Hyoscy. c̄ s̄ alkaline salt or Ammon Mur. If due to irritat in fauces swab throat c̄ gr xx-xxx sol Agb. NO_5 or SO_2 c̄ Tannic in gargle. If cough be means of getting up secretion do not arrest it. If due to irritation of softening of tubercle give narcotics M (best) gr 1/24 gradually increased to 1/12-1/10-1/8 gr. ss is alleviated by inhalation of Chloroform Ether. Hcy. in vapour or spray. ss a blister over larynx is good. If cough after eating give small dose of brandy Inhalation of P. Cl. Carbolic Creasote are genly injurious if softening is going on but if Chr is good.

In fauces Pat has dry condition of throat: Inhalation of Chloroform very good.

I am tired now Jan 20th 1876

Hæmoptosis. q̄ moderate will usu get well spontaneously & is usu salutary. If severe absolute rest of voice & body must be imposed, so take his drinks cold. Eat ice. A good purgative every day tends to relieve congest & arrest hæmoptosis. To stop hæmop q̄ violent. Digit is best. m viij – xv every 3hrs. Ergot has been highly recommended by Dovell. Exte Ergot m xx.

℞. Exte Ergot fd. m xx.
Tr Digit m xx
Acid Gallic gr v.
Mag Sulph. ʒj.
Infus rosa. ʒj.

Plumb Acet or Gallic have have been usu Pb Acet gr v – x c̄ vinegar. Every ½hr. Sodii Chlorid. ʒss Every ½hr. ss succeeds in arresting hæmoptosis

Ac Phthisis

When very severe may kill in 3-5 weeks

q̄ lasts under 3 mos. 3 forms. (1) Tubercle in upper part of lungs (2) Ac Miliary Phthisis. Lungs stuffed fr apex to base c̄ gray miliary tubercle. Both lungs are att. c̄ gray seldom yellow tubercle intervening lung congested & ss parts are hepatized & after death pulmonary collapse is ss noticed

(3) or "Ac: Softening" or "Ac Pneumonic"

(3) Ac Infly form. or Ac softening. Lungs stuffed. but tubercle agglomerated fr base to apex Intervening lung congested. c̄ large patches of hepatized lung

surrounding patches of softening. is not confined to lung is fd in meninges of brain in liver & spleen. blood fluid; & glds enlarged.; Good name for this is the Rot: as Pat is rotting away.

Attack is usualy commenced very suddenly

Sympts. Ac form sets in sudh, like Ac Capillary Bronchitis; is highly febrile Att sets in c̄ rigors followed by high fever freq p thirst rigors recur. for several days, strength becomes prostrated. Ac. gastric sympts are usu present. Tongue red. gastric irritation tendency to vomiting. urine very febrile Cway be no cough for c̄ time & q̄ there is may be dry but q̄ expectoration sets in it is viscid dyspnoea urgent. P. R. R. greatly impaired 2-1 soon pat becomes restless sleepless. ? delerium c̄ headache perspiration c̄ sudamona. Pat usu dies fr asphyxia

Herpes are often seen around the lips

Duration fr 3 weeks to 3 mos. average fr 3 to 5 weeks.

Physical Signs. Ac Mil. Phthisis. are those of capillary Br. no dullness but whistling* bubbling ronchi. P. Signs of Ac. Softening. Patches of dullness distributed over both lungs at base as well as at apex & may have patches of clearness interspersed

* Rhonci. and bubbling

Auscultation weak breathing c̄ harsh breathing almost blowing over hepatized portion As dis progresses you wd get metallic bubbling. The rapidity c̄ wh

signs of softening supervene on signs of hepatization is a good diagnostic sign. Signs of Ac. Phth. 1st high continued fever cont intermissions c̄ ex acerbations & irregular sweating. 2nd rapid wasting & early failure of strength 3rd Early gastric disturbance. thirst red tongue diarrhœa 4th Labial herpes 5th Marked dyspnœa. 6th Physic signs indicate diffuse tubular breathing all over lungs. & there are signs of infl between tubercle & in other cases signs are those of Br. 7th. The changes occur in rapid succession. 8th These cases occur usu in subjects of inherited predisposition Most common between 20-35

(6th) Rapid changes in the disease.

In Catamenial discharge in women are clucked Dr dont think they ever get well

Typhoid ss confded c̄ Ac Phth.

Ty. characterized by a peculiar dullness torpid apathetic condition of d pat at outset. The pulmonary sympts do not occur at outset in Ty as they do in Ph. The accelerated breathing & great dyspnœa does not occ in Ty Rose cold eruption of Ty. does not occ in Ac. Ph. or very rarely. The following common to both. Tympanites. gurgling in Iliac fossa. diarrhœa more freq in Ty Labial herpes. Clean tongue & not usu red in Ph Thermometer will usu clear up diag. In Ph there is a persistent high temperature. In Ty

there are fluctuations. rise in Evening & fall towards morning.

Prognosis. Fatal.

Treatmt. Not amenable to treat. is essentially fatal. Dr Fuller recommends dry cupping. fomentation followed by counterirritation. Salines followed by Tr. Digit or Aconite: Neamier gives Quinine in 5-10 gr doses:

Diseases of Nervous System.

Infl. of Brain.

has recd various names. as Meningitis ss meningo cerebritis (best) Encephalitis = whole subst of brain infld. Phrenitis. Fevre-cerebral (french) = brain fever. The Pia mater & cortical subst over convexity of hemispheres chiefly infld

sensation in toleration of light noise in eon pupils contrct motor functions muscular twitching spasmodic comm

2 forms Simple & tubercular. latter more common.

Sympts of Simple or Ac meningitis. that form in wh infl affects membrs. 3 stages.

(1) Of Excitement. (2) Transition stage (3) Exhaustion of N.S.

1st Stage. Att. may be sudden wh is a rule; or preceded by slight pain in a head. wakefulness. noise in Ears. In adults we have rigors in Chdren convulsions

Irritable temper

Extrinsic Sympts. Pain in head most freqly in forehead. often preceded by rigor & followed by fever. in Chd convulsions. skin hot p freq. hard & sharp. Respiration irreg; sighing. face pale or flushed freq. vomiting & constipation are leading sympts. not pain in epigastrium tongue furred evacuations dark & offensive; head is hot:

pain in the head. vomiting and constipation are the 3 cardinal symptoms of the inflamed brain

Intrinsic Sympts. Irritability of temper. sleeplessness alternating c̄ drowsiness. delerium early & furious unaccompanied c̄ fear countenance savage. requires to be held. eyes wild Intolerance of light. pupil contracted brow knitted. Intol. of sound. ss feeling of formication in extremities but not common. pat restless. twitching of muscles or eyelids. strabismus. ss optical illusions:

Pat may hear noises and may have feeling of formication

2nd Stage. = transition stage. Excitement subsides fever abates skin cools p irregular intermitting & slow. respir. irregular sighing; tongue dry & brown. vomiting may continue constipation usu does retention of urine. delerium more tranquil. becomes drowsy but can be roused & in next stage coma; headache not so great. More tolerance of light & noise. motor sympts show less excitement. Twitchings or convulsions (in achd) may now occ for v first

time. This stage is short and passes to the stage ×

× of Exusion

3rd Stage. May pass fr 1st to 3rd. Evidence of Nervous prostration, p more freq & fluttering 140-160. pale skin cool. pupil dilated do not contr c̄ light breathing sterterous ss sibilant & may be sighing. sordes on teeth. retraction of abd. sphincters relaxed. urine dribbles away. The intrinsic sympts indicate prostration, pat becomes dull & heavy Genl anaesthesia present. blind deaf The motor functions usu manifest paralysis usu on one side & other moves in spasmodic action. usu strabismus fr paralysis or spasm of s of v muscles. pat can still swallow. ss sets in c̄ early stupor & continues till death. hence nanse Phrenitis ss delerium is chief sympt ss c̄ pain in head. ss c̄ loss of speach & in s cases all indications of cerebral infl are altogether absent. When 2ndry: it is apt to be insidious fr outset. pain in head & vomiting absent. & irreg of p & slow irreg breathing are v most reliable pallor & extreme adgitation present ? Phosphates are increased in urine but not certain.

Course of Simple meningitis continuous no intermissions.

Duration 8-9 days ss has killed in 24 hrs.

Termination frey. in convulsions more frey. to prostration & coma

Prognosis. Serious May be cut short at outset. In 2nd stage less hope & in 3rd scarcely any.

Causes. Predisposing. Age. most frey fr 16-45. Because most exposed to other causes of infl. of v brain at that age as activity of brain, mental anxiety intemperance. & external violence, more frey in men than women. Learned professors requiring much brain-work. In those exposed to v sun as soldiers.

Nearier thinks sunstroke says does not cause the disease

Exciting causes. External violence falls & blows. sun-stroke morbid poisons as that of scarlet fever small pox Erysipelas &c. Suppression of habitual discharges as catamenia. Too hurried healing of dis of scalp. Too long & steady application to business or mental excitement. ~~Mental~~ Vs venery. Extension of dis fr bones of skull. Syphilitic dis of bones of v head

Rapid Cure of an old ulcer Rheumatism and gout were thought a cause but not as a rule

Ab. Anatomy. 1st From infl extending fr diseased bone. blows. &c. Dura mater & arachnoid are chiefly att^d Dura mater reddened on under surface. Lymph or pus is thrown out between & membr & cavity of arachnoid: membr thickened & softened & easily removed & between bone & membr there is pus. If of long standing Dura. M. sloughs is greenish

soft & shreddy In ordinary infl of ⁊ brain you do not find infl of membrs In idiopathic infl. Pia m. congestion. Vessels are enlarged & tortuous. Lymph thrown out under Pia. m. ss there is grayish white Exudation between ⁊ convolutions Again you have a continuous deep greenish or grayish exudation = puro-lymph covering ⁊ whole convexity. ss fd at base of brain. Lymph or puro lymph is distributed in patches in sulci or over a large surface. Now Pia m. is easily torn off surface of ⁊ brain is red-dened & softened shown ⅌ ⅌ portions being adherent to Pia. m. ⁊ torn off. The deepening of col is continuous down into ⁊ brain & ss there are minute spots of Ecchymosis. In severe cases ⁊ white subst of ⁊ brain is also affected in form of puncta vasculosa & is of a pinkish col. In ordinary meningo-arbritis ⁊ surface of ⁊ brain is chiefly att. but ss dips into ⁊ subst. The ventricles may be fd healthy or contain serum. Rocatansque says ventricles are but little involved but Liebig says they are slightly involved. Even ⁊ there is effusion in ⁊ ventricles there is no central softening ⊙ find immence Nos of granular-corpss

Diagnosis. The form of dis described

asu attacks surface. ss begins in subst
hence v question can infl of meninges
be distinguished fr infl of subst?
Infl of subst fr Genl Meningitis.
In Genl Cerebritis. febrile sympts slight
p. low. irreg but not freq: no heat of
skin. Extrinsic sympts less marked in
early stage. Little constitutional derangement
Genl. meningitis. high fever heat of
skin. p. freq. face flushed.
Genl Cerebritis Intrinsic sympts well
marked. function of brain early im-
paired early loss of memory. Confus-
ion of tho't dullness silliness
Genl Meningitis, these sympts do not
occur till later.
Genl. Cerebritis pain dull & shoots
fr base to vertex & out of proportion
to fever. pain continues fr day to day
fever genly subsides in 24 hrs.
Genl Meningitis. The pain is ac &
more superficial & is in proportion to
amt. of fever. & fever lasts for several
days. & not only for 24 hrs.
Genl Cerebritis not characterized
by exaltation of function of brain as
pain tenderness furious delerium or
convulsions - Intolerance of light &c
Genl Meningitis is -
Genl Cerebritis Paralysis or asthesia
loss of volition - Ideation. perception
Genl Meningitis. Spasms genl convul

sions. pass into hyperasthasia delerium
Genl Cerebritis. Spasms are tonic &c
redgetity.
Genl Meningitis They are convulsive
clonic spasms.
Genl Meningitis fr D. Ts. q̄ infl is present
D. Ts. fever less intense tongue coated. p
hard. profuse perspiration little or no
pain in head & tremulessness of tongue &
hands peculiar busy delerium & halucin
ation. & illusion: in D. Ts pat usu fearful
Cerebral excitement fr exhaustion usu
sets in suddenly: usu at night. great
irritability & refusal of food. talkative
sleepless & ss furious rarely taciturn.
small rapid p no pain in head or
vomiting. This excitement soon passes
into exhaustion. coma & pat dies in
a few hrs. or more gradually: coma
comes on cout much previous excite
ment & pat dies in 2-3 days. Is
like Rheumatic delerium & is ss met
c̄ in early stage of eruptive fevers
ss c̄ retrocession of eruption. Ss fr. loss
of blood. exhaustive diarrhaea. State
pallor of face collapse of features. cold
ness of surface. small compressible
& freq. p absence of headache & vom
iting & there is talkativeness & restless
ness.
Ac mania fr Meningitis
Mania known by absence of fever-

heat of scalp & vomiting & freq^y of pain in head. In mania pat has not that rapid dullness fr Exhaustion nor coma. but pat sō continues maniacal for days or weeks.

Treatmt. Cut it short at outset prevent extension of infl to subst. & prevent Exudation. In outset free abstraction of blood fr arm in full stream till approaching syncope, till pupil dilates or sighing is produced May be necessary to repeat next day or if pain be relieved by bleeding apply leeches to nape of neck or mastoid or scalp. French apply leeches to foot or anus. Germans in ∂ Nostrils After bleeding raise head* shave scalp & apply cold in form of powdered ice in bladders - Two.. one under head & one on forehead or again by irrigations by allowing a small stream of cold aq. on forehead this sd be watched & kept up 15-40 min. at a time. At same time attract blood to extremities Wrap extremities in flannel wrung out of hot aq. c̄ a little turpentine Examine guns in chdren. Purge actively

Rx Ol. Croton gtt ij
Calomel gr v.
in pil or c̄ Ol Ricini ℥j

In chd calomel alone followed in 4 hrs by Mag sulph

In addition to purging we give Hg. Calomel gr ij - iv. Every 2 - 3 or 4 hrs a ʒi of Hg. ointment rubed into the groin.

* to almost the setting posture.

Calomel to children and croton oil to adults

Pot. Iod. alterated c Pot. Bro. or Digitalis

till gums are touched.

Arterial Sedatives. Tr Aconiti m j every hour. Tr Verat Viridae. or Tr Helebore. m v 3 q or 4 q.h. increase every dose by one or 2 m till nausea x is produced

x and p. lessened

2nd Stage. In transition stage it is usu too late for bleeding. but if headache hot skin p strong & freq. you may bleed or cup & leech. Purge still & use Hg. to salivation: K.I. also used. Pot. Iod fr gr iv - viij 4 q.h. & may combine Pot bromid c Pot Iod. If passing into 3rd stage apply large blisters to inside of thighs & between shoulders.

If Coma apply blisters to scalp: but you leave them on longer

3rd Stage. The great remedy now is blisters. to shaven scalp. Pat is now comatose leave on 10-12 hrs in a chd. & 12-24 in adult: flying blisters on limbs. In this stage lowering treatment is not borne. Purgatives & Hg sd be suspended & stimulants given as. Camph. (favourite) or NH3. beef, tea. wine egg nog &c. Watch tendency to death If fr weakness wine brandy & stimulants. If fr coma case is hopeless Hygeinic treatmt keep in dark room airy & cool. -

Through dis. you mind the bladder

Watch tendency to death. & if by exhaustion give NH4

Beef tea: broth &c

253
187
66

Tuberculus Meningitis.

ss called Granular.
corresponds to also called Ac Hydrocephalus. Most common dis of brain in chdren. ÷ 2 forms Primary & secondary.
Primary implies that v sympts are v beginning in v head
Secondary implies that v infl has been preceded by sympts of tubercle elsewhere. Primary is v typical & ordinary form. White says there are 3 stages corresponding to those of meningitis. 1 Excitement. 2 Transition. 3 Exhaustion

Premonitory Sympts 1st The signs of ac tuberculization ~~is~~ are shown thro' out v whole body. (1) Chd loses flesh (2) Gets pale less capable of exertion & has irreg. febrile attks. This loss of flesh goes on & chd gets listless & weak ss irritable & fretful. Frontal headache is ss complained of tho' not severe. These attacks occur at intervals, p habitually freq. temperature of skin Elevated. During sleep grinds teeth or starts or sleeps c̄ Eyes half closed. tripping in walking
Altho' almost invariably preceded by v above premonitory sympts yet ss v dis comes on incidiously then v Chld has a tubercular physique. ss v sympts come on so incidiously that they are over.

looked. When developed v sympts are nearly v same as those of simple meningitis

When sets in presents the 3 stages of simple meningitis: & symp. are nearly lk simple

Contrast between simple & tubercular meningitis
Tubercular. meningitis is v common form.
The simple form seldom occ in chdrin
In tubercular M we have signs of formation of tubercle in other parts of v body or chd is of tubercular diathesis. Child may be tuberculous
In simple form have not. & chd is not of tubercular diathesis. In simple v sympts are violent at outset. & highly marked. Child in good health when attacked
In Tubercular not marked occur slowly
In Simple, delirium violent & early
In Tubercular not violent & occ later

Sets in insidiously in T. form

In Simple. fever: Ac pain in head Espec in forehead. intol of light & sound. Injected state of face high fever: & in about 3 days a tendency to somnolency. & restlessness.
In Tubercular high fever absent intol of light absent
In simple dis. ss sets in c̄ convulsions. In Tubercular it does not.
Duration. Simple 7-9 days but may kill in 36-48 hrs. Tubercle 1-6 weeks or ss. kills in 6 days average 3 weeks. Can find tubercle no where else in simple meningitis. In

tubercular you can use in lungs
When tubercular Mening. is 2ndry
to tubercular dis Elsewhere it is apt
to be more incidious and obscure
Tubercular Mening. ss occurs in
Adult. Its peculiarities, (1) May
occ in Early stage of tubercular
consumption, but use in advanced
stage. Sympts At 1st great fixed pain
in head. Early vomiting. stupid dull
expression of face. taciturnity. Intel-
ect dull altho' talkative; delerium
mild: senses become obtuse. After a
while partial paralysis & ss alter-
nation of spasm x & resolution. ss.
paralysis of bladder occ causing re
tention of urine. A form of continued
fever, wh is slight & gives place to
hectic. As soon as (v dis of v brain
becomes active. v tubercular dis use
fd in v lungs becomes passive. The
opthalmascope will help v diagnosis
In this v disk becomes congested & fun-
dus is covered c̄ varicose condition
of v veins & even rupture of the veins has taken place
M. Anat. Little blood in bones x
& membs of skull No Effusion in
arachnoid. Serum in convolutions
grayish white opaque & jelly-like Is
abundant in sulci & at base of
v brain. ss concrete lymph of green-
ish yellow Col & is par excellence

x Spasm may tonic or clonic

Milliary tubercle may be seen in corsid coat of the eye.

x The Brain completely fills the skull

fd at v base &c it you have v semi transparent serous fld On lines of convolutions semi-transparent miliary tubercles are fd. largest at v base of v brain P. Mater more or less congested. May be torn fr cortex. The convolutions almost always flattened & sulci obliterated. On opening brain v ventricles are filled c̄ serum usu limpid ss turbid. hence called Hydrocephalus* Ventricles softened. Fornix. Septum lucidum are softened. & in this deep seated softening tubercular mening differs fr simple meningitis.

serum is not always found in brain but brain is soft.

* or "Water in the brain"

may find milliary tubercle in fissure of Sylvius & lateral sinuses. & will find Tubercle in other organs.

Causes. 1st Inherited not simply of tubercular diathesis but of this special dis 2nd May acquire diathesis. by living in bad air. want of sun-light. bad food &c

Age. fr 2–15 yrs. most common fr 2–10. In adults most common fr 17 to 40. generally before bulberty

Exciting causes. whatever will excite simple infl in healthy chd will cause tubercular form in tub chd.

blows on head is not a frequent cause by Dr Gee of London Hosp.

Diagnosis. May be confded c̄ Gastric Remittent fever. (in chdren) G. F known fr Tub mening by vomiting absent at outset or q̄ present ceases soon or yields to remedies.

In G. F. altho' bowels are constipated at beginning they soon become

loose or are easily overcome by purging &c

In G. Fever. tenderness of abdomen in R. Il. fossa. belly tumid belly filled c̄ flatus. so abdomen is tumid not retracted

In Tub Mening. belly retracted

In G. F. tongue tho' moist at 1st & covered c̄ fur. soon has ~~t~~ red tip & edges & is dry.

In Tub. mining. tongue usu moist.

In G. F. more thirst & heat of skin. p̄ quickened & continues thro' v fever.

In Tub Mening. p̄ changes c̄ v different stages.

Intrinsic Sympts Absent or only slight in G. F.

In Infl of v brain headache c̄ delerium is a reliable sympt.

In Fever. delerium early & in proportion to degree of fever. Absence of intolerance of light & sound no knitting of v brows. In gastric F. there are daily remissions. worse at night & better in morning. No signs of tuberculization

Dyspeptic headache is ss perplexing Ac dyspepsia c̄ headache usu occurs. during period of 2nd dentition It occurs in ill nourished & dyspeptic Chdrn. but is not marked by that ~~peculiar~~ failure of genl health. wh accompanies tubercular dis No great heat of scalp. throbbing of v

carotids. p slow. rarely irreg. vomiting not usu present. at most only nausea pain relieved by stimulants or a good meal. Similar att have been seen? occurred before & yet v chd. has got well.

and in intervals of these attacks child is quite free from headackes:—

Ts v beginning of Small Pox scarlet fever & measles set in sudh like Meningitis but if you wait 24 or 72 hrs doubt will be removed.

Prognosis of Tub. Mening. unfavourable except in very early stage. Gee says count 21 days forward & you will have v fatal period. But do not abandon these cases to themselves*

If you can diagnose the disease it is generally be fatal: But when it is mild: & attacks not severe then may get well: But when optic disc is congested & vessels of eye swollen along c other symptoms, you may infer this disease will be fatal

* mild cases ss do recover. Child may recover & be an idiot rest of its life

Treatmt. ÷ into 3 groups. 1st in wh sympts are severe & active pat strong & vigorous. Abstract blood. If over 2 bleed fr arm. if under leech Apply leeches to mastoid or parietal or in nares. After bleeding Elevate shoulders. shave scalp & app cold*

* cold to head & warm to feet.

Active Purging. Calomel 2-5 grs. best in chd. in 4 hrs. Sulph Mag. ℥j in Chicken Broth. Keep up action of Aconite in ¼ doses. Pot Iod gr ij 2-3 q h. along c Pot. Bromide

2nd Medium cases. chd not much reduced but has failed to ō extent & is evident that chd is of tubercular physique. Jenner recommends ice to head & free purging & in addition Pot Iod. c̄ Aconite to allay arterial

Give early support c beef tea. chicken broth &c.

Excitement. or aconite alone.

3rd. When Chd is very weak. Evidently tubercular, pale anaemic. sd by no means take blood. Mainly trust to supporting treatmt. beef tea milk strong broths. & small quantities of wine Pot Iod. c̄ NH_3 or bark. Pot Bromid is worthy of a trial c̄ Pot Iod. Might be used in all 3 forms c̄ Pot Iod.

Give Syr. of Iod. of iron c̄ the Pot. Iod.

Counterirritation blisters on scalp or between thighs

Prophylactic Treat. Chd sd not be nursed by its mother if 1 or 2 previous Chdren were tubercular. procure a healthy nurse. plain & nutritious diet fresh air & sun light, cool well ventilated rooms. Sd be sponged c̄ cold aq. or have a tepid bath every day & clothed in flannel.

To prevent dis localizing in brain undue excitement of brain sd be avoided. Sd wear a light cap in day & no night-cap. Sd not toss about Chd. Course of Cod L. Oil. Fe if anaemic. Alk c̄ vegetable bitters to promote digestion

When Chd is 7-8 yrs time enough to send to school. At puberty watch genl health Avoid over study also violent Exertion Young men of this constitutional tendency sd avoid vice sd not smoke masturbate - drink

Jan 27 1876

Spurious Hydrocephalus.

Marshall Hall calls Hydrencephaloid

= Hydrencephaloid dis: Cerebral exhaustion (best.)

2 Stages 1st Of Irritation. Chd is irritable restless skin hot. Starts on hearing noise respir. rapid bowels loose thin & mucoid.

2nd Stage Of Stupor. face pale Cheeks cold. fontanelles flat. sleeps c̄ Eyes half closed Eyes fixed. pupils not contracted by light breathing irregular & sighing Evacuations green. Extremities cold. & may die in stupor. voice husky: ss. leasing cough.

Diagnosis. Spurious of Genuine. In Spurious its previous history helps Is common in newly weaned chdrn. May follow deficient food or diarrhœa, infantum cholera. Usu follows Exhaustive diseases. as Diarrhœa: Pneumonia &c

May follow diarrhœa or infantum cholera:

(2) p feeble. compressible. freq. Cheeks cold. fontanels flat. face pale

In Genuine. fontenels are × prominent & pulsating. Breathing is quick in 1st stage stower irreg & sighing in 2nd

× prominent: from effusion into the brain

P.M. Blood vessels of brain are empty fluid in ventricles increased.

Treatmt. Remove all causes of exhaustion as diarrhœa bad nursing &c. If very exhausted give a little

brandy N Hz - If chd be older give animal broths. essence of beef. pounded beef. Arrest diarrhoea.
To allay irritation of N.S. warm bath If coma threatens. apply blisters. between shoulders. or on thighs: Chloral: Dovens pdr
Give plenty of air open windows

Softening of Brain.

Non inflam = most common — 2 forms Infly. & 2nd Non Infly form. Causes. of Infly softening External vio. Ence. dis of bones of head Espec. infl of petrous portion of temporal. (3) Pyaemia

Non. Infly. Softening. = Most important Conditions giving rise to dis. (1) Obstructed circulation in ss part of brain (2) Hindered[x] function or want of activity in the tissues of brain (3) Constitutional deterioration

x or Suspended

(1) The sudden arrest of circulation in brain as by Embolism. Ligature of common carotid is ss followed by non infly. Softening Coagulation of blood in vessels may causes softening as thrombosis Obliteration of veins or sinuses due to thrombosis or pressure of a tumor. Dr. Law says valvular dis of heart may cause it. but is ? that Emboli or thromb. are formed.

x or hindered

(2) Suspended[x] function, as seen in wasted condition of brain in aged

Wasting of brain in parts cut off by paralysis giving rise to 2ndry softening & may occur in any centre of the brain caused by pressure of tumor or paralysis

(3) Perhaps constitutional cachexia as anaemia alcoholic & lead poisoning

Of the above causes the most important are those due to obstruction of circulation. Conditions wh favour coagulation. Unhealthy condition of the coats of the vessels producing narrowing. Weak heart & 3rd altered condition of the blood. Embolism chiefly occurs in carotid & middle cerebral artery. Softening need not occ altho' the carotid is stopped on one side colateral circulation may be established. or as long as the coagulation is in the circle of Willis but any vessel out side of the circle being plugged the part supplied by it will undergo softening

Changes in a part cut off fr supply of blood. 1st It becomes red congested & swh ecchymosed. In 24 hrs this portion becomes a little softer next it becomes altered in hue. becomes yellow & corresponds to fatty degeneration fr removal of supply At this stage you will find granular corpses ⊙.

In 3rd Stage v part becomes white & may be of consistency of cream or milk usu contains colouring matter The subst of v brain is reduced in density* fr 1040 to 1030 & this stage is called, stage of lactescence. If pat dies cm 5-6-8 hrs no change. If cm a fortnight brain red. After a fortnight & cm a month yellow & after 2mos white

* Because fat is not as heavy as brain.

Softening fr other causes. Softening is ss white fr beginning & occurs chiefly of v capillaries over a large area are degenerated becoming occluded & brain becomes anaemic. common in aged. occurs chiefly in white subst. of brain & density becomes 1032 instead of 1040.

Fr coag of blood in sinuses. v coag. is usu in longitudinal sinus. The appearances are superficial. symmetrical on both sides. Softening confined to cortex: is red & after extravasation of blood under arachnoid

Causes* of obstr in longitudinal sinuses. some obstr to venous current. as heart dis or an unhealthy condition of v blood as in chlorosis

* 1st & principally = blows on head. or any syphilitic disease of the bones The obstruction gen will give rise to inflam.

The capillaries of v brain are ss obstructed & give rise to several spots of softening.

What secondary changes take place

if pat lives? The softened portion is absorbed*. 2nd A process of proliferation takes place in connective tissue & new tissue is formed & v membr around is usu indurated ss softened

* a cicatrix will be formed there

3rd In interior of brain may have a cyst lined c̄ cellular tissue These cysts are apt to be yellow fr deposit of hæmatine & may find crystals of hæmatoidine in their walls.

Non Infly Softening is most freq. in Cerebrum. then cerebellum & pons. It is most freq. in Left hemisphere fr v peculiar arrangement of v left carotid. but this is not a settled question

Size of patch. Fr size of pea to that of wall nut or fist or even whole of one hemisphere

Sympts of Non Infly Softening

2 Kinds. Ac & Chr Forms.

1st. Ac. When it occ in aged there are usu premonitory sympts wh are evidences of decline of vigor or existence of s Chr exhaustive dis. s persons look prematurely old. & if these genl evidences are accompanied by following may fear softening. as. dull head ache. drowsiness mental confusion* irresolution loss of control of emotions loss of sensation. weakness in limbs cramps in limbs. numbness. vacant

* loss of

hair prematurely grey

apathetic expression manner indifferent. These premonitory symptoms do not occur in softening or Embolism

* may set in

When this is developed * there are 4 characteristic phenomena. (1) Apoplectic (2) Paralytic (3) Delerious. (4) Convulsive tho all common in same case

1st Apoplectic When it sets in the apoplectic symptoms it may be sudden at pat is making no effort or gradual & progressive loss of intelligence for several hrs or days & then becomes comatose. Apoplectic symptoms coma not profound. pat may be roused he will give his hand or draw it. Will protrude his tongue if asked kindly. Transitory excitement or talkativeness may precede this comatose condition tho so is very characteristic. Loss of perception & volition may subside a little. The sensory functions. usu only one impaired. When consciousness has such pat may complain of headache or dizziness. may not know what part is pinched. The special senses are only att at first & may be such restored in progress of att.

The motory functions are impaired & last only for a short time- pupils natural. dilate or contract

The features & head drawn to one side Hemiplegia usu present. The paralyzed muscles are usu flaccid at beginning but soon become rigid or there may be twitchings Impairment of speech is slight or complete due to Embolism in middle cerebral.

2nd Paralytic usu hemiplegic. The pat becomes suddenly paralyzed consciousness. It often sets in during sleep.

3rd Convulsive. May set in & convulsions espec. if Embolism be present Stools may be passed involuntarily The symptoms are those of shock commonly those of Epilepsy Pat restless & talkative. After fit pat does not recover his consciousness. He becomes more stupid & paralysed after each fit. These fits occ rapidly & pat sinks into profound coma. Thus pat may die in 24 hrs. or recover for weeks or mos. Clonic spasms sets in.

4th Delerious. May set in & delerium. Rambles in his conversation. Falls asleep & wakes confused & these fits of delerium return & last pat becomes paralysed. This form most common in aged delerium mild most frequent in advanced life

Genl Symptoms In spring & Embolism at time of att. pat may be in good health In most cases however

over there are signs of decay as weak heart. rigid arteries arcus sen. vomiting. wh does not persist. temp normal. appetite good. Tem 1st 2 hrs fr 98° to 100° or 102°.

The final Sympts always ♀ same. The coma becomes gradually more profound. paralysis extends to sphincters. & death gradually supervenes. there is perfect recovery but rare. usu ♀ function is impaired.

Apr. Softening of ♀ Brain.

Sympts. May be latent & incidious or may follow a fit of apoplexy. may or may not have premonitory sympts of Ac form. Pat usu suffers fr dull headache. giddiness impairment of motor power. signs of old ac*

Prognosis. In cases of embolism pat may die suddenly. not common. usu consciousness returns. sympts reappear in a few days & pat dies or agoni sympts may be continuous & pat dies of ♀ concomitant dis as heart dis or metastatic abscess. Complete recovery rarely ensues.

The following grouping is suggestive of Softening fr Embolism 1st Att sudden. preceded ♀ convulsions & not accompanied ♀ complete loss of consciousness. Signs of diminished cir.

* Or may be suffering fr Ch. dis. which makes him prematurely old & may ring or dis. of bl. vessels & cause hemorrhage into the brain.

culation temp lowered. skin cold. 5 of effects pass away & there are signs of coag. in other parts as gangrene in one of v extremities Another Group indicative of plugging of L. middle cerebral artery 1st Sudden paralysis 2nd Paralysis on R. side (3) Pat young. 4th loss of speech. 5th in a few cases loss of smell*

Perfect Hemiplegia coming on in 1/4 hr. in a patient - 30 who is not suffering fr. renal disease may be diagnosed as softening.

*5 If loss of sense of smell.

6. If valvular disease of the heart

Treatmt. of Non Infly Softening When it exists can do little. but prophylactic means so be adopted to prevent its occur. in aged Maintain Equal temp of body. Keep extremities warm. wear flannels bathe feet in warm Aq. Such persons so avoid much excitement but so take moderate exercise, Easily digested food & a light supper at night if aged. When they become faint or languid so have diffusible stimulants. as brandy & Aq. Secretion of skin kidneys & bowels so be watched Active purgatives so be avoided.

head when lying sh. be elevated - give a stimulating diuretic.

Rx. Am. Carb gr v to x
Spt Ether Nit. ʒi
in infus of Broom

Small & freq doses of beef tea. If tendency to convulsions Pot Bromid. in gr xv. doses. in Tr Calumb. Gent &c. When we suspect embolism prevent xs colateral supply of blood & ward off infly action To do so impose rest in quiet & dark

room* If xs reaction as head ache heat of scalp. intol- of light; moderate purging & even a little local bleeding & arterial sedative as Aconite Helebore or Verat Viridé When danger is over* & convulsions have ceased C. L. oil. hypophosphites Q & other bitters. If heart weak. Am Caro c̄ Nux vomica or chloric. Ether.* When Chr. galvanism cautiously applied

* mild dist. as beef tea

* and if arterial system be too strong then gen=

* or when there is softening

* Strychnia gr 1/8

Apoplexy

coma occuring suddenly. It so not be taken as a distinct dis* as it occurs in congestion. softening or poisoning or fr cutting off & supply of blood. Sudden coma only occurs if there is hæmorrhage into brain in Pons. Arachnoid. or in ventricles or centrum ovale.

From a pathological point of view there are 4 kinds. 1st simple or nervous. 2nd Congestive Ap. 3rd Serous. & 4th Hæmorrhagic

1st Simple Ap. used by older authors if brain was fd natural or nervous Ap. Usu due to dis of heart kids Embolism rupture of 5 blood vessel.

2nd Congestive Ap. Here & vessels are distended. The gray matter dark &

* but a group of diseases or symptoms and appolexy may occur Caut Coma

blood. ss v membrs are gorged c̄ blood bones of skull are also ss gorged & there are too numerous puncta vasculosa in subst of brain

3rd Serous Ap. Effusion of serum into Pia M. & arachnoid & ventricles but this form is doubted & is supposed to be due to pyæmia uremia

4th. True Hæmorrhagic Ap.

Morbid Anatomy. Blood appears as a collection of small clots fr capillaries & called capillary Ap. Clots fr size of pin's head to fist. & a false membr is formed round it & in time this membr seems to absorb clot & a cyst is formed & may remain filled c̄ lymph or serum or their walls may come together. These cysts are coloured yellow ℥ colouring matter of v blood & crystals of hæmatoidine are fd in them. Crystals of hæmatoidine take fr 17-19 days to form. Hence if fd Post mortem you may say that v cyst or clot was formed. s̄ (17-19) days before death.

Sympts Premonitory. frequently pointing to existing diseased condition of v brain or a tendency to Ap. Are various as exaltation pervertion or diminution of one or more functions of v brain as motion sensation &

intellectuation more freq - perverted or diminished

Sympts attributed to congestion. Fullness or tightness in head. head ache giddiness. unusual drowsiness inactivity of mind bleeding fr nose. slight sympts of x hemorrhage into brain wh pass off but they may recur. slight defect of speech. difficulty in swallowing & slight paralysis on one side of face. If c̄ these pat is about 40 c̄ rigid arteries bleeding fr nose Effusion of blood into retina. you cod suspect apoplectic tendency & if in addition you find Alb in urine death fr Ap. is very imminent.

x Retinal haemorrhage

Modes of invasion. (Abercromby's division) I Cases primarily. Apoplectic. Some of v premonitory sympts have lasted a few minutes: then pat falls down unconscious. cannot move a limb nor feel. respiration slow & laborious & stertorous, p slow full & strong ss freq. Coma profound cannot be roused. Pupil dilated or contracted but fixed. usu dilated. face turgid, carotids throb. face expressionless. may have genl paralysis. ss only one side is affect & opposite side is seat of clonic spasm ss both sides are convulsed. In very bad cases bowels & bladder are emptied involuntarily. These last sympts

pupil generally contracted but is not affected by light

of coma indicate complete insensibility & may last for a few minutes to a few hrs ss days. Death does not usu occ. in one hour. & seldom after v 8th day generally. Between 1-4 days If coma tose for 2 days recovery is doubtful

Favourable sympts Pat slowly recovers consciousness, makes meaningless attempts to move. ss discovers he cannot speak. this occ q L. middle cerebral artery is occluded. Angle of mouth drawn to apposite side. tongue q protrudes ~~is d~~ inclines to paralized side. The palsied muscles are fd rigid or spasmodic. this is most freq v case q clot is in ventricles or meninges. Mental Alteration Memory impaired. Increased susceptibility of emotions cries or laughs more readily.

The paralysis may last for a long time or a short time.

Unfavourable Cases have ss destroyed life in 5-10 minutes. Coma becomes profound. loss of motion. Pulse weak & quick. sphincters relaxed respiration irregular. intervals gradually prolonged & then ceases. In other cases we have a tempor. recovery but 2ndy infl sets in for 2-4 days

more commonly death occurs in from 3-4 days, or may be in an hr. flapping of cheeks is more marked

II Non Primary or Ingravescent Ap. Pat is not struck down does not lose his consciousness at once. & v 1st sympt is as if he had recd a blow on his head. Shock sets in surface

face death like, but soon reaction sets in and gets better & then gradually sinks into Conco. & stupor

cold p weak. After an hr or two reaction sets in & he vomits & gets weaker. & grad. coma comes on. Is a very fatal form. A 3rd form=

face pale: This is the worst form of Appoplexy

Ap is ss called Asthenic. q it presents v following. p small & freq. surface cold. respiration more freq & sighing pupil dilated. face pale. & usu indicates large hemorrhage

most common in middle & advanced life

Causes. Predisposing. rare ~~[illegible]~~ in youth. usu after 50. more common in men than women. The apoplectic habit predisposes to it All admit hereditary taint. Certain diseased states[x] of v blood vessels predispose to it. fatty & calcareous degeneration. Fatty degeneration is induced by abuse of alcoh. Bright's & all causes wh impair quality of v blood or assimilative functions (2nd) Renal. dis Espec Bright's Espec. Chr Atrophied Kid.; high living: Syphilis: gout (3rd) When there is ▽ hypertrophy of L. ventricle cout valvular defect. & as v calcarious arteries are brittle v powerful heart may burst them

"Cronic Endoarteritis"

▽ non compensating — meet this in intemperate persons, & calcarious state of blood vessels in old age

Softening of brain is a predisposing cause also congest of brain infly dis of brain obstr of arteries or veins in head. A morbid condition of v blood favouring coag. of v blood. Abuse of Alcoh. mental anxiety.

Insanity: Epilepsy: attacks of cough: as hooping cough

alcohol acts directly & indirectly

Exciting Causes. Exposure to cold

x haemorrhage & pills

x wearing light neck tie. Lying down & full stomach

sudden suppression of accustomed discharges. as diarrhoea; menses. x straining at stool. passion. Whatever retards return of blood fr brain. as stooping &c- & use of narcotic medicines.

Diagnosis. Haemorrhagic & Congestive Ap.

In Congest. premonitory symps more common & more marked. = diminution & dullness of several faculties confusion & theft defect of memory. Special senses obtuse cannot hear well. limbs feel heavy. dull headache. & jerking of muscles.

In Haemorrhagic. Premonitory symps: Cas marked & usu absent. bleeding fr nose. hypertrophy of L. ventricle.

In Congest: & precursory symptoms gradual increase

In Haemorrhagic. att. is often sudden & rapid but pt may partially recover his senses.

In Congest. coma not profound. may feel & pinched will protrude tongue & respond in a loud voice

In Haemorrhagic coma profound & usu lasts a long time

Sensory functions. In Congest & sensorial functions are only slightly impaired & for a few moments.

In Haemorrhagic disturbance of sensorial functions very marked.

In congestive no part is paralysed or only slightly.
In Hæmorrhag. paralysis complete on both sides or unilateral
Period of recovery. In congest. if treatment be active recovery may be complete & ~~active~~ rapid. If pat recovers in Hæmorrhag. he does so slowly & seldom completely.
Ac Non Infly. Softening fr Ap.
Non Infl. occ in aged in connection c̄ diseased condition of d blood vessels.
The Premonitory sympts are more freq. than in Ap. When these symps consist in dull fixed pain in head accompanied c̄ numbness & loss of power on one side, defective memory & confusion of thot may suspect softening
In Ap you ? find hypertrophy of left ventricle bleeding fr nose or hemorrhage into retina & alb in urine
Softening occ in aged who are enfeebled. Ap. in aged of good health
In softening coma is less profound loss of consciousness not so soon recovered fr as in Ap. Hemiplegia c̄ hyperæsthesia on one side & imperfect coma c̄ rigidity of paralized muscles are suggestive of softening In softening mental enfeeblement & paralysis more often remain than in Ap. The sympts gradually increase in softening.

When due to Embolism history of pat. will help. Pat may have had &c. Rh. umatism or Syphilis or chr. valvular dis. The att is not preceded by premon. story symps. Age. pat usu young under 40. or 50. Embolism most apt to produce hemiplegia of right side It is usu attended by loss of speech & so to perversion of sense of smell. The seizure is not usu ushered in by Epileptiform convulsions In Embolism prop. coma is usu absent.

Uræmic Coma so imitates Ap. in fact severe Ap. is often uræmic Coma. Uræmic Coma is accom by Epileptiform convulsions. Comes on gradually. but so sets in suddenly Coma is often incomplete not prop. & pat may be roused. Stridor is peculiar not strong noisy stertor accompanied by puffing out of cheeks. It is due to paralysis of velum.

In Pseudo Ap. 3 symps are. Pat has an Epileptic fit before att. they occur often: rarely followed by paralysis. Pseudo Ap. relieved by horizontal position or by letting head hang over edge of bed or by stimulants. Bleeding as in treat of Ap. so be avoided On walking gait is unsteady. In Pseudo Ap you will have to Evidence of heart dis

Prognosis. Always dangerous. In congestive form recovery is o rule but in hæmorrhagic. death is o rule

Signs of unfavourable termination Ingravescent mode of att. profd coma c̄ flapping of cheeks. face pale coldness. p. feeble. genl paralysis. The fact of pat having had a previous att. is of great importance 3rd att usu fatal. A clot in ventricle or pons. or medulla is usu fatal.

Treatmt. According as whether case is Asthenic or Sthenic or accord. to degree of vital power. In those cases unattended c̄ depressing sympts as q̄ p is strong face flushed. Carotids throb pat young & vigorous & of sanguineous temprament hypertrophy of L. ventricle. Abstract blood. (usu) 16-20 ℥ average bleeding. Do not bleed a very old person. Espec c̄ dis of heart or rigid radials or weak heart or paralysis. In 5 cases leech (in nares) or cup. to mastoid. If pat subject to hemorrhoids or if in connection c̄ amenorrhœa apply leeches to anus or os uteri Next Purge Croton oil. 1st. To relieve arterial tension 2nd To lessen heart's action & 3rd cause another centre of irritation. & by them you remove depraved secretions. 2 gtt. Croton oil in Castor oil ℥j. c̄ Croton oil you may give

Calomel gr x. If these do not act in 2 hrs. give enema.

R. Grull. Oj. ij.
Ol Terebinth ℥j.
Castor oil ℥j.
Yelk of 1 egg.

Put pat in nearly sitting posture cover head c̄ cold. (ice). Warm th sd be applied to feet. flannel wrung out of hot aq. sprinkled c̄ Turpentine warm bricks to inside of thighs &c.

In Asthenic cases. p feeble irreg. freq: pale heart & respiration weak & coma profd do not bleed. apply cold to head. If you think pat is not too depressed purg & apply heat to feet. Ss stimulants are necessary as tea coffee or Ammon. & turpentine injections. Turpentine stupes. If prostration very great. inject brandy & whisky into rectum or hold N H3 to nose Having roused pat give purge In very bad cases of profd coma apply blister to head. Now sd try to ward off infl. of brain. Many recommend Calomel in infl caused by Clot. but as you wish plastic lymph to be thrown out you wd not give it unless sympts of hemorrhage Pot Iod may be substituted for it. Never allow pat to exercise body or mind too soon or to see visitors. Pay daily attention to bladder during fit.

Prophylactic Treat. Correct ∂ habit wh has produced degeneration in ∂ blood vessels. Diet unstimulating sd be spare livers. If heart be weak judicious use of stimulants may be allowed. passive rather than active exercise sd be taken Sleep c̄ head & shoulders raised. Keep temper in check. Bowels regular. Take purgative q̄ sympts point to head Apply cold to head & keep perfectly quiet.

Diss of ∂ Spinal Cord.

Spinal Meningitis.

Causes. dis of vertebræ. blows on back. Rheumatic tendency. Lying on back on cold ground. Syphilis is a freq. cause. Suppression of habitual discharges

Sympts Premonitory ss absent. q̄ present. They are shivering dull pain in back genl uneasiness in limbs all of wh might occ in small pox

When developed. 1st. Intrinsic sympts are referrible to disturb of N.S. Pain in one spot or all down back is ingravescent increased by movement. or by passing hot sponge down back but not on pressure St Extends

down limbs rarely round body usu no perverted sensation as numbness formication but on contrary there is exalted sensibility.

Motor Functions: Tonic spasms especially of erector spinal muscles This rigidity often occ in paroxysms & respiration may be impeded & if lesion be high up. muscles of jaw may be att. No clonic spasms as a rule. Motor power limbs feeble. Reflex excitement of s cord not increased. no priapism urine retained fr paralysis of sphincter of bladder. Mental sympts not present till near end of life.

Extrinsic Sympts. referrible to genl system. usu but moderate fever not active p small & feeble. skin often perspires freely Espec after spasm: towards close of life dis assumes typhoid characters & pat dis comatose.

Duration Ac cases fr 4-7 days seldom beyond 7 days. Slight cases may recover in 6-8 weeks st may be chr lasting mos.

Treat: Local abstraction of blood by leeches or cupping. After leeching make pat lie on face c arms & legs hanging down wrap extremities in flannels apply cold to spine in long bags. or eel's skins watch effect

of ice so that its depressing effect may not be allowed to be too great. B. Sequard. recommends Ergot & Belladonna. Pulv Ergot. gr iij-viij or Extr. m x-xx. ter die c̄ Ext Belladonna (gr 1/4-1/2) In infl of cord combine Calomel c̄ Bell. & Ergot (given c̄ great caution) If any paralysis indicating that cord is involved do not give Hg Radcliff Pot Iod gr x c̄ P. Opii gr ss-j ter die. After active sympts have been subdued apply blisters or if vertebra be diseased use actual cautery. Early support pat.

Myelitis

= infl of subst of cord

Causes. Those productive of Spinal Meningitis.

Genl Sympts very like those of Meningitis. One of v earliest is numbness & cold in extremities espec in toes wh extends up v limbs. pain in back early impairmt of motor functions. Sensation also impaired

Extrinsic sympts little fever less even than in Sp. meningitis not much heat of skin. p seldom quickened. head sympts not present unless up per part of v cord is att. then we may have delirium & coma.

Diagnosis Sp. Meningitis fr Myelitis

Sp. Meningitis	Myelitis
Pain in back early & prominent increased by movement of limbs	Pain in back not prominent ss absent
Occ chiefly in dorsal & cervical parts	Not increased by motion or pressure but by hot sponge
	Occ usu in lumbar & next cervical region.
Pain in limbs but no sense of constriction round body as a rule	Pain in limbs not freq. but constriction constantly present
Perverted sensation not usu present - Numbness tingling &c absent but exalted sensation prest.	Early impairmt of sensation rapidly followed by loss of sensation
Tonic spasm.	Clonic not common & Tonic absent -
Limbs feeble due to pain on moving them	Loss of power passes into paralysis.
Retention of urine in both.	
Urine acid	Soon Alk
Little tendency to sloughing wasting or oedema of muscles	Do so readily.
More active fever at outset	

Sp Meningitis
The electro muscular contractility is not lost

Myelitis
Destroyed after a short time

Site in lesion of cord determines character of symptoms. If confined in dorsal or lumbar portion lower extremities bladder & rectum are paralyzed. Pat constive urine dribbles away. If higher priapism. When cervical below 4th in addition to above we have paralysis of thoracic muscles & breathing is carried on by diaphragm. hence respiration is laboured. Pat do not yawn or sigh. pupil contracted because sympathetic ct. wh sup plies iris is intimately connected C V spinal system.

When above 4th vertebra. there is great embarassment of breathing. & pat seldom lives long. 4-5 hrs. pupils contr. face flushed

Prognosis. in Myelitis very serious. apt to prove fatal. as in 14-24 hrs as fast as long as 2 weeks It can runs its course.

Treatment Almost same as in Meningitis. Gen. Bleeding not borne not even local. Hence position on face or side & cold to spine. Hg. not much relied on. Pot Iod. Ergot & Belladonna are recommended by B. Sequard. Fe Mur

c̄ stimulants recommended by Radcliff
Support early even earlier than in Men
ingitis Catheter sd be used regularly &
sd wash out bladder c̄ warm Aq.
once or twice a week.

Counterirritation Actual cautery
espec of caries is d cause. Bellad.
plaster used by many in Myelitis
& meningitis to allay pain & produce
contr of vessels of d cord.

In chr cases support pat by Cod
L oil. Fe & Hypophosphites & tonics gen
The paralysis wh remains after
infl of d cord requires nearly d same
treat as in infl of d brain. To pre-
vent waisting of muscles friction sham
pooing & motion voluntary movements
as much as possible Electricity also
but must wait till active infl has
subsided The temp of of paralysed
limbs sd be maintained by wrapping
them in flannels. Tenotomy may be
ss necessary if d tendons become
contracted

Neuroses.

= functional dis of ν N.S.
Under Neuroses may be classified Cephalalgia. Vertigo. Ecstasy. Catalepsy. Hysteria. Hypochondriasis. Insanity. Tetanus. Hydrophobia. Eclampsia. Epilepsy. Chorea. D.Ts. & Hydrencephaloid dis.

Chorea.

Premon. sy. generally absent

Premonitory Sympts. Considerable disorder of ν digestive functions indigestion constipation tumidity of ν abdomen. variable appetite ss derangemt of ν N.S. Chd becomes irritable or fretful or timid or sight freqly Rheumatism or Rheumatic habit. often precedes C Disordered menstruation & Eruptive fevers precede it. When sudden pat becomes restless & movements become awkward. twitching of muscles of face then of arms then of legs. When pat attempts to make voluntary motions× he does so awkwardly. Walks c̄ a jirking motion. Tongue is affected early rolls about & is protruded fr side to side. Speech often impaired. speaks in jirks. deglutition difficult head twisted about & pat makes grimaces

× finds muscles will not obey the will

Involuntary movem. as the tongue will be thrown fr. one side of the mouth to the another. Child jerks her arm or shoulder. It tends to return to both sides

Besides voluntary movements being wayward & involuntary are also. Cannot keep quiet ss Clonic spasms are so violent that pat must be kept quiet by force. The involuntary movements usu stop during sleep. usu occurs on one side. The affected muscles are flaccid. diaphragm ss affected & even & heart & ss a systolic murmur. is produced

May be a murmur over the heart

Sensation not impaired. Mind ss impaired chd dull or irritable apathetic ss delerious. The organic functions are properly performed but ss digestive function impaired Urine of high density. contains xs of sulphates phosphates & urea Sulphates & phosphates due to waste of Cr & muscular tissue There is no fever: Skin pale

Emotions impaired. Delerium is very rare & S but not much impairment of the mind

C tends to decline gradly in fr 6. to 10 weeks ss slight spasms last for mos or years & then dis is genly localized in s set of muscles. ss runs an Ac course & proves fatal In Ac C sympts are & same as in ordinary form. but sleep is lost muscles in constant motion & pat dies fr exhaustion. At end mind wanders refuses food; Emaciation great Death in fr 9-20 days. delerium & mania

Death is from exhaustion: The part affected of the brain is the Corpus Striata & of the thalami

The spasms may cease on the appearance of S other of the Nuvoses.

Causes. Predisposing occurs chiefly fr 9-15. seldom after puberty or in

old age. oftener in females.

Exciting causes. Emotions freq^ly induce it as fright anger jealousy & then use comes on 2 weeks after. Imitation. External violence to head. 2nd dentition suppressed menstruation; Heat stroke

Immulation: and Bergh who inherit nervous temperament would take: or immulation from habit. defective nutrition of N.S. Certain conditions of blood

Ac Art. Rheumatism is a chief exciting cause. Uterine dis. depraved habits masturbation: Syphilis:

If fatal will find mitral disease of heart. Rheumatism causes Chorea by producing embolism. If attact return it will not be so severe

P.M. In many cases no lesion in brain or Sp. Cord. has been fd. in 5 cases hemorrhagic effusion & infl & softening has been fd in cord, ss in brain & ss in brain & Sp Cord. but these are not essential conditions of Chorea but rather consequences C often passes into infl of cord or brain. C is a functional dis.

Arthetosis is a dis. Identical c Corthea but the spasms occur only in one hand & foot.

Treat^mt. 2 indications. Improve genl health & remove causes. (2) Restore tone to N.S. If you suspect worms give santonine or turpentine. If indigestion or constipation regulate. If amenorrhoea Aloes & Fe. If Rheumatic habit correct it c̄ Alk &c.

2nd Restore tone & vigour of N.S. use tonics, stimulants & antispasmodics. Tonics. Lots of nutritious food change of air. If great debility wine or beer. sea-voyage. avoid mental fatigue or bodly fatigue Strychnea. Ph. & C.L.O.

Sea bathing or cold bathing

Medical Tonics (best) Fe. As & Zn.

Almost any salt of Fe will do Vin Fe. Tr Fe Mur. or Phosphate Rule. use first most easily digested salts of Fe. Citrate: Tartrate or lactate, but others may be employed.

If Ar. do not agree try Strych. or may combine together.

Arsenic. Dr Bigby says that after 15 yrs trial he has never fo it fail. Fowler's sol. begin c̄ gtt iij-iv & increase by one drop every day or two till its effects are produced. give it after meals Dr. Radcliff has used it hypodermically

× Dr West

Zinc. Zinci sulph.× begin c̄ gr j increased to gr x-xv 2 or 3 times a day If it produces vomiting lessen dose.

Antispasmodics. Camph in C. L. Ol. Valerian & Ether. In severe cases Dr. Radcliff treats c̄ alcoh. u pat is sleepless & restless brandy sherry c̄ egg in doses to produce drowsiness is better than Op. Nutritious food & Am. Carb very useful. Two other remedies recommended by Dr Radcliff C. L. O. & Hypophosphite of Soda. he gives them because brain contains fat & Phos.

℞ Sodæ Hypophosphit gr viij
Am. Carb gr v.
Camph gr j-ij.
Ol. Morrhuæ ʒj.

It is necessary to secure rest. Regular exercise needed in Chr cases not only to increase nutrition of tissues but to substitute normal & orderly motions. Cal

Strey

asthenics. skipping &c.
Moral Treatmt. Train mind.

Epilepsy
or falling Sickness

commonly called falling sickness

Definition paroxysmal loss of consciousness of a chr. character & attended w convulsions. This definition implies 1st Loss of consciousness. 2nd It is paroxysmal. 3rd Convulsions are present. 4th. It is chr.

3 Varieties. Epil. Gravior
" Mitior
" Abortiva

1st Epil. Gravior Haut mal. is preceded by premonitory sympts in ½ of cases. may last for a few seconds hrs or days. It may affect any function of the N.S. Mental confusion failure of memory. or irritability. as a shaking sensation. Globus or pain of cramp like character.

Special senses. double vision. or ½ vision. Spectra.

Motor functions. squinting. sighing yawning. as violent movements. Before fit pat may jump. run a short distance & then fall into a fit. Restlessness unpleasant dreams. A peculiar sensation Aura Epileptica may precede fit. After 5 of these have taken

a longer or shorter time fit ss sets in c̄ an unearthly yell. & immediately pat falls into a fit. is usu deadly pale.

In 1st. Stage. sympts after pat falls. Convulsions are of a titanic kind. muscles rigid on one side or of whole body. This stage is attended c̄ arrested breathing lividity of face distended jugulars. dilated pupils. throbbing carotids & p feeble.

2nd. Stage. Clonic convulsions. breathing labourous. attended c̄ noise in v throat. Complexion becomes brighter pupils oscillate & eye-balls usu turn up & outwards. Chewing movements take place & tongue apt to be bitten

In this stage the urine & faeces may be voided.

3rd. Stage Characterized by s̄ return of consciousness. c̄ look of alarm or astonishment. & makes half voluntary movements to help himself. finally becomes stupid respiration slow. face pale & cool perspiration profuse. pat now sleeps ½ hr to an hr & wakes conscious returns

2nd. Ep. Mitior. There may be complete loss of sensation & volition c̄out spasms or convulsions ss only momentary. this is v mild est form.

3rd. Ep. Abortiva = rare. In this form spasms at outset are clonic

* Is no loss of conscious just the reverse of the last = motion

The brain is more anaemic during sleep & the reflex function more active

then tonic. This form may pass into v higher * spasm may be gen. or partial

Ep. fit may occ at any time but usu at night. As dis progresses fits tend to increase in violence seldom periodic

Ep. per se does not impair mental powers. Most after abortive fits. 2nd. q fits occur rapidly. 3rd When dis sets in late in life & lastly more in females.

Complications. Mania Ep. pats are now & then seized c̄ mania of furious form. This mania ss precedes Ep fit more often follows it True Hemorrhagic Ap. is rarely caused by Ep. Meningitis is not an uncommon complication

Pathology. What are v morbid app.? What organ suffers first & what are v 1st changes.? In true Ep no morbid app are fd. at outset showing it is a functional dis After lasting for s̄ time v change is dilitation of v vessels of med Oblongata & Effus of Alb matter into Med. Oblong. wh leads in time to degeneration & softening. In cases of long standing floor of 4 ventricle is congested

B. Sequard's conclusions. The commencement of a fit may be due to s̄

irritation conveyed to med. oblong. It is reflected fr Med Oblong to face at same time thro' sympathetic nerves. This irritation is conveyed to blood vessels of brain & v blood vessels become con. & causes paleness & anamic state of v brain.

Essence of Ep. Fit. is a sudden cutting off of supply of blood to brain.

It has been shown that brain is not necessary to Ep. Hence B. Sequard says the primary seat is med. oblong. This theory explains certain conditions. Pallor of face. because of contr of blood vessels of face. Why does pat lose consciousness. Because blood vessels of brain contr. & brain is not supplied w due amt of blood hence cannot perform its functions

Laborious Breathing due to rigid of muscles. glottis closed.

Why dilated pupil? The sympathetic wh supplies pupil is ~~dilated~~ stimulated. In 2nd stage pupil is contracted fr irregularity of v spasms.

Cause of Clonic convulsions. In 2nd stage impure state of v blood becoming venous. fr being deficient aerated Livid of face of 1st stage due to obstruction of breathing but in 2nd stage v face becomes paler breathing is relieved.

What is ∨ initial change in Ap & M. Oblong. Change of Med. Obl. in 1st stage is hyper. excitability. In fit ∨ reflex functions are greatly developed. Now is ∨ hyper excitement of N Centres brot about 1st Is inherited in ⅓ of ∨ cases. may be ∨ result of intense functional disturbance - fright - worry.

Eccentric irritation. as worms scibila ? Venery. & masturbation. Another mode of inducement is ∨ Med Oblong & Cord may be involved in ∴ genl nutritive change as dentition. puberty pregnancy. Age. fr 10 - 14 or fr 14 - 24. Fatigue is a cause Extension of dis to Med. Ob.

Diagnosis. Apoplexy may be confdd ∴ Ep. & it sets in ∴ convulsions. Ap does not usu set in ∴ convulsions nor aura.

In Ap. paralysis is more common In Ap can produce reflex action & tickling foot - &c. Not so in Ep.

The convulsions in Ep run thro' a regular course 1st Tonic rigidity respiration is obstructed & closure of glottis

In 2nd Stage Spasms clonic in wh tongue is bitten. Bloody froth fr mouth

In 3rd stage we have partial recovery. & afterwards sleep.

Hysteria may be confdd ∴ Ep.

Eclampsia. also. but Eclampsia acc.

under 2 yrs. & seldom over 6 mos.
Ep. occ usu 10-11 or about puberty
Ec referable to s exciting cause as irritation of gums or worms. freq associated c rickets. Ss in early stage of eruptive fevers: is usu preceded or followed by fever. Does not set in as suddenly as Ep. Consciousness is not completely lost at outset in Ec
Less stupor after convulsions in Ec
Treatmt. of Ep. I During fit. II during interval. I During fit. prevent pat fr injuring himself place sth. between teeth relax necktie & give plenty of fresh air. As pat recovers raise head & shoulders & allow to sleep.
II During interval 1st. Indication. Ward off future att. 2nd. Remove exciting cause 3rd restore tone of genl system & espec N.S. Reduce preternatural excitability of N.S.
Ward off future att. Find if possible i starting point or aura. When seat of aura is fd there are several modes of arresting fit. 1st Tie ligature tightly & suddenly round i part. Blister or actual cautery to part. I excise part of N.
Chloroform may keep off fit.
Fit is often preceded by dyspeptic sympts or acidity of i stom when i prompt administration of an emetic

to prevent fit.

II During interval. Try to discover & exciting cause as worms uterine irritation syphilis (2ndly) tumor on N disd bone. mental worry.

3rd. Restore tone of genl system Espec N.S. & allay undue excitability.

B. Sequard recommends highly counterirritation as blisters to nape or arm. Tonics sedative & stimulant Q: C.L.O. Zn. Pot Bromid. Bellad-Hyos. Cyamus.

Stimulants Assafœtida & Valerian

Pot Bromid par excellence It not only procures sleep q Op will not but allays spasms. Has more influence over fits wh occ during day. dose gr x - xxx ter du.

Br sequard combines Pot Iod & Ammon Bromid.

B sequards formula.
℞. Pot Iod. ℥j
Pot Bromid ℥j
Am. Bromid ℥iiß
Pot bicarb ℈ij
Inful Calumb ℥vj.
C.P. before each meal. & 3 at bed time.

Sd produce acne on face The medicine sd not be omitted once until pat has been free fr fit for 15 mos or 2 yrs. If Pot. Bromid produces a feeling of syncope Ether Chlor m xx to each dose will remove it. Sd give at same time tonics as As. Str C.L.O. nutritious diet & cold baths &

sponging. Wine Fe & Q. use disagree when given at v same time A gentle purge given every 5 or 6 weeks will give a new impulse to Pot Bromid.

Nervines. Zn. v Oxide for 3-5 grs. ter die. Cu & Ag. less reliable. As best + Fowlers sol. 5-8 m ter die. Hypophosphites of Soda. & C. L. O.

Narcotics. At head Belladonna.- Indian hemp. may be used in similar cases as Belladonna. Stramonium &c. Nothing like Pot Bromid.

Mental & Moral treatmt. Inspire + pat c̄ confidence. He sd avoid xs mental labour & emotion Teach v necessity of exercising self control Avoid excitement, should exercise the brain carefully.

+ hope to our

Hygienic Temperance Cold sponging. & bathing Exercise daily in open air. Easily digested food, & systematic exercise. No fatigue

Hysteria

÷ into 3 forms. 1st Characterised by globus Hystericus 2nd Paroxysmal & convulsions occur. 3rd Hysterical sympts

1st Non convulsive form begins c̄ uneasiness at epigastrium. or mid sternum like a ball wh rises to throat & is accompanied c̄ sense of suffocation. gasps shivers ~~gas~~ at same

time palpitation. pain in left mam. ma. or pat becomes agitated bursts into tears or alternations of laughing & crying. has a freq. desire to micturate & is passes large quantities of limpid urine

2nd Convulsive Com. may be preceded by above symptoms or it may break out suddenly as in a fit of laughter cont any apparent cause. Loses senses & falls into convulsions. beats about her hands. Tears her hair. batters head against floor Jaws move as if she were grinding teeth. Respiration low & sighing. Eyelids twinkle. pupils natural. Pat is apparently unconscious & is so really so usu only partially so. Convulsions subside after a variable time pat may then fall asleep. or may remain semi-unconscious.

Obs. after 1 fit. 1st Exaltation of senses. 2nd Irritability of temper 3rd Violent pain in 1 head. 4th. is stupid 5th. is delerium is paralysis Espec of 1 vocal apparatus or of 1 lower limbs & may pass off in a few hrs or days.

Duration of fit. From a few minutes to a few hrs. May occur in rapid succession

3rd Irregular Phenomena - Irreg-

Hysteria. Hys. may exalt pervert or annihilate any of v functions. As to circulation may be a systolic murmur. Ss has a dry cough unaccompanied c̄ P Signs. Digestive functions may be deranged ss spasm of glottis & inability to swallow. Appetite depraved flatus hiccough & yawning. Yet very little emaciation follows.

N.S. altered. Indecision is v main characteristic. 'I can't help it.' Emotions xsive laughs or cry readily.

Ss morale is depraved. tries to deceive feigns certain diseases. will swallow pins & needless. Usu she wants sympathy.

Condition of sensor & motor functions sensation altered in several ways ss there is xsive sensitiveness in certain parts ss anaesthesia. The pain is usu described as agonizing by pat.

The special senses may be perverted or increased or diminished, intolerance of light perversion of vision & even loss of sight. Hearing & smelling also affected. Motor functions ss also affected. ss tonic contr of certain muscles. causing deformity. Catalepsy may be present. pat remaining in v position in wh she is at v time of seizure

Causes. Predisposing & exciting

Age. 10-30 after 30 frequency diminishes. occurs at time of life at wh sexual functions are most active The moral disposition is there mark ed & impressionability. Doubtful whether Hys is inherited but opinion is in favour of ∨ supposition

Continence rather protects against it But remains to be settled. Disorders of ∨ uterus & of menstruation are said to be ∨ great cause. whatever impairs gen^l powers & increases excitability of N.S.

Exciting Causes. Imitation The cause par excellence is powerful mental shock, as anger fright grief. disappointment jealousy &c

P.M. No change in C.S. No organic lesion.

Pathology. common to all cases. = disturbance of N.S. undue activity of Emotions & diminished power of will.

Diagnosis. Hysterical Characteristics Rule. Sensation of pain & uneasiness are much greater in proportion to derange^t function & nutrition wd indicate. When a dis is imitated ∴ important sympt is omitted. Altho' ∨ feigned dis has lasted for several weeks no Emaciation or sleeplessness occurs ∴ difficult to diagnose Hys fr.

Ep & Ap.

Treatmt. 1st Treatmt of Hys. parox ysm. Secure plenty of fresh air. place in recumbent position & prevent pat fr hurting herself. To rouse fr fit. douch or cold Aq sprinkled over face & neck. or inject ice Aq. or Turpentine & Assafœtida into rectum. or pour tumbler after tumbler of cold Aq down throat. ss Chloroform is very good in relieving fit. When sympts are milder & only sighing sobbing crying Globus &c. give diffusible stimulants Tr Valerian Ammon. ℥j: Ether Sulph & Ap. May after rouse fr fit by threatening to cut off hair

Preventive Treat. during interval Remove all causes lowering N.S. Inquire into state of menstruation & prescribe accordingly. Seek s cause of exhaustion. & endeavour to remove it.

To correct excessive excitement of N.S. Let pat avoid fassionable life, low toned literature & bad company. avoid late suppers. & stimulants & rise early immediately on waking. Regular out-door exercise. Medicines are mere adjuvants. Q at head. As. If anæmic Fe. Espec salts of Zn. Valerianate & Phosphate Cod L. O. &

hypophosphites, sea bathing or travelling.

Local. Hysterid. For stiff joints nothing better than cold douche. If this does not succeed put pat. under chloroform. & straighten & put in splint. Electricity & friction are good, for aphonia electricity.

Neuralgia.

= dis of N.S. declaring itself by pains usu on one side. periodic.

Symptoms Pat is at first usu in impaired health fr fatigue or some exhaustive illness. As N.S. evinces signs of irritation as headache All temporary depressing causes aggravate. Neu. as well as excite it. Pain darting boring. Pain usu in course of sensory Ns. or in spots in course of N. These points are where N emerges fr brain or sp cord or where it passes thro' fascia or muscles & reach skin, & lastly at termination of N. The tenderness at these points is most marked during a paroxysm Neu not accompanied by fever

Sequela of they do occur only do so after protracted cases.

Causes. (1) Neu. fr local lesion of a N is involved in cicatrix or compressed by a tumor. &c.

(2nd) Shock to v N centres as fright
(3rd) Malaria. pain often preceded of cold stage.
(4th) Toxic group. as Pb poisoning Alcoholurimia
(5th). Fr. anamia & malnutrition.
(6th). Neu. during period of bodily development between 15 - 25.
(7th) During adult life it cares press upon us.
(8th) Period of bodily decay. Neu occurring now is very obstinate & often incurable

Neu ÷ into local & visceral.
Superficial Neu affects I. Trifacial II Cervico-occipital. III Cervico brachial IV. Intercostal V. Lumbo Abdominal VI. Neu of v leg.

Trifacial Neu. Pain espec severe at certain foci. as ū N emerges fr v skull. & other points. as supra orbital. Trochlear branch. Nasal. palpebral ocular..
Superior Maxillary points. Infra orbital. 2 along gums. malar point Superior labial.
Infra maxillary points Infr. dental. 2 Temporal. Infr. labial.
Pathology usu regarded as functional.
Treatmt. Correct genl health. &

improve nutrition of N.S. If syphilis be suspected give Pot. Iod. or Hg. If Gout treat gout.

If lead poisoning Pot Iod & antidotes for lead. Under head of nutrition fats. butter cream C.L.O. If anaemia Fe Sacchar Carb. 20-30 grs.

Nervines Q As. & salts of Zn. Q most reliable if malaria or ague be present. Gr x before att of most use in Neu of 5th.

As. m iii-v Fowler's sol-ter die.

Narcotics Op & M (best) Bellad. & Atropine Indian Hemp. Ether Sulph Ammon Mur. Aconite & Alcoh. Best way of administering M is hypodermically gr 1/6.-1/2 sulph or acetate twice a day. Bell suits Neu of pelvic organs best.

Indian Hemp. gr 1/4-1/2 Every night till pat is relieved.

B Sequard's formula

℞ Extr Bell	gr 1/6
Stramonii	gr. 1/5
Extr Can. Indic.	gr 1/4
Aconit	gr 1/3
Extr Opii	gr 1/2
Hyoscy	gr 2/3
Conium	gr 1.

ft Pil. 3 or 4 in a day or in severe cases once in every 2 hrs.

Alcoh in mod Erate doses c̄ meals.

Extr remedies. Blister in course of painful N. Aft on 2-3 hrs. or sinapism or hot-hammer Chloroform lin

1-7 of air. Electricity.
Prophylactics do not expose to cold or damp. wear flannels. Encourage use of fats.

D. Ts.

÷ 2 kinds. I D. Ebriosum II. D. Ebriositatis

I. D. Ebriosum. resembles mfl of brain. Cerebral excitement pain in head congestion of face. pupil contracted. skin hot vomiting Delerium furious. may hurt some.
If it last long it is followed by stupor coma & fatal prostration

II. D. Ebriositatis ÷ 3 stages. I Depression in wh there is depression of nrs. p slow. Irritability of stom Insomnia.

2nd stage. Pat astray mentally wild strange expression. thinks he is chased or surrounded by vermin Delerium not furious Muscles tremulous. p 90-100. skin warm & covered w perspiration urine pale & scanty. This stage last 2-6 days.

3d. Stage. But it ends in 3rd bad stage "coma vigil" p rapid & small. 120-140 skin cold & damp countenance pale pupils contr. Delerium low muttering

P.M. It depends on rapidity

of att whether any lesions are fd. or not. If pat previously healthy ? no change. If sot. find serous fld in meshes of Pillater, convolutions wasted, thus showing atrophy of brain, members usu thickened. May find fibroid or fatty degeneration of liver & kidneys Espec fatty heart & blood vessels.

Treatmt I In tolerable temperance after a drunk. Sthenic give Emetic After Emetic give purge To allay irrit of stom give Effervescent draughts. usu gets well in 2 or 3 days. In these cases Sb is best bome In cases of skin dry p. firm c̄ scanty urine Sb. gr ¼ Every 2-3 hrs.

I Asthenic (in sot) 2 Classes. 1st In wh there is Chiefly Nervous irritation 2nd Chiefly N Exhaustion Do not Administer Alcoh or op. but give nourishing food fr beginning in fld form. In swh sthenic cases, c̄ loaded tongue scanty urine mild Emetic of Ipecac, followed c̄ B. Pil. & Colocynth. If skin dry urine scanty might give Antim tart but more carefully than in 1st Kind. May give Tr opii at bed time or m ¼ gr hypodermically - or Extr Can. Ind. Pot. Bromid may be used Allow ʒ of his accustomed stim at bed time

c̄. Op.
2nd Class Marked nervous exhaustion Asthenic cases as those wh occur in broken down habits. Begin immediately c̄ administration of food ℥ mouth or rectum. 2-3 tablespoonsful of beef tea per rectum 2-3 qh. Op so be used c̄ great care in these cases. Begin c̄ Pot Bromid or Can. Ind. Al. low moderate amt of Alcoh. Shin c̄ full dose of Q.
Spinal Ice-bag. But must be watched on acct of depression. Chlor. of form is rather dangerous. Keep pat in dark room & exclude curious strangers. If restless get 2-3 friends to hold him. Never put in straight jacket.

Heart Diseases.

Pericarditis.

= Infl of serous sack surrounding heart 3 Stages.
I Dry. II Plastic. III Stage of Effusion. usu occ in broken down habits for a few oz to O's.
Sympts. Rheumatic Per. When Peri. occ in rheumatism it is not usu preceded ℥ a rigor. Pain is felt in region of heart slight or

agonizing. Fever apt to be present of Rheumatic character.

Pulse before effusion sharp & freq. 90-100. ss irreg - at this early stage but rarely

2nd. Stage. When effusion takes place p altered. If effusion be great p becomes weak & irreg. 120-140. Pain usu subsides. p very excitable by slight est cause. Respiration ss scarcely altered ss dyspnoea ss orthopnoea.

Position. Pat may keep one position In 1st stage on back or R side. When effus. copious pat sits up or lies ~~on~~ c̄ head low c̄ slight inclination to left Short dry irritating cough. May have nervous disturbance. restlessness sleeplessness convulsions coma clonic spasms &c The heart is usu affected early in Rheumatism. hence v importance of seeing a case of Rheumatism early.

In severe cases there is an obstruction in the blood current.

Physical Signs. At 1st In dry stage a rather strong & quick impulse is felt by v hand & seen. Extent of pulsation increased. ss have slight grazing sound. When plastic lymph has been effused sound is rough. usu double× to & fro. ss is single esp at 1st. ▽ Pericardial murmur in v 1st place is not synchronous c̄ hearts 2nd is abruptly limited to cardiac region 3rd Is superficial in character & 4th

× and a distinct thrill is felt by placing hand over the chest

▽ Diagnosis between Pericardial from a Endocardial murmur

changes its site of intensity fr hr to hr. as fr base to apex 5th Will feel rubbing in well marked cases. & Lastly if you press on stethoscope you increase sound In 3rd stage of effusion you have dullness Extending from 1 beyond natural limits Precordial dullness increased. If pat forms & Effus copious & precordial region shall be normal or bulging. Now & friction disappears but usu will find slight sound at base. Will often get friction * in one position & you will not in another.

Cannot discover less than 4 oz. of effusion into the Pericardium.

* friction has been heard when 4 pints of effusion was present.

On Auscultation you will find heart sounds feeble Espec 1st sound at apex fr great accumulation of fld but may usu hear basic sounds. Intercostal spaces do not move so much as usual. Impulse of heart very feeble. On inspection an undulating impulse is seen all over precordial region, and a bulging to that side

The impulse of heart will lay a little behind the pulse at the wrist.

Heart displaced up & outwards so to 4th space. When absorption begins. (1) Dullness decreases fr above downwards. (2) The cardiac sounds become more audible & (3) prominence of precordial bulging disappears (4) Heart returns to normal position (5) Redux friction may occ & Adhesion as result

† by the fluid in the Pericardium

Course & termination. Usu favour-

able. yields in 8-10 days in mild cases & pat recovers c̄ adhesions, ss pat recovers cout adhesions. Peri. may terminate fatally suddenly either fr syncope or over powering of heart by surrounding fld or When death acc. gradually it is fr exhaustion: Death is rare in acute Peri.

or. may occur in S acc of muscular effort. as the Pat at night Chair

The Cause is Rheumatism. Idiopathic P. is now altogether given up.

Causes. Idiopathic & Indry. Idiopathic very rare. Nearly always secondary Traumatic causes. blows. &c. Local infl Extends to pericardium as Pleurisy & Pn. Abscess in lungs liver × &c. Mainly result of constitutional dis Espec Rheumatism. next ▽ Brights. Eruptive fevers. Esp. scarlet fever. Erysepelas. Pyæmia & Typhus.

× ∂ Kidney. wh. open into the Pericardium

▽ to Rheumatism

Chronic may be converted into Ac. endo.

Rheumatic Peri.	& Non Rheu. Peri.
pat healthy. sympts of local dis. are prominent × well marked & if death Ensue. Peri is usu v cause Seldom fatal. 18%.	Debilitated constitution. Sympts of local. affect is usu obscure. Death is rule in dis in wh it acc 91.6 %.

Prognosis serious. If accompanied by cerebral dis. or if much constitutional disturbance. or great irreg of heart's action or very copious effusion or q̄ A Pn or Pl exists A relapse is more dangerous.

If no pain then dont do any thing for it at all

Treatmt. At outset in robust persons bleed & cup. or leech. in precordial region & poultice afterwards If pat feeble & sounds very slight - not attended c̄ great pain. nor quick p. do not abstr. blood

Hg not now used. It is used only in the 2d stage

Ag. in Early stage. All agree in giving op. to relieve pain. Gr x P. Doveri. or P. Opii Gr I. c̄ Ipecac. or Op. c̄ Calomel. saline aperients. Fomentations over heart c̄ Bellad. or Op.

Fr Ferri Mur. is now thought a good diuretic if Pat is weak. - Addison's Pill. is a good pill. as a diuretic.

When Effus. present use sorbifacients as Pot. Iod. & alk. With sorbifacients blister in neighbourhood of heart

K. V grs. Salines grs. X.

When * Effus. copious use stimulants freely. Indications I If pat has had xsive bleeding II If signs of muscular weakness of heart III If there are signs of previous dis of heart IV. When Indy to ō other dis. as pyamia or Erysipelas. V Or occasioned by Delirium or VI When in collapsed or Typhoid state. *

If heart fails in strength give Stimulants.

Treat of Non Rheumatic Peri. treat dis of wh it is a complication

When P. is complication of Bright's dis. then turn your attention to it: or any dis. as Scorbutina &c:

Endocarditis

Valves of left side only in adults are affected. but in the factus the right are

When Endocardium is infl^d. it is red c̄ streaks & patches. Membr. becomes rough opaque & brittle easier toin off than in health After infl^n has lasted for c̄ time. fissuring. & rupture of v tendinous cords. fissure of v semi-lunar valves. ss ulceration of v valves. ss deposit of fibrine fr v blood. on Endocardium or any where in v chambers.

Sympts. of Ac. End. usu latent. The local pain of pericard is absent. & Stethoscope may alone discover dis. ss v circulation in v heart may become obstr. fr coagula. & give rise to important symptoms. or fr rupture of v tendinous cords.

Sympts. of obstruction. are those of shock c̄ dyspnoea., face becomes pale. surface cold. p. weak freq & irreg. 120. Dyspnoea soon follows then features become ~~tur~~ swollen & jugularas turgid. hearts act irregular. fitful dreams. Delerium coma & death.

Blood ss. mixed c̄ the inflam. products. & give rise to "Pyaemia" and local inflam. set up & form abscess.

Physical Signs. On inspection & palpation area of pulsation fo increased. Impulse apt to be abrupt. Percussion finds heart of normal size

Auscultation detects a blowing murmur caused by roughening of v lining membr. occurs also when cord

or valve is ruptured. All murmurs do not prove end I may be due to its Excitement* II Haemic or spanaemic.* usu accompanied c̄ signs of Oedema. III. Pressure of stethoscope between 2-3 cost. cart may cause basic murmur. IV. Murmur may be caused by pressure of v heart upwards by dropsy. V. Precip. of fibrine on v valves c̄out any infl. may cause a murmur. Also Aneurism of aorta or tumor in chest.

Recent Murmur is usu blowing of low pitch, genly systolic These murmurs ss change site & rythm wh indicate recent. History. If pat has not previously suffered fr palpitation or dyspnoea & there are no Indy changes as hypertrophy or dilitation

Old murmurs. Rough, high pitch. rythm diastolic as well as systolic. If only diastolic it is almost conclusive If heard at tricuspid = Old. A direct mitral murmur is old.

History. ? has had att of Ac. Rheumatism or pat has strained himself. s time previously. Ss murmurs established in Ac. End may be removed. I By breaking down of v vegetations. II Fibrine may be dislodged & carried to capillaries & do no harm.

x as in easily excited Pats

* The 2 first sounds are called functional & is heard at base.

Causes. Chiefly diathetic. Espec. Ac Rheumatism. Bright. Eruptive fevers esp. Scarlet. Pyæmia ss due to extention of infl fr. Pn. & Pl. or straining of valves.

Treatmt. The treat for Peri as local bleeding & Ag. to ptyalism has been recommended by s but Walsh says he has seldom seen it succeed. If Ac. Rheumatism be present give Alk to keep fibrine of blood in as fluid a condition as possible Apply synopisms over & dry cupping in neighbourhood of heart or leech. Cannot do much for v dis. If oedema present bleed 10 or 12 ℥

Chr. Diseases of v Heart.

∴ into dis of valves & dis of walls.

Chr. Valvular Dis.

Causes. I Malformation of valves The orifice may be constricted or valves unite at their borders. II. Injury to sound valves. as of aorta* III Alteration of capacity of aperture or cavity of v heart producing regurgitation chiefly ss obstruction IV Infl. as fr Ac. Endocarditis. V. True degeneration of v tissues of v valves. VI. Valves may be damaged by deposit of fibrine. All these causes produce one of two conditions (viz) obstruction or regurgitation

* Rheu. especially effect the mitral valves

Sounds of ♂ Heart.

Signs of valvular dis of ♂ heart

Of Aortic orifice (obstructive) murmur systolic. Heard best at mid-sternum on level of 3rd. Cost. Cart. is transmitted along course of aorta also if loud. heard down left vertebral groove. usu louder at 2nd. R cartilage than on left. ss. on putting hand over heart you have thrilling sensation* If obstruction be great p. will be small. but regular. This obstr leads to hypertrophy of R.L. heart. & is not followed by dropsy*

* May have aortic regurgitation & is more serious.

+ may last for a long time c out being fatal

Mitral obstr does not lead to obstr of genl circulation. but in time fr dilitation we have cavity so enlarged that mitral valves do not close & we have mitral regurgitation & obstruction to genl circulation

Aortic regurgitation. Signs murmur loudest at ♂ base, is diastolic. Is transmitted down sternum & is often as loud at ensiform cart. as at base of heart. May hear 2nd sound at. pul cart. but masked may be traced round to back no thrill. p strikes finger abrupty p. regular. Can be seen in superficial arteries. It soon produces 2nd dilitation of L. vent. weight of heart in regurgit. 14 - 34 oz. ~~SS~~

soon ∨ mitral valve is incapable of closing ∨ mitral orifice In time ∨ whole heart is dilated – Aortic area = ∨ sternum.

At Mitral openings we find obstr or regurgitant murmur – Signs of mitral obstruction. A murmur* of maximum intensity at Left Apex & a little above apex beat is presystolic. Often very loud & long. & abruptly terminated c̄ 1st sound. is transmitted to L side & lower angle of scapula. In very bad cases p irreg. & small freqy ∨ heart beats more freq. than p. Enlargement of L. auricle is produced. & we have pulmonary obstruction. This reacts on R heart & we have dilitation of R. heart & obstr of Genl venous circulation

This is a rare murmur, but is heard ss. Setdom accompanied by a thrill, Aortic murmur heard best as 2nd right cartilage, & Mitral Mur. at the apex. and the Pulmonary murmer heard best at 2nd left cartilage.

Evidences of Mitral regurgitation Almost same as foregoing. Except that it is systolic. Heard at left apex c̄ 1st sound. transmitted wound to left vertebral groove. p irreg usu small. action of heart irreg & tumultuous. Leads to indr, dilitation of ∨ L auricle. Dilitation of R. heart & tricuspid regurgitation & enlargement of R auricle. Also L ventricle becomes hypertrophied. Regurgitation is more serious than obstr.

Tricuspid Regurgitation Not usu due to dis of ∨ valves. but is a se.

quence of dis of left heart.

Sigm. murmur systolic. heard most up & down lower sternal region & left heard over tricuspid area. most at ensiform cart. The veins of neck become swollen & pulsate visibly venous circulation obstr & accompanied by gen dropsy. Is a rare murmur.

Gen effects of heart dis. Valvular dis tends to obstruct circulation Impedes circulation in lungs. dyspnoea cardiac Asthma. hemoptosis Tendency to bronchitis congest of lungs. Pn. Pulmonary Apoplexy. When circulation in lungs is impeded for a time circulation in veins is impeded also in heart. The brain suffers. Pat complains of headache. giddiness drowsiness nose bleed. Valvular dis may last several yrs. cart causing much inconvenience. 2 conditions wh render dis of heart severe. I Dilitation of heart cart hypertrophy II & thin condition of blood wh retards circulation If pat can keep fr exertion &c & dis does not trouble him so much

Aortic & mitral dis produces death in 2 ways. In Aortic valvular dis tending to death is by syncope pat dies suddenly.

Mitral Val dis. tends to produce death gradly as by dropsy. or ap noea.

Dis. of the Walls of the Heart.

2 forms. Hypertrophy & Dilitation
Hypertrophy = increase in muscular tissue. may affect a single cavity or whole heart, (vide dimensions weight &c of heart)

3 Forms of Hypertrophy. I Simple II Concentric (rare) III Eccentric

Causes of Hypertrophy. 1st- may originate in heart- as by constant Excitement & prolonged muscular Efforts (3) Irritation by pericarditis.
2nd. May be due to valvular dis.
3rd. Calcareous degeneration & an. eurismal dilitation of blood vessels.
4th. Obstruction in lungs- Chr. bronchitis
Another Group of causes. Bright's dis altered condition of blood or both.
5th. Dis of capillary system.
Lastly may be due to a peculiar condition of the system.

Dilitation of Chambers.

3 varieties I Hypertrophous dilitation cavity dilated & walls thickened. II Simple = cavity dilated & walls of nat-

ural thickness. III. Attenuated dilitation - in wh walls are thinned & cavity enlarged.

Signs of Hypertrophous dilitation On inspection or measurement precordia enlarged. intercostal spaces widened. & pulsation over enlarged aria superficial & deep cardiac dullness increased

On Palpation you feel a heaving motion & pulsation over a large area

Auscultation feebleness of 1 st sound muffled by v thick muscular walls of v heart. Mere hypertrophy may give rise to murmurs. but rare.

Cause of murmurs. is disputed Fuller. says it is v rigid state of v aorta & blood is thrown into an eddy as it were.

Sympts of Hypertrophy. Seldom meet c̄ simple Hypert: Usu bodily functions are well performed Headache face flushed. nose bleeds. drowsiness & fullness after a meal p strong tense & regular visible in carotids St pat has att of precordial pain fr congestion of heart & lungs ss have an att of palpitation, Dyspnoea Simple Hypert. cont valvular. dis causes Apoplexy.

Physical signs of a dilated heart not hypertrophied.

Inspection. does not discover prominence of precordia.
Palpation. impulse feeble: a short faint slap. difficult to make out apex beat
Percussion. Increased dullness transversely.
Auscultation 1st If heart tho' thin be tolerably vigourous & sounds are distinct, more so than in health If hearts fibre be lax sounds feeble Espec & 1st sound wh may be almost extinct. Ss have murmurs. fr dilitation. fr orifices becoming enlarged.
Sympts. of Dilitation A dilated heart is a weak heart hence physiologically a dilated heart will give rise to signs & same as of obstr. as obstructed circulation Engorgmt of lungs liver kidneys &c. & genl drop sy. Special Sympts p usu small & feeble. reg. or irreg. heart palpitates fr least exertion Ss paroxysms of angina pectoris defect of physical & mental power. Ss syncope-pat irritable restless & sleep fitful. & on waking has a fit of dyspnoea
Treatmt. of val dis. hypertrophy & dilitation. 1st decide condition of hearts walls. whether hypertrophied or dilated. If dilated we try to

encourage hypertrophy & if pat be weak give tonics. Fe best Espec v Tr. Ferri mur. mineral acids C L C. Strychnia or Nux vomica, Quinine &c.

2nd Relieve pat q suffering fr palpitation. Dry cup over heart, sinapism: diffusible stimulants as Ether sulph c sedative Esp. brk, Can. Ind. & Hcy

3rd. Use diuretics to dimmish val. of blood. vegetable diuretics best. Digit espec in mitral dis. but sd. not give it in aortic valvular dis. Is espec good q heart is dilated. In chr valv. dis remove congest of organs as of lungs. & counterirritation dry or wet cupping leeches also expectorants Ipecac. Squills Lobelia. If kid congested sinapisms ~~of~~ over loins. Bowels sd be kept regular c Aloes. Regulate Liver c podophyl. Aloes or B. Pil. Dropsy begins in feet st double hydrothorax. or in pericardium

mmmm. For dropsy begin c diuretics Infus. Digit 3p Acet of Pot 3p. Spt Eth Nit 3j. & if blood be spanaemic Combine Tr. Fe. M. m xv If very feeble give Am. Carb. gr v to above.*

If diuretics do not succeed use drastics P. Jalap co. gr xl. every other morning. or pil of Croton Al gtt j-ij. Eleterium. (watch).

* or try decoction of brooms, or horse redish Gin is very good

Fatty Degeneration of the Heart.

It especially effects the left ventricles.

2 forms. Fatty accumulation (passive) & True fatty degeneration in wh fat replaces muscular fibre. Hearts fibre becomes pale yellow soft. easily torn. ss swh like brown paper. In less marked cases i lining memb of heart is streaked c̄ yellow. ⊙ you see fat globules.

We do not know the cause of fatty heart.

Sympts of fatty Degener. of heart are those of a weak heart. Pat complains of being weak short breath. & Excitement produces stifling sensation. face becomes pale sallow & waxy slight oedema of legs may occur. p usu regular. may be permanently quicker. wh is a valuable sign if no valvular dis is present. usu loss of animal heat Angina pectoris is often present. Besides angina pectoris. pseudo Apoplexy occ is rather syncopal. pat gets pale loses consciousness & falls. In att p in impulse of heart imperceptible. ss loud stertor & insensibility. ss pat gets Epileptiform seizure ss arcus senilis present. *

* May have rupture of left ventricle If the heart be ruptured by voilence it will be the right ventricle?

Physical Signs of fatty heart are those of dilitation. Impulse scarcely perceptable apex beat indistinct absent. ss c̄ fatty degen. we have

dis of aortic valves. they are soft & paper like

Termination. Often by rupture during exertion Again by syncope suddenly. Again by coma. Again asthenia

Treatmt Indications. I Prevent further degenerat. by removing all causes wh tend to impair nutritive function II Relieve weak. of heart III Regulate habit of pat protect against over exertion of heart.

I Prevent further degeneration &c Chief means hygienic change of air. easily digested animal food c̄ little vegetables. Fat sugar & malt avoided. Medicines Fe (best) & all tonics.

II Relieve affects of a weak heart & angina. Angina best relieved by Ether Sulph. Bj. c̄ Para-Goric or Can Ind. or Op. If pain continue. dry cupping or leeches.

Syncopal attacks require diffusible stimulants. lay head low. Hod brandy or Ether or Ammon a hot coffee.*

III Protect against over exercise of heart. avoid mental excitemt business anxiety so avoid constipation

* Chloral & Chloroform is not well or should not be used in a weak heart

Dis of v Liver.

Ascites.

= dropsy in belly, so is a part of genl dropsy & then is fr dis kid heart.

Sympts Belly becomes enlarged uniformly. When distention becomes great tumifaction & fluctuation if fd. When pat is on his back a clear note is fd round v umbilicus & a dull note at the sides.

Diagnosis

Ovarian Dropsy	Ascites
At outset pat complains of pain in region of ovary Tumor in neighbourhood of ovary	
If swelling be lobulated wd indicate tumor	Abd uniform
The abd protrudes as in pregnancy.	
Seldom both flanks are distended. Fluctuation is more obscure unless there be one large cyst	~~Abd uniform~~ usu both sides are distended
Change of position does not change site of dullness	

A vaginal examination may give evidence of tumor

Causes of Ascites Cirrhosis of Liver cause par excellence, ss simple induration & atrophy of liver Amyloid dis. of liver cancer of liver also of omentum pancreas &c.*

* or of the general peritoneum

Rare causes peri hepititis Thrombosis. Enlarg^mt of ovary kid. Dis. of mesenteric glds. Obstn of vena cava. All these are rare except enlarged ovary

Cirrhosis

granular or Hob nailed liver.

In 1st stage liver enlarged & contains xs of blood.

2nd stage exudation into glissons capsule or proliferation of fibrous tissue wh contracts & obstructs portal vein. 3rd stage Liver atrophied

Characters in cirrhosis; reduced in size 20 oz instead of 48 surface rough, tough & firm crunches under knife ss L. lobe is shrivelled up & absorbed.

Sympts 2 kinds incidious or ~~incidious~~ or sudden.

In 1st at outset dull pain in region of liver. disordered digestion

Organ enlarged or natural. In sudden form slight fever p quick Enlarg^mt of organ & ? jaundice urine high col^o & deposits lithates In this form capsule is infl^d

2nd Stage (of both) pat becomes gradually sallow. loses flesh skin dry & harsh digestive organs deranged. flatus nausea, ss vomiting & usu constipation After these have lasted for 5 time they may become stationary. Mammary & Epigastric veins Enlarge & new veins are formed. ss instead of hemorrhage as a sign of portal obstr we have dropsy

Proves fatal 1st By Exhaustion ss by hemorrhage. 2nd Fr. Sympts of acholia. 3rd By intercurrent dis.

Causes of Cirrhosis. Chiefly spts taken neat. 2. Products of unhealthy digestion 3. Stimulating food cont exercise. 4 syphilis & Ague. & obstr of Circulation thro' heart

Age fr 40-45.

Diagnosis. It is a most common cause of dropsy of belly. usu occ. fr 40-45. caused by use of undiluted alcoh. ss by syphilis & valvular dis of v heart. Lastly Liver is usu increased at outset & diminishes afterwards. Produces signs of portal obstr. Spleen usu Enlarged.

Treatmt. at outset impose total abstinence. Food must be plain as beef mutton stale bread free outdoor-Exercise If pain over liver cup. or leech hem orrhoidal veins May give Ag c̄ care B Pil gr ij c̄ Squills. Sedlitz P. every morning or Mag. sulph ℥ij or padoph. & Aloes. After these Pot Iod. c̄ Amm. Mur. c̄ Extr Terax ter die. If these fail give Acid Nit. Mur. When dis is far advanced it is too late to give medicine c̄ view to cure dis. hence try to lengthen life. Mild tonics quassia. Nux vomica: regulate bowels c̄ ox gall.

℞.

Pot acet gr xx
Spt Ether Nit ℥j
Vin scilla ℥j.
Spt. Juniper m x-xx
Infus Digit ℥ß.

Ter die.

If diuretics fail give P Jalap Co May give Adisons Pil.

After a while tap. I recommend tapping early.

Amyloid Degeneration.

Ss called Scrofulous Enlargement of ∂ liver.

Liver enlarged weight increased 7-8 lbs. Smooth extrly. On section an amic smooth. Edges semi transparent. like preserved citron peel. touched c̄ I. a rich red-brown is produced density increased 1080 Dis ly c. commences in arteries & extends to lobules.

Sympts. Not attended c̄ pain as a rule. Sense of fullness in hypochondrium. Ss ac pain c̄ infl of capsule. jaundice rare, & q̄ present due to enlargemt of lymphatic glds. compressing bile ducts. As a rule ascites not abundant ss absent. When ascites present it is due to pressure on ∂ portal vein ly enlarged lymphatic glds. Obstinate vomiting c̄ clean tongue. diarrhoea c̄ pale mucous stools. Cont any apparent cause are obvious signs of Amyloid dis. Kid, usu att. ss lymphatic glds enlarged & undergo amyloid degenerat. Age occurs at all ages. most common under 30

Causes usu fr exhausting dis involving suppuration as necro-

sis & cares. Syphilis Rickets. Ag cach Exia The enlargemt is slow unlike that of cancer.

Treatmt. Same as for amyloid Kid Remove cause heal abscess if you can &c.

Remedies Pot Iod. has cured 5. Espec. syphilitic. Mineral Acids NO_5 Syr. Fe Iod. alone or c̄ Pot. Iod. Am. Mur. Gr v–xv. (Budd) Dickinson recommends Alks. Diet nourishing. Change of air; alcoh well borne

Malignt dis. of Liver.

usu 2ndy to cancer Elsewhere. as of stom duodenum pancreas. Peritoneum: usu soft cancer. ss primary. next scirrhus. & next to eye liver is most abnoxious to melanotic cancer.

Sympts. In diagnostic groups Cancer produces great enlargmt of liver is irreg. freqly tumors can be felt on liver Enlargmt very rapid. In advanced stage there is effus into abdomen. usu due to chr. peritonitis or obstr of portal veins by enlarged glds. Often have cancer Elsewhere. as stom. uterus. &c Jaundice ss present & q. it once appears it is usu persistent. Hectic is apt to appear

in 5 cases Espec if cancer grows rapidly. urine turns black when exposed to the air
Age after 40.
Duration. scirrhus usu fatal in one year. Soft cancer usu kills in 1 or 2 mos.
Treatmt. Palliative. relieve pain conium Hyoscy. Can. Ind. M. & Op. Diet nutritious & Fe useful to aid nutrition. Often necessary to tap.

A. Yellow Atrophy.

On outset. there is congestion round each lobule & in centre a yellow. In 2nd stage yellow is surrounded by grayish exudation & in 3rd stage lobule becomes all yellow
In 1st place liver is reduced in bulk & extremely soft. Col yellow or orange.
Sympts. Premonitory are those. of common billiness att. Tongue furred. bitter taste in mouth. loss of appetite constipation & out of sorts. After these have lasted for 2-3 days jaundice sets in usu in upper part of body p slow pain in R. hypochond. & tenderness on pressure. Now rapid diminution of liver till there is no hepatic dullness. Spleen becomes enlarged. apt to be repeated vomiting. faces clay col.

& then black: urine contains no pig- or biliary acid in early stage, urea uric Phos of lime & chlorides disappear & lucine & tylosine appear.

In this stage N. sympts occ. pat irritable restless sleepless. raging delerium may occ alternating c̄ drowsiness at last pat becomes comatose

Causes. Obscure mental Emotions Has followed abuse of Ag. Alcoh- venery Typhus. Malarious influences have to do c̄ it

Treatmt usu fatal. Budd purges actively

℞

Mag sulph ℥j.
Mag Carb gr xv.
Spt Am. Aromat ʒß.

ter die.

As soon as N sympts appear. apply blister to nape & scalp. When coma sets in promote function of skin & kid.

Jaundice - Icterus.

How produced. All admit obstr of flow of bile fr liver into duodenum. There may be jaundice fr suppression

Forms of Jaundice

I Fr obstruction of flow of bile

(1) Obstr in common duct. Eg.
1st. Infl of bile ducts & duodenum
2nd. A gall stone
3rd. Cancerous tumor
4th. Hydatids
5th. Rare causes worms & cherry stones

(2) Fr Obst outside of common duct
Duodenitis
Pregnancy.
Feces in colon.
Hydatids of liver
Tumors.
Abscess of liver
Enlargmt of hepatic glds.

II In wh no obstr exists. It is due to either xs of secretion of bile or non oxidation in a blood. Under this we have cases produced by toxic poisons. - Mental Emotions. Organic dis of liver

Sympt Liver 1st becomes jaundice ed. then serum wh stains skin & conjunctiva. Also urine becomes

yellow or brownish black
Other sympts. digestive organs show want of bile. Hence if pat eat animal food bowels flatulent & stools fetid. if vegetable food stools acid tongue clean bitter taste. If obstr complete stools clay col^d. N.S. headache languid drowsy. ss delerium convulsions & coma. p slacken ed. skin itchy. In advanced stage blood altered. yellow vision. How will jaundice terminate? may gradly recover. may be fatal. Liver may become atrophied. hepatitis or peritonitis may occ. Lastly toxic sympts occ.

Treatmt. 1st of Obst. ÷ Into those in wh v cause is removable & 2nd in those in wh it is not. In passage of gall stones give Op to relieve pain & spasm of v duct. M gr ¼ hypodermically or Chloroform. In those cases there is disposition for formation of stones give Pot carbon soda. When obst. permanent must try to prolong life. by acting on organs wh eliminate bile fr v blood vapour bath flesh brush. mild diuretics (carefully) Aq: infus Digit. Occasionally a purge. Aq sd be avoided

When obst lasts long give ox

lile in capsules. gr v in each. 2-3 hrs after a meals

Treatmt of Jaundice not depend ent upon obstr. 1st In wh N Sympts occ & wh follow mental shocks & poisons. same as in Ac Yellow Atrophy purge & q head sympts are present blister nape. & scalp & give beef tea

For congestion of liver leech rom d anus. active saline purgatives occasional dose of B. Pl. Emetics often good. Alk salts c̄ Terax very good if jaundice lingers. A course of mineral waters

Genl. Diseases.

of sect a. usu due to a morbid condition of v blood. & present for v most part v following. 1st Definite course. 2nd. Attended c̄ fever & usu c̄ Eruption 3rd. More or less communicated 4th. Preserves fr similar att. & Lastly may be Epidemic under this class are all v fevers.

Diphtheria.

4 Varieties

Genl Sympts of invasion. ss constitutional sympts precede affect of throat. ss occ at same time Lacitude sighing ache in back & limbs pallor. ss vomiting ss diarrhœa in Chd. p. in Chd. 120-140. tongue moist. & creamy. urine may be albuminous Sore throat.

4 Varieties 1 Mild. 2 very severe 3 Laryngeal or insidious & 4 Malignant.

In mild form Chd suffers but little.

In infly form. there is chilliness & aching of limbs. vomiting & diarrhœa. prostration Membr of throat is red & œdematous at outset. Later

opaque specks of lymph appear. Now difficulty of swallowing

In Malignant form. Throat dusky livid & exudation may form in a few hrs. skin becomes hot - deglutition becomes painful. Chd refuses food & medicine. After pellet has lasted for 2 or 3 days breath becomes very fetid. Neck swells also external glds. In 5 cases dis extends to larynx voice husky breathing stridulous ss dis extends to bronchi.

Insidious form. in wh genl & local sympts are slight. & chd appears to get well. but dis returns in a few days c̄ sympts of Croup & pat may die.

In Malignant form poison seems to overpower system fr outset. Often begins in nose c̄ coriza. Sore throat soon c̄ false membr. & glds of neck & neck greatly swollen. pat becomes pale - livid & dies suddenly fr v poison of v dis.

Diph is not always fatal. v membr peels off & is expectorated. ulcer heals p gradually recovers its strength but weeks may elapse before pat becomes quite well.

Duration. In larynx fatal about 1st week, in other parts fr 7-14 days

Death is is sudden fr syncope or collapse ss fr v sequelæ. Urine, in D. Alb occ early in about ½ cases is seldom smoky contains wavy tube-casts.

Most common sequel is disorder of N.S. paralysis of pharynx. difficulty of swallowing. flds regurgitate thro' nose Heart freqly suffers denoted by slowness of p. These sequelæ usu occ at end of 2nd week.

Morbid Anatomy. Membr at 1st congested then pellicle forms. soft palate uvula & tonsils are most ~~complicated involved~~ common parts on wh membr is formed. Diph. is contagious Poison adheres to fomites as clothes carpets &c.

Time of incubation varies. Time in wh poison is developed in system is fr 30 hrs to 8 days A pat may be convalescent for 5 weeks & yet communicate dis, It att pat more than once but severe cases seldom repeat themselves

Cause unknown. All insanitary conditions. favour it & affects its type most common young 2-12. Constitution predisposes to it

Diagnosis (over)

Quinsy from Diphtheria.

	False membr not confined to tonsils
Yellow specks.	Patch extends p day to day
Stationary	Apt to go into wind pipe. Fetor on breath. Marked prostration of vital powers
	Alb in urine early
Thick & cheesy & can be removed by probe	Exuvium is a flat thin pellicle q tom off leaves under surface raw & bleeding

Treatmt No specific. Must treat by genl means. At out set if p rapid & skin hot Alcoh stim If head ache & vomiting Q & beef tea, stimulants continued at night as well as day. When stom will bear it give Tr Fe Mur. m xx – xl. 3 q.h. may add Glycer. or lemon 3p. & Ether Chlor m x.

Local Treatmt. As soon as you discover film apply AgO NO5 1 – 3 Aq or Equal parts of HCl & honey. If Exuvium thin & throat red AgO NO5 1 to Aq 8. If throat only red give a gargle. of Tr Ferri Mur 3p to Aq 3 viij. Or inhale steam & vinegar. Ice at libit. But ice is condemned by some

we know it is doing good by patches not extending less fetor &c.

some remove the membrane by the forceps but this is dangerous & will tend to extend it. It is not now thought safe to apply strong acids. as the removal of the F.M. favours the absorption of the poison

When fetor present ℥ gargle Carbolic gr ij ad Aq ℥j.* or Condies' fld SO_2 in spray highly recommended by Jenner. If child cannot use gargle use spray

* Permanganate of Potash ii grs to the ℥j

When larynx is implicated we are at our wits' end especially in children & female adults. Emetics of alum or $CuOSO_3$ or Ipecac. Inte Pot Chlor gr iij – viij 4 q.h. Fe &c continued Aq calcis. 1 – ~~30~~ 16 Aq good in spray every 15 min. Tannin 1 – 20 Pot Brom gr v to Aq ℥j. If all means fail perform trachiotomy & push constitutional treatmt. & perform the operation if the patient is exhausted or if disease extends to the lungs.

Fevers

3 classes. Eruptive – continued & 3rd. Malarious –

1st Eruptive = Exanthematous Small Pox. Chicken pox. Scarletina. Measles.

2nd Continued Typhus. Yellow

3rd Malarious. Intermittent Remittent & malarious.

Scarlet Fever.

3 forms. 1. Scarletina Simplex
2. " Anginosa
3. " Maligna
" Latens (rare)

Scarletina Simplex. usu preceded by following. head-ache vomiting chilliness. languor. aching in back & limbs. Skin becomes hot & p rapid At end of 24 hrs rash appears. In a few hrs v redness becomes genl After 2-3 days like a boiled beet. Redness espec at flexure of joints loins & back This rash is not usu raised as it is & as vesicles are formed.

Rash on 1st day on face & upper part of body. 2nd day on body & on 3rd day on legs & disappears in same order. disappears on 6th day Throat slight redness. Tongue bright red covered c̄ white fur. thro' wh pap illa protrude like strawberry.

Scarletina Anginosa. different fr simplex in eruption being ~~later~~ wanting. or a day later Pyrexia is more violent. freq. vomiting headache restlessness. often delerium. temp. 105. p freq. & weak Throat is affected fr outset as before rash appears. In mild form throat is red & roughened. ~~sta~~ The degree of fever is in proportion to soreness of throat.

Malignant Scarletina ÷ 2 forms Ataxic & 2nd Adynamic.

Ataxic. Excitemt of N.S. genly at 1st

agitation restlessness & delerium. Rash. sore throat. fever high. coriza or diarrhoea at outset. Delerium active chd confused. Eyes blood shot. p. full soft & freq in a few days typhoid sympts occ: delerium becomes low & sinks into sopor.

In Adynamic. Exhaustion. pat pale & faint at beginning. slightly delerious Exhaustion in a few hrs p freq. & feeble thro' out feet cold A faint rash app. respir. irreg & convulsions & stupor in 24 hrs.

In Malig. rash usu late. bright ss in patches. In v worst cases no rash app. Throat dull red c̄ apthous patches wh slough & have a gangrenous discharge Thermometer in S. Temp does not fall on app of rash. 103 -104 to 3-9th day & then lessens.

Latent S: S. is ss latent in wh there is no rash or sore throat & yet dropsy shall follow & pats are exempt fr future attacks

Scarletinal Rheumatism ss occ Ankles & hands become red & swollen. & fever returns ss v articular affection is pyaemic & destroys v joints. The pericardium & pleura

are ss infld Dropsy sets in usu ~~on~~ 21 days. In s Epidemics it is common; supposed to follow milo-attacks. These cases of dropsy ss prove rapidly fatal fr hydro-thorax or effusion into ventricles

S. is due to a specific poison & is propigated by infection. 68% under 5 yrs.

Treatmt. of Simple form. No medication Keep in well ventilated room & bed. diluents. Emulsions. ss Liq. Am. Acet. ss must stop vomiting. sinapism over stom. ice. soda powder lemon juice c̄ soda. if not sufficient Chloradyne c̄ Spt Am. Aromat. Acy.

In Anginose form. Ammon Acet c̄ alone or c̄ Am Carb. Every 3 or 4 hrs. c̄ Pot-Chlor gr iv or v. Sponge cho all over c̄ vinigar & tepid Aq 2 or 3 times a day. If bad form of sore throat alternate above c̄ Tr Fe. Mur. Throat demands Early attention. If milo scarcely any gargle If on 5th day it does not heal. HCl. & honey āā. & for ulcers on tonsils AgO NO5. In festiv sore throat Acid Carbolic. Pot-Chlor. & Tr Fe, Mur. gargles.

In Malignant form. as above c̄ NH3 gr. ii-v. fr first. wine brandy: NH3 as above alternated c̄ Fe.

Adynamic & Ataxic When delerious

& restless at beginning v cold affusion is v best. Take chd out of bed & put in tub & pour 2 gals Aq at 70° over him so not longer than a few seconds or a minute reaction sets in in 20 mins. Instead may ss wrap in wet sheet & pack up in blankets leave so for about 2 hrs. p will fall & perspiration break out & rash may be bro't out as soon as reaction sets in pour. in wine alcoh & N Az.

Complications For v puffy swelling of v neck poultices & if matter has formed let it out. support pat. Coryza must be treated Early. Ag N O5 gr v - ʒj Aq once a day or gr j. ter die. For infl of Ear if great apply leeches. & Fret. Lyttae or Tr Iod behind Ear & wash out Ear often c̄ soap & warm Ac. Keep in house for 1 mo. Wear flannels. Smear c̄ lard. Dickensons mode of Infus. Digit & diluents good in treat of Ac scarlatinal dropsy. Protect family by use of disinfectants. Keep room well ventilated Temp. 66°.

Morbilli - Measles.

2 forms. mild & severe.

Stages. (1) of incubation (2) Primary fever. (3) Eruptive stage (4) tertiary stage

Incubation 10-16 days.

Initial fever. Slight heat of skin. constipation ss diarrhoea & ss convulsions. A few hrs after, v poison begins to act on v nasal membr. sneezes. Eyes watery. soon v poison att larynx. cough noisy ss oppression of breath. These catarrhal sympts increase for 2 or 3 days. Usu at end of 72 hrs. Eruption appears. It begins in mulberry spots raised above v skin. In a few hrs these spots coalesce into crescentic shapes. The col is raspberry red & bright in proportion to fever. ss papula are vesicular most developed on face & goes fr face to body & thence to lower extremities. Lasts 4 days then becomes a dirty yellow col On 6th day begin to desquamate. Throat has red points wh soon coalesce & form a uniform red col. & disappears ⅌ rash does. Catarrhal sympts do not disappear on appearance of rash. F

Morbilli Gravior. Less fever, more tendency to heat sympts. & dyspnœa Eruption not so genl & later in patches. The sympts resemble Typhus very much The Eruption as disappears. wh is a bad indication Tertiary sympts Bronchitis. Pn. Croup & Diphtheria. As after convalescence Opthalmia Otorrhœa & Enlargmt of glds. & tubercle if pat be predisposed.

Diagnosis.

Morbilli	Scarlatina.
Incubation 10-16 days. Erupt on 4th day	2 - 10 on 2nd day
Consists of Clusters of raspberry spots. in crescents	Scarlet & genl inflorescence
When desquamation sets in cuticle peels off in bran particles	In flakes.
In outset catarrhal sympts.	Sore throat
Sequelæ. Pn Croup Opthalmia	Anasarca Oto Otorrhœa Artic Rheumatism. Swelling of glds of neck

Causes & propagation. M due to specific poison, occurs sporadically & epidemically at all seasons. attacks both sexes communicable by infection. fomites One att genly protects fr a second

Treatmt. Runs a definite course Fever reaches acme on 5th day & falls on 8th. In mild cases keep to room give slops. & for cough give demulcents Pot. Nit. Ipecac Henbane. On outset an emetic may cut catarrhal sympts short In Pn. or Bronchitis be present treat them genl bleeding not well borne. Convulsions wh so precede eruption will usu terminate favourably on its appearance Put in warm bath c̄ cold to head. but I most useful remedy is Pot Bromid grs. iii-iv 4.q.h. When convulsions occur later Asafatida Valerian & Camph in small doses

In Malignant S. support fr outset. Am Carb. Brandy &c. When eruption goes in try to recall it by hot baths c̄ mustard & rubbing mustard on surface. warm drinks &c.

Small Pox.

2 Common Kinds. Variola Discreta & V. confluens. another form. V. Corymbosa. also. V. Maligna or nigra & V. Cont-Eruption

V. Discreta. Incubation fr 10-16 days The extreme range fr 5-23 days

2nd Stage Primary fever. usu sets in c̄ a rigor followed by febrile reaction c̄ pain in back & limbs ss c̄ pain in v epigastrium attended c̄ vomiting In chd vomiting more marked & brain more apt to be att than in an adult convulsions may occ Duration of initial fever 48hrs.

In 3rd Stage. On 3rd day Erupt ion appears. Small round hard elevations, 1st on v face soon after at wrists, then body & lastly on legs taking 2 days to become genl The papules continue to come out for 3 days v & having remained out 2 days they become vesicles After vesicles have lasted 2 days a depression takes place in their centre = umbilicated. 2 days later v umbilicated vesicles become pustules After pustule is 2 days old it begins to dry c̄ v occ of pus in v vesicles the 4th Stage sets in c̄ secondary fever. At this period each pustule is surrounded c̄ areola

nose & lips tumid & skin between damask red. Indy fever attended c̄ heat p freq. & convulsions. The greater v dis v greater v Indy fever Intolerent itchiness. Eruption on M. M. differs fr that on skin are white patches. Salivation. & swelling of v glds & fauces occ on v 7th day

Unfavourable Sympts Face does not swell on 8th day, pustules red & flattened & indy fever. either Typhus or pat is depressed & exhausted & anxious & pat may die c̄out a struggle.

Confluent Small Pox. The initial fever more severe & shorter & vesicles confluent Eruption preceded by erysipelatous blush. Erupt. having appeared v fever does not cease.

Papules in groups. & coalesce. Salivation always occ & is st as profuse as fr Hg. about 8th day v secretion is very great. In this form. larynx & trachea are att.

4th. stage - Secondary fever. New dangers occ. depression of v N.S. pat anxious restless & delerious Exhaustion & pat usu dies.

Bad sign. absence of swelling of face paleness of skin between papules. hemorrhage st typhoid sympts. st pustules become gangrenous.

Sequela. Crop of boils 2nd destructive infl of joints ulcer of cornea wh usu perforates. 3rd Sloughing of v parotid glds 4 Otitis 5. Pitting. Pn. & Pleurisy ss occ fr 10-14th day & usu prove fatal.

V. Corymbosa. = rare variety Erupt in clusters: is sparce & intervening skin healthy. Serious complications usu occ.

V. Maligna. Blk. S. sets in in form of purpurea. hemorrhage fr gums & nose Depression of vital powers ss delirium & pat may die before rash app. or as it is appearing. One att usu protects fr another. The poison emanates fr v lings & scabs. In primary fever. pat may communicate ~~fever~~ dis.

Treatmt. Cannot shorten its course guide. Indeavour to check appearance of rash. support pat & meet complications. In mild cases no medicine is needed. Large room & warm washing of v body. In outset a mild purgative. Pil Cath Co. Castor Ol & febrile mixture.

℞.

Liq Am Acet. ʒj-ij
Antim Tart Gr. 1/6 or Vin Ipecac.
Pot Chlor. or Nit.

Tepid sponging 2 or 3 times a day

If convulsions occ warm bath cold to head & Pot Bromid*

After Eruption little medicine needed. For v restlessness at night dover's 10 grs or inject of M. If saliva be great in amt do not give opiates If fever does not abate on appearance of eruption. Irritation of skin improved by (Glycerine. Aq. Calcis & Olive Oil)

In suppurative stage stim. Bark Am &c. If dry tongue freq. weak p & lividity stimulate. In malig. stim fr outset. To prevent pitting tap each vesicle & touch c̄ AgO NO5 Paint c̄ Iod. or this Oint.*

℞
Ung Hydr. 25
Yel. wax 10
Blk Pitch 6.

℞ Glycerine & Rose Aq or keep fase well smeared c̄ Olive oil.

Complications for Bronchitis inhal steam. c̄ counterritants Ip. c̄ Am Acet. or Am. Carb. usu fatal. Pleurisy large blister & op. Pneumonia. Blist: Good diet & Am Acet.

For ulcer of eye touch c̄ solid stick* Q. & wine liberally. Locally poppy fomentations c̄ Alum. Abscess sd be opened early.

*As soon as the eruption comes out the convulsions stop. If eruption is severe cut the hair.

*Dr. Stokes found very useful others have found them to fail altogether. Variola Hemorragick we are cont a remedy.

*After that apply Popy fomentation.

Should take the lymph from child arm about the 8th day or not later than 24 hrs 1. the areola has formed. Should vaccinate child = the 3 or 6 month 1 dentition. Introduce the lymph in 3 or 4 places. The areola is an evidence that the constitution has been effected.

Varicoid.

= Small Pox after vaccination. high fever followed by slight Eruption. Eruption often appears on 2nd day often preceded by an Efflorescence like scarlet fever. Eruption runs a rapid course. Pustules seldom coalescent so does not form pustules at all but dries. All stages of Eruption may be present at same time

Preventive Treatmt Inoculation & vaccination

Typhoid Fever

= Enteric fever. now Pythogenic fever. 3 modes in wh T. sets in. 1st Latent form. 2nd Common or gastro intestinal form. 3rd Narcotico acrid form.

Latent Form. Sets in insidiously Pat cannot say q he took ill Fr 7-14th day pat is so weak that he takes to bed. Now true sympts set in.

In 2nd Class there is intestinal disorder fr outset, shivering. diarrhea headache vomiting pain in limbs heat of skin & thirst

Characteristic Sympts. abd. pain & tenderness - heat of abd. diarrhoea. c̄ offensive stools. hue higher & temp higher than Typhus. countenance anxious conjunctiva pale cheeks flush p varies fr day to day at 1st fr 90-100.

Tongue in early stage red at tip & edges then becomes red all over & glazed & in advanced stage cracked. Belly tympanitic tender iliac gurgling & in 10 to 12 days a rose col^d spots appear. wh disappear on pressure They come out in crops & continue to app. fr 7-25 days.

About middle of 2nd week headache disappears followed by somnolence. Delerium occ During 3rd week abd becomes more tumid & tender & stools freq & liquid ochre brown. c̄ brany matter. on straining you discover sloughs of payer's glds blood freq^y app in stools. The stools are strongly alk & hence blood does not coag.

At a late period perforation occ c̄ sympts of peritonitis & is usu fatal in 24 to 48 hrs.

Duration fr 2-3 weeks. In bad cases 25-30 days. Apt to relapse & convalescence slow.

3rd Form. Narcotico Acrid. Pain in head vomiting & purging. followed by active delerium. stupor & pat dies in 5-7 days.

P.M. At commencemt M.M of small intests is congested swollen covered c̄ thick mucus. next stage deposit of Typhoid matter in Payer's patches. Each patch is surrounded by a vascular zone & presents 2 appearances. M.M. is Elevated above intest. On section there is a deposit of matter in sub m. m: patch firm & indurated. Again patches are soft not indurated & not Elevated These patches increase in size as we approach ileo-cacal valve.

Causes. Predisposing, use in young. Endemic use in autumn Intemperance fatigue deficient ventilation. Two great causes. 1st Specific poison. wh has its source fr v stools. Is contagious but less so than Typhus.

Incubation period 8-10 days one att protects fr another as a rule

Typhus

Diagnostic.

Typhoid from Typhus.

Above gradual ? incidious	At outset rigor & headache.
Pat applies later	
Countenance bright scarlet Eyes bright & pupils dilated	Countenance dusky Eyes injected & pupils contracted
Expression bright delerium later not till 2nd week & more active	Expression heavy delerium Early & usu quiet
Tongue flat red dry glazed & cracked fur. thin & moist thro' out	Tongue thick hard contracted & pointed cov^d c a thick dry brown fur seldom moist. Stools nat. or dark of consist of mud. diar. seldom present.
Tenesmus & tenderness of abd. gurgling in R. iliac fossa. p higher don't fluctuate & q falls remains so.	Absent & cerebral sympts predominate
	Skin Emits a peculiar odour

Typhoid from Typhus.

Erupt begins on 5-6 day of fever rose col^d outline well defined. appears in crops & lasts for 3-4 days & continue to app. ear. to 21st day.	Epistaxis rare Erupt. Early fr. 5-7 day. dull mulberry col vary in size. fr a mere point to 2 lines in diameter outline not well defined occur altogether app all over body at same time. Go thro' a series of changes At 1st disappearing on pressure on 3rd do no so completely
Disappears after death.	In centre of each spot a pecechial appear remains fr 9-13 days. & after death rash persists.
Use in young rarely after 40	At all ages most at middle age
	Duration of definite limits.
Convalescence slow & relapses freq	Convalescence prompt & persistent

Typhoid	from Typhus.
Ends to kill by diarrh. hemorrh agi. perforation or expiration usu 3-4-5 week	Ends to kill by congestion of lungs. usu fatal at 2nd week PM. altered state of blood. fluid state Apt to be epidemic.
Endemic	
Rich & Poor. Seldom fatal in advanced life. Average of death 12½%	Espec. among poor Least fatal between 10-20. 50 p C 1-50 years

Temp. in Typhoid. There is a daily elevation of 1½° for 3 days. & evening temp is usu 2° higher than morning. Fever attains maximum in about 4 days: 103½° = average temp. If thermometer fall below 103° you may exclude typhoid. If mild remissions occ. If severe they do not occur. & have no great difference between morning & evening temp.
In Typhus temp is high from outset 104-105° & continues to rise to 3rd day The maximum temp° between 4 & 6 day. In 2nd week temp. rises again: between 12-14 day there is

a remission but in bad cases v temp. is continuously high. Temp falls by crisis about 17th day

P. M. in Typhus. There is a tendency to congestion in all organs. Rarely true infl. of v brain. Lower lobes of v lungs congested. Heart very soft & R chambers contain fld. blood. no change in intests spleen enlarged.

Causes. Predisposing & Exciting Predisposing. = All agencies wh reduce vital powers. hunger cold fatigue &c. Over crowded & bad ventilated tenaments. Intemperance Age usu after 40

Actual Causes. Difference of appearance. 1st. Due to sp. poison - That it is highly contagious. Incubation fr 9-12 days. Is highly infectious a few moments of exposure is sufficient to give v dis

Treatmt. of Typhoid & Typhus. - In managing fevers. 1st Indication Reduce temperature 2nd Secure proper Elimination of effete products. 3rd support N.S. 4th ~~Sup~~ Obviate tendency to death.

cold Effusion will reduce temp. in some cases cut it short

1st Reduce temperature. Emetics at outset. Even if v Emetic fails to cut short v fever it renders it milder & shortens convalescence

Vin Ipec ℥i-ii about

Vin Ipecac ℥j at outset. repeat once or twice a day according to severity thus Eliminating the morbid poison for v system to s extent. To lower v temperature v warm bath once or twice a day.

Calomel 5 gr Dose

Sulp acid 20 min every 2 or 3 hours good L opti

2nd Promote Elimination of effete products. Dr. Parks recommends Alk salts. Carb sodu. Pot. &c. But v mineral acids are v favourite Chambers recommended NO_5 or $AcbNO_5$ ♏x-xx every 2 hrs. in a little syrup.

3rd Sustain or restore v it energies. Stimulants Alcoh. NH_3. Q. Ether (best) strong tea & coffee are good & also retard waste

Quinine in 20 gr Dose or 10 gr twice a day called antiperiodic most towards end of fever

4th Avoid tending to death. usu for Asthenia.

Indications for stimulants in fever: Small & weak p coldness of surface & extremities Commencing dryness of v tongue. sordes weak impulse of v heart & fluttering of v heart. sd be given earlier in Typhus than Typhoid. The best stimulants are v different forms of Alcoh.

Digitalis is large dose not so good as prime ℥ss dose of Infusion

Signs of it doing good. 1st If it reduces p & respiration. If tongue & skin moisten. If it tranquillizes pat. If you cannot smell it for v breath

If less than qvj is Eliminated for v kidneys in 24 hrs.

NH_3 is also good in similar cases Stimulants sd be given at short intervals Give stim. Every 2 or 3 hrs. or every 15-20 min. in extreme cases.

Coma. Is due to retention of urine. & q we have head sympts test for Alb. Apply cold to shaven scalp. (one spts of urine to 2 Aq). This is all that is needed in mild cases. (stupor) Low delerium is an indication for stimulants. Furious delerium pupil contr. conjunctiva injected skin hot p full. apply a few leeches to back of ear. or cup or blister nape. If coma threaten cold to head & blister scalp.

Death by Apnoea. Rule Pulmonary complications in fever are 2ndry hence treat v fever. In Bronchitis blister & NH_3 CO_2 Squills or Ipecac or senega Spts Terebinth m xx 2-3 q.h. in milk & Aq or milk.

Treatmt. of Typhoid. Here we always have a lesion in v in tests Emetic at outset always beneficial.

If vomiting

℞.

Bismuth gr v-x.
Aq m iij-v
Tr Opii m v-xij

in 3 hrs.

T. Craig

Purgatives sd be usu avoided at outset or Castor Oil. Rheum & Chalk powder: Harley Ag c̄ Creta gr iij. Injection of soapy Aq (best)

Astringents compd Chalk powder & Op. 2 or 3 times a day. Acet of Pb & Op. in pil: AgoNO5 gr. ¼-½. c̄ Soap. in pil every 3-4 hrs. Clarks mixture

When diarrhoea is severe B. Pil. gr j. every 2nd hr. Harly likes Gray powder.

For hemorrhage fr bowels if free check c̄ Gallic. Pb & Op. all in large doses. Ice over belly. rest.

Hygienic Treatmt. Pat sd occupy a well ventilated room. If weather be warm windows may be partly open. Disinfect stools. Remove hair fr head & sponge body every day. Temp. sd be 60°. Diet give food in liquid form. Beef tea & animal broths next Milk. if not well digested mix c̄ Aq. calcis. Dilute spts in small quantities. As soon as convalescence is established. Eggs sweet bread. Chickens chops.

Meturism or gass in bowls. apply Turpentine Stupes. may keep cold compresses on belly

Give a large dose of Quinine in the eve. give 7½ grains every 10 minutes till from 30 to 45 grs. has been taken. If it cannot be taken by mouth give it per rectum or another is fr 10 to 12 grs of digitalis in the morning 1. the Quin. Veratra 1/12 gr. has been used where the two former has failed.

T. Craig

T.

Malarious or Periodic Fevers

Ague & remittent. & Yellow fever by some is included in miasmatic fevers.

Ague

= Intermittent Fever. 2 Kinds Mild & congestive form.

Ague characterized by periods of pyrexia & apyrexia, Quotidian. Tertian. Quartan. Each paroxysm consists of 3 stages. Cold hot. & sweating & then the period of intermition. In ✓ cold stage pat has a chill or rigor. surface pale. cutis anserina. Altho' pat feels cold ✓ thermometer placed in axilla will rise higher than natural but Extremities are cold p small slow or freq. respiration often irregular Embarassed. tongue moist pat thirsty; vomiting; urine copious. increase of urea N.S. disturbed. pain in limbs confusion of mind coma Duration of fit usu 1 hr. may be fr a few minutes to hrs. Hot stage gradually comes on soon surface burns. face flushed 105°-106°. p freq usu full. tongue fur red. more thirst respiration more

If Tem. fall if delirium subside.

Death at brain. The preternatural Tem. is the cause of delirium.

2 foss
1 ordinary
2 Milignent

To prevent bed sores strict cleanliness must be observed. wash c port wine or alcohol & Zn. ointment. skin Grows ~~color~~ cooler

The tendency to death is fr. the Lungs

give stimulents freely.

ugular. secretions scanty- urine scanty- Delerium is present- In the convulsions Duration 2-18 hrs. This stage passes gradually into sweating stage. Temp. gradually falls urine more scanty- Dothienenteritis

Paroxysm usu 10-12 hrs. in Quotidian form. In Tertian 8 to 10 hrs & shorter still shorter in Quartan 1 to 8. The cold stage or sweating stage may be absent. After fit. we have intermissions = period of Apyrexia. pat pale weak & languid pain in back. x is has slight fever. so that there is not a complete intermission

x pain in the back furred tongue, This fever may get better count as M. D.

Duration Mild cases terminate after 5 or 6 paroxysms is may continue 6-8 mos. The Temp. is a rapid ascent it remains up for awhile & then a rapid decent.

Pernicious or Congestive form. Often fatal in a single paroxysm 1st Paroxysm may be malignant & prove fatal. or it may be preceded by one or more mild paroxysms or may have mild paroxysm with cold or only imperfect hot stage. Symptoms are Apoplectic is Epileptic

Sunset.

In Algide form. There is icy coldness In this form v rotation of stages are not very regular. The poison seems to destroy v blood globules During cold stage spleen is apt to be

be enlarged ss becomes permanently enlarged. ss liver is affected enlarged or indurated. ss its col is changed to slate-col due to rapid destruction of blood globules. Fat also accumulates in hepatic lobules. Dropsy ss caused due to impoverished state of blood. or dis of liver or kid.

Treatmt. Desirable to cut short ague at outset To do so. give an Emetic of ℥ n O. Sb℥ or Specac. Again a good dose of Op at outset or brandy punch. A long mustard plaster down spine has cut short a fit. Suppose we have failed to cut short a fit then treat each stage. Little is required in cold stage. Chlorof. 13 in mucilage ss shortens fit. * may be repeated in an hour. Hot drinks hot tea coffee. heat round body A good dose of Sr Op. 30 to 40 drops will shorten cold stage. In hot stage lighten clothes Sponge body c̄ tepid or cold Ag In sweating stage little treatmt is needed. light

In apyrexia we employ remedies to cure dis. Commence c̄ a purgative. Pil Cath Co. B. Pil. followed ℥ sedlitz. Give Q. in intervals. gr xy – xxiv so be given in

* Quinine 1 gr. every hr. but give a 10 or 20 gr. dose

interval, s give gr j every hour. Others give large doses. beginning c̄ gr x–xij & repeat in 6 hrs. If Q is not retained by stom give per rectum. If any infly sympts exist reduce them before giving Q. but if of a low type give Q cout-waiting. There have been several remedies recommended but all are inferior to Q. After curing paroxysm continue Q in large doses for s 2–3 days. Change of air. Send away fr malarious district

Uckalyptus globules have been recently used after Q. has failed, it lowers Tem. of the body. it lessens the size of spleen. dose 7 or 8 3 per die. Biberine. Piperine & Salicine. have been used & are the best Alkaloid

Treatmt of Pernicious. Prevent second fit. & carry thro' v 1st.

To carry thro'. Chloroform alcoh stimulants freely. If restless Op. & Pot. Bromid If urine be suppressed employ diuretics & bath. If cold stage supervene Q revulsives sinapisms to thighs &c.

Q must be given to ward off next fit. give grs xx as soon as cold stage is over & may repeat in 5 hrs. & keep up these large doses for s days After v att. Fe & Q. Ferri et Quinia Citras – For enlargmt of splen Q. & Pot Bromid & Externally Ung. Hydr. Biniod.

Alcohol all consumed in a day is thrown off in some day the amt from mouth & urine is but small amt

Use of alcohol common whiskey is as good as wine good in the early stages wine in the later stages the aldese part or cherry from the large amt of aether 6-12 3 wine 18-20 of clard in the amt in

Effervescing wines as Champagne good in bad degenerate nervous depression & high fever of the prostate is marked Chelden may take large quantity alcohol good if pulse become more tranquil delirium subsides & not fume on breath

Test

1st Bichromat of Kc 300 of H_2SO_4 in urine gives 4 green colon

Ammonia good as does not act on brain also chol aether small doses at short intervals

digitalis is a cardiac tonic
makes contraction of
ventricles more complete
3 SS every 3-4 hours
Also quinine good as an
anti.
Death from brain as Dl
shave hair (HO & vinegar
good lotion (in Delirium)
Calls for beef tea eggs dry cup
behind the ears, leaches But
moistment & stimulants good
(cold effusion as a quid or
2 poured over head) —
blister behind the ear
(examine urine Alb,
promote elimination
from kidneys, give
HO carbonate of K
spirits of Niter,
In some cases require
sleep as 20 g of Chloral
(B.K. 40 gr)
Open if no hardness of
pulse Delirium, urine
not scanty & serious
complications
Favor tendency for
apnea - or disease
the bubbling rales or not
symptom of Pneumonia
guided by pulse & temperature

turpentine in 10-20 m doses is good
in fever sinapism hot stupes &c
for pulmonary complication
(for) Diarrhea 15 m opii c sulphuric
acid 2 g of acetat of pb c 2 g opii
comp kino powder also good
when typhoid fever set in c gastric
comp = gastric fever
m Hc good to allay v
To relieve abd extention inject
3i turpentine per rectum or 20 m
dose by mouth - bleeding from
stomach gallic acid 20 gr c
20 m to iron even 2 hours
cold - belly & rectum of bloody
stool
If convalescence linger long
examine lungs chain of air
sea cast - appetite (poor tonics
gentian &c) For bed sores
change pt on pillows - wash
c gulards sol hot & red wash
c lead of slough carbolic acid

Belapsing fever or Famine fever

Continued Fever

Cerebro Spinal Fever

temp 105° no remission
p = 120 tongue red & dry
retraction of abdomen from
spasms (urine cont alb.
If case about fatally may
do so suddenly, If pass
12-14 day numerous complications
insue pt. colapses lip blue
pulse shaky eye sunk
resemble cholera, shivering at
intervals, drowsyness,
purpuric spots on face &
surface of body in
streak. Become gangrous
i.e. resemble small pox,
the rash occ on first or
second day, resp. slow
pulse
urine alb, no reaction
because pt. des
3° form of sp fever
is a blending of the other
2 not more fatal than
the milder form
There is no irrigation
in cerebro spinal fever
if they occur at all will

Complication inflammation of parotic gland infl. of ear, iris, cornea & eye ball — infl of joints resembling Rheumatism sometimes ends in suppuration bed sores generally as a malarious fever as agave, measles Hooping cough the inflam of meninges of brain & substance of Br, sp. chord, pus infiltrating the pimater, pt may die out this last lesion — as especially if case runs a rapid course — Spleen longer than normal —

Causes most from 30-50 deseas of tempered zone, the season has a strong influence — it most in cold as winter (c rech as c poor in dry & damp all a like

Insanitary strongly predisposes to the deseas (most in low land — fatigue cold, not contagious but is communicable in some cases some say damaged wheat as ergot Rye

Treatment — the same treatment as typhoid & typhus fever but we have a special lesion of brain to most alay infl of Br, cup or leaches to back of neck applied early gave good results — cupping the nape of neck The Germans use Calomel English & American does not lean but — I would like it to be given to me

Calomel gr̄ every 4 hours
whilst given calom gr̄ Quinine
gr̄ every 2 hours or 4 gr̄ every 4 hours
is good in Malaria Distrips
Dr B. Sanderson say it is a Malaria
disease large dose as antiperiodic or
10 or 20 gr̄ doses of Quinine
Some think much of opii early
as gt̄ does especially much restless
palm spasms but opii is not
good generally good in inflam of
brain It would give Chloral
30 gr̄ dose or Br of K & I of K
ergot of Bye causes contraction of
cap in cut of flow of blood
for brain — also (Calabar bean)
blisters behind ear 1 bleeding
ice in bags if colaps heat & stimulate
as wine & brandy

Malarious Fever as remittent &
intermittent

The malaria is more at night ;
not good to be out at night, or
in the morning it is then rosen
fr ground big decomp in the 1st
essential to produce it — big soil
being opened up gives bent to
large amt of malaria as digging
graves tailing soil &c the over
flowing of land trees, plants, perish
decomposition is set up ;

the mouths of rivers more apt to have mal, (or marsh miasm)
But sandy plains, who is a subsoil ever granite split heavy rag in crevices as rocks of Babcotter (or streams of H2O passing a house coming for a mal destrie. Heavy rains purify air wind convey mal.
(trees protect also net over doors or windows will prevent miasm some. Wilds fires to prevent miasm as it causes moisture & current of air perception is increase by fatigue
Lent sudent chan of temp
Strangers in a ~~new~~ new country more apt — young children not so apt.

Q. has no effect on the recurrence of remittent fever.

Common Continued fever

the most of these are Tyfoid fever in an erregular form.

Cerebro Spinal fever

effects the back and neck
÷ into 3 forms. simpal. Fulmanent & Mixed. sets in by early delirum & sets in suddent. c rigor. pain in head. & vometing. but now the mind is clear the Tem. & pulse moderate at 1st 1. 3rd or 4th day Tem. 103° or 104°.
Bowels generally constipated.

Fulminent the patient is ÷ powered at once c the poison. vomix of a coffe grown collour. soon pulse is extinct. loss of mind. death fr. 6 hrs. to as many days. 3rd form is a mixture of the mixture of the two former.
It may assume an intermittent type. ss the pateka is seen. or minute vesicles is seen
T. craig. Duration fr. 12 to 72 hrs but may kill in 4 or 5 hrs. or may last 7 or 8 days.
mortality fr. 20 to 80 per ct.
There is a special leasion

Oct. 15th 1875

It is a disputed point whether it is contagious or not. It has been allegied that it has been caused by ergoted wheat. as smut wheat.

Treatment. is ÷ dispute.
The general rules for all fevers apply to this. & use cold to back of head & back. or cold & keep it up till it is cured. blister temples scelp & nape of neck. also bd. letting.
In sthenic cases bding will relieve the pain. The Germans think high of Calomile. but is not used here use it every 4 hrs. use cold, bding 5 grs. dose of Quinine as well at the begining of disease. If the fever is very high give very large dose of Q. some give 1 gr. of Opi at or ∴ the restlessness subsides best to begin c chloral or Br.K. or IKO. Calabar been remains to be established ∴ it can be established. Blisters are used ∴ leaches are used behind the ears. Maintain his strength. & apply the O heat. to body but always use cold to head

Malarian fever
Malaria is a fungus of rotten vegetable matter But ~~of~~ different views are intertained. The poison may long remain latent in the body

until some exciting cause comes along.
Cold prevents the spreads of malaria.
heat + moisture & decomposed vegetable
matter is essential for the manufacture
of this disease. Stiff Clay & rich
alluvial soil helps this disease.
During the cooling of the night poison is
most absorbed as it dissends to the
earth. fresh water marshes are worse
than salt water marsh.
Overflowing rivers are bad for
this disease owing to the deposit of
v. vegetable matter.
Disintegrated rock & granet has been
known to evolve malaria.
Malaria has been known to occur
de novo a Volcano. Winds may
convey malaria for 5 or 6 miles
but belts of trees will ward off the
poison. in such a district the
water should be boiled & windows
they protect the house by blinding
the house & blinds or build a good
fire in chimney &c.

What render persons subject
fasting intemperance exposure
to sun &c. + readent arival
in the district. The old & young
are not often attact.

Remittant Fevers. or Bilious Fever.
It presents just the same types as Ague
At the outset the paroxysms take place
at any time of day but towards the
last the feve is higher in mormy
& lower in evenny. It may begin like
Ague you never scarcely get 2 cases
to act the same all through.
There is marked prostration. the remititian
are not always the same. The second
paroxysm is more severe than the first
&c. When the fever is compleet. the
diges, functions are more or less effected
nausea & vometing at first but ~~#~~ a time
it is gtory. At 3 or 4 day pain at the
epigastrium on pressure, urine
scanty & high coloured. p. rapid,
jaundice seldom compleet. It may
end in 2 or 3 weeks. it generally ends in
Ague. Modifications of this fever are No.
It is ~~ss~~ of a pernicious type where
the patient is cut down at once. It is
in this fever that we meet all the changes
that are met c in other malarial fevers.
Treatment, very much the same as
Ague Give Q, at once, Tepid & cold sponge
ing. ice to head. & add a cathartic, while
we use ice. If vometing use synapisms.
When it passes into other fevers treat
the fever it represents.

Pernitious Fever. The early symptoms sets in as Remittant or Intermittant Fevers. Or it may set in Pernitious fr. the start. It may set in a delirium or convulsions. The is suppressed & bdy. In 3 or 4 hrs the paroxysm is — If the 1st paroxysm is severe the 2nd & will prove fatal they seldom outlive the 3rd paroxy. In the winter the pulmonary system is effected, in summer the digestive system &c. For delirium or Convulsions we use Opi. Chloral, Brk, &c. a warm bath. If coma threatens use cold bath, bdletting is not well born. To prevent a second paroxysm give a 2 gr. dose of Q & if not returned give Hypoderm

Scrofula.

when lym. glands are irritated may induce an acute or chronic enlargement, & may lead to ulceration & are hard to heal & leave bad scar. The cells are of a dark red colour in the gland this colour is changed to dark white or greyish colour, may break down & still gland heal up. The gland may undergo Cheesy degeneration, it then look like yellow cheese. It becomes very heard. A second changed is softening to a thin fluid. Of a curbid fluid. destruct. inflam. may set in & have a Scrofulous abscess.

Symptoms, thickness of lips ears, alae nasi high cheek bones, edges of eyelids.
joints large, bones heavy, muscles flabby.
development of a lower type, arrested in the young, mind torpid, Chronic catarrh affec. of all M. M. obstinate disease of skin. caries of bones, It is not settled whether glands take on scrof. infl. cont & previous irritations.
When glands are affected by scrof, they are size of a peas to hens egg, they have no pain or fever, But when infl. sets in them then both pain & heat is experienced. The scrofulous may be slow enlarged glands may remain dormant for months or years & then break out, Scrofula may affect the eyes thickening the edges of lids & great running fr. eyes & may be ears, M. M. are often effected, Chronic ogena discharge fr. nose, In child. intestinal catorrhal may set in In the worst cases it extends to all the joints Progress is protracted & rebellious, recovery is the rule unless an import joint is effec. as spine, hip joint, &c. It is often indirectly fatal. It is one of the causes of tubercle, Buell taught this, Freedlander say that tubercle is seen before scrofula, Tubercle has been found in cases of bones, ulcer of uteri, Bubo.
Causes. Is often hereditory child of an old father & mother or weak parents, close relationship in marriage will or may beget scrof. children

Bad food & bad ventilation want of free exercise, many hold that these causes will not generate the disease unless ~~the~~ it is hereditary, more often = 2 & puberty Diagnosis cancer if glands are very firm immovable painfull & of a rapid growth opposite to thes is to Scrofulas, Hodskins disease the glands grow larger is movable and do not change are movable & do not separate not painfull

Treatment. Preventative is better than cure. If the child inherit it should guard against it. plenty of fresh air & sun light if in a city send to the country or seaside Protect them from weather c clothing. They suffer for indigestion. 1st give a little Rheub & soda. 1 the bowels become healthy the vegetable bitters. if milk is vomited in curds give Aqua Calsis, if curdy milk is passed by bowels give Magnesia. or give Chemical food wh is very good. Give the hypophosphates, & lately they give the pure phosphates, Pepsene is also very good. Externally cold bath & c salt in the water. When the glands becomes very large do not paint = the glands but paint around in a circle or inject I into them will be very good.

Asthma

There is generally a predisposition. when it is due to diathesis it sets in about adult life, measels Bronchitis Crup. may bring on a fit of asthma in children. other causes than those on bronchi will bring it on as excesses in life will induce. When it occurs in young chdren it is hereditary.

Asthma may be produced by spasm of the diaphragm. This disease is seldom fateal of itself the younger the patient the better the cure. May keep off a fit by everting his attention, If it be fr. cold put feet in warm water & hot drink. If fr. stomach give emetic or Verge. If fr. Gout give Colchicum. Stramonium is very good in Asthma, the best preparation is datura tatura. very often Morphia hypoder. is very good atrophia also used, Indian hemp. Chloroform relieves the spasm promply but on for a short time. Chloral 15 or 20 grs. has been found very useful. Depresents as tobacco wh. is the best, An emetic of Ipicac- &c. Stimulents, they rather controal the involantary muscles, Strong coffe hot cout suger Hot strong today almost to intoxcation very good, Nitre paper burnt in room or smoked in a pipe if it do not succeed soon stop it

dashing cold water in face or plunging feet in cold water, After fit the best is change of air generally the smoky air of city ~~agrees~~ best. attend to diet food plainest in a moderation. should go to bed hungry Gout, Skin diseases, &c should be treated. Arsenic is very good in cutaneous disease & asthma. The salts of silver, Zinc, are good to tone the system. Nervine tonics as the oxide of silver. Ze et Zn very useful. 8 to 10 grs may stave off asthma as it will Ague.

Rheumatism Acute

1st ℞ Potas Bicarb ℥ss

Aqua add ℥vi

Tablespoonful three times a day

2d

Cough Mixture

℞ Pot. Nitras ℥ii
Syr. Scillæ ℥ii
Chlorodyne ℥ii
Aquæ add ℥viii

Dose a teaspoonful when coughing most, or every 3 or 4 hours

3d

Epilepsy

℞ Am Bromide ℥ii
Pot " ℥ss
Tr. Columbo ℥ii
Aqua add ℥vi

Dose a dessertspoonful morning & evening

4 ℞

Icterus or Jaundice

Fl. Extract Jasar 3ii.
Soda carb 3i.
Aqua add 3vi

Dose Dessertspoonful three a day

5 ℞

Pneumonia 1st Stage

Liq. Amm. Acet 3ii
Vin Ipecac 3ii
Tr aconite Flem 3i
Aquae add 3vi.

Dose a dessertspoonful every 4 hours in a little water

6 ℞

Fever Initial

Flemings Tr. Aconite 3i.
Polan Antimo Jast gr. vi
Syr. Aurantii 3i.
Aqua add 3vi

Dose Dessertspoonful every hour until fever subsides

℞ Hemoptysis

Acid Sulp co	3ī
Tr Digitalis	3iv.
Fl Ext Ergot	3ī.
Acid Gallic	3iss
Syp. lemons	3ī
Aqua. add	3viii

Dose Dessertspoonful every 2 hours for three days. then every 4 hours

℞ Stomach & Liver Remedy

Ext. Taraxac.	3ī
Ammo Mur.	3ii
Acid Hydrch dil.	3iii
Tr Gent-co	3viii
Aqua add	3xx

Dose A tablespoonful three time a day in a wine glassful of water before each meal

9th Pneumonia last stage

Ammonia carb	3ss
Spts. Amm Ar.	3ii
Fl Ext. Senega	3ss
Aqua add	3viii

Dose dessertspoonful every 4 hours

10th Dyspepsia

Acid Mur Dil	3iv
Tr Calumb	3ss
Syr simp	3ss
Aqua add	3vi

Dose dessertspoonful three time a day

11th Tonic

Tr Iron	3ss
" Nux Vomica	3ss
Syr simp	3ss
Aqua add	3vi

Dose a teaspoonful before each meal in a little water

12th

Dyspepsia

Vin Pepsini	℥ VI
Acid Hyd dil.	℥ II

Dose a dessertspoonful in a wine Glass of Water before each meal

13th ℞

Pneumonia

℞ Acetate	℥ I.S
Vin Ipecac	℥ I.S
Pot. Nitras	℥ I
Aqua add	℥ VIII

Dose a dessertspoonful every 3 hours in a little water

14 ℞

Diphtheria

Pot. Chlor	℥ ss
℞ Iron	℥ I
Aqua add	℥ VI

Dose a teaspoonful every 2 or 4 hours in a little water

15th Pills for Constipation

Ext	Mux Vomicae	ʒ ss
"	Taraxacum	ʒ iiis
"	Gentian	ʒ iiis or sufficient

Mix and make a mass and devide in to 24 pills
Dose one or two according to their action each night

Chlorodyne

Chloroform	℥ ii
Ether	℥ ss
Alcohol	℥ ii
Treacle	℥ ii
Et Licorice	℥ i
Morphea	gr iiii
Oil pepper	" viii
Syrup	℥ viii
Acid Hydrocy dilute	ʒ i

Dose 5 to 15 m Drop

To cares unknown with lightsome heart
We've spent life's sunny morne
But youthful days, joys hopes & dreams
Shall never more return

In lifes noon day those sportive hours
We fondly now recall
And sigh to view youth's bygone seins
In memory's fairy hall

Perplexed with doubtful hops and fears
While time goes fleeting by
We watched the changing checkerd seins
Which in the future lies

But why then should, grief for former joys
Or fear for coming ill
While marching to far happier seins
Of joy on yonder hill

Our worldly hopes, oft end in pain
And fears, oft end in mirth
True peace of mind, and perfect bless
Are strangers on this earth

So let us then (with, or in) steadfast faith
Above earths troubles rise
And Christ shall safely guide us home
To bless beyond the skies

Prayer

Lord our god, and heavenly Father
infinit in holiness, justice, goodness & truth,
Who art to be feared in the assemble of
the saints and had in reverance of all
them that are about thee
When withall shall we sinners by nature
and by evil works come before thee
Such is the vagrancy of our thoughts.
the earthiness of our affections and the
hardness of our harts. that we are
unable in ourselves to worship thee in
beauty of holiness I do though who keepest
covenant. and promises for those that love
thee who is the life of all. the hope of
all who cry unto thee, Draw in our
thoughts from the Mountains of vanity
Cleanse us from our sins secret and
openly, and every thought displeasing
~~to thee~~ to thee, and tuch our hearts as with
a live coal from of thine alter. look up on
us in the face of thine anointed.
That with a peaceful soul. quiet mind
perfect love, and calm hope, we may
come and pray unto to thee
Enlighten our darkened understanding
that we may have such conception of
thy holiness. as will fill us with a
sense of our sinfulness & unworthiness
of thy Omnipotence as will fill us
with sacred awe. Of thy omniscience as
will keep us back from sins of persumption

and hipocracy & of thy omnipresence
as will lead us to worship the as a God
at hand. not a far off. And of thy
loving kindness. & tender mercies to wards us
in the X. Jesus as will lead us to call up on
our souls & all that is within us to bless
and magnify thy holy name. Bless the
the Lord. Oh our souls & forget not all
his benefits, who redeemed our lives from
sin and destruction. & crowned us with
loving kindess & tender mercies — Early Lord
were we cast on thy care; and though
hast not ceased to care for us
Thou hast clothed us from thy ward robes
fed us up on thy bounty Preserved us
in being by thy Almighty power
And made rich and ample provision
for all our special wants in the X of
Jesus — while thou might have cut us down
as cumbers of the ground
for thou sovering judge of right & wrong
we must confess, that we have sined
against the clearest legh. & the greatest
love — done time and a gain the things
we ought not to have done & left undone
the things we ought to have performed
3 Pardon we emplore thee our sins of omission
and commissing. And in the time to come
Keep us from sining against thee, the
founting of all our blessings the
source of all our comforts. And
the God and father of our Lord
Jesus Christ

For our Redeemers sake, begin the
work of grace where it is not yet
begun & carry it on with power
where it is — raise up what is low
and debased within us and strengthen within
us that which is weak. and give us strength
to love thee, with all our heart and
strength and keep thine commandments
which though last founded in a regard
for our own welfare and happiness
as well as for thy glory
when we read in thy word take of
the things of Christ and show them
unto us and so guide us by the
right hand in thy all truth
And preserve us from all error that
we may learn that wisdom from
a love that maketh wise unto Salvation
We ask a blessing on this meeting
may we enjoy that peace that
is due to thine own

Montreal
Pom

Point St. Charles
Montreal

This certifies that the family of Mr. William Davis is quite free from any contagious disease, and can be admitted safely to School

Montreal

Mr Seringer Sir This is to certify that I am presently acquainted with Mr John Henderson, and can with pleasure knowing him for a number of years recommend him as a strictly temperate, Honest trustworthy man, and any charge entrusted to his care, will be faithfully performed. and that in most satisfactorily manner, I may further state that he is out off Mary, who is competent to fully comply with the position in question In reference to Mrs J Henderson, in addition to what I have just stated, she is one of the rare and Master Cooks, and competent to take charge of her part

Trusting that you will favourably consider them

Your truly Dr J Anderson
Paul St Charles Mont Graduate of McGill

Wm Kirley & Brother

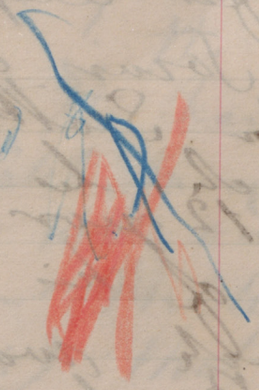
Duluth Feb 13th/95.

I received your letter dated Feb 5th was much pleased to hear from you and that times were improving and that things were brighter for business this spring. I can tell you that business is financially very quiet here. You refaired to my friends in Scotland they are friends on my fathers side & are not, nor do not claim to be in any way connected in the case. and as for trusting them I have every confidence in them. they proved to be such friends while I was in Scotland. They do business quite different from the stile of doing business in America they do business on a cash principal. and as I have been told not to trust any man who at least any Attorney who did not work on that Principal. I saw this in my Atturney. when they learned that I had the money at my command they seemed to me as if to doubt if I could get the required amt to meet their expence. I noticed this in my attorney in Edinburgh. he was to envestigate the bank business, with regard to the money deposited there by Alex Robertson but when the told him how I

was financially, that put a different turn in the matter, & therefore never enquire in to the bank business, It was then that he told me, that it was too bad, and stated that was one of the main points the present Holders have in Holding the Estate (that is) that the rightful heirs have not the money or backing, to prosecute the case you asked for information about the £50, Mr Craigan stated to me that the " " was the Entering of suit against the present Holders and Claimants of the Estates and that it would be nessarily to have about £300 to meet spence as they would arise as I understood this might not be required until the case was clear or about closed. the High Courts come up the last of Jan or July. I think about this same time in London. I think it would be best to take the case to London England. for 2 reasons 1st All friends of the present holders of the Estate are in and a round Edinburgh Scotland 2d the Laws of England, does not lay so much stress on small Law point. when the main points are clear & proven. which is easily done in this case. And as it is a well known fact that the present holders. can not show any Claim much less prove their Claim

Another Room for Supper

Dr Jameson of Tower are
is a boat to leave for Scotland
to close a soot, which has been
working out for the past 12 year and
which he has spent all of his little
fortune the money which was
deposited in the Royal Bank of
Scotland over 150 year ago Now
sums up to over $60 000 000 and
the Estate is part of Edinburgh
which is almost impossible
to estimate its value it is amended



Boarding
With Wm
Commenced Nov. 3d 1880

Nov 3d

Mr Chairman I think, or it seems to me that you have asked me through parchality rather than any merit due me as a speaker, for I can assure you that this is the first time that I have slepped on a platform, to address any adience, I mean a respectful gatheren, such as this one Neather will I attempt to say any thing worthy of the name. (address) But taking you to be a generous people, and reminding you of an old axium, (that says) He who does the best he can, does well, and known that if you take my will for the deed that is my words or sentences a a mear index, or tokes for my witteness to do so, Ladies, donors, of this intertainment, I thank you not simply by words but with a feeling which I am not able to express, or make known for the the want of language to make clear, my latent and confined thoughts

even my attempt to do so, might only mar, or leave a blank,
For when I compare my self with many of you present here to nigh who are much abler, and that it is an interlamment worthy of mark that thank, some may think, if not say, that we, the recepients, have paid for all given, and for what we received
- Now I trust that there are not one present here to night that will think, that the small might: a (nickel) which is received at the dore, is sufficient for this bountiful fiest.
It is well known to us all, that Glengrey is noted for a people whoes liberality and unmached. and especially that corner (the branch being a fertile soil, and yealds abundently of all good things. I mean also a people not only living on the fat things themselves, but generous, willing, to devide with their nerbours without price, long may they be so blessed to have and to spare
And good nerbours to share with, and receive the same with thank
Ladies I thank you.

Index.

	Page
Anaemia	10
Acute Gastric	63
" Gastric Catarrh	"
Atonic Dyspepsia	86
Amyloid Degen. of Liver	327
Acute yellow disease of Liver	329
Ague	360
Apoplexy	269
	131
Bright Disease	177
Bronchitis	187
Classification of Diseases	1
Chronic Gastritis	67
Cancer of Stomach	78
Croup	157
Cirrhosis of Liver	324
Chorea	285
Degenerative diseases	63
Diseases of Intestines	93
Disease of Stomach	63
Dysentery	116
Diarrhoea	123
Disease of Nervous System	244
" of Lungs	157
" of Spinal Cord	279
Delerium Tremens	304
Disease of Walls of Heart	317
Disease of Liver	323
Diphtheria	334

Emphysema 204
Epilepsy 289
Endo Carditis 317

Jonchonal disease of Stomach 86
Fatty degeneration of Heart 321
Fevers 338

General Pathology 1 - 334
General diseases 9
Gout Podagra 30
Gastralgia 92
General diseases 334

Heart Diseases 306
Hydrocia 296

Ilens and Valvules 107
Inflam: of Brain 244
Jaundice Icterus 331

Laryngitis 167
Leucocythemia 17
Local Diseases 63

Mucous Intents 93
Malignant Disease of Kidney 156
Myelitis 281
Malignant disease of Liver 328
" " Kidney 156
Morbilli 343

Malarial or Remitte (Diseases) Fevers	360
Nephritis & Pyelitis	148
Neuralgia	301
Neurosis	285
Osteo Arthritis	40
Pyelitis	148
Pyrosis	91
Peritonitis	94
Pneumonia	188
Pleurisy	209
Phthisis Pulmonalis	219
Pericarditis	306
Rheumatism	19
Rickets	43
~~50~~	
Syphilis	50
Simple Chronic or Perforating Ulcer of Stomach	72
Spurious Hydrocephalous	260
Spinal Meningitis	279
Scarlet Fever	338
Softening of the Brain	261
Tabes Mesenterica	129
Tubercle of Kidney	155
Tuberculous Meningites	253
Typhoid Fever	350
Typhus Fever	355

Carcinoma of the Stomach	71
Visceral Syphilis	55
Variola	346
Varioloid	350

AB7599

Doses of Med

Doses Vin Ipecac 5m – 40m as Expe. 3 to 4 drac as Emet

" Liq. Ammona acetate ʒii ʒiv

" Tr Aconite 5 – 10 m

In urine a oxalate of lime, it will alway
the acid, high density & oxalic crystals

#874130266

