John G. Schilling

Surgery I 1868

Lecture. Oct 8th 08.

Injuries of the head, & Diseases.

Injuries;

Most of the scalp, must be understood. Skin fine and quite thick and is attached to subcut. tis and is very adherent the subcut. tis connects v os. just underneath the skin when cut they retract and are hard to pick up. often they retract so that you have to enlarge the wd.

the superior layer
or aponeurotic
layer. It is the apon-
eurosis of occipito-
frontalis muscle.
The anterior portion
passes down over
the roof of nose
and block over the
occipital protuberance
the aponeurosis is
separated from the
pericranium by a loose
cellular space.
The space under the
aponeurosis is call-
ed the dangerous
space, because
blood and pus may

accumulate in this space,
And by orbit of root of nose.

Behind by the arch curved line of occipital bone.

Pericranium ~~fas~~ is strongly adherent to the suture lines and is easily separated from bone.

Bone:
Inner and outer layers short

powders. If epithelioma develops it should be taken out.

or ivory bone and middle layer of cancellous bone. Emissary veins pass thru the skull and connect with the sinuses, of the skull and of the vascular spaces of the diploë and the veins of the pericranii

Infection may reach the sinuses and the pat. have all these points must be considered.

Carcinoma

found 43 developed epithelioma.

14 exceeds the average length of the dis, before epithelioma developed

~~tract~~ tract may come in contact with irritation

or supply.

One of the most soothing washes, is NaHCO3

some may have a point of tongue with creosote before they concert.

Gallstones occurs at age 1-2 grs to 2 oz, will often work

Injuries to head

An average contus. gives rise to very little trouble & majority often disappear, but some of them come a heaping up of bone, due to a periostitis. A great many of them are associated with lac.

A contusion may lead to a very severe trouble. If you tread upon them with a nervous head & nervous spirit.

or is not proper but is resistance to spices etc.

Causes

Smoking above everything particularly pipe smoking. Alcohol may enter into it. A great many of these men and chronic alcoholics may use 8 to 10 oz. daily. Syphilis may be a factor.

Duration is very indefinite from a few years to over of 110 cases

Hemorrhoids according to position. We have given them a name, between the aponeurosis & subcutis. As they rarely reach any appreciable size they are subperiosteal.

3 forms 1. Subcutaneous 2. Subaponeurotic & 3. Subpericranial

The subaponeurotic form is dangerous by bleeding, maceration and peeling off upon

atrophied and
on another foot
hypertrophied
tongue enlarged,
fissures, mycoses
oris, Rom Sp. T
recession men
power, yawning
tower, retention
fissures, etc. all
in one spot.
Epithelioma may
result and cancer
may make its appear
this disease lasts for
years from 4 — 15
yrs, and is attended
by an extreme amt.
of discomfort.

emosis from
adjacent parts,
~~the~~ is then reason
can be felt to fluc-
tuate and give
rise to
If there be accu-
mulate and sup-
purate. Maybe
due to opening with
an aspirating
needle. Some
of these (a majority)
will disappear with
-out resorting
to open incision

the subperiosteal

When the tongue is
~~thrown~~ out you
will find distinct
red patches scat-
tered over it.
Just advance
the papillae will
be seen to grow
gradually smaller
and smaller
then the smooth
patches of deep
red where the
papillae have
been so brushed
off. On one part
of the tongue the
papillae are ~~very~~ ~~smooth~~

forms,
2 forms,
1. In Infants
2. In Adults,

1 subperiosteal
forms in children
adults

The collection
may spread from
suture to suture
occurs more frequently
over 1 parietal bone,
swelling may
occur on 1 side of
head, on one
parietal bone you
see a distinct elevation

so called delthyoïs
lingual.
Numerous patches are present
in me, called
leukoplakia.
What means, the
tongue?
In early stages
there is an intense
inflam. and the
papillae are tre-
mendously en-
larged, the mu.
is red in patches
not confined to
tongue but me.
found on cheeks
& gums.

with a cup like
depression in it.
The lower portion
of the crater is not
below the level of
r cranial bone.
the heaped up bld.
irritates r periosteum and
causes bone to be
heaped up around
r sides. It may be
mistaken for a fract.
most of these cases
in newly born children
will disappear.
r indications for
disappearing are
same as for abdl. ts.
you aspirate. you
should aspirate for

Do there are no
~~tumor~~,
~~tent~~
Discussion
(Jun). You very
nicely find the
ch. in tongue,
You may have a ch.
superficial glossitis,
this is very ~~very~~
important. It is dis.
enough to call out at-
tention to it. When
the tongue is dried it
is apt to be affected with
white patches,
it is called Psoriasis
Linguae
It resembles
the scales of apiet

[illegible]

[illegible]

[illegible] times and
use a Capoline
bandage. If it
still returns you
may open it up
& remove
the only thing
~~in~~ an adenoma
could be mistaken
for would be ~~a~~
a sarcoma with
hemorrhage.
Wounds of the
scalp. are very
common and often
imp.
Dia. 3 classes.
1. Skin.
2. Aponeurosis.
3. Pericranium

to go too deep than
not deep enough.
you should make a
careful history,
then an antiseptic wash.
If the condition
persists, thinking
you may get
a ch. abs. of tongue
or there is
a history of foreign
bone being imbedded
then use pain
me. fever or st.
no fever. there was
no swelling in
throat — some
cases it may be
behind.

the variety is
probably most
common. They are caused
by bricks, kicks & blows. They go down
to opponent's bone but
do not open up the
dangerous area of the
scalp.
The edges are seriously
contused, & the
edges are thickened
& if they run
a straight line
a perfectly straight
one may show
evidences of a promise
They may bleed
profusely
Treat:

Forceps are usually given, you may polpoto & tongue & secure the body so. You then incise when pus is present, you measure twitching. You usp. adhesive plaster around & knife to prevent entering r.m.m. You extend make a deep incision. Upon both sides, you must incise both sides. You must go deep enough into letter

If small we must
bury simply
you have the
skin from around
opening, and
thoroly cleanse &
wash then all you
need to apply is an
antiseptic gauze and
let it stay for 3 or
4 days. and then
you may remove
sutures.
there is rarely any
sloughing owing to
vitality of scalp.
use scissors.
If it gapes again
may use stitches
but not too many

Home. impaired

Wednesday Dr
month & which is
profuse salivation
& large abscess
form. Twenty
lesions, the tongue
my home very
large & powerful
spasms & muscle,
twitchings me,
thought to be nec
essary in some
cases. Glossitis
from pressure
mechanical has
a foreign bodies
should be taken
away Dr G.

magnize silver
wire or horsehair
the must be stopped
at. the pod will stop
it. you pass a needle
under the vessel and
pass a ligature around
it.
Avoid if the aponeurosis
must be cleaned very
carefully. you should drain
if there is much
dirt. If the aponeurosis
is split parallel to
the fibers you need
not sutures,
If cut transversely
you must suture.
Before pulling tube
the aponeurosis you

The mouth not
large enough to
hold tongue.
Velopedic
A piece of tongue
is cut out and
the rest is sutured
together with catgut.
Glossitis.
The tongue is one
of most sensitive organs
in whole body and is
covered by a very sensitive
mucous m. The palate
is also very sensitive.
After colonel etc.
Tongue magnified.
The tongue is inflamed
from fever by
first tones of the
tongue inflamed.

remember & dirt
out, may use
turpentine to remove
grease.
You may put a
drainage tube posterior
ly. Upon the treat
ment of wd. you use
iodine cat gut
in V hypomenosis.
~~then~~ you do not
use continuous
stitches. You then
suture up V deep
the temp. must be
taken. The wds do
very well in most
cases. but if there
is much accumulation

free ish. you take two fingers and place them so they straddle the frenum, and the end with blunt pointed scissors, directed downwards, while the baby is being held.

Macroglossia.

Is usually congenital and is an enlarged tongue. It may be a lymphangioma. Often, in type of case, lymphangiomatous tissue. There are a dribbling and salivation. The tongue may be habitually out of the mouth

Upon removing the ~~[illegible]~~. You ~~[illegible]~~ same v. aponeurosis

Wds of Perios.

When v. perios is wdd it does not necessarily make it any more dangerous. The reason that wds. of the perios are dangerous is because it not only penetrates v. perios, but may extend into v. diploe. Such as a knife wd.. The emissary veins may be a cause of danger.

so long as they
do not go to the point
of tongue.

Surgical Diseases
of the Tongue

Tongue tied.
they can't nurse
because they are
tongue tied the moth-
ers think. the tongue
may not be. the
frenum may not
be too short, It may
not like the mothers
milk because it
may not come
fast enough.
If the tongue is
tied you should

smaller as you go
bigger as larger

where r dislodge
it would. you may
get an osteomyelitis
the smallest rod,
that will penetra-
-te r dislodge me.
more dangerous
than one clean
across scarp.
Stoppage of lie.
don't hunt for the
vessels by endeav-
-ing the rod.
you make me of
subcut. stitch.
you find the
vessel. make a punc-
-ture then r scarp.
and pass r needle
down until scrapes

be raised. With exercise throughout the day and sling me, med. Riding horse back is good You should have a stirrup strap and never ride with a stirrup. You should always have them fit straight & ride astride. Riding sideways may help to cure it but may keep around about. I remove med. deal here & take it on paper.

Exercise is good for

the scalp. Then
bring the edges of
the wound together
and the wound
suture.
Many scalp wds.
are very irregular.
The vitality of the
scalp is very great
Do not put your
sutures in under
great tension
Any pain around
a scalp wd. is a
sign that it needs
redressing.
Free incisions are
necessary in cut-
-ting abscesses.
Make the incision
parallel to the vessel.

you may put a
thing on your head,
fasten it upon
your head.
An inclined plane
made of a couch
and have straps
fixed so the child
can pull it up, pop.
the child may be placed
in a sling to sleep.
It should be placed
in a sling to sleep.
in order to reduce
a curve. It is not
very agreeable for a child
but it is the
best that can be
done, the sear
child sits in should

the children, and

Lecture 2 Oct. 13th 00.

Fract. of the skull

The various fract. of the skull are impt.

1. Greenstick fract. here the skull becomes dented. This occurs in the children more frequently. They are not very formidable and in children you do nothing for them. The cerebral processes throw back again.

You rarely get sympt. of depression. Do nothing

The older surgeons used to describe under the

Vorgans may suffer
there pat. are often
anemic.
Buttresses of bone are
thrown out and this
prevents repositio
possible.
the recuperation
may come if
there a child nurses
babies & playing
v pianos. it should
be stopped and
let it take gymn-
astic exercise &
never take than
to fatigue. the
child should rest
lying down.
Head type & feet down.

head of fractures
contusions of bones,
a blow may be re-
ceived from the
back of a saw, these
contusions without
fract. probably do
not occur.

2. Fissured fract.
this is a linear fract
that passes across
some portion of
skull and are
very common,
a great many of them
are not dangr.
during life,
unless to be risin-
fract there fract.

these conditions are well marked, the shoulder may go out, without there being anyway great curve. the ~~opposite~~ right posture could not be maintained if the compensatory curve did not occur. these compensatory curves always occur. the person may walk on one leg more than on the other. there are innumerable ways of pelvic obliquity. short or long

will escape, notice
there is no undue
mobility nor crepitus

In fract. of vertebral
epiphys. of guilled
fract.
Way vertebral be-
haves when hurt.
If a vertebral receives
a blow from a mal-
let it may not
break, but contents
being soft it
may receive a great
deal of damage,
V'bones of force
breaks contents
go higher when
a cylinder of gelatin

not get much
curve in the vertebral
spinal processes.
The first sym. V.
point may come
in the scapula is
more prominent
on one side and
this is due to the ribs
being turned out
by the vertebrae being
rotated out.
This contour is a
very definite thing
in the majority of
cases. There is a depres-
-ion of one side of
the breast & prominence
over the other side.

is struck
If the cylinder of bone
breaks in one point,
suppose the blow
was received at
one end ⟵
has moved a foot,
go. the foot will
start where it
is hit. This is Arms
Law.
Whenever a
shell is struck a
a fissured foot,
results a foot
starts at the point
struck and
traverse a shell
when a ~~bullet~~ water is
struck the foot

Zygothorax & empy-
ema may cause
in the spine is
distinctly curved.
True rotation curves
Rotation of a dorsal
vertebra gives a hump
of a watch. In a
lumbar & cervical
region a compensa-
tion curve is in the
opposite way.
The curve may
not be shown by
a post. All the
deformities are
very well under-
stood.
It is easy to get a
spinal curve and

The strength of

mass to resist,
the fracture always
starts where the
blow was received
you can arbitrarily
divide a shell &
put a buttress that
runs from a root
of a tooth on the
face inwards,
the great wing of
a sphenoid, & of
the great major-
ity of instances a
fracture will respect
a buttresses,
So a fracture will
run across a bone
in different places
in exceptions to trauma

see girls that point to one side when sitting & also when standing. Other curves may occur but they are not like this. Or when you have a abs. of V side.

Lecture, 11-24-08.

Lateral curvature of V spine was being dressed last time.

True lateral curvature is not from dis. Here it is not true lateral curve.

bars are easily
explained
If you hit the ground
on your head the
spinal cord strikes
skull ashland
as the head hits
ground counter stroke
Contre coup. =
the skull may
be fract on the
opposite side.
Most of these counter
stroke fract. are
cupping fract.
Fract. by counter
stroke are unusually
~~co~~ cupping fract.

Lateral curvature or scoliosis.
this is not due to the mode of carrying burdens
acc. to probably ~~[illegible]~~ due to the right muscles.
The dorsal ventilation made in the direction of the bones of a wooden
Primary ~~[illegible]~~ cause not known,
probably due of the light & muscle. It
prly occurs in ~~[illegible]~~ girls posture may influence it. You may

simplest form
of fissure fract,
most of the fract,
of the portion bone
fissured fract,
or hairy that
don't tear any
thing we had
to do,
so the can down
water so long and
never heals. The
cerebro spinal fld,
passes thru this
fract. this is
often spoken of as
attraumatic cephal-
hydrocele,
there are most
very uncom,

the neck usually
giving the pain,
for hundreds of times
mentioned if you
showed notes
then
you the about
the pleurisy if you
could get it.
The fifth lower portion of spine may
ache and affect
the pelvic d's
may be attended
with coccygeal pain
Osteoarthritis.
although the joints
cont. are involved the
ossification does
not always occur.

Brain soon 1

more common
variety and Dr. T.
never saw one
any larger than
a pigeon egg.
The severe cerebellar
localization may
occur.

Tumors proper.
Or bone Or skull
or dura. Tissue
around can come
from a fracture.
Tumors than or
orbital may
arise or cribriform
plate of ethmoid,
antrochoanal.

ight when there
is a mass on
either side,
you opening up
the spongy spots
with gauze. You
don't get the
hectic fever if
operation is successful. The recovery
is slow, but sure
— if you pack from
the bottom with gauze
and bring it up then
to heal from the bottom.

The abscess of the
region of the mastoid
spread along side of
spine. There is

Diag:

There is bleeding from r nose, ophthalmoscope of r membrane is somewhat fd, the lr may be horizontally fascinated, and decidedly comatose. The bleeding from r nose may not be seen because r bed is washbowed then turn on the r part, vomiting very St. you may have a little bleeding into r conjunctiva. A man that has a blood to eye has

keeps on piling
up after you enjoy
it you closed
them & pack will
rodopon gorge,
you ~~in the hy there~~
which is to go down along side the waterline
pronto, you
get away from
as fast as possible!
the lower portion
magnified up
to my middle
prong, to make
sure, the modern
method of, to
stay open while
also, you cut a
parallel to ponto

restless around & comatose.
Bleeding in vertebral magnum from post. Sinus may kill by bleeding in brain itself.

Exact. Would force some pitch give rise to hemiplegia symptoms.
You get bleeding from ear and a discharge. Facial hospital pet, facial paralysis of facial nerve, deafness & temporal loss post. Sp. N paralysis

you may see
children playing
about ~~for~~ with other
children, you
should learn
for who's rights.
If there is ~~no~~ no
movement, and
a unknown
flood is journey
remover people
if there is no
tenderness you
should not open
up the ancient
vertebrae. Unless
you showed top it
this keeps on
zinc size in spite
of your tries. If it

Comes on in 14-21 days and disappears in about 4 wks

after several days it shows that the facial nerve was not completely torn across, but was probably injured by collateral pressure of the parts involved.

May not have marked symp. you may get a hematoma behind mastoid process.

Sepsis very rarely results, if the ear is localized you may get edema, you must be very

body holds v wt.
of v head chin well protd. upr. lower v
hands. of v dorsal
region the are none
opp. there you are
flannel jackets
a pad of cotton was
placed over v stom.
pads over v shoulder
pro blades, they flow
of pons, bandage should ~~be~~
be wrapped around
v body, you know
v wool which was placed over v stom.
over v cotton on
opp v flannel ~~t~~
opposite, ~~the~~ leave
aconite over v stom
allows it to be distended
~~Gunshot wounds~~ the
in every hand to treat

complete recuperation.

The facial nerve paralysis may be limited.
When r facial nerve is paralyzed the petrosal nerves are torn across.

Lecture Oct. 22nd 08.
Fractures of the base of the brain are very definite in their sympt. fract. of r post. fossa are not so easily recognized except where there is a hæmatoma behind r. ear.

~~To~~ With ~~absence~~ (coherence)
of transport
tendency is liable
to be the,
you should put
a pot of absente
resort, where you
may never have
a ride to ride more
more. You should
not serve pot-get
up until the sed
tendency has
disappeared. You
may use a pony
most where it is
able to it such
posture to plaster
the head is slung
up until the

across low.
When a skull is
struck a fract.
starts at point
struck. If it passes
across a bone it
does so by the shortest
possible route.
You should not
use a chisel to remove
a coin in medico
legal cases where fract.
was suspected.
When there is no evidence
of contusion where
the fract. stops it is
usually where the
fract. ends.
Depressed Fract.
It often prod. by a

to hold to be
upholding. When
I discover it
in the infinitely
remote become
the light of atlas
& days gone wrong
& could be crushed
then!

There is no
disaster necessitates
more care in the
early days. When
recognized by
hypocrisy if it is
probably forgone.
It requires courage
& conviction of
your convictions.

some kind of violence that would produce a fissured fract.
If the skull gets ~~dep~~ depressed, the violence maybe exerted in doing this & w b. not be injured much. The fissured fract. it w b. me much injured.
2 varieties of depressed fract.
1. Punctured.
2. Butterdish shaped fract.
Punctured fractured are very injur. it may be prod. by a stiletto, a rock

you can hardly stop it. A kyphotic curve in the cervical region means a great deformed of the bodies of the vertebrae. this may occur in the lumbar region and not so great deformed of the bodies of the vertebrae occur. the process may lead. the processes formative to certain extent. this mischief may attack any vertebra in the body. comes of the cervical vertebrae especially the 1st two or more

the anterior tible is
depressed, St. you
may not be able to
locate it. If the
pointed body penetrates
into v digital v it
may inflic. such sim.
thrombosis may result,
the heart immediately
tible may greatly
injured. the punct
outside may insul.
but if inside it
may be large. Swords
v sabres and daggers
may produce this kind
of injury. A blow with
a sword or sabre
may depress v sk for
years in and the

organisms. They
do not come much
fever. They are
chronic
infected under
condition review
Most opened they
may turn into
times, they may
become chary and
collapsing tra-
cosmetic may
occur. During
v abs. the v. spine
milking the may
set up ~~and~~
you can very
rarely indeed
put a the spine
at rest and

inside bone = gutted
fract. the significance
of these facts is that
the great amt. of
destruct. of vium
tabl. meninges
& cerebral abscess
may result. These
fractures are greatest
possible importance.
There are usual,
scalp wound and
no cerebral sympt.
appear at first.

Gutted or stov shaped
fract. If wound is pre-
sent the wd is
alonge one, there
is not so much

hollows and the whole
pus, and forms a
passage shaped
abs. It points
to the inner side
of thigh, at the inner
side of the femoral
~~vessels~~ vessels. It may
burst in the direct-
ion of the groin at the
upper part of the
thigh, or in the
iliac region.
This is so called Psoas
abscess. It is usually
multilocular but not
tuberculous. Tuberculous
are cold abs. and
do not contain
any pyogenic ~~bacteria~~ organism

danger of splintering
& inner table but
the splinters are not
liable to be so sharp.
Drainage is better
the inner table
always suffers more
than the outer table
in these gutered
roofs. They are of
various shapes & sizes.
the gutters are very
long and deep. It
& houses may be
separated from
each other.
Symptom.
They may be
very slight. Then
depend upon the

you should expect
the tuberculous area
may break down
and pus may
form, the bodies
of vertebrae are
affected and it
gets into the neck
or oesophagus.
Our dorsal region
is considered to
follow nerves &
may humour as
well also. It very
rarely ever breaks
into pleural cavity
the process must,
may ~~to~~ reach
the vertebrae and
~~that~~ the process

coexisting cerebral injury. If such is present the fracture feel with a finger. If you may get your finger into the depressed fract. and be able to pick out splinters of bone. If the depression is in a neighbourhood of the motor centre the pressure may only be very slight. If any focal symptom of the injury is eye upon motor area present the general

pelvis & body
or shoulders round
instead of turning
head. ~~you may~~
get local tenderness
on tapping on
pressing on r
head. the dis is
very common
chest & dorso lumbar
junction very often
r children will
complain of stom
ache. this is repeated
pain & there pain
very imp.
N r child has a
stom ache for a
long time &
disturbance of digest.

Injury of depression
of dura, fracture, me-
nbdl immediately
on receipt of
fract. or in infe.
hold lower by
sharp fragments
when injury is
detected immediately
it is not assured
when it is
remotely become
the fragments drawn
normally.
Dissimilar fract.
usually require
no treat.
Punct. fract.
always dangerous
if let alone

a lateral curvature

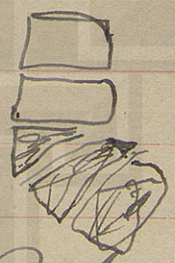
Symp:

contraction in the spine with limitation of movement often pain on movement along the convolution spine children that have been previously supple will no longer want to play and instead of jumping off bed they will get off very lonely. there is limitation of movement. when you speak to them you will find they

Dr. T. thinks it is best to enlarge the hole and see if the inner table is injured. If the inner table is not injured it does no harm. If depressed internally you should remove the fragments.

Depressed and battered fract. the scalp is intact. If it is there is no danger of sepsis, but you may get depression aphasia, and epileptic attacks coming on immediately

replaced by ~~[illegible]~~ Scoliosis
~~[illegible]~~ You may
find during the... You
may find very serious
deformed. Or vertebrae
You may find
merely a triangular
mass representing
a body.



the spines of the verte-
brae become much
more prominent due
to compressibility
of bone = Pott's cur-
vature. Post-curve
is kyphosis. It may
affect a side of
body ~~any~~ and after

(a) Simple fracture (closed)
without sympt. of
compression.
Where there is a marked
depression it is
experts opinion even
where we have a
simple fract. If
there is symptoms
such as unequal
pupils show where
that dep. skull
you should operate,
If the pupils
not even & motor
only you may wait.
If you wait where
there is sympt.
you may get cerebral
edema.

when you take a
syphilitic gumma
away by K.I.
all the bones go
with it, you
get no regeneration
where there is no
periosteum.

Lecture, 11-19-08.
Diseases of the spine.
Caries of the spine.
T.B. caries in pneumon. Often spoken
for Pott's curvature
of spine.
Pathol. Destruction of the
vertebral processes
thoracic in the
myocean bone,
you may have

If over motor
area you operate
event whether there
is no symptom.
~~[illegible]~~
when over the motor
area you operate
when depression
occurs. If you
have symptom you
should operate
immediately.
when depressions
over the frontal sinus
warning take you
time about operating.
ultimate remedy is
fract. of the skull.
I would follow pituit
fract frilly commonly

tumor gouty in
a condition relapse
prudent impossible.
Gonning take a cond
and but results
are not satis-
factory. the opera-
tion is more good
in this. thereby
remove some of
a growth & get good results
by relieving pre-
for gnancies.
condition, you
should give K I &
Hg. Lawsey says
that mercury is necessary
for tumors in a bad
cond.

the epilepsy that results primarily of motor type and of the motor type. Or me. Of the psychic type, the pt. may not lose consciousness at first. Then again you may have the true epileptic attacks. If you have the typical petit mal type, if you have the depression and symptoms are general you may kill one your pt. If the symptoms are general in type you will not usually do your

going on for 2 or
days. & symptoms
of paralysis &
urinary disturbances going on
You must
have attention to
cord &
Volunteer you have
symptoms occurring
in 3 segments you
have attention on
side of cord,
If you have an
anesthesia going
all high on the
nerve you should
cut down on
level of 2nd or 4th
cervical vertebra

not much good
but may come
on later.

Cerebral compli-
cations.

Symptoms that result
from these injuries
1. a mental state
known as con-
cussion
1. cerebral concussion
2. cerebral compression
3. " " Irritation
the signs that
follow these
the pathology is
not thoroughly understood.
the brain becomes swollen
(edemous)
bogged in parts. the
pulse may get fast

ied with + feeling
of weakness.
6. ~~you have a feel~~
~~weakness~~
6. The reflexes are
1st 2 then Dr
the more pronounced symptom. It
remains for the
only motion
symptom come
alone. Lesion
must be on
centers sensory
+ motor tracts.
Lesion on
side + cord it has
the chance of 2. to a
certain extent.
If you have come

is slow and the
respiration deeph.
In compression
v. pat. does not
usually die, you
may have fractures
hemorrhages,
signs of concussion
there is almost
invariably a loss of
consciousness. The
symptoms are a mere
giddiness, the man
has unconscious-
ness for awhile
the body is pale
& then is like shock
& temp. goes down
even in recovery
the pulse rate would

spine + weakness
+ stiffness — v
poor appetite +
pain.
The following points
will accompany
during,
1, girdle sensation
followed, 2d by
motor + then 3rd by
by motor paralysis
2 Reflexes and con-
tour nerves,
3, v pain,

4, the pain slowly
decreases,
5 gradual
ataxia — v spine
column accompany

and very slow or they are quick. Respiration: pre. very slow and short. You may only find 10 or 12 per min. The pupils are very small, they are contracted but are usually dilated. They are unequal. Then usually they have some lie. Usually unless the pat. is deeply unconscious the pupils will respond to light. The sphincters are relaxed: other B.

If your tumor is situated in one of the latent tracts. The interference with the will be the first sympt. noticed. You will gradually get a [illegible] cond. Very often gliomata grow very slowly. Often all you have are subjective symptoms. Syphilis grows much more rapidly than gliomata usually. The diag. necessarily difficult. Sympt. of finger tenderness in the

& rectum may
empty themselves,
the bladder may
drop urine & feces
and may let
itself down
slowly this state
of shock may
last for a few
minutes or 2 or
3 hrs,
when the pat. recovers
the reaction begins
the pat may vomit
and the pulse becomes
fast. in the pat.
complains of head
ache & throbbing
of the temples and
usually the pat.

2. They develope very slowly and only symptomatic in medulla. So particularly cases extra medullary tumors

Pressure roots intracranial symptoms and often only symptom.

In intra medullary tumors show a different set of symptoms there is not pain, there is localized anaesthesia + paralyses.

recovery. However death prevent, the recovery may not be perfect, the patient more irritable and elementary faculties be impaired the patient may eat and drink, sleep and be alright physically, the patient may lose his memory. He may forget a language. He may lose all business sense as his companion may tell you

2 classes
1. Extra medullary
2. Intra-medullary
1 Extra ~~dura~~ medullary
usually fatty
or the cyst may
meet with sol-
ecomata thoracic
post vertebrae,
sometimes
with syphilomata
& gummata.
2 Gliomata and
syphilomata are
tumors of
cord which are
primary. In
early stages
diag. is well nigh
impossible.

Lecture Oct. 27th 08.

Concussion has been talked about at the last lecture. You must treat with care.

Compression, usually comes on after concussion. In some instances compression starts from a very injury and gradually and go into a comatose state.

Symptoms:

They vary somewhat in degree

Stupor & lethargy

a child may
have spinal C.
it may pass
away.

Tumors of spine

1. Tumors of spine
of column.

2. Tumors that
arise from cord
itself.

Concretions are
the most fr.
called A tumor
met with in
vertebrae are con-
cretions & are
secondary from
cancer elsewhere,
tumors of coccal
may be benign, into

often resembling
coma. The deep
comatose state so
is almost impossi-
ble to tell whether
paralysis is present
or not. When partial-
ly comatose the
arm not paralyzed
goes down slowly.
Arm paralyzed
goes down
quickly. You
may say often
they are paralyzed
more or less.
Breathing is slow
stertorous & deep.
Stertorous breathing
is not a dry para

-en r slow,
the stitches may
drop out, the opera-
tion is quite suc-
cessful. — some
cases should
keep pressure on abdo
during operation.
Morphine affects face
& pillows & the
face running
discharges will
fall away from r
pad and into
morphia. the mort
-en will have to
lay on her back
flat r child lay
on her breast & suck.

lysis of v. of
pupils. Morphine
usually makes one more
often dilated than
constricted. One
unequal when
he focuses and
accommodation. May
not react to light
etc. On one side
of brain may
of course the fibres
to divide on that
side. V
V pulse is full
& often quite slow
tense. Quite post.
the skin is cool
and
V rectal temp. is

Dura mater flap
you may cover
the nerves and
must never be
touched with forceps
and not touched
or handled, the
head must be down
and not allow
cerebro spinal
fluid to escape.
~~you~~ After you
cut off make any
of flap, you can
bring all the muscle
less part of vertebra.
you may get almost
as far out tip of
coccyx in some
cases you can find

Open high.
the tongue over
paralyzed side was
1/2" higher than
on sound
side. there was
rectal & vesical
incontinence.
this degree of coma
often shakes the
confirmed head to
diag. Gummy
malformation
between it and
uremic coma
& opium poisoning
only.
Cerebral Irritation
don't know exactly
vs. pathol. Path.

the rain,

usually you can
get enough of the dura
-bilities to cover the open
-ing; there may
not be however
you must direct
your movements
inside of the rock then
they pass on along
until they may come
off from the open.
In many cases Dr.
thinks it is better
to pass another
canal for cond.
It may look like
work but there is
not any. If you
have dept. enough

condition not
often seen now.
due to severe
cerebral hemor-
rhages.
the pat. knees
are drawn up
towards head
& the head burrowed
in pillow, he
has almost wrap-
ped up in bed
clothes. they are
restless & irritable
& lie on their sides
mostly.
nothing wrong
with breathing,
B Pulse slow and
strong. no stertor

Penetrating operation
Operation: the transverse incision is best Dr. T. says.
In some instances ganglion & cord of paralysis suspended by nothing, the nerves were in vrac well. Cut, vrac in any direction you please & stitch over & top off into vrac & Dr. T. did. Such an operation as this is very easy you get into cord drop it back into

to breathing, no
vesical & rectal
incontinence. Dr. V.
never has seen
any die. Me. similar
to concussion
these three types,
condition affects
the brain very con-
siderably.

Treat:

You will find
a public popular idea
when ever a poor
gets hurt is to
give him a drink
of liquor. To give
alcohol is the worst
thing you can do
because it dilates

very transparent
yet that when
you come near
them.

It consists of
pia mater & choroid
coat & often epithe-
lium & pigment.
In other cases
it may become much
thicker, become
a diamond-poss-
-ess over it in
some cases.
You may have
nothing but the
pigment that has
grown over pia-
mater & not
trying to use it for

v cerebral vessels
v if any tendency
to cerebral he.
it may provoke it
warm tea is good
morphia is good.
If the bowels have
not moved give
Give the pot. an
enema. Keep the
pat. warm & quiet.
friction & st. hot
water bottles are
good. If disturbed
by noises & lights.
You may give
Chloral & Bromides
combined.
Treat.

formed of blood. &
fect. are working
even there you
see a shoulder
you may generate
Fred.

Byrnes inject. is not appreciable, it hardened
a few cases, but
is too dangerous.
A fluid containing
10 gr. I.
30 gr. K.I.
+ 1 ℥ Glyc.
This sometimes
gives in cases of
spina bifida.
If there will be
the improvement

1st above the head,
this is not necessary
in every case.
In compression
this is necessary
If the scalp is broken
you think there
is a fract. it must
be treated immed-
iately. Some use
an ice bag on the
head, and a cold
bag on the feet.
Give calomel.
~~[illegible] give~~
You should give
an enema soon
look carefully after
bladder.
Strychnia to bladder

the most critical
cases are a pure
meningo-cele but
you do not meet
with them in
majority of cases,
you may operate
where you have
nerves growing
over the sac.
Some think that
adhesive evidence
that the cord passes
into the sac, but Dr.
T. does not think
so. He says you
may operate in cases
where it does not
open on the surface
where the baby is well

the dr is paralyzed
you may thank God
use the children &
you are blessed
have an life.
you must have
a dark room
and very quiet
room not with
windows & fire &
shut & doors.
the sheets if in
town where there
is a good deal of traffic
you may even
instead with
tan bark or sand
around for
if possible.

compatible with life. the not may live for several months. the best elucidation is found in Bunnings operative surg.

Points to be considered.

1st Is it always possible to pass a course of the cord — or does

so this by light you may have it probably transport to get the cord and return to perform — it or not.

You may operate

Feed on liquid
foods as much
you should even
let the part
need too soon
I may in such, there
part and potency
by cerebral
edema. The
brain becomes
later logged an
average case of
concussion may
not need & the
treated with ole
this case. Upon
have symptoms of
the syndrome of
that very quickly
become symptomatic

passes over ✓ sac.
2. Meningo-Myelocele = Myelocele.
= Where cord does not lie in ✓ canal but passes out of canal into ✓ sac. Nerves ~~passes~~ from ✓ cord back over ✓ sac & block into ✓ foramina in ~~spine~~ vertebrae.
3. Syringomyelocele
= Distortion of ⊙ canal of cord & ✓ cord to spread all over ✓ sac. the ⊙ canal may open upon outer surf. of ✓ sac. Probably

have cerebral
edema as a result
of cerebral hyperemia
Commotion &
Laceration of the
substance.
V Brain located
under a pressure type
there is contusion
& laceration in a
great many cases.
They are apt to
be much more
severe where there
is no depression, than
where the depression
is large. Some of
V severest injuries
are where there is
only a slight

= Spina bifida occulta = a condition where there is a lack of fusion of laminae but no tumor at all, the dura mater is intact & enjoying of cords.

They have been variously described, three classes

1. Meningocele where sac contains fluid or fat or dura mater or arachnoid but no part of cord.

2. Meningomyelocele

depression.
I have seen Mr. Lu. me,
somewhat very serious-
ly. The small pun-
ctures he is doing
in the brain are
really small lesion-
tions.
Blows
Injuries received
from a spinning
the process transmit-
ted by wh. as by
a fluid. Jumping
fluid bodies at
a point struck
flies more or the
opposite point
which is very injur.
medical legally.

the cervical

Dr Mc. — 120

3 vertebræ & may

extend into & pacify.

You must not look

upon this condition

as hopeless because

it does not determine

of dura mater

& swelling consists

of pia mater & arach-

noid & skin. &

dura mater ceas-

ing & tumor

may get smaller

instead of bigger.

& laminae of

vertebræ are looking

but very little

or no pulsation

Dr. Carrier,
Oct. 1st, 1920

You may find
the, along the line
of the road,
injuries that accom-
pany cerebral lac-
erations & contusions
vary somewhat,
in some instances
injury produces
extensive cerebral
injury without
sometimes
life. As albumen
in urine, & the
occipital lobes
injured.
Concussion, laceration
& compression
may occur, you

thing and is probably an injury to nervous tissues.

Spina Bifida.

Lecture Nov 17th 08

Diseases of the spine

Spina Bifida.

Is due to a lack of develop of the lamina & spinous processes of the vertebrae. There are no lamina & spinous processes in a great many cases, the most likely & common is the lower lumbar region or in the dorsal or

know by this that
you have albu-
minuria, but
you don't tell
where it is at
always. There are
pathognomonic
albuminuria.
Just come on
Sept 4 & has 10
me. adenopat
he: Typhus as
on 4 early th days
is probably edema
7 days to 14 days.
symptom. Edema
precedes after
a compound
fract. you usually

hysteria. Someone
finds that the vis-
ual ~~field~~ field
shows certain vari-
ations. You find
in true hysterical
conditions a dis-
tance of vision
of zero to con-
ceivable possible
inspired and you
find the visual
field is deceive and
trouble with his
memory appears,
the pos. could use
his mind in the
right way. ~~Dr. T.~~ Dr. T. thinks ~~[illegible]~~
~~to~~ hysteria is a true
~~[illegible]~~

hemiplegia, paralysis
of the right side of
the body

homeplegia. If a
single part,
not more than cerebral
edema this is
very serious,
a direct and
pronounced
pressure lesion
involving, or down
from edema,
blood due to com-
pressed brain, but
usually immed-
iately, the compres-
sion is chiefly
usually due
to edema alone,

he wrote a great
deal that deceived.
The spinal cord
is very carefully
suspended, and
an ordinary con-
cussion is incapa-
ble of hurting the
cord. There are
injuries that will
produce cimitrd,
paralyses and anesthesia,
a lesion of the cord may
occur from injuries
but they are rare,
that is paralysis
anesthesia & the
~~the~~ Dr. Thomas
gives many of these
cases are traumatic
or results from

Foreign bodies in
bullets the responsible for these
symptoms. Describe
~~Examination~~
very often about a
bullet ~~there~~ while
~~there~~ alive, and
edematous in
about the bullet.
You can diag. compression paralysis
well
Extravasation
Red marks & skull
they may follow
continuous shock.
does not cause pres.
at all.

~~Surgery of stomach~~

Surgery of Spine

Dr V. draws a distinct line of difference between direct and indirect injuries.

Instances of direct violence upon shoved spine, hereupon have point forceps. In V contra equina operations ~~after~~ do good here the rule doesn't hold good here.

Spinal Concussion.

When Erichsen began writing on spinal concussion

or his pathomen

[illegible]

[illegible] gutter [illegible]
~~[illegible]~~ may come
considerable be
[illegible] blowing is
possible for the
dura mater to be
reported
when may be be-
tween when dura
mater stands
too normally
due to one or more
branches of middle men-
ingeal art. and to
must come, come
then you may get
a lic. under width
1 diameter. you
may not be able

carefully for
relief. Dr. T. does
not think it
is necessary to
slide a piece of
bone over the open
ing. There is no
tendency for spine
think to distend
the sac. If you
should get rid of
one of these tumors
spread by Dr. T.
think he would clear
up entirely and end
babyhood. Do hine
injections come
them to die very
quickly.

or no pulsation

to tell whether it is ~~the~~ between ~~beneath~~ the pit the market than they are, over inspection and at P.M. They will light up lovely Morning get the pitch to be and turn the Vents are shut almost eventually they vault in depression. Usually when commences on it is going to come a gooey M M 1/12 24 hrs, action & ~~Chapin~~

when closed eyes,
Demoid cysts
when pressed upon
bound to come
the child to cry
when pressed upon.
to a amenable
will 20. Uterovid
growths may give
hints to trouble in
bag, but most
cases
the object of the
operation is to
close up this open
ing. You have
more skin flap
than dura mater
flap the dura mater
to separate very
or no pulsation

~~to~~ between, con
ed by a tem
r tempone array
three stages of
1 Concussion, 2 Rest
& 3 Compression
the speech
motor centre
affected.
Symptoms can
change rapid
on one side the
chances are
that you ~~will~~
have also, between
a hemiparesis ∇
the other side
side.
Now and again

where there is
loss of fluid they
are called,
Hydrencephalocele.
the pt. may
die spontaneously
and most often
do. In removing
a cocele the pt
may get well
the same after
the operation
nor be beneficial.
In the dog is not
so gory dermoid
cysts are present
in these locations.
A dermoid
cyst does not
become in size

or no pathmon

[illegible]

pial. the twice
give rise to
1. concussion
2. ~~Com~~ Reaction
3. compression.
the comb symp.
mes. most by a
peeping pain,
headache, which
increases upon
straining or bending
good by operating
chronic condition
should be diagnosed
considered two
~~cas~~ condition.
Operation may
also a needed
good.

On trying to reduce a child from any and have convulsions, the dura mater is close to the skin.

The most common position is for it to be in occipital or more, any where even over bone of cranium, more between occipital bone, they are next to occipital region in frequency. Frequence in frontal region.

or no pulsation

[illegible]

As we see the
[illegible] recovery
of consciousness
depends to big
from apoplexy
Drunkenness &
Coma. If you
[illegible] gathen
asystemic [illegible]
" If should see
If [illegible] in coma
[illegible] ground
, alb. If due to
injury [illegible]
slaughter caused
injury. If the
is [illegible] not
turned yourself
not genuine - If

the tumor does not grow.
Cerebral Meningocele
Is a hernia of membr.
of the brain. a bony
fissure in the skull,
degree many of these
protrusions contain
a portion of the br.
So the brain is left
on one side of
the membr. The
most common form
is where the tumor
sticks out behind.
It is as large
as an orange. If
you take into a
dark room the tumor
is seen to be perfectly
translucent.

or no protrusion

compression you must operate. Use antiseptics.

If V symptoms come after tying you should operate. It is hard to tell what to do. If the bone is seriously injured & fractured it will not regenerate. If you have a definite fragment added to the location later on you should operate immediately.

Lecture Oct. 29th 08.
Pneumococcic Lobar

these cases are
continually appear-
ing. Do I accept
statements of pts.
or you should have
some one trained
to observe them.

Microcephalus
A man advised
craniectomy. Wch.
has been proven to
not be ~~the cause~~
~~in~~ marked ad-
vantage. He thought
the condition was
due to synostosis,
v reason v lid. does
not grow to because
of no pulsation

Lecture Oct. 29th 08.

Hemorrhage between
dura mater & skull
was discussed the last
most com. occ.
three stages are present.
1. Concussion
2. Reaction
3. Compression
the clot is liable
to press jointly on
opposite point and
get worse rather
than go on
down.
Usually of a convulsions
pinns
1
me. pressing on
the 3rd nerve
show pr. symptom.
Cause: usually

In reference to
Jacksonian epilepsy
pelvis nor trauma of
the Dr. T. says he
can't speak with
any enthusiasm,
you may be tempted
to operate on the
cases & yet
may not have
any success, Dr. T.
operated upon 3
but cured one,
He began in v thumb,
a piece of v Rolandic
area in front was
removed,
Dr. T. does not think
, in these cases, it
is wise to operate,

or no pathology

nomination,
the middle men-
ingeal art. may rupture
a person sick,
but on one side
of roll and hit v
other side. There
may, counter stroke
effect. A blow on
the one side may
rupture v mid,
meningeal on
v same side and
on v other side
also,
about v post. end
of v 2nd portion you
find a clutter sch.
affects v face & arm
In some of these cases
v sufficiencies of diag are

that if more de-
pressed posture
were adopted there
would be less epilepsy.
Perhaps it would be best
to the use of removing
corns. Occasionally
does help to produce a
cure. You may
use rubbing to
prevent the formation
of corns.
If these are not
present you may
take a boiled egg
and take some
vinegar and
pour it on and
cover over it
or no potatoes

very great. Dr. T. doesn't like to operate on localizations unless there is an accumulation of blood. If edema prevents operation may do no good.

Hemorrhages a little beyond the dura mater. The blood accumulates and forms a large clot and strikes there but is not very adherent. It doesn't organize like in bone.

A blow over frontal

to relieve ~~on~~ in a great many of cases.

Jackson's epilepsy will only remain local in its type for a limited length of time then it becomes general. Cases of Jackson's epilepsy should be treated when found the bone should be removed and the dura mater ~~removed~~ incised, opening even however to remove some of cerebral cortex. Dr. T. Twiles

or no pulsation

region may come
precipitate here. In
subdural here, you
have a collection
held in one place,
an accumulation
held on top of the
arachnoid & hardly
be told from an acc-
umulation deeper
in the brain.
Hemorrhage into the
ment. Might be given
symptom similar to
localization. It may be
symptom of compres-
sion more often
than one. Pros. very
rapidly.
You should try to
determine relation

~~When~~
moles & scars
are removed
from a face
forceps & stop
perspiration some
time

Lecture. 11-12-08
Treat. of general
epilepsy following
traumatism is
very unsatisfactory.
If the cause of
wound and pressed
upon before the
epilepsy becomes
general the prog is
much better.
You may expect
or no pattern

you have destroyed
the bone tissue,
or hemorrhage
whether you
have these symptoms
compression
being produced by
clot or by
Treat:
heat applied
being to remove
clot. Drainage by
trephining. This
is done by
the Doyle instru-
ment. When the
orbital in there
comes but use
trephine and Doyle
instrument or

those cases should be handled with a great deal of care. It is very difficult to ~~give~~ give these cases a chance. You may perhaps think these things appear poor well but you must not think I persons will be very good. The epileptic attacks may be stopped for 1 — 2 weeks or for months, ~~you may~~ should relapse & for recovery may not occur.

or no pathosis

those [illegible]
[illegible]

[illegible] nibbling
donkeys.
If you wish mem-
ingful at his tom
across in a long
canal journey
rap it up with
cat gut and easy
stop bleeding
journey me
Hamsleys wax
= Beeswax and

If you can't stop
the in this way
you should climb
or cling out alone
until you can get
to a at and the
it. Dis some

nosology has not improved very much, the Syniptomatology has not improved very much.

Epilepsy.

In regard of epilepsy it is extreme by doubtful if operation should be performed, the poor may not be relieved, this holds with reference to depressed fractures where epilepsy is generated by elevated,

or no pulsation

cases you may
tie r into crotch.
Ligature off exp.
could remove
use. If you find
no blood between
dura mater & br.
you had better
leave up r dura
until close
w plenty quickly
If r occlusion
of vertebro spinal
fld. is only just
running drain
for a day or two,
heavy all these
hemorrhage cases
accompanied by
inflam. when

you may find
a number of cases
found on ignored
there where
148 pontine region
99 pinna of Roland

19 cerebellar region
Primary mortal
injury about 30%
definite recovery
possible if
operated 8 yrs.
~~if is possible~~
injury will be
alive. This is
worse than cancer
of the stomach.
It lasts 6 or 8
yrs the primary

or no pathology

memb. of v br.
either v dura-
matter or arachnoid
we call it menin-
-gitis. Suppose
v pat. has a comp.
fracture of v skull
and the pat.
is very delirious
at first and then
becomes comatose
& dies this is what
we speak of as men-
-ingitis. It may
spread up upon v
cord and be
covered by yellow
memb. or redness
like looking thing
wch. cannot be

Tumors found
not removed

	Cerebral	Cerebellar
7	5	2

	Cerebral	Cerebellar
73	60	13

Causes of non-removal

1. Size of tumor
2. Extreme vascular character.
3. Collapse of the pat from shock, there done in the writing
4. Many imperfect diagnoses
5. Misleading symptoms present.

Cause of death

easily removed.
Acute diffuse nephritis. Diffuse Acute
nephritis.
Symptoms:
Y pt will
appear to be getting
along very well for
about 4 days,
then Y an symptoms begin
As soon as you
have pain upon

then we an intense
pain in the head
over Y pericranium.
Y pupils are contracted
pt, irritable pulse
very full & rapid
flushing the

these facts upon

Only 57 of the tumors could be removed some one said. Dr. T does not think this is absolutely true. About 10 percent or 20 of where removed.

220 cores operated

	cerebral	cerebellum
total 220	186	34
tumors		found & removed
red	cerebral	cerebellum
	140	19

[illegible]

fever rises 103-104-106
etc. & pat. may
come very delirious
& sometimes spends
over 48 hours in
stead of 24 hr. becoming
more prostrate
it becomes the opposite. the respiration
are rapid & sighing
moaning. the pulse
the respiration not
keeping pace with
one another. this
may be due to a centre
being affected. or
possibly to peripheral
nerves. & coma
becomes deeper,
& death takes place.

Successful
in cancer

in cancer tumor
usually come
Jacksonian epi-
lepsy. Deep tumors
different from
superficial. Could
tell anything
about V. syph.
a previous history
of t.b. or syph.
Tumors resembling
ed Echinococcus
cysts are present
Hawsley doubts
whether a syphilitic
tumor ever totally
disappears. Journal
give K.J. and see
what will happen.
Are some studies

Otaway.

swollen and
convolutions
depressed. There
is greenish yellow
hyperkeratosis covering
it & and you
can't wipe it off
Surrounding and
greenish in color
Bris in meshes
of mucus.
The region usually
occupied in
neighborhood of
union.

treat:
Nitric acid
has proved best
tell spirochaetes removed

mind that a
tumor exists
Allen Starr has so
far only 50
considerable more
considerably
present it has
only localized in
60 cases, after
a tumor has
been localized
you must try to confirm it
Where there is
heavy anemia
you may think
a tumor rather
angle of bylous
pressure, though
pressure could call
forth a tumor
elsewhere.

you would see
immediately traumatic
meningitis. Where
I suspected marked
I prognosis very
bad. You may
therefore. You
may open and drain
my dependent pleura
so Dr. T. thinks;
I knows should
be thoroughly moved
and I put spread
in ventilated room
I dreamed to
fix & machinist
behave very differently
by than I often
heard. Dreams
make mistakes

occur and
all the higher cen-
ters of intelligence
are good - appetite,
stools can get
no memory or
motor disturbances
you get increase
H.A. vomiting
or times, ~~the~~
~~tumor~~ and the
part die of the
tumor. For it
takes months &
months before
cerebral tumors
can be localized
or times.
When you have
made up your

progress. V bn,
& spinal cord are
epileptic. If once
can imp. get into
anemia there is no
hope to cure.
Diag. and treat.
by spinal puncture
is advocated by some
but I think there
life should be
treated in a vigorous
manner.
In these cases of
meningitis where
sepsis has occurred
V/pot. may get
better and the result
is strong. These con-
ditions are spoken of as

vopic ~~or~~ dis-
covered and give
atrophy remedy
then regeneration
never occurs,
these tumors
may give rise to
different remedy
~~t~~ ~~th~~ ~~out~~ where the
local area are,
now and again
yonger all kinds
of remedy from these
tumors, Lymph
tumors Mpoure
lobe may not
give rise to any
definite symptom
but dropsy ~~t~~ ~~that~~
blindness may

Chronic,

Chronic Encephalitis
- they may cover their
minds and have
headaches and
vomiting, pupils &
organ fitting.

Suppression, Intra
cranial.

You will find
in 3 situations.

1. Between thorax & hum
matter.
2. Between hum
thr. and
3. ~~Dura brain~~.

Any depressed
fracture that becomes

[illegible]

~~time~~ completing before a tumor

symptom.

Headache, vomiting

tendernessin certain points of

head, vertigo.

Vertigo is ~~to~~ exceedingly

[illegible] nothing

to do with cerebral localization.

No. V

No. V commences

one general

then you may

get eye symptoms

upon examination

[illegible]

infer may give
rise to distress
between dura mater
+ bone. #
Dr. A thinks that
a simple pain
indicating infl.
v sinuses.
Where v

Potts puffy tumor,
Dr. Brockenbrough also.
may arise from intra
cranial suppurative
types.

usually fever quick
pulse & hypnot,
vomiting convulsions
stupor & coma

~ 72 cerebral lobes
plane + 170
cerebellum.

It does not seem
for its size any
other part is
more fully allocated
by functions, ~
cerebellum is
more physiologic-
al. Action,
no matter what
~ nature may
give rise to sympt.
specifically similar
to
pyramidal tract
tract along

Ataxia.

have both puffy
tumors in the
very valuable,
I'm surely a
chance over the
abs. up
Treat: You again
up and treat.

Empirical
fact, body of
superior middle
gonadis. mg. prod.
in. Dr. might
lie between
lev. and membs.
Dr. mc. definitely
incorporated.

Lecture Mar. 3 1908

Very rare
by any diff. authors
intracranial tumors
gummata are
almost fr. tumors
Orbit.
Gliomata, sarcoma
ata & Gliosarcoma
& Cysts, Cancers
Primary constitu
ents have
been described.
Pituitary tumors
have been des-
cribed. The cere-
bral hemispheres
contain more
tumors than
rest Orbit.
out of 637 cases

Abscess.

Lecture Nov. 3rd 08.

Suppuration of the skull, were discussed last time.

1. Sup. between v bone & dura mater and
2. V intermaxillary gel form have been discussed
3. Cerebral form, lower pus is in side v cerebral tis.

2 forms,
1. Acute
2. Chronic.

v acute form is met with in infants & children

on to in some
cases but they
die in most
cases.
Cerebral tumors
Within 1 last 10 yrs
the knowledge of
these has not
advanced very
rapidly. Decompres-
sion operations
had their value
proven, so some
think. There are
good results when the
tumor can
be removed.
A great no. of tumors
present in the brain,
are gummata.

Abscess.

lonesome ~~depressed~~ depressed
, and the dura
matter is punctured
or the bd. ~~the~~ inf.
~~an~~ abs. of br. in
takes 2 or 3 ~~days~~ weeks for
an abs. to form
sometimes, a ch.
abs. takes mon. to
form sometimes.
the reason abs.
~~have~~ ~~pus~~ pus form so
rly is because
~~the~~ drainage is
so slow.
the brain is
susptible to infl.
but meningitis
are apt in the

be omitted in the
adult.
Aspirin 1/1/4 in
behind the mid.
If the exp. auditory
meatus + 1 1/4 in
above it, you
will catch the
lateral ventricle in
most of the cases.
You should best,
use a small aspira
ting needle first
then you use
the cannula after
the vent. ~~has~~ has been found,
etc. If the lateral
vent. is not gained

obtained.

frontal region

the brain seems
not susceptible to
injs. most cases
come of injs.
not depressed
bone. it may, from
bullets etc.
A line from an
insection v
rarely has been
followed by cerebral
abs. Injs. in v
region of frontal
vein are very much more
apt to be followed
by injs. of the
lg. than injs. elsewhere
where.

in ventricles.
When an establish-
ment of air
between ventricle
you have improve-
ment of the fat,
mere tapping of
abdomen with
children may
prove fatal. Dr
T. thinks tubes
are better than
choking.
Dr T. thinks in
young children the
best place to perform
is thigh and
front. All your
recommendations should
be followed.

Subacute abscess.
were closed or turned
Chalks off,
connected by granul.
of scalp and
depressed bone.
bullet wounds.
s' divisions of v
bones of skull.
Caries of v bones
of skull may
come ch. cerebral
abs. ~~and~~ his of v
bones of skull may
~~for~~ cause v formation
of an abs. ~~in~~ v
fr. they may
take along ulice
to form.

you can you
should remove
bullets from r
lr. the lr. is in
capable of expansion
r cerebral cortex
is made very
thin by cerebral
compression.
You may find r
pupil fixed & open
and no signs of
union at 60 or 70
yrs. of age.
Probably r coma
Hydrocephalus is
frontal disturbance
r vis. of r
cerebro spinal
fluid, 2 accumulates

Obtained.

10 days have sympt.
of meningitis &
of encephalitis.
They rise, present
anti-pods, very
few sympts.
Symptom of pomotion
of pus.
They rise exceedingly.

You may have for
a long time. Hell. 8
intolerance of light
& noises and the
foot & foot flesh is
very sick — looks.
rise. delirious. may
vomit & have nausea

~~Lecture Nov. 10th 08~~

Lecture Nov. 10th 08.
Bullet wds. not spoken
of last lecture.
~~Many cases of~~
Although there are
many cases on
record where bullets
are left in the
brain without
apparently ill effects,
Dr Thiles mount
of them eventually
died of cerebral
edema. So the
bullet is where
you can't get at it
in optic
thalamus where

v temp. inc.
101 — or 107–108,
then again inc
more very slow.

the abs. in v temp
and sphenoidal
lobe may be atten-
ded by slow temp.
and no symp.
at all. When
valves in well de-
veloped you may
have v symp.
you may have
intermit. t. a.
counting of the
remission. Fever
variable. and

[illegible]

and opposite
side of head,
you may get
upon wheeler
forceps, pick
down into
wd. If bullet
is on opposite
side of skull
you should trepine
on that side
attempt to remove
it if necessary.
Prof. may die
[illegible] recover
[illegible]

[illegible]

localizing symptoms,
then gonorrhoeal symptoms
If pres., you may
have pus present,
in a good many cases
tenderness is liable to
exacerbations,
fever, very high.
From these symptoms,
you may feel
an abs. is present,
but you don't
know where. If when
local symptoms are
absent,
you may have
an intrapelvic
symptom of abs. and
yet no symptom of local
infection.

the use of forceps
may be found

You may find
difficulty in
opening the thalamus
as so deep in
cerebral tissue
you would not
try to remove,
take here probe
is a probe made
of aluminium
with one or two
blue ends. =
Probe of Fissure.
you put a probe
in a bile duct
hold it. Some
side and put
a probe sink into
a tissue to collect
at magistille or

abscess.

the disease if left alone may ~~go~~ on and coma and death result. You may not be able to localize the cerebral disease, & then you may not.

Following injury.

If concussion & tamponade. Splenic abdomen. usually rapid gets bigger then will be some pressure ~~on~~ & inert. Coagulate and agonal result.

~~and~~ you have paralysis on rest, side. First goes

fluid, meningeal
adhesions across
you must stop
the, and that often
happens Dr. T. says
he thinks the only
way to find whether
to take X ray
pictures of different
planes. One must be
taken at lateral
plane and one
in an anteroposterior
position. You
should have lead
wire arranged on
wheels in aspects
of lattice work in
reference to definite
points,

Otoscope,

forward you may
have pus on
area of Broca ~~or~~
occasionally you
may not have
any symptoms.
Often also occasion
a ~~ce~~ cerebellum you
may have optic neuritis
very severe. You
usually find tumors
as a joint. You
may find other
pulse gives pressure
symptoms on medulla.
Think from
my experience in to
the question of diag.
It is well nigh impossible to diag between

of r upper cervical area
in gitis. The post
mortem shows
the position of
opisthotonus.
Bullet holes of
Rt.
Arteries are
stiffened & clots.
r bullet from
longitudinal offending
body wherever takes
place. Jim wood
& frontal region
is magnet to
usual damage.
When bullets are present
in r cerebrum.
You must con-
sider treat of
shock & etc.

Advance.

condition.
Inoculate the sinus
thrombus you are
liable to have
rigors, high temp.
headache & septic
poisoning. The temp.
may go away
and come back down
Rigors may occur
2 or 3 times a day.
You may feel
a headache over
the sinus & jugular vein
you may
have thrombosis
in the mastoid
vein. Go
to bed

Your performance

you showed me
plane — both
pieces and clean
out V pus. You
never can tell
intic you have
exploed what
you are going to
meet with.
V mortality in
late cerebral abs.
often very high —
V mortality in
mid. lob. Dr. T.
thinks will always
be high. Am also
now convinced
one present
mid. lob
but with Amen —

Otsuka

operation throughout
roadwell points,
fontanelle and
post. ant. fs.
trepheine 1 1/4 in
behind and 1 1/4 in
above r. ext. auditory
meatus, this will
open up r. temporo
sphenoidal lobe. the
lateral sinus &
cerebellum. Dr. T.
thinks it has to
do it with adhesions
r. temporo sphenoidal
lobe. trepanned
over it, lobe nine
3/4 in above and
1/4 in behind r.

In aspirating
you must go
straight in and
down straight, and
must not move
laterally. Coarse
tracts may be
injured & destroyed.
When you find
pus you may
endeavor open-
ing in shell
for the silver
tubes in preference
to rubber.
If you have
dyspnoea show
opposite side of
chest is affected

Chance.

exp. auditory nerves.

~~Fl~~ Instrumenting for cerebellum alone or self. Upon tone cloonymeters and go 1½ in. behind & 1/4 in. below. Symptoms of cerebral lesion or motor area. Not in Jack, epileptic attacks & the paralysis. You should know something of the relative areas. Going from a lower point of view Rolandic fissure. A position of the arms &

not so bad if it is done properly. If only operations are not attended with painful dangers when kept clean. You can never guess to a human hair mummy.

Trent.

As soon as dry, they must be immediately waxed. You cut down on a side of a virgin wch. not you may find fault wch. you should examine carefully.

Okanogan.

the temporo-sphenoidal lobe is of supreme importance. You should have a mental picture of the fissure of Rolando & the fissure of Sylvius, & other fissures in relation to it. Pick a good method and stick to it.

~~Seven~~

Termination of these obs.

If neglected the prognosis very bad. If treated it is