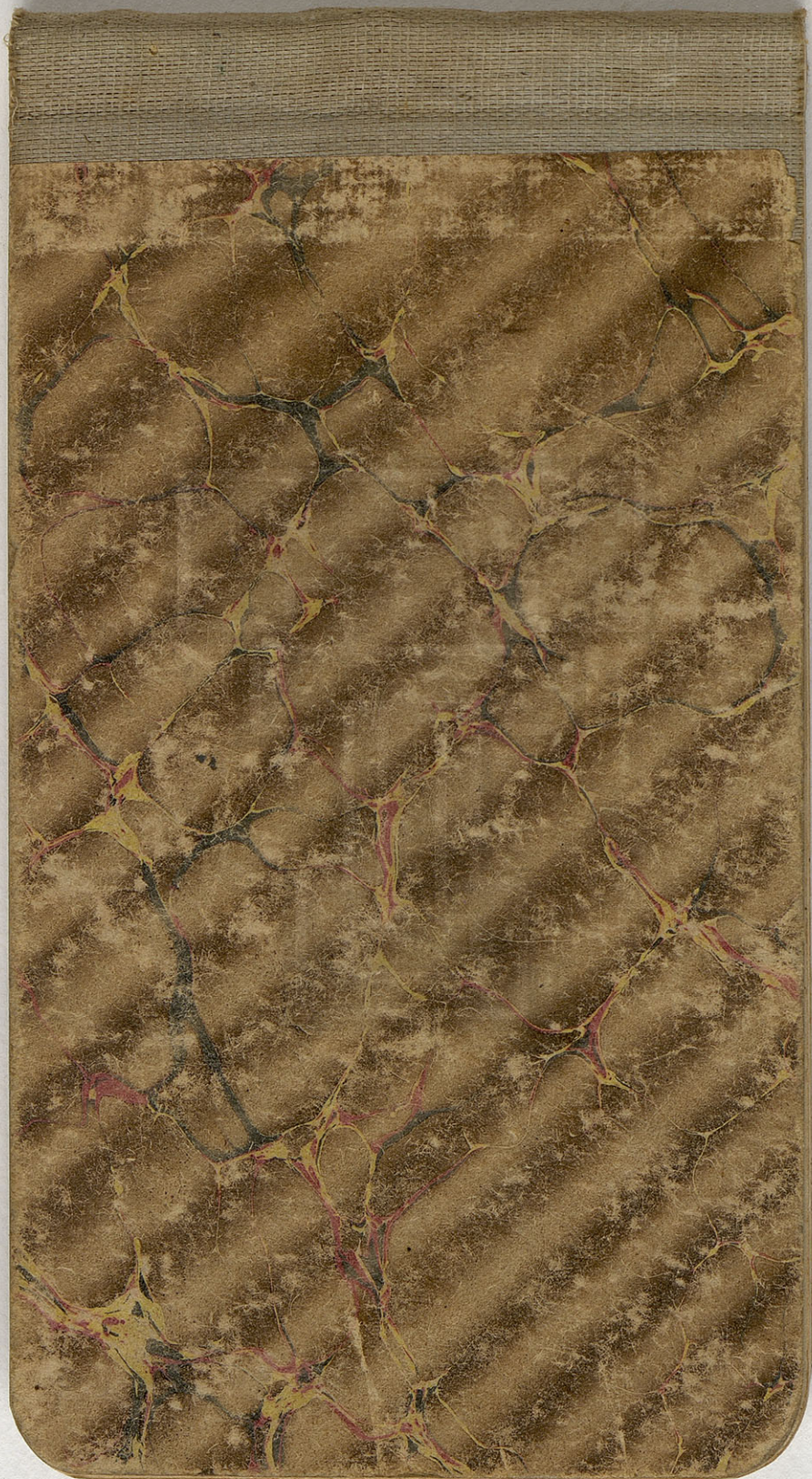




John B. Schelling

Acidi Corbolici. ʒi .
Cocaine Hydrochlor. ʒix .
Glyc. ʒi .

Adrenalin Hydrochlor. ʒvss .
Woll ʒv .
aq. ʒss . ʒi .

Sigs. Put some in tea-
spoon now and then
in for and leave

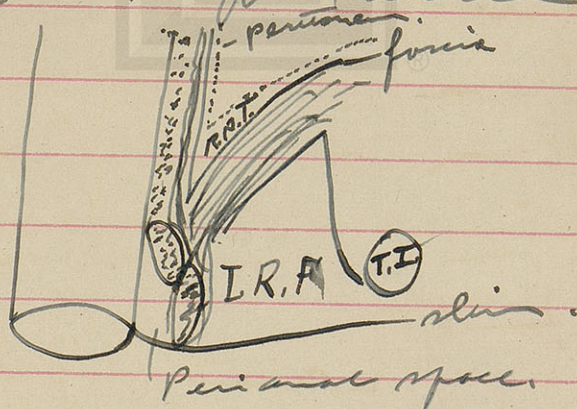
There 5 min
Sodii Bicarb. ʒii
Glycerin ʒi
Aqua ʒss . ʒi

perianal space
perianal space

ably more common
to women. It produces
the results that it
produces elsewhere
there inflow. do
not form any
infect. sympt.
the. Kefen.?

sympt. that precede passing
peripolyps.

Periproctitis. =
inflow of 1 times.
around the rectum.



often from large

Periproctitis is an
inflammation of the tissues
about the rectum

Periproctitis arises
from infection of rectum
or anal and may
arise from infection
from side. In

I.R.T. Abscesses may
arise there and
ischiorectal abs.
which is most com-
mon of periproctitis.
and it may spread
from rectal wall
then some abscess
abscess of perianal
space.

Is an inguinal
cavity and also may

some symptoms
seen in most of the

there are. Evidence
of uremia and is
not brown as that
of the colon. You may
see quite a # of
P. U. where it oc-
curs. Dysenteric
ulcers are rarely
in the proper and
in the lower end as
far as finger can
reach. Manifest,
on the same as there
met with in colon
and one is very
manifest in the
sigmoid.

Sigmoidal Proctitis
may occur. Is prob-

There are columns

arise from small
offshoots. I must
attend with much
pain and pain will
make its appear.
A probe may be found
in the body of the
coastal margin in
a cork screw
or direct up the pole.
I abs. of a pen and
you may make
3 incisions. 1 0 2
3

Skin cannot be touched.
It took about 6 weeks for
the skin to get well.
Make large enough
opening so that
the skin is drained out

...high your
passed of the ...

me, needed. Most
and its foreign bodies
such as false teeth
+ etc.

Lecture Feb. 18th 09.

Inflam. of rectum.

(Contd.). Foreign bodies

may come in & may per-
turb into & irritate

rectal pouch. They

, the proct., may give
troubles, and is due

to due to foreign bodies
such as tooth plates.

Carotid. proctitis.

is a rather common

manifest. & is all
gonorrhoal.

from [unclear]

every day and packed
with gauze.

Dr. [unclear] - rectal obs.

I don't want to see
how inf. can
get in a [unclear] space.

Lymphatics pass to v
groin from here.

Some lymphatics pass
thru here. The inf.

must be from abd.

vs. divide perianal
abs. into 2 classes.

1. acute.

2. chronic

acute from result

from inf. such

as hemorrhoids

ulcers of [unclear]

surrounding anal color

See, wife.
Oswald Jones.

and of penis.
this is very serious.
you should eye
every child after
birth to see if the
peal^{ment} minute are
passed.
to row into splinter
in.

Protrusion = Duglo
of the penis, the rest
is very resistant.
it is affected
in certain circum-
stances.
you meet with reflex
motion.
1. traumatic.

bac. wife.

Chronic form,
are nearly all the
1 pot. my complain
of pain about the rect
um. They may be
irritable & enough
to talk, a little fever,
& painful to the
touch. If you can't
see it with eye
you may be able
to feel it. I will
give it contents
count. If you that
smells like an appen
dixal abs. If taken in
time will get better.
If not it will turn
into perianal abs.

Use warm water
and soap for
cleaning

had best not have
an anesthetic, you may
use cocaine. & the
crying will aid you
by causing a breathing
you should try right
1. find rectum if you
can & open & stitch
to the opening.
You may have the
fecal matter passed
than the normal open-
ing. & may go on
a normal life & prob.
bear children.
Treat.

Open & stitch
just to the opening.

Fecal matter may
be discharged at

Keep last notations

will burn black
ends & as for boards
as center of perineum.
So. v. inf. is very
violent & the p.p.
will suffer from
reptic poison and
it may pass into
v. perineum & into
and the p.p.

may die. The ordi-
nary or ischio-rectal
abs. is single but
some may be bad
or may go thru v.
pelvic diaphragm
& pelvic peritonitis
result. They have
been mislabeled,
there are also me.

This is the most
 serious thing
 that confronts us
 almost absolute
 by inconvertible
 youth life.

It is an
inimal Colotomy
How many to find
and you can't
say definitely.
You may have only
slight imperfection
in child cases, that is
where the anus has
a ~~slight~~ ^{slight} opening in
it or where the anus is imperforate.
These operate for
below first year.

things in the
your eyes of

the. really seeing
many four for seeing
usually see the. of
legs. Some of the
of bowel majority
be. But the eyes,
they do not come
ahead in 1 or 2 whs
swelling is present
may get smaller
either longer and
finally after 2 or 3
months may find
and thick. But with
is of a serious nature
or not thinking.
may heal & cure
reveral times.

you may find a

St. rectum to be
high up at

Ab. indolent ulcer
leads to scarring
in the rectal
pouch. & will
give at the pus.

You may find a whole
of the rectum denuded.
there also, as in this
own symptoms, one
concerned may not
be serious, but before
you may find very
serious symptoms, and
you may die before
they get bad.

Treat.

Cure pus,
as soon as evident
pus is present evacuate

Thyosobranch

Treat

But I clid
— lithotomy posi-
tion say you do
feel the septum
bulging you may
pierce it. It is
not wise to do this
unless you can feel
bulging. I say
can't feel that you
can't retract or
dissect for enough
upward you find
the structures you
are searching for
4. Complete absence
of v. ann. There
is no pincetum.

For 1

If you get abroad
swelling there you
may be pretty sure
his is present. If
you get swelling
like you'll know you
may be pretty sure
his is present.
If you're under a
general anesthetic
anesthetics and
beating Vigor.
anything is con-
demned just now.
and old man
age for drainage.
If you're so large you
must make adequate
drainage you may
have it there by

will almost go a
cross. Meconium
me. Retained

test. is to incise
it and, make flaps
& remove till you ^{1/2} join
then dilate.

When rectum is
descended & the
proctodaeum has
ascended & there
is a membranous
septum between
v two. ^{in previous rectum} the same.

appears normal.
You may discover
the condition on the
2nd day. No stain
on diapers due to
exposure of meconium.

will come to a
— case: Mammals

Plinths must
they must be
kept thoroughly clean
also, and they
must be ~~kept~~ clean-
ed thoroughly; every
day. You may
do this. One
may use oil with
it. You find olive
oil & acetic acid
is very good when
you want to use some
thing strong. This
is the life of that
of anti-
pyrene. You
must know
both the process
require that &

due to
mornings are due
to the not having
followed out ^{the enough} ~~the enough~~
Treat.

... Dilate it. you
may use ^{hook} ~~hook~~ die-
atom. After it gets
large enough you
may use finger & is
best. If necessary
incise & I perfor-
ate anns. Here it,
& proctodae it from
back of the rectum. Has
come down, but there
is a kind of trapdoor
of very thin almost
like parchment.
The median raphe

~~Chronic~~ Chronic
Lung

Tonsils.

Chronic Lung.

When the pot. are
selys homorched
the. In lgs. and
you must think
before you interfere.
Don't let v. ext. open
-ing clois & the contents
let in. In obs of the lgs.
you must do some
very radical work.
If it is localized
you may cut it out
you may see it look
of large cavity in v
lgs you must not
operate by cutting out.
If it is condition the
that you should

Very common
very long
this may cause
~~the~~ coiled tera
torsion.

Varities of these tumors
1. Normal & por-
tue closure of anus
and aperture is
so thick & very
much & will usu-
ally admit over
a small probe. The
lower end of gut
narrow. This nar-
rowing is due to
deficient develop-
ment of the procto-
sperm. An emb.
seems to stretch across
so very probably that
these fittings are

The new ~~man~~ ^{man} ~~doctor~~ ^{man} ~~has~~ ^{has} ~~been~~ ^{been} ~~to~~ ^{to}

only drain.
Senior advocates
cutting off & lower
part of the rectum
very few cases
justifiable.

Should you ever cut
your sphincter muscle
in the same place.
Dr. T. thinks this should
not be done and will
not be necessary
in most cases if
treated properly after
wounds.

Fistula in Ano;
2 classes.

Anal & rectal fist-
ulas.

Dr. T. believes it is

Good observations
themselves on the
subject

1 point of rectum that
reaches to upper -
border of int. sphincter
is epiblastic in
origin & is drained
by epiblastic lymph
flow. So much to be
taught that there
was a septum that grew
down & separated v
rectum from v vag.
How does v vagina get
in front of v uterus.
v vagina is formed
by growth of cells, a
solid mass, growing
down instead of the
septum spoken of.
No - anal canal.

—
—
—

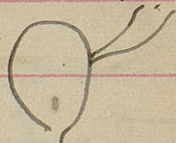
A good classification
should confine them
to ~~low~~ those of low
perennial growth.

In general terms any
thing that opens into
navel canal is called
anal fistula. A piriform
is really a pipe, and is
~~a bulging~~ ^{a opening} connect-
ing with ~~some~~ ^{some} hole
for virus and the
exterior,
that should not be
called a fistula. It is
but a sinus.
Int. & ext. rectal
sinuses. 2.

W. B. L.

very common

or into the urea.
In animals you may
find ~~ureters~~ empty
ing into v. block.



this is the early
stages of development.
In whales & Pongos
there is a change of
position opening.
v. block of v. growing
down of v. axis is
responsible for this.
Proctodaeus.

this includes
whale and
both splinter runs,
it is really an ep-
ibiotic appendage.

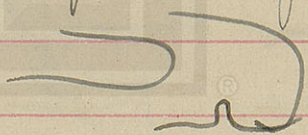
the nature of the fistula

most fistulae result
from some suppurative
the ~~last~~ rectal sinus
is covered by an old
perianal duct also.
the complete form
is the fistula like
that above. all
three forms have been
preceded by infection.
you may be able to
pass a probe from
external to the inter-
ior. these fistulae
are very complex.
the track may pass
around rectum

The nerve from the
eye is not from the
eye itself

reposed from hypoblast
oblique to the ~~anterior~~ margin
is from epiblast.
any failure of epi-
blastic invagination
is due to the failure
of proctoderm reach-
ing for mesoderm
to reach it.

A generally accepted
idea is that from
anterior end of an intestine
there is splitting in



the large int. may
stop too high up.
the rectum may
empty into a head
or proctoderm with.

very rarely passes above
pelvic diaphragm.
but it ^{at} does
the passages are
very tortuous. So
they will not be
very simple. So they
will pass through & loop for
and must open
into & bowel, is very
difficult to deal with.
along with the main
branch of the fistula
does not pass above
& int. sphincter
you may treat with
fair degree of success
you should find
int. opening if
pointed.

Book 1

nerves wanted
have to be removed,
Lymphatics some are
very serious.

Rectal tumors,
present some are
circumscribed &
some diffuse.
Must consider all
kinds of transition that
might take place.

Must consider the pre-
sence of pro. in
capillaries in dig. tumors

Disorders of the Rectum
and Anus.

Development of bladder
end of the bowel,
the rectum proper &
pelvic colon are de-

Amount of cement
to be used

Treat.

Depends upon
the case. If after
treat it is necessary
you may have
success. The int-
erpreter should
not be used unless
as in case such will be
mentioned later
Int. printer.
here you may get
the book!

Lecture 7th. 23rd. 09.

removes melanop-
ulceration.

Primary tumors

of axillary.

Lymphadenoma ^{that is}

not malignant
now. they are
truly ~~symp-~~ ^{symp-} ~~pho-~~ ^{pho-}
neumata. Some
are very malignant
& some are not
they contain round
cells. You may
find whole area
be affected. Some
of these cases necessitate
removal of whole
upper extremity.
because vessels & nerves

down stream

Lecture, Feb. 23rd 09.

Fistulae in ano.
the one that has a
complete channel is
the only one that is spoken
of as a fistula.

The channel when ever
it passes into the bowel
usually passes thru
the sphincter muscle.



the track usually passes
thru below & in the
muscle.

1. is & most common track.

If they have a cork-
screw arrangement
we must not for

Jan 1
1906

Lecture Feb. 16th 09.

Axillary tumors
they are most
usually arising
from glandular structure.
A tumor here would
entail an exposure
of lymphatic area
produced by the exposure
to see if cancer could be found
glands. Dr. Driscoll
for down as the
bilious.

Young have the
of these glands and they
fast out like those in
1 week. they should
be removed. If
axillary vein if
recently removed
to the cancer to

Lecture 704.16 02

get it.

Trans.

Will not be un-
less track is chosen
at upper majority of
cores you hit it
up and the thing will
be in the 3, also
in no (#) 1.

the operation, done
to under cocaine.

and a part of bridge of
to hit and the
part of the.

It can be done. The
track can cut out
or disintegrate as well
as start up again, not,
you get primary
motion but this is
not always usually

~~spring & for the~~
~~permanent~~

may operate at 60 or
70 yrs.

Prognosis

Permanent.

recovery depends upon
extent of the dis. at
time of operating.
Where the axilla was
not involved a great
many cases were alive
after 3 yrs. after
axilla became in-
volved the op drop-
ped down very
much.

009 90 1700 1700

✓ removed became
~~harder~~ & simple
oropharyngeal margin
of the fistula goes
around in a semi-
circular manner
it is best to open
up a ischio-rectal
fossa. the incision
must be made on
side of the sphincter
muscle & into a
ischio-rectal fossa,
this allows a mass of
rectum to be drawn
up. this is the only
rational way. If not
ing it. If the fistula
goes all the way around
rectum & around

Op #1 and 2
Op #1 and 2

You should operate
the Verrucosa when
it is above ^{Clavicle} & clavicle
as it could live for
many years.

When the tumor is
adherent to the
up to ribs it is best
not to operate until
some have been
operated on.

If skin of Verrucosa
is involved you may
operate. May ^{skin} ~~trouble~~
after & cancer is
necrotizing ^{wound} ~~the~~
you operate depends
upon circumstances.

Age

If arterial
system is good

Operate in 2 stages
Cut # 1 and clean
+ then after words
cut # 2.



Treat #2 fistula.
Use the int. splin-
der it in the way. You
may cut it out later
time will find
near to will you
to contract & close
opening of the gut.
You will surely
not get a perfect
result where you cut
+ int. splin. as
where you have
a single suture.
Only in extreme

Concordance of the
with the

to operate. Don't
operate on cores that
are unfit for operation.
You should not operate
unless the core is

put onto motion
center for the Nat.
to line ought to tell
V friends & true ^{affairs} role of
Cachexia Centro indi
cates operat.

secondary deposits
contra-indicate
operation. Such as
nodules, aneurysms,
rupturing bel. liver
affected etc.

Maxillary gland
not much enlarged

Good morning

Coercion should go out
in the splinter
much as the etc,

there you
should do everything
else in your ^{disfigure} power
you may not open
up as you should, never
cut ~~down~~ ^{through} pelvic
diaphragm. Don't let
your knife pass up
into the pelvic dia-
phragm. One very fol-
lowers deplorable cases.
How can you tell where
the splinter is.
You will have to
depend on feeling.
You should not let
any one else

resplendent crown
the 1 over 1

the prob. to operate
you may project
cocaine and take out
a piece of skin.
Cancer will infiltrate
if left long enough
to show the signs
of retrograde nipples
which exaggerated
it, it is congenitally
drawn in. It is
not in cancerous
ring from abscesses.
Don't forget these
points. the dimpling
of skin & hardness
is worth a great deal
more than retro-
sion of nipples.
T. nod. only thing to

when I had not
evenly got up

at the state & spec-
imens before
you fell.

But specimen is
most important.

Treat. of Finance,
this comes after you
have divided it.
they must remain
with you until
they have grown
near up. Every
time however the
part must be thoroughly
worked. As for the
shovels act you
should report.

For 1 vol. you may
use 200 for 100.

slight difference in
thickness.

Ch. lobular indur-
ation must be
looked out for you
must clear up the
by removing ^{the} exam. a section of the growth.
Happ and you can
do this under cocaine
remove a piece of
1 # growth. & ex-
pose it until
typical picture
occurs it is too
late and the chances
are that the prob. will
not heal at later
date. I very
early 80's surgeon
thought it did not do
any good towards saving

the difference in

then after 1 wk you
may use the
gauge. One of the best
things I could get
olive oil.

Waters of the Rectum

1. Single firmness of
anus,

2. Hemorrhoids.

3. Syphilis.

4. Tumor.

5. Folicular

6. Dysentery

7. Malignant

1st firmness of ~~anus~~ ^{anus}

is nothing more

than a firmness

near, in the form

of cracks & fissures.

filled with growths.

roughly cylindrical
with a small 1

somewhat circum-
scribed grows
very rapidly ^{involves} ~~involves~~
infilling glands.
Delimited by a layer
of cuboidal cells,
you may find intra-
cystic growths that
are villous. Paget
describes when it affects
breast is very
apt to be followed
by duct cancer &
spread from periph-
ery to the center.
Scirrhous cancer
early signs are very
insignificant
swelling & the
peaking & the

~~some~~ ~~prune~~
✓ growth. under
magnifying glass is
unhealthy in places
very tender and
yellowish in color
bleed early. Have
an ordinary evacuation
and a part is very
sensitive to touching
+ foot. wounds & lacerations
and a pain radi-
ates ~~up~~ up into ✓
pubic & ~~the~~ ^{also} ~~also~~
scrotum to the
Don't want to get
stool. acting get
hard.

this prune me,
assisted with opile
mass. & where it

from my a friend
Lamond J. and

you may make
of fatty deg. Dis.
to look like milk
encephaloid voices
and like leonard
are ~~not~~ not an.

they implicate skin
quickly, rapid in-
plication of peritoneum
+ infiltrates the
glands. An encephaloid
cancer will kill
very rapidly. Duct
or

Duct Cancer.

Is rare form of
tumor.

arises from duct
of mammary gland.

Stomach

join it you may
find a fine mass
It is it. known
as asentinel fine,
~~so~~ and immediately
alone if you see the
figure. If
these simple figures
often get well told
when common or
some mild feyative
it used.

Treat.

more bones
well with bivariate
work of proportion
won water & cocaine
size & piece. Then
~~you~~ touch the
piece with pure

Corleone and other
mammals

for typical scurries.
One day, before
you come to see
you or 56 men

appear at church,
you may find a
throat with retracted
skin - you find
scurries move
out like a row
from you find that
when this is cut it
corks.

You may find albinos.
Many apes, one
you may find branches
extending into the
tissue.



For Chinese medicine
the old style is

Carbolic acid after
you have used the
cocaine, brushed
over it,

When deep you are
a lapotone & clear
or before and in-
ject some cocaine
whole wheels of cocaine
inject until you
have gotten around
it from then you
may incise it,
Dr. T recommends
Moron on rectum
dis. small & look
you then work &
put in coat thoroughly
with sterile water

best symptom is a
majority of cases.
Symptoms are
very distressing.
There is not alone
suffering from
cachexia of the dis-
but also from
cachexia of septic
poison. The can-
cer does not ulcerate
& in other cases
local apillory mis-
chief is worst, &
the apillory veins
enlarged and
have become
enlarged. 3 times as
large as normal
duration. about 3 yrs

...of ...
... ..

Time

Haemorrhoidal Abs.

But they are firm.

Dr. T. thinks the ^{majority} of them

commence as

ulcers, some of them

develop into the so

called chronic haem-

orrhoidal ulcer.

✓ vessels of the

haemorrhoid may

ulcerate and a true

ulcerous he. may

occur. there may be

he. may lose several

or even all in a

few minutes.

this ulcer may keep

up by constant. o'clock

of blood for treatment.

the nerve men me.
✓ covered cover.

Impersonal light.
When 1 life goes down
you make this
kind of incision
(axilla)

Other symptoms
are liable to be
life. the lgs. (epigonus)
get primarily life.
from glands going
in ~~for~~ ⁱⁿ ~~mediation~~

Every organ in
body has life.

✓ Lgs. liver, bones,
in particular, & dorsal
vertebrae.

So there is consider-
able pain and
sometimes there is
not. this is a promi-

Mr. 1
L. 1
L. 1
L. 1

This rectal ulcer, & caused cancer, where it has been present for years. They are indurated & very little discharge from its surface. It is yellowish & st. white they are not sensitive. You find them almost invariably on the left of coccyx part. That.

Excise & ulcer of anal & haemorrhoids. No ch. - rectal ulcer should be allowed to remain there indefinitely. Syphilitic tree, Syph is very rare

confluence of the
and the glans

in and come over
traction. In nipple
submamillary glands
become infl. &
the mischief may
spread up to axillary
glands toward the
axilla.

Somerset Handley
has proven the infl.
is a centrifugal one
the flow will be
in every direction
& not only in the
axillary glands,
but the organs
(int.) the lymphatic
thrusts live, then
in every way. Infl.
Infl. goes then

~~condylomata~~ ~~condylomata~~
~~condylomata~~

condylomata are
present there.

tertium rhyph. me
percept especially
in poorer clones.

There is a question
if there is a
breaking down. Dec.
in negroes. the quanta
are broken down
an extend and
further from and
extend into is this
rector form a road
along it. H.V.
whole of rectum
is destroyed. vicinity
left behind.
the, compared with
concern of rectum.

very dimpling pushing
ing upon the first
little lumps make
them appear, and
they spread and
you may find
3 or 4 ^{the more} go toward the
the they form a
perfect breast plate
i.e. very numerous
of perfect breast plate
= Cancer in Chinese
very lymph spreads cen-
trifugally from
the centrifugal
motion. In a condi-
tion the that it is
very easy to diag-
nose. the nipple
ducts are pulled

~~of the body has~~
~~injured the body is~~

Treat.

Anger to be
prevented by ~~treat~~
~~treat~~

Careful rotational
treat. of suppl. is needed
In both stages when
quarantines changes
are present you may
have similar tracks
Return me, dictated.

I sold standing cores
where return is
very badly injured
nothing can be done
at times. Colonizing
may prove to be done
to permit it to
heal up then you
can close & colonizing

May 27 1892
Wash. D.C.

ness, very slight
evidences of touch
could be made out.
Later on signs be-
come very definite
very important, you
can't pinch it up
and it becomes
dingy and becomes
markedly puckered.
When you react
then the puckering
you find bands of
pointing down to
growth of dingy
ought to be enough.
Skin is adherent
it is infiltrating
or skin is becoming
necrotic. During

young & vigorous
subject has been

May excise the whole
of the lower end
of the rectum
the ulceration

It does not differ
in any respects
from the left mouth.
Is not a... You
may get nec. with
ragged edges & under
mined, & a yellowish
color to it. These
ulcers may cure.
But - gen. condition
is usually poor there
it often a good deal
of emaciation and
you may have a
large cavity. You
don't often see it

the overlying
abdominal mass

an adenoma.
Infiltrating &
not reparable. It
fades to yellow
on either side,
not like carcinoma
can pinch up skin
you can palpate
skin over breast
on unaffected side
you will find it
is not quite so supple.
When you find this
you almost invariably
find the mischief
beginning to affect
surrounding ligaments
or close to it.
becoming inf.
skin loses supple

On observation
of the manuscript

in the early stages,
been made under
ruined edges,
terat.

being radical
use cutting & destroy
where you may
see cutting or
holding for
If spirit is in
away - you will
have to ~~so~~ destroy
it - you must
if you can avoid
it further.

Polliculus like
a not very, an,
not confined to
section - you find
little round dis-

over 1000 cases
causes death in 1 case
out of 11 in men
& one in 9 in
women.

Cause of Cancer of Breast.
Position of the tumor
It may be anywhere
it is probably more com-
mon in upper & outer
axillary segment.
The tumor is usually
capable of being
recognized at a very
early date. In the
early stages these
nodules of cancer can
be made out by the
size of volume.
Do not unless flat-
tened and not like

comes back in 1000
11 in 1000

white ulcers. and
when you wipe &
plug them off
you will see they
bleed. there are
some of the pot
loses flesh. they
yield very rapid-
ly to Chopin's -
Amorosa. give
1-2 3 tid. 1/2
fl. ext

Dysenteric ulcers

Amorosa

upper reaches of
colon rt. attacks
color magenta
in pouch of fingers
& comes in in
& 1/2. & 1/2. & 1/2.

the commonest
in the

as common of a tree.
Previous inflor
seems to be & come
but not very likely
Dis. of rippling
& come but only
in Paget's Dis. of
rippling.

Hereditay

There is no
figure in concerning
where. there is about
wholly no evidence
that it does.

Geographical
Distribution

appears
more in some
places.

I great Britain it
seems that comes

as soon as possible
I have no doubt
that the 1st of June

the. compared with
upper
throat.

Instead of
dysentery,
Proctitis, Ulcers
will be reported
Rectal Gouge. A
good in treatment
these ulcers, a rubber
rectal tube may
never be proposed.
You may use for
relief of pain
but with much
pain with some tr-
opins in it. 1/2 to
1/3. Do not use
~~too much~~.
Ulcerat. of rectum

Colored women
very much

female breast but
occasionally
male breast only
1 - 500 or 400 of female
Age.

Cancer is more
prevalent between
30 & 50 yrs. social
condition. more
in married
than in unmarried
due to more
being married women
than ~~one~~ not
in unmarried

women. You very
often find history
of trauma.
You may find the
fat but breast
against something

5-10-1898

you must treat, v.
majority of cases from
colonic portage from
below...

Lecture Mar. 16th 09.
Third Intermediate.
Tumors of rectum.
or growths.

1. Polypoid growth.

these are very com.
in children but also
occur in adults.

get many of them
consist of fibrous and
some of mucous tis.
extended by the
body of the specimen
there is a pedicle
3 or 4 inches long
you will find when
you examine polyps

with a few scattered
of nodules. or more

Diffuse infiltrating
schwannoma, to the one
generally met. with,
I have to bring
you meet with the
corresponding Atrophic
signs, Microscopic
easily
etc. recognized.

Intra-cellular nests
is well marked.
there is no alveolar
arrangement. they
are joined together



Course.

Dr. H. J. V

with different lengths
of pedicles. or some
fine. peduncles
you may meet with
them or in support
of the course of the rectum
etc. & strappings of
stools is a sign of
polyps. You may have
an intussusception
as a result of the
strappings. If they
may become strapping
relaxed when they
stick out of the anus
and may become strapping
-greatest the best
that - when they stick
out of the anus is
to ligate & cut off.

~~the atrophic~~
Dermis of atrophic

treated. Some will
kill in existence
& some longer,
1. ~~the atrophic~~,
simulus.
2. nodular circumscribed
red simulus.
3. Infiltrating diffuse
simulus. or Browning
Cancer. this looks
more like an inflamed
breast.

Lecture Feb. 11th 09.
Atrophic simulus is
excessively broad.
Fib. tis. appears to be
struggling all over
time ^{out} of existence.

Brook. Some will
kill. Some will

Swine to examine
~~to see whether the~~
and strip off with
scissors in some
cores.

So we meet with
rectum, and called
pillous growth it
appears on first sight
to be masses of polyps,
but is a papillomatous.
Papillomatous.

they are every
growth, and they
are more com-
mon toward the
rectal outlet.
they rarely arise
from the mucosa.
longer than the
festoon line

common in infancy
and in old boys

same. present for
to 10 yrs in breast of
old women.
there are the patches,
varieties. So there
cells undergo colloid
degen. This is usually
in encephaloid growth
(great myxoid
fibrous

contains a
moderate amt. of
cells but poor in
mixture. Will advance
& affect lymphatic
channels. This
will give rise to
metastases. Will
kill in from
3 to 4 yrs. unless

to grow much of it
of growth. miss

they may arise
higher in return
but are not as di-
rectly papillomatous
as those ^{are} ~~in the~~
these are cardiac,
which are, mostly
a bloody or inflamed
cases. It may come
infected and ~~be~~
infected and may
be mistaken for
an epithelioma.
they show a spread-
ing of the ~~epith~~ epith
and round instead
of inward.
Great masses may
form about the
anus or

Lawson J. Brown

Alveolar tissue.
This part softer
than rhy. growing
from the ~~bone~~ ^{bone}
this you get every part
until you come to
a atrophic rimless.
In this you find
regular bundles of
tissue interlocking
in going. ~~direction~~.
There is no ressemblance
to particular
cells. arranged in
alveolar arrangement.
the alveolar part
grow rhy. & invol
ves. rhy. the con-
to part with few
cells grow rhy.

Proctitis
from other
time

Cancer of Rectum

Pathol. considered
to belong to 2 classes

1. Epith. of the rectum
proper.
2. From the procto-
derm or pitting in
the region that arises
from epithelium.
Different from that

Histologically the tumor
is different above &
below ~~of rectum to~~
~~rectum~~
line.

per. line	{	above
		adenoid cancer.
	{	epithel. area
	{	below

condemned
condemned

Ch. Interstit. Mastitis,
Of

W attacks ducts &
of glands ^(i.e. duct cancer) gland cancer
V duct cancer cells
are more conical
or tubular, lined
by cubical epithelia
more or more layers
they try to mimic
connective tissue, but
+ make a poor job of it.
they work as amoeb.
You may get good
alveolar glands
others are not &
are hunting for
round cells to get out
to opening for tendency
for alveolar arrangement
want to be preserved.
you get a pin amount

Robert Jones
The Rectum and Sigmoid

Dr. J. M. M. (M. M. M.)

they may spread
through the inferior
haemorrhoidal
vessels.

Epithelioma grows
very much more
rapidly in

For a long time
Adenoid cancer
grows very slowly
the glands along the
rectum are invol-
ved.

Cancer of upper
portion = Adenoid
form of cancer.

Tendency of prosta-
te to go on forming
new material all

2ndary deposits
may occur.

Drug

If early stages
is difficult.

Treat

to Carley &
free removal
Remove axillary
glands. If pectoral
muscle involved
remove them.

Carcinoma of
Breast.

may occur in
difficult situations
~~Epithelioma~~

Epithelioma ripper
= Paget's & may
arise from cancer

unreliable
unreliable

the time. there is
no chance of coming
to go on without
involving the re-
tal. we need more
orders?

1 sympt. of cancer
may be considered
only. I have got some
boilers that will
break down, and
one that will not
it will give rise
to different sympt.
I sympt. and differ-
ent in low and
high cancers.

How cancers about
1 am very often
have been

in the middle of the
the middle of the

To. When they get
very large & breast
tissue disappears.
Within this becomes
inflamed and
pectoral ^{muscle} more
and in women
after 30.

both are painful.
implicated pectoral
muscle & skin apoplexy
glands are present
along time. etc.
some tumor
from cysts they grow
very large from met-
astases & int.

organs: ~~prostate~~
Prost. Dr. very good

W. H. H. - 1894
New York

as a symptom, there
is a possibility of
symptom.

It grows slowly,
usually first only
one symptom present
and that is colic,
colic seized by colic
+ relieved by a passage
of a small amount of
food it is a serious
symptom. So that
symptoms are very
quickly followed
by other symptoms.
the patient may be-
come constipated
and then have
diarrhoea alternat-
ely, and may lose

~~these are the same~~
easily. Will become
pige. & break down to
the growth again
size inc. large
12 to 40 lbs. in
wt. usually grows
very rapidly dependent on
character of tumor
Treat.

Removal of
breast, & also immed-
iately. benign
unless that is not
of adenoid type,
they may arise in
the intermammary
may meet with
largest small spines
& round cells & ~~sp-~~
the color brown

rough. will loose
high - low come

for a long time.
this is the condi-
tion particularly
when the lumber
is getting small
after ~~the~~ while
the lumber is less
frequent and after
while the gut may
be stimulated.

When the corner
breaking down you
may get off in the
the fish class &

arms, and you
hold it so much
in the corner & things.
P. m.

It is active
by about from the
beginning to the end

Josephine

Dr. T. don't think
it occurs from
30 to 35 yrs. age
mostly in married
women. It chances
that women who have
nursed one or
more children be-
come liable. The
cyst may enlarge
and may burst
& discharge & they
are lobulated.
Rectal veins are
affected. the Axillary
glands not affected.
They have a granular
top. appear on
great big rosette will
spring out. bleeds

of course a
very good life

practically
you may feel
relieved in the
growth of the
rectum. Left
sided radiation
is probably to rectal
cancer in the
majority of cases they
will have infected
& open up the bag-
and lead, and you
have a very bad
condition. May
have a fistula joined
between the ileum
& rectum. Lymphatic
glands may be inflamed
rather late.

very big - 10
very big - 10

canes. Billroth
straightened this out.
Cysts recurrence
does occur. Disease
in stomach. Is disten-
sion located in
early stages. Is nat-
ed with small
cysts. from first point
to first point in
size.

Most have been
very large tumors
shed lots of cysts.
now is called new
raised not among
cysts.

Cases.

Women
arise to injury.

course. Billings
Wilmington, N.C.

You may get tumors
in the soft tissue
and they may
produce partial
thrombosis you may
be able to feel
these growths
with the finger.

If there is a
narrowing you
may use a proct-
oscope.

It is better to use
a sigmoidoscope.
You may with a
proctoscope examine
the lower end of the
sigmoid. You
may make a small
button hole ^{incision} ~~incision~~

St. John's wort
microscopic

from. microscopic,
it is not encapsu-
lated. Is lighter in
color than breast
tissue.
they are not very
an growths. Few in
clusters of breast.
Treat.

complete & early
removal. not really
very to remove
pustular mass.
malignant affected.
~~Adenoma~~

Cystic carcinoma.
Many of the seeds were
gone ahead then, so-
called but they
were not. they were

more or less of
lower. etc.

then & lf. rectus
mus & lf. V
pelvis. Do not just
scribble in the
present days to take
everything for granted
to regard to the
rectum.

Diagn. of epithelio-
ma.

It is usually
very early the symptoms
of tumour is almost
invariably present.

If you do your duty
+ take an exam.
you may tell.

After your mass
may be about the

may arise in the
2nd. We have adin-
known address
recomata.

History

It may be a
tumor in the breast
present for quite a
years. It was freely
movable & stayed
for years, no retracted
nipple. It may
still be freely movable

When a tumor is taken
out it may be lobular
or tumor may
look like a goiter
& appear to be incor-
porated. When

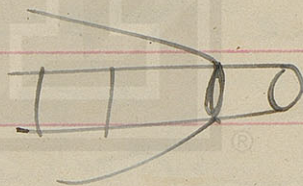
anastomosing,
occasionally it
is a perfect canal for
or many such
involvement of the
glands of the groin
the patient pre-
existing
condition of the
muscle, pre-
existing & incontinence
of feces results.

the above
the above

for the mental
effect. View any
swelling or any
tumor off & look at
with magnifying
glass. You may do it
with coffee. It may
not be necessary to
remove growth
every time.
they may remain
for years & do not
give rise to trouble.
You may get the
change from
to carcinoma but
to adenoma - carcinoma
- the intra-
cystic growth are
very papillomatous

for the machine
of the Kew

than those above
the glass plegion
must come out
at the same time
wherever it can
be done safely the
splinters must
must be moved.
Not safe do not
leave the splinters
if it might come
recurrence.



When the growth is
high up you may
cut the growth out
and make an end to
and destruction.

the skin is less

ment is less.

they do not come
retracted nipples,
puckered skin. nor
enlargement of the
axillary glands. If
present for long
time they may
become malignant.
The glands of the axilla
are enlarged from
inflammation. one
here & another one
here. Age of woman
is important. Adenoma.

in women
under 30. Carcinoma
rare above 40 yrs.
treat.

Best to remove

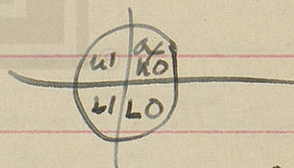
some bones large
1000 S. 1000

the sphincter ~~muscle~~
are not ~~injured~~
here.

If the growth is
referred to the sphin-
cter the sphincter
may have to be des-
troyed. you may
preserve but the
gut to the upper
part of the intestine
and suture it
there. You may remove
masses portions of the
rectum. In the
cancerous growths
of margin of the
anus free removal
is the treat. Incision

mayham salmon
+ good good boys

where boulders repeat
edly you may have
jiffy, & you have
trouble to shell out,
& may have to
remove some of the
time the turtles
vary according to
stage in which they
exist & they may
occur anywhere
but more partic-
ularly in & skilloy
regions



they are movable
practically free
from break time.
When near the ripple
the penguins move

where found no more

then send out &
remove may have
to remove the splinters
Strict. of Rectum
Is of course due
1. to malign. growths such
as cancers. Strict. of
2. also due to dysen-
teric ulcerations.
Stric. due to piles
& to prolapse.
3. Strict. may be due
to syph.
Dr. T. don't think
syph. ulceration
is true sign of
strict ife - very
hard to make out
or verify. the
Strict. of lower end

~~Some count of~~
~~heart tissue = adenoma~~
~~Some count of = fibro-~~
~~adenoma.~~

Some count of
heart tissue = adenoma
Some count of = fibro-
adenoma.

Some normal fibro-
rous tissue = fibro-
mata they are
adenomata, however.

Adenomata are
not so soft as thyroid^{adenomata}
Some are hardly distin-
guishable from
cystic breast.
Some are circum-
scribed.

When removed
they shelled out with
ease. not as easy
as thyroid adenomata

of joints and

of rectum. The
hard stools are
flattened and look
like tape worms.
It may have to
mean pneumonia
and you may have
to
there are blood pre-
sent in the feces.
there symptoms are
very definite.

If it is 8 to 10
in. up in the rectum
the stools will
not be tape like.
Whereas this one
high up you may
have been relieved
by

~~Adenoma~~

Yellow fed. disc.

For nipple itself
to to operate & remove.
In most cases where
cyst is present is
best to remove.

except in multiple,
any cyst that has
autocystic growth
had best be removed.
Cysts that occur in
proliferative growths should
be considered under
this head.

Adenoma of Breast.
Is a simple growth,
which has been said
about adenoma
of thyroid & elsewhere
practically.

Green leaf. over

of constipation &
diarrhoea alter-
nating.

the dog. me. 2000.
figure from 8 feet
crook & bangies.

Treat.

In strict. of
low degree bangies
me. used with great
advantage. If the strict
is low down the best
pilots on the fingers
of the foot. So the
best treat. is by
~~depletion~~ dividing the
strict by cutting them
you cut back and
and the same.

gum disease of the
throat

hooklets of ^{again it} hydatids,
treat.

Multiple
cysts are looked upon
by some authors as
being malignant, this is
not true always.
the breast may feel
multiple cysts and
be in a majority
of cases perfectly in-
nocent. & larger cysts
are always subject to
infection. When it
gets a size of a marble
or the size of a golf ball
it should be treated.
Papillomatous intra
cystic ^{growths} make
their appearance in side

Booked by [illegible]
[illegible]

every.

I am sympathetic that
you can do a great
many things that are
ambitious. I suspect
that because the
anal orifice it is
wise to incise &
cut the growth out.
then you may bring
the rectum down to
nature to the skin.
Everybody sympathetic
loves where there
is a 5 or 6 inches
or 3 inches you may
cut off the growth
to have a marginal
colostomy.

Piles or hemorrhoids
Lecithine Mar 18th 02

May press on vein.
feels free bed. it
sneezed fl. for
it. you must
see if r. eye is con-
nected with breast
tissue. as soon as you
go thru ^{with aspirating needle} ~~the~~
you turn over and
turn to go rly and
look thru window
may with down
body fl. or view
thyroid gland me.
Pierced. Doctor
tongued to blind
1003 Sp. Br. no
old. an immense
quantity of Koll

Low is not low.

Lecture Nov. 18th 09.

Piles or Hemorrhoids.

Do very ~~impt~~ ^{under-}
stand anat. of lower end
of rectum. the ~~hd.~~
v. seem to be derived
from upper part.
In congest conditions
one can trace these
vessels coming from
above. there is a
region of v. in splin-
eter marked, anastom-
osis between v. inf.
& sup. hemorrhoidal
vessels. you may
inject ~~hd.~~ methylene
blue into the ves-
sels of the rectum
and it will appear
in portal vein.

Any comparison with
with the conditions of the

Lecture Feb. 9th '09.

Ding Page.

Is it easy
that is difficult. It
depends to a great
extent on the ^{tenacity}
of it.

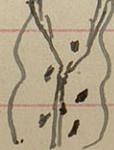
usually page
is glob & clotted.
If contents are confined
under great tension
this elasticity ^{is}
lost. It is ^{the} nippe
is contracted & one.
Cause of ^{the} ^{of} ^{con-}
v ^{and} ^{are} ^{pulled} ^{on}
and cause a great ^{ten-}
dency to ^{contract} ^{the}
sides of nippe.

Lesson 4 of 6 30.22

Any congestion of the
suprahepatic or subhepatic
veins will
cause congestion
here. portae & con-
gest. will cause
it. the mid. haemor-
rhoidal vessels
will arise from
the vesical ab.

at about 1/2 from
of 1/2 rostrum you
will see the sup.
haemorrhoidal ab.
single then it will
divide and pass on
each side. It crosses
1/2 margin of 1/2 ^{anus}
under 1/2 m. m.

1/2 veins follow 1/2 rostrum
course as the arteries

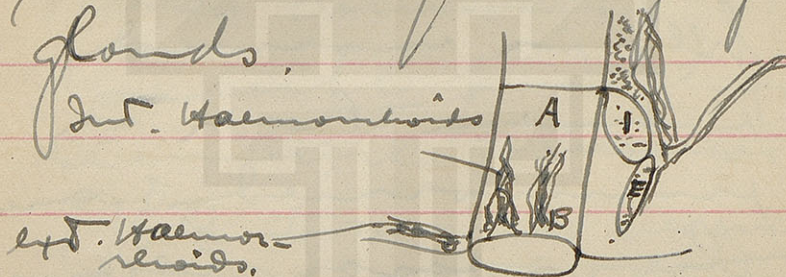


retention cysts.
B. Serous cysts,
across the
thought to be at the
gynephospores.
Contaminated
serous fld. contain
cholesterol crystals
one large. I single
or day use. ~~multilobed~~
more usually v. later
Hydatid cysts,
prod by ~~schistosomes~~
4. Cysts developed
in porcomata
in adenomata.
Do hard to say whether
cyst or sarcoma.
existed primarily.

Complete removal



Complete removal of
v. rectum in early
stages means complete
removal of the lymph
glands.



the house has power to
event & and more.
the bld vessels are
intimately connected
with the mucous
coat of the wall,
Pile bearing more &
below is int. sphincter.

missed 16-17
missed 17-18

Down a road
observed swelling
perfectly painless &
usually well defined
egg-like size of oval
just as soon as one
fly is married
woman than in
unmarried women
they may become
free field, person
1 cyst may cause
held stone & fld to
come from r hip -
2, ple, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Int & Ext. Coenon
should occur.

Ext. H. are those around
the anal margin,
when you cut your
rectum up the center
you will get 3 dis-
tinct columns.

You will find that
when these columns

of bld. to vessels become
dilated you will
see three pld mas-
ses.  Part mas

RT & lf. lateral masses
you have three
masses of veins &
you must remember
this.

Partial conditions.

They are not

What are they?

after retention cysts
are met with
due to different
causes they are
after multiple
surgery in breasts
that have been in
planned, then
one hundred of them
there multiple
cysts are not.

present at 1 man-
groom they are
thought to be due to
degeneration ^{of} the
thought to be an
involution ^{cyst} change.
the chances are that
breast will not
become cancerous.

of the venous system

What are piles?

they are dilated
& inflamed veins.
where you have simply
dilatation you should
not speak of it as
piles. It is more
than a dilated vein,
it is inflamed.
Remets of phlebitis.
clotting & thrombosis
are the most im-
minent. & vessel
is hurt and clotting
& thrombosis occurs.
In rectum you
have inf. & you
there veins outside
thrombosis often be-
come inf. & you

get knife & inform
the surgeon. The case

these look like
pig skin.
Don't mistake as
suppurative breast
for cancer.
Dypl. of v. breast is not
so end. but is met
with.

Cysts & Tumors of
Breasts
Cysts.

. Most met
1. with one retention
cyst. For some
reason or other
there has been a
blocking of gland.
Gland cells & an
excess of fluid
result.

that's all

get into & inflamed
thrombus. At this
it is a true
moss is replaced
with a lot of fillets,
then & inflammation
accompanies & throm-
bosis me. so severe
and come going.
Circ. is interrupted
with & going, occurs
Necrosis of v. of.
It is very common and you
may have bleeding.
It is sure to recur
and you have
the piles appear as a
margin of veins and in
early stages form soft
bluish swellings they

Recessed in some of the
and made to them

who has a
syph. child can't
be inf. with syph,
these primary chan-
cers over syphilis
don't differ from
primary chancres
over diff. they may
vary in size & thick.

Gummatous murch-
ies in v # breast
is very common
may get an osseous
depos. elsewhere.
may look necrotic
& show yellowish
thorough.

To supply the virus-
chief with inf.

Knows when the
should be in the
corner

T.B.C. may
attack the breast
but it is rare
Carcinoma may
occur in the
breast and pitted
with sinuses &
destroy breast.
It is always wise
to make a clean
sweep of the breast
in the U. & try to
prevent infx.

Syphilis
may attack &
breast. May occur
from some other
chronic body
running ~~in the~~
~~body~~ ~~breast~~
body. Arteries

group of 1 person
L.C.

bowels open. They
should be instructed
to work after the
bowels move.
Laxatives and at-
tention to cleanliness
will do most good.
thrombosis may occur
you can treat in
office by inject. cocaine
and ~~other~~ clot
but an ulcer &
fistula can be
treated as ulcers
& fistulae generally.
Dr. H. H. H. H.
they contain veins
& arteries, which are
enlarged. You
find little tags

inverted cone
to your credit

nipple & cone
diminishing
It may come
diminishing & pucker
ing of the skin,
It simulates cancer
very closely.

Some surgeons 
claim that breast
tumors should be
excised. Should
use separate knife
because breast tissue might
become inf. from cancer &
some of the growths.

Open and
drain, not rob
to remove breast
that contains a
oh, alas, some might
think has been done

~~nothing~~
~~some or other~~

If you wish to
find veins & nodules.
You may find
iron ore & pyrites.
They are not large
or do not become
colloidal, seldom
larger than $1/4$ in
across they may
form very large
lumps. You find they
are caused by many
conditions. The
circulation of the
body has some thing
to do with it.
It congests the
arterial system,
and carbonic
dioxide & repeated

✓ most likely
Linosyris bond

-rem. It is a well
ring that one, left
behind after looting.
It may however arise
without any
consequence.

It may be transfor-
med into a cyst,
containing pus. If the
walls are too thick
it will be mistak-
en for ch. abs.
Long continued
presence, no
increasing size,
no fluctuation,
no sinus formation
significant growth.
Many pull out

It is a well known fact that in the

pregnancy, constipation may come, & during time prolopro bleeding of the rectum occurs for prolopro of the rectum. When fissures occur you may have severe pain. The bleeding may prevent or obstruct a part. Prolopro may prevent to a more or less degree Rigors may occur.

Palliative treatment,

May do a great deal for the patient after each move.

the level
from a good

To move down here
nodules may disappear
and appear again.
Another coal rock,
gr. T. now washed
out.

As a rule if induction
Ch. nodules, they will
get better. You may
find with Dodine,
m. bell-shaped flowers
+ stony. I may even
see Kroy.

~~Ch. Encysted~~

Ch. Encysted also.

Don't know
but is occasionally
met with. Is not
often met with in
these places
who have been tried

of more - some of
working time

ment and attend
to the bowels.

Operot will be
necessary in a great
many ~~the~~ ^{cases}.

the foot will break
vaporat - and are
hard to get the ^{con-}
tent, they may be
potent medicines.

You should try to
use more local

anesthesia.

Mason an office
treat. of rectal dis.

is a very valuable

book & D. T. advises

getting it. you may

signate the ~~copy~~ ^{copy} and
sent you and I ~~will~~ ^{will} it

Oct 2 1890
Wm. A. A. A.

one hand reduce
in breast is suspic-
ious. If we looked
upon as an infil-
tration of the breast,
if it were small
reduce that would
not & diminish me,
present in both breasts
but not usually,
you may have it
simultaneously scarred
very closely, ~~you~~
if it disappears & comes
back again & gets better
it is probably ~~in~~ ⁱⁿma-
tion. To insure an
in distinct where
women work in fact-
ories, & work hard

side of George
singer George

Clot on T.
When a mother is
given a pot. must
be deeply mortified.
Treat

Quercus

Incorporate Quercus
piles where there is
no columnar mous
& they bleed. Dr. T.
believes a contour is
the best thing for
you may stuff a contour
and pour of honey
could it you see
a conger points and
joints. with every
fine contour you
may easily be rotated
~~off~~ under the crown.

~~Samuel~~
~~Smith~~

Character by V appear
None or minor
hardness in
breast they bony
in size from a small
bird to size of
pigeon egg but in
menstrual period
they increase, they
are not continuous
with mammary
tis, they are osseous
with soft. may
hardly become
irritable & painful
& v glands & axilla
become somewhat
enlarged.
In women over
20 yrs v presence

200 to 1 by 1000000

~~Yago~~
Ligature.

U n m n. of
U n e t u m is inverted
and you sign the
pile m o n d and
drop it and you
end ^{U n m n.} around 1 pedice
If small you may
tie a ligature and cut
off the pile m o n d.
You may ligature
3 m o n d s. that is
very satisfactory if
there are vessels every

Clamp & Conting.
A n i p e e is rigged
in pile p r e p o r t
the Conting Clamps are

~~the incision~~
~~should be made~~

In submammary
for the incision
should be under
neath & breast &
not thru. You
should not drain
also thru & sub -

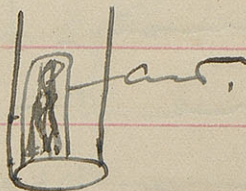
~~mammary space~~
when a mammary space is not
sufficiently for it may need large abs.

Chronic Mastitis
in Ducts of Breast
Scientific name is
Ch. interstitial Mastitis.
It is probably an
infection & the cause
one ^{very} common may
or appear in uninvolved
women more often in
puerperal women.

For the purpose of
the experiment

fortened on a
squeezed till the
upward by
beating a rolling
iron band, having
it a dull red heat
and cook it down
until almost
like a cinder. This is
the least painful.
then there is more
scientific figure
Quem. Operat,

He enters the room.
off and drops the
pile massant.



the opening in the
peritoneum

Whitehead Operat.
Is excellent, but
should not be
done in every case,
He pulls ^{1/2} the rectal
m.m. out, and
this operat. in core
less heads is liable
to blunt the yolk sac,
narrow and here
you may have trouble
In cases of prolapse;
you must be very
careful,
Dr. T puts the clamp
across first. then
a ligature well placed
to give a more
secure result you may
use Deane Operat.

Joseph
Mott
1891

You may get cases
that are hard to
diag. When these
growths form they
may simulate a
scirrhous growth.
only it comes in too
rapidly. The temp.
rose at first and
then ceased to rise
but the bld. count
went up & up.
You might aspirate
but you could
very easily miss it.
You might avoid
drawing attention to
breasts. Dr. I don't
think it is wise for
a woman to nurse
occluded with a pip

~~Myerson says~~
~~miss Johnson says~~

Inject Method of Treat.

The serious
objection is that
you can't control the
amount of these
injections.

Mixture,

Emul. fld. ext.

Colloidal acid 95%
equal parts and
inject a few drops.
When you get the
pile mass down
and when you
seize 1 pot. thumb
you may inject
again then work
out a little more
then you inject more
until you get a pile

not to get into
the ground

from one incision
If too far apart open
should make another
incision all you
incision should
radiate. ^{from nipple} No 2 will
give plenty of time
to do what you want
to do, I enter in
spite of opening
up lobes it may
spread. And you had
better tell your job.
Because they may
have to be opened ^{again}.
Don't drain with
gauze you should
put short lengths
of drainage tube of
good size.

drop of mercury
was placed on the
common nail

mass out. You
may inject after
snaps and the mass
will shrivel up.
Dr. T. advises the
trial of it.

Treat of these ^{menstrues}
with very nervous
pat. there is a hard
spot to do anything.
You must first
put the finger in the
rectum you lubricate
your finger
with vasoline. then
you gently pass
your finger in and
weep a finger around
then you may feel
the haemorrhoids

Stomach & Colon
Cocaine & Opium

are dealing with.

You may see them
associated with con-
tracted nipples.

You may see signs
of Arterial Fever

When you are sure

pus is present it
should be opened

up. Cocaine is not

very good. You may

use Nitro Oxide

You should

break the

colic up & facilitate

& scrape pus because

the pus is not in

one cavity. You

may use your finger

to open them up

then you take a
cocaine syringe
and inject there
margin of skin
& run up then you
raise with a finger
pointed forefinger
then inject more
cocaine into the
wheel

Lecture Mar. 23rd 09.

Protopse of rectum
& anus

2 var. of prolopsis.

1. Protopsis ani.

where rectum is

alone is prolopped

2. Protopsis Recti

where any part of

to come across a
person in the
mountains

Suddenly v temp. will
rise up. this is
july a pe runner
of also there are
hills & colly spots.
If melling to you
kept up for a long
good condition
may get better.
However it may
get brown ^{thing} that
is thick & glozed
a temp. runs up
not. get sick & tongue
ruined. You may
have 2 - 5 or more
lobes involved.
If you find v temp.
runs up you
may be pretty
certain what you

to crop. diff. min
/bedding & thickness

rectum is prolated
& contains muscle,

Prolapsus ani
accompanies to a more
or less degree a local
case of piles. ~~where~~
1. ~~man~~ is evident
& is similar to that
in a horse.

2. constant straining
will produce
not only a ~~water~~
~~water~~ but of stool
& peritone in blood

3. prolapse consists
of the m. alone
but is not attend-
ed with any serious
consequences. The

from the breast
will come

obstructed ducts
and also due
to milk being retained
too long. One
lobe is usually
affected at first
but inflammation
may spread from
lobule to lobule &
inf. & whole breast.
this is rare.

Symptoms are character-
istic. During lactation
woman will com-
plain of soreness of
breast & pain when
child sucks.

of your presence

men will come
down and prevent
house emptying -
Is more serious
for haemorrhoids
treat.

Depends on
course.

With no fatal course
attend to gen. health
and general clean-
liness & wash with
cold water after action.
Is symptomatic cure
as with typh. fever
or stone in bladder
Cure these. In

haemorrhoids cure these
You may see &
pains with & cutting

Protophormia

the idea that v also
also commences in
a suprat sub non
many is probably
not so. they usually
arise from fissured
ripples. It is usually
intriguing at first, &
then from time
spreads & ruly sym-
metrical to, ~~the~~
True D. from many
also as ripples & v
herb. ^{to consider} others & v
peaks.

Cones

one life.

much fissured rip-
ple & dirty mouth of
which are due to

the index that 1000
the common eng

Prolapsus of Recti
Here rectum is re-
laxed, & bowel will
slip down & int.
sphincter does not
come down you
may often find a
mass of rect. pro-
lapsed with it.
You may pass your
finger in & make
out the condition
of affairs. there is no
difference between
this and intussus-
ception.

if prolapsus recti
is more common in

Classical from above

maybe cured by
earlier morning
In the later stages this
would be brittle, and
then it requires opening

Lecture Feb. 4th 09.

Abs. of breast. Here
he means those that
occur in lactating
women.

there ~~also~~ ^{also} always one
from some life.
as firm nipple etc.
Spreads along ducts & at
life - & again.

Classification

1. Supra Mammary.
2. Ducta " "
3. Sub " "

~~Chilled then others~~
~~comes~~

Chilled then others

comes

1. Counting
2. Pyloric
3. Stone in Blod.
4. Rectal wounds.

For rectum to
prolong very much
& micro-color must
be very loose, & ant.

Small prologed is
st. tremendous. there
are only a few in-
ches or feet or 3
ft. that portion of
bowel near subject to
traumatism & velvety
appears is lost. When
they cry they may

- The symptoms are
observed in cases

but it is me. a
malignant dis. of
a nipple. known
as Paget's disease
of nipple. Very
obstinate and
to treat.

Mortality of float-
ing women.

It should not be
run. me. present
symptoms,
the symp. one
colic, tension,
redness, pain, the
child me. taken
away from the breast
to breast be able
to get hold. In early
stage of obs. for 40

came it to me.
you may have dif-
ficulty to keep it
up. the point men
come going. I thought
I came. it. agh.
many of these child-
-get better spontan-
eously and I believe
will cease to come
so down those that
sout where I believe
is beginning to lose
texture, often child
weak & cross.

treat

and playman's
permore noise in
a blood. & if cough
cure it.

2/11/08
J. J. J.

~~the~~ beginning may
over Is very
obscure over
ch.

that - stop running
within breast stay
various remedies
you use in beginning
you may begin with
grd. starch.
then use 1 oint.
I lead to 3m.
After an evening
nipple lasts for
a few or longer.
you must be care-
ful to see that
you are not
dealing with
using the demerol

~~Transverse~~
~~Transverse~~

Operat.

2 Kinds.

1. Excision of bowel
from and fixation
from above.
Cripps. from above.

Treves is the operat.
from below. you ex-
cite & rectum you
cut half way around
& separate then
the other side
don't let it
tube slip away
from you.

Ball of, success-
ful Recto pexy
= Balls operat.
where you go in from

of the influence
of the 1st & 2nd

away from
most opposition
in this.

you may see well
don't over ^{finances in r.} nipper.
they may heal up.
you should not
allow mother to

run any risk of injury
to her child.

you may have
little vesicles forming
in varicella. When
this occurs you

should stop
nursing in that
breast & ~~the~~ v. abs.

opened & allowed
to heal before the
child is brought near.

from the bottom
of the stomach

above and suture
1 gut to v iliacus mus
there a slit in v
fascia. the bowel is
then returned to
the mus. this operat.
has been proved to
be very successful.
this is superior to
Balls operat.

Sympt.

of spasm of
sphincter musc.
Occasionally this
is very distressing &
pre. more or less
constant & may
come on in waves
or spasms.

to examine
Mr. M. Smith with

Extreme cleanliness
& use of alcohol
may relieve this.
they are found in
1st child births
things may appear
as ordinary chaps
they may present
have grown the over
it when ~~the~~ looked
at under a micro
scope. they may
think the firmness of
nipple is a thing
that is necessary
or rather a part of
the process.

When a nipple is
crooked you may
use a little oil

Extreme, chronic
the most violent

It me. afflicted with
haemorrhoids, &
fistulas of anus.
Dyspyrosis & bladder
affections & papilloma
& affections of trig-
one of v. flesh.
Prurigo..

Intense
itching about v
rect. & anus.

v itching me, due
to agt. many things.
If it is itched
actual worms or
lice or scabies then
you can get rid
of it. It me, due
to lichen & to
piles. then it

51 or 52 years
more or less

follows -
first stage
to in puberty pos-
sibly will occur
+ it is rare. Inge
may result from
improper handling,
which occurs
in 3 periods.

1. Infancy
2. Puberty
3. Puerperal

Life may occur
in the nipples + areola.
During the first
child may be very
difficult they become
red swollen
inflamed to the point of
much pain.

the score

men: I am to a con-
dition that will
be distinguished
for a time & again
occasionally it
remits in infor-
mation of fitted places
they may ^{resemble} ~~resemble~~
supplimental lessons
there are some
times. there are some
redness only in
some. In fact
in day and night
more at night
some of course can
be cured easily &
others cannot
You may not be
able to cure.

22 - 2 Nov 1922 - 22

marriage ceremony
but it comes as you
fancifully, but it
pleases only
ignorant landlady of
this wife. Then
in newborn child-
ren of 3 or 4 years
both boys & girls
& brothers, infel-
lible. It may re-
ceive a white bird,
the wife for cloth-
ing. But may from
that.

It to me
a tireless lotions,
a little careful
marriage &c. good
this open & direct

note to 2000 J - 58
monsoon monsoon

Photo prep & etc.
hatched used.

It me. a neurosis.
You may point
point with dotline
or Agllo 3, or you
may use Corlelie
and wh. is chest.
but not long run
it does not.

Bull has done an
operation.

In which
tried to destroy the
sympathetic to and
margin. which
to. may be dissected
up as you want but
too deeply because

~~the~~ the ~~thin~~ ~~T~~
 & use attraction
 formula, and draw
 L. cyst.

they've come infected
and abs. cavities
from them & breast
nearly all breast
me. Ca. but,

Blow or squeeze
rapidly inward of eye formation
this is more for the young women
J. H. Brewster

any inflor. that
occurs in breast is
called prothia.

they are often renewed
Prize. forming a large
if not a large - In the
coming years we
meet with a condi-
tion known as

~~the~~
~~no~~
~~on~~
Sphincter
injured. There perot
are ~~one~~ to be tried
in ~~young~~ ^{old} coles.
Foreign Bodies in
Rectum.

To find all kinds.
Some have been
swallowed and some
have not.

All kinds of foreign
bodies may found
in a rectum.

(Poulet on foreign
bodies in sigmoid) ~~is~~
is interesting.

Some of these foreign
bodies are passed
with out any.

Unk.

cytic fluctuating
thrombocytopenia & breast
Aul was reported
that he had 10 lbs,
the milk may be
come creamy, the
tumor may float
for some time
the smaller vessels
are not present,
they may not give
rise to tubercles, the
way to stop them is
to stop location in
both breasts. They
are evacuated.
You do this by
having cocaine &
make a small open-
ing over the tumor

of the heart

Trouble. One must
be cautious not to remove
of these foreign bodies
just now must
be careful in removal
Rural who ^{are} ~~must~~
not be angry. The
next one, wounded
with out any
apparent lesion.
& Even a boy got
me inserted
When everyone gave
sticks etc. ^{with} ~~that~~
have made us in
that part or provide
-ing power and
you had best open
cold & see whether

Wm. L. Lusk
New York

Some women have
an excessive secre-
tion during preg.
Gastrocele

Is for
tion gastric tumor
in breast contain-
ing milk. This is
due to the duct
being occluded.

It is common for
tumor only. It may
be due to obstruction
during preg, or a
fup previous obs
may have rupt.
there is a history
of ~~injury~~ injury.
~~that~~ is usually a

very common and

rect. has been
wounded. The rect-
um, wounded
intra or extra perito-
neally. In wds.
of rectal injury bullets
upon exposed ex-
posed what injury
is. An extra-peritoneal
wound of rectum is nor-
mally not as serious
as the intra-peritoneal
wound.

Fecal impaction.
this ought not to be
overlooked. It has
happened that a abd.
has been opened when
impaction of feces

to cook & manage
your own

tion known as
agalactia =
no milk is secreted
by breast to all.
A slight degree of this
may occur alone, or
it may lead to
to be fed at the
galactostasis =

Excessive retention
of milk. Distressing
& may be deter-
mined only on a woman
very often can be
relieved by pressure.
may be relieved by
pilot. They may
seek & aid of another
child.

~~many way~~

were present.
various degrees of
inspiration may be
seen. Usually at a
few minutes, &
a good deal of
there is a great deal of
feeling & excitement.
quick pulse. Some
breath & sometimes
there are, vomit-
ing. you may
find a constant
stream
of water and you
may find some
core in the water
when low in the
rectum. the
handee. then

When you do these
things the vessels

usually one of the
hypert. some are
very fibrous, and
some contain a
great deal of gld.
things. There is
no treat that we know
of that will reduce
the size of the breast.
We have been used
at first operation
always refused.
At B. & after while
they will con-
sent to removal.
Altitations or abnor-
mal secretion in
the breast.

these microscopi

our possession

When you dig above
them the cross
you turn the water
in and work it
out.

Diseases of Geins
- Urinary Diseases
they seem to form a
system of their own.
they refuse to go in
a clan of their own?
they are developed
in a unique ^{process}.
Kid. & ^{testicles} ~~ovaries~~ are
developed from
some ^{structures} ~~organs~~.
The & ~~bowing~~
may travel the
roadway.

~~the condition of the~~
condition. It
thelyt come on at
fertility.

Quintessence its
true nature is
recognized. It is
concern too rapidly
the time round
preg. is passed the
best they go on
increasing fast.
they may weigh
20 lbs in some
conditions. There
Coul very rarely
occur after the 25.
the they may
condition to

of ~~amphibians~~

Dis. may remain
for a long time local-
ized to this set of
organs, a thickening
of the or enlarged
prostate will come
changes from below up-
ward, and the blad-
der walls may become
hypertrophied. It is
so great that the
blad. walls will be
 $\frac{1}{2}$ to $\frac{3}{4}$ in thick.

V. Blad. - me. come even
more hypertrophied and
force urine out.

V. M. M. - me. forced
into the prostatic
the & blad. wall
V. Blad. - me. come

Breast.

Is tonic &
good exercise.

Are the symptoms
are results of single
state.

You may stop &
breast & bring it
up. & give to this
you rarely see this
condition in
strong healthy girls.
Hypertrophy of Breast.
this is ^{not} rare &
it is usually
unilateral but
now & then there
will be a bilateral

inflamed. there is
no pus in mine &
no signs of life.
you may get a con-
dition like a dipther-
itic diphtheria present
in the blood.
v. uterine are thickened
& directed to the
pelvis of kid is
directed.

Lecture Mon. 25th 09.
Effects of flow obstruct. to
flow of urine. Could
v. morbid conditions to v.
kid. are many. the
renal pelvis becomes
more capacious and
a naked eye it appears
to be the only change.
microscopic structures

one blood when there is
intensity of feeling
more

somewhat nervous
females. They may
feel normal to a
touch, and they
are the seat of
aching pain.
and they are
extremely tender;
they are irritated
around the nerve
exits & they are
tender over there.
Of induction, one
present over the breast
it may belong to
diag. from tumor
but however
we had to diag.
as neuralgia

masson jayson

are listed & you find an
interest. repetition, it is
meddling in nature

in the love when it
becomes ~~with~~ ^{with}
and due to discussion by

nature. you may get
an ac. interest. ~~repetition~~
is -

3. you may get an ac.
repetition. ~~with~~ ^{with} ~~repetition~~
obs. then & bid.

4. where you get all the
things mentioned before
in 1, 2, 3 & 4.

& changes in ~~with~~ ^{with} ~~may~~ ^{may} prod.
a change in ~~with~~ ^{with} ~~control~~ ^{control} of

& bid. you get info in
bid. when you get in

test of interest. changes

control obs. there can

conditions are liable to follow

an ac. cystitis or sub-

acute cystitis of blood or

ac. conditions. & lymphatic

along & intercommunicate

with those of the lower classes
these words are not in.

epigottic artery,
Innumerable deep-
peroneal veins, and
show of reference for
this line. But they
were found in other
parts of the body.
There is about 1/2 in
every 200 of recruits
from some of the Eu-
ropean countries,
they have a struc-
ture of a true 'supple',
&

Neuralgia of the breast.
Is not a pathology.
~~rather~~ entirely
but its pain is
unusually severe

~~very much~~
Chronic sinusitis

with those of the bone of the
there may spread up.
along the cortex but
are not due to disten-
tion. You may get
alike that shows as
the mischief at same
time. You may get
to tremendous dilatation.
You may get 1 meter
very thick & dilated.
You may get bid. 2
or 3 times normal
size. You may have
coronary aorta, but
not the 1. & bid. me.
clock full of pus and
only a little. Subst. around
1 cortex. Left of bid.
time. There are exten-
sively dilated.

these are. certain centers
very prominent in
these

open towards v 50
It is a fatty secretion
Other groups of sebaceous
glands in body of
locting woad
me. found in v axillae
on back or growth of
may remain to milk.
Anal sacs in development
If they are absent
they are absent.
there are super-
numerary nipples &
are in. Super-nary
breasts are not and
When you find super-
primary mammary
glands. you find that
running along vint.
mammary artery & super

there are cavities contain-
ing gelatinous fluid.
there are enlargements
of prostate & hypost.
of blood. Tumors of blood
& strict of urethra &
enlargement of prostate may
cause these changes.
these changes are not
all due to pressure.

In animals the kid. will atrophy when water is tied. You usually have to have inf. & inf. power up the water from & head. or & amia. get into & kid. then & head. stream while & kid. is weakened and go there & grow! ten min + 2 inf. are the two conditions

Life is more
from 25. 1911

✓ post-natal
would not have
in other condition
you may puncture
the ✓ gls on one
side you do it
by ✓ intra-capsular
method, the deaths
occur in ✓ early
cases of ✓ operation
not later.

In ✓ early 90's when
surgeons were ^{do} ~~thinking~~
that work it was hard
to explain ✓ dangers of
direness of the heart.

✓ heart is probably a
conglomeration of
recessive gls.
they are highly developed

Young's diagnosis
unknown - Feb 1

Life is not an
if any serious symptom
result in a change of
a kind. what besides
those from previous.

There are fevers
some, called urinary
fever. the fever must
persist all a time &
may get worse from
instrumentation and
usage of catheter, or small
round small spots,
are more likely to come
it. there are only one
rigor or there are more
temp. may rise up to
102 or 103. there are
alone and of nine kinds.
It may contain a few casts
or none at all. then you

known. I must just
continue on the line

Some will die
shock in 24 hrs,
some will die of
shock ~~in~~ after
while of

You should not
attempt to remove
when very rich.
If you can do any
good medically
you may ligate
the sup. thyroid vessels
on one side
then do the same
on other side,
this is not radical
surgery ^{excision} ~~excision~~
of one half of v. gl.
operation may kill

March 2. 1904
J. J. J. J. J.

Know it is not due to
catheterization. the fever
me. ae. or ch.

It me. ae. and of very
serious nature. there
me. anigor every 2
or 3 hrs. and v. pot. app-
ears to be very rich.
pupils are contracted
when pot. is drawn.
the temp. may get
lower. the to mine
me bloody & contain
pus cells and also there
me. more or less suppu-
-ration this is the ae. form
primary fever. What would
be the likely of it p. all,
where time constant
pus & blood. & upon look

2/20/41 right from your
wishes & order

on time or rather
some will get
better spontaneously,
some will get well
from drainage etc.
Some will die
in spite of surgery
& some will always be benefited
It was suggested that
removal of part of
1 gland. may help
it. 1 operation is very
dangerous. the re-
moval of $1\frac{1}{2}$ of type
old gland was very
dangerous. this is
due to the poor
condition of 1 part.
before operation.

except of cynicism.
what would you expect to
find? You would almost
invariably expect to find
what, with very little
kind interest left.

In Ch. form where
conditions get better or
giving genuine you would
not expect to find a change
a little that you may
however to have death
and there may be
found a little, ch. inter-
est, sympathy. Between
these two forms you may
have what older surgeons
called a subacute form
there are a few propri-
ety - you always look

...ing to be
not a ... returns ...

gld is being absorbed
the pt will get
better, then later
progressively worse,
as long as the gld is ^{& withheld} prep. of it,
Graves Dis.

Beneath
person is excessively
nervous & irritable
rapid h.t. & may
have diarrhoea &
become anacrotic.
Is due to excess of
metabolism.
Treat. give tonics
& fresh air.
Of all med. means
galvanism seems to
be the best.
Almost all drugs
have been used at

96015 to 96016 covered
the whole of 585

upon a minor following a pos.
stage of an instrument
as a very serious, rigor
and is about operative
risk... The spoken of
as urinary fever, or
metabolic fever, or
menstrual fever. May
we it be a fever induc-
ed in by instrumentation
or some ~~other~~ ^{kind} of meter,
change. Metabolic fever
is more serious than
catarrhal fever. By catth-
eter fever we mean
where the pot. is inf.
and you have a fever that
continues till ϕ . He may
have a cystitis and a fever
does not get very high.
the cystitis we smothered
 ϕ may occur in 2 or 3

W. 100 to 1200

Lecture Feb. 2nd 09,
~~Sp. spec.~~ ~~Explain~~ signs of
myxoedema of Groves
to

Myxoedema is due
to lack of thyroid
secretion.

Surg. treat.

Trachea has
none, but it is
used. That you
may give thyroid ext.
or gland itself
or iodothyron.
If it does not with-
stand, it gets prog-
ressively worse.
You may trans-
plant thyroid
gld. or long and

~~Boecking~~
The 2nd 09

obs. & mine is led in
quantity & but decreased
in Sp. Gr.

diag. between many
& certain powers.

When pot. begins to show
dulling of intellect it is
a very bad sign. vomiting
is a very bad sign. If urine
is much decreased it is
a bad sign. If haematuria
appears it is almost a
sure sign of beginning o.

treat:- you should have
care in treat. - you should
treat in condition. Rigors
may occur you should
get to bed and get a
household more fully and
a eyes & mine for

costs & all. you should
take a trip right
morning. In emergencies
you can't do this.

You may be able to do
some operation but you
can't do a good operation
by ~~mail~~ ^{mailing}.

You should work best
and where there is a
cystitis - you may make
a pot - meat & give
purgatives. Jolap may be
used you may wait
to go to get water to
working. Diet must
be attended to. you
may lose your kid.
Surgeon Kidney
now is narrowed to

a poor kidney. Minor
degrees may be surgical.

Enlarged Kidney
now is narrowed to

a just kidney. Minor
degrees may be seen surg-
ical.

Stone in Kidney

Quite com. and more
in certain districts and
in certain roads of men.
Urea is especially soluble.
You may have shifts of
rods & ammoniac and
they are not so soluble
as urea is. These insol-
uble salts are deposited in
kid and there remain
as the nuclei of stones.
You get the rid of the rods
in urea as uric acid
naturally. You may
have a gravel point into
bladder point and they
may pass out as gravel.
You may feel a knife stick
against particles of uric
acid. Dr. T. says uric acid
or most in primary
kid. stone. where are
larger in colonies of uric acid
you get decomposition

John G. Schilling

- 3-5 Medicine 9-12.
"-6 Obstetrics 2-5.
"-8 Pathology 9-12.
"-9 Med. Jur. 9-12
"-9 Pediatrics 2-5
"-10 Gynecology, 9-12
"-11 Surgery (winter) 9-12.
"-12 " " " " 2-5.
" " " " 9-12.

Of mine and ^{ammonia} ~~alkali~~
decomposition.
the stones are ~~even~~ in-
rounded by calcareous
rocks. use calcium
oxalate crystal.

Cystine Stones.

this contains nepheline
the mine has ammoniac
odor crystal. are 6 sided
septs. this is not very
com.

Some claim that color-
li will not form un-
less there is a reptile
condition Dr. T. says this
is not true.

Ren

