



John B. Schilling

1st Intermediate Exams

Medicine 15 - Tues. 9-12 A.M.

Gynecology 16 - Wed. 9-12 A.M.

Pathology

Med. Jur.

Pediatrics

Obstetrics

Surgery

Opt. Surg.

Lecture Dec, 25, 08
ulcers of tongue.
2 classes.

1. Simple
2. Malignant

Simple

(malignant)
Quite rare

of the tongue.

1. Peptic or dyspeptic.

In some cases & anal.

ulcers that occur
on the inner surface of the tongue.

They are

usually present in

hyperacidity.

they show as white patches

more often single

occasionally 2 or 3

may persist. They

look like the Agutis

might have been
applied. they are very
painful. & when out
food comes in con-
tact it is painful,
they are quite
large ^{when} touched with
a probe or burst.

You may give salts,
or heating food and
top abrasion for
acid food. When
it remains they are
very painful.

You may use Carbolic
acid either and
rub Carbolic acid
well in usually one
application is suffi-
cient. Unless it stops

is just inside it
may occur again.
~~And~~

Ulcer from irritation
of teeth etc. spoken of
for dentine ulcer.
the tongue may be
come excoriated &
ulcerated. Due to the
decayed teeth etc. etc.
the size of ulcer may
1/4 in to 1

the bone of ulcer is
lined by gran. tis.
D.V. edge are steep &
etc. they are excavated
they may be rolled
out. At the gran-
ulation on the

anchored - there
is slight conver-
gence of lymph.
glands under it.
As soon as tooth or
jagged edge is removed
they will heal up.
Inc. Good to diag. for
epithelioma. May
exam with microscope
3. Tubercles or keels
^{conque} very resistant to
tuberculosis. You
may meet with
cysts. When tongue
does get in with
the it is very painful
& dangerous.
V tip + V edges & a
under of V tip are

considered more
probable to ~~un~~ ^{be} by
some. Not so by ~~but~~
at first ~~valer~~
looks as a white spot.

you showed by ~~v~~
if the ~~v~~ of ~~v~~ ~~valer~~
is yellowish white
or slightly indurated
base. the edges are
slightly undermined
the ~~valer~~ is very
tender. In irregular
shape and feet
longer. at first ~~valer~~
almost round.

It spreads from ~~v~~
periphery and is
due to ~~v~~ peripheral

~~super~~ ~~spoke~~ + running
together. You may see
reverse pieces over
corium and ~~has~~ ^{over}
of no M.M. between.
There increased tongues
~~the~~ ~~re~~ present in
advanced the you
may not of specimen
out of eye under microscope
Treat

Is very unsatisfactory.
v the. may spread. Removal
of increased condition
is practically out of
question. If rule rule,
you may remove it.
If the life is longer you
may pollinate treat
A

you may cure them
when they are very
painful you give
anesthetics & cure them
with Iodoform ~~with~~
into U. nec.

they may not ^{be able} ~~be able~~
to eat without pain
pin U. tongue with
cocaine.

4. Syphilitic Ulcera.

Syphilis may affect
tongue at any stage.
You may have pri-
mary sores or during
U. secondary stage you
may have only affect-
tion that affects body,
you may have gum-
mata or you may

have ulceration for
breaking down of gum-
ma.

Primary stages of
syphilis suspected,
where you have sores
on tongue. you
may have some
franklinian disease,
you may have
a fissure. The primary
sores are on lips, mouth
gum & hard palate,
some on sores, other
where.

In secondary syphilis,
you should look for
coppery fissures,
you have little fissured
ulcers & in & folds,

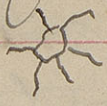
~~man~~. They are on
to come for mouth
and on lips & nose.
they have very rapidly
as a result, treat
possibly a mild
mouth wash.

~~Sumatra~~ one the
most severe affect-
ions that you meet
with. The infl. occurs
in one of 2 sp. of tongue
Very often in the
and the broken and is
sloughing near a yellow
ish - color is left.
When ulcer has
almost healed up you
may have fissures

they may improve
Isaacs' Dis.

Some hold
that surgical
treat. holds ~~out~~
the best chances of
success. Sometimes
treated medically
get well & some
are improved
✓ Medical treat. seems
to be as good as
✓ Operative treat.

smooth. thin lips

looking from within
when viewed and
are very hard to
diag. just epithelio-
na 

all though these
Gumma can be
distinguished they
are hard to. Situations
can't be used for diag.
purpose. Ragged Rag-
ged ulcer or covering
me. left.

St. Moring, bear

Almost in-
variably prod by
epitheliona.

deficient. the
fingers are thick.
+ of some way &
they may have a
stupid oedema.
look & they will
ply. die.

Significant aspects
we can we supply
this secretion 3 by
transplantation of
thyroid. Dr. T. how
a thyroid gland was
transplanted into
a heart of woman
& she got better while
thyroid was being
absorbed.

A certain amount
all & time the

Things of the free
papers and orbits,
 they occur anywhere
 where we have squa-
 res or quadrants. They
 may develop in skin
 or blood etc.

they ~~may~~ occur in
any one patch or they
may present in several
patches. One, papilla
first & then epithelium
they are vascular &
when snipped off they
bleed profusely.
the lining of blood of
vessels have to be made
from epithelium.
there is no indication
no tendency to heal

treat me. And avoid
functional derange-
ments, ^{these depend} & also on
nutritional derange-
ments one two
dis.

1. Myxoedema
2. Graves Dis.

Myxoedema

Is not unlike cre-
tinism. And is
a result of dis-
minished secretion
of Graves of Increas-
ed secretion. =
Hypot & Hyper. thy-
roidism.

In myxoedema
the intellect mental
ity becomes very

the first two are
the first two are

no reaction.
I told you of
the danger of
epithelioma level
of your bone.
I told you that
if after injection
of cocaine at the
paronychia chronic
get where it is
is not too big.

you feel chronic
but no more in
your hand. You
are not, rather
just before chronic
and is applied to
may not be
scarious ^{are} much

~~you must~~
it is good to have

no report &
efficiency.
Adams, (Angioma)
You may meet with
cavernous form
you see venous
vascular spaces. There
is a immense mass
of vascular structure to
then injured a vessel
off they may bleed
profusely.
treat

~~Do not~~ write to
try to treat by removal
because ~~you~~ ^{you don't}
know how far they
may extend.
to Philadelphia & v
best.

~~not a study~~

on wks.

Treat of cysts:

Dr. T. believes
~~the~~ punctation is v
best method. To if
Dodie is used.

Mortality is about
2 to 7% Not a oper. of
choice.

Inflam of v thyroid,
lt. and result of
traumatism v thyroid
gld me. wife. & you
get also, formation
lymph. method of
as. infant & an
quick pulse & fever
& tenderness. &
necrosis. If pus is
present & abscess forms

Construction of the

eye they are not
on the great variety
of them are derived
from thyro-glossal
duct. you may have
an eye in a neck or
in a tongue (part part,
thyroid bone devel-
oped in a mass
of thyro-glossal duct
~~the duct~~ is, and
with many and
various manners.

Now again you
get eyes with re-
tina fluid in them
now again you

~~my own journal~~
dissecting. then
you find the vessels
of the water ^{fine} pure
till I was too gut,
you then do the
other side like wise.
A good many exophth-
-almic goitres get
better.

You may make an
incision for the
goitre grow on the
vocal side, this
is not advised by
Dr. T. You may
cut the isthmus.

Tracheotomy when
resorted to will almost
nearly result in
death in a few days

may meet with true
schistocerca cysts
the hypodermis.

Fibrous tumors are
described but they
really consist of
mucin in most
cases, the most
common tumor is con-
cern of the tongue.
Epithelioma.

Differs not in slight-
est degree from ~~the~~
epithelioma of other
parts of body. It
may begin in a deep
fissure or in a wart
or in a deep abrasion.
It does not always arise
in some way.

great economic loss

dangers of the operation and
post-operative
tetanus, ~~hypophosph~~
emic

20 of ^{is}
post-operat. exoph
thalmia, goitre,
other methods to be
used to check &
growth of goitre.
Surgical &
vessel.

under an anesthetic
or local ^{anesthetic} - anal.
incision either
transverse or longi-
tudinal then you
cut down and
find v vessels by

danger in the position and
front structure
of the mouth.

may simulate a
or deep syphilitic
you see warts grow-
ing from it.
Come.

If it arises
from syphilis, pain-
everywhere it follows
aglossitis.

Involving, much as
imitation of a pipe
constantly bent, and
may develop with
and a apparent
cause. It is on
the part of the tongue
on one side and
both sides. You
usually get it where

Dangers.

Death from
hemorrhage is liable
to occur in inex-
perienced hands.
In Kocher's hands
there is only a mor-
tality of 0.02 for
excising. In others
about 1.00 to 6.00.

② Cytoparthenic
gonorrhea is higher.
Other diseases may come
on.

You may have to go
into a road after
wounds pick up blood
staining points.

Dangers are of

it comes in contact
with unbroken teeth.

It is usually easily
distinguished.

You may find on
leaves with fissures
extending from veins
you may find papil-
liform mounds
around veins.

In other instances
as for example, ~~epithelial~~
~~forms~~ it breaks down
~~the~~ It is in young
stages that you
have most trouble
you may find big
strong ones you
may see nothing but

the way when they
might be pulled out.
V technique of pulling
out is smooth like
in V breast. You
pull it out like
admonition of V breast.
In old standing cases
you may find quite
a good deal of bleed-
ing don't trust to
pressure to stop it.
You use button
hole stitches to stop
all bleeding. Then you
bring wedge of V
glad ~~together~~ together
Removes are very
rare.

the good men
the best of the

and then with no
encouragement of
sympathetic
of force to give an
opinion you
may say it is
epithelial. You would
do as Dr. T. says
who would you
may recover
soon as

you had to be so
best to be a whole
success of do as
& try to anti syphilitic
remedies may take
normal time
which is very valuable

Good morning
Love & respect

careful not to cut
a chunk out of
trachea pipe. This
method is used more
by now. I leave
parathyroids behind.
It is hard not to de-
stroy whole supply of
suprathyroid.
It is most impor-
tant to preserve &
long vessel not
from injury. Have
assistant to have
hold of & gland. always.
This method of re-
section is good but
has its faults.
the adenoma may
be removed in

not to give
you any more

later on when
growth become
fixed & indurated
and the tongue is
bound down and
pain is present in
mouth & throat
the glands of the
floor of the
mouth. You should
operate early & be com-
plete.

Lecture, Dec. 3rd 08.
Cancer of tongue (cont.)
Pain, etc. he. tongue
bound down & mouth
and can't protrude
it. Is infiltrated
into submax.
region.

Stomach
Food

thyroid vessels are
easily caught.
Have Go on to artery
forceps.

then you incise
in fascia over v. g. d.
then you shell it
tumor out. you
clamp & cut &
clamp & cut until
you release v. upper
pole. then feel still
more over lateral
aspect. until you
come to v. isthmus.

You may reach
it. Please you do an appendicitis.
nothing is
that is all that you
get v. vessels.
You must be very

the most serious perhaps
one aspect perhaps

treat

should be
only on. I take
and let alone and
do not have any
thing to do with it
I believe where
we have come be-
tween & between.

Relief of pain & the
do not operate unless
you think you can
give relief. Where
we have an epistaxis
a look out for lymph
glands. If you remove
the lymphatic vessels
out there glands. Opening
Don't remove the whole
tongue only $\frac{1}{2}$ is neces-
sary. place the gas

with good. I'm sure
you can find the blood
vessels in the
neck.

~~Then~~ then I must
see ~~the~~ ^{line} neck
is exposed you
find the line of
stern thyroid &
stern hyoid.
If they could be retr
acted you should
be between
them & then you
cut them.
The hypoglossal branch
of the nerve goes into
the nerve just
about the middle.
Then supply nerve.
then after the chest
is opened you see
the big vessels over
the aorta & inferior

850
~~The~~ ~~time~~ ~~block~~
The time block

pull out to tongue place thread
to both sides of the tongue
Cancer of tongue

with glands of mouth
+ jaw infected.

White head operation,

this must be

supplemented by

an incision under

chin and lymph

glands removed.

Removal of lymph

gland. 1/2 of tongue inc.

all that is required

to be removed. here

gag, suture placed

in tip of tongue

With scalpel raise

of tongue. the tongue

can be split a 1/2

median raphe and

back to

with each year

Parathyroids.

It does not really
matter much if
you only take 1
parathyroid of one
side.

Holstead & Dr. Chas.

Ways quote by
V. intra coxal or pectus

ad. they clamp
v. vessels and

cleave parathy-
roids behind

v. coxal incision

to make v. skin

is directed & then

find them & plot

is not a
may show up as

high over lipid

bone toward pelvis

With a spoon of sciss-
ors across the
m... at angle of
jaw. & cut & remove
of & general tubercle.
Then you draw it on
- Give out. then
you proceed to ^{cover}
I - d... up. with
m... after & ligature
artery has been
tied.

As to give it tied down
You should not
try to do & Whitehead
operation. Dr. T. says
you should open
& submaxillary region
remove & lymph-
atic glands that are

1. Partial excision
B. Kocher is in favor
of total excision
✓ danger of an anes-
thesia depends upon
its nature & its
length & of time
taken in which op. is under ^{anesthetic}
D. Best incision
is that of Kocher &
it is collar incision
Kocher usually
attacks going for
with and this every
vessel that meets
into growth. This
is advantageous
but how dis-adv-
antageous. Almost
always taking &

infected.

White head of goat
is not applicable
on account of the
dis. being & for gone.
you may use
the Kocker's Ointment
you make incision

and remove

subcutaneous illory lymph
gland & lymphatic
lymph gland. If virus
very remove the
tissue of jaw.
then you drag &
tongue out and you
may be able to cut
the lymphatic string.

1. Total excision
2. Partial excision

1. Total excision
2. Partial excision
Now v total excision
is never practiced.
In older dogs
v total excision
was often followed
by Cachexia strum-
ipiva. You can
usually leave some
of v tis, behind.
You may remove
one lobe only.
You enucleate v
adenoma when
even it is possible
treat now. is.

1. Partial Excision
2. Enucleation.

1. Lower extremities

✓ removal of
glands must be
thorough, & the removal
of more than $1/2$ ✓ tongue
if necessary.

~~5.~~ Any incision
that leaves ✓ jaw
bone is not complete
that ✓ when ✓ inf.
to wide spread,
you may see a
incision Cheever's
which is shaped
like this.
a great part
of tongue is removed
laterally, & also
the lymph glands.
~~If one base of the~~
~~tongue is this~~

Shore & Co. Inc.

inject into swelling.

Another mixture is
an inject of Dodon
ether & olive oil.

Dodon 1 part,

Ether 7 parts

Olive oil 7 parts,

use 1 ^{to 3} ~~to 3~~ inject
per. wk.

this inject therapy is
said to be especially
useful in excessive
hypert. & when there
is blood going.

Many pot. will ~~of~~
refuse to have an
operation.

Surgic. treat.

is divided into 2
classes.

Project is to model
the lower lip

Where v and f are
tongue & involved.
The lower lip must
be divided to point
of this then it curves
out to outer border
of the maxilla.
This leaves two lip
flaps at A & B.

thus

You remove the
tongue and both
submaxillary
regions in one solid
mass. You remove
 v submaxillary g
if involved. You
also remove v sub-
mental tissue.

...
-cont. A - ...

Oral therapy
Simply means
minimal ext.

In diffuse hyperth.
it produces very
favorable results
from 5-15 grs daily
Lysine. For
Mayne Iodo-
thyron in doses
of 10-15 gr daily.
Given for too long
a time they are
disastrous. They
ruin metabolism
& destroy their
health.

Injection therapy
L.T. tr. Iodine solution

Intestine
You remove v. juges-
digestive gds. you then
remove the tongue
stripper after a lingual
specimen at. have
been tried.

Report made on
in Amia.

but is not very
good. you should
know where all
the lymph. gds are
situated.

Preliminary lig. of
v. lingual at. is not
always necessary.
When removing v.
lymph gds it is not
not necessary.

Five bottles good
water. At the
more good water

Change water
men good. Do not
drink lake or creek
^{which is infected.}
water, but boil it
& drink it, it
is medicinal treat.

Most pure is
iodine. Iodine is
best. in some

form - a great
many will improve
you may give portu-
des of 10 ~~to~~ 200
K.D. sol. you
may give out of
K.D. or you may
use iodine you
may give K.D. or the
20 - 60 gr per day.

Almond / brown
Jan 28

in white head operat
treat. After. you do
not use v contour now.
Pledges of sidom gorge
me need to stop up
discharges.

Accidents may happen
and is best to pass
a tongue than the
stump of the tongue
there should be
no immediate treat
Many cases are
not operable by
v time you see them
mortality 20%
Broncho pneumonia
is not
~~How there may be~~
primary

new tissue is no proof
of a tumor - but in

maybe hard to dis-
tinguish from gland-
ular swelling, for
many parts of it
aspirate & diag.
80% of vessels over
cyst. ~~some~~ punct.
& the occurr into
veins. Hemispher-
ical smooth pro-
-nunces that fluctua-
-tes are always cyst.
They are bilateral
& real

Dependent upon
variety
tumors, ^{adenoma} the only
occasionally affected
by medical treat.
They are however

the thing for all -
the London & Co.

now there is no need
of many to do it in
hands of skilled operators.
Influence on speech.
Is not as much as
you ^{would} think
they can still
speak very well.
Disorders of the
floor of mouth.
there is one fairly
common - all
kinds of ulcer espe-
cially peptic.
Epithelioma is com-
monly concomitant
over the epitheloid
Stomach. the
lymphatic glands.

the - well - with

with this condition
they are no over
cure or you have
operation in V
~~chronic~~ gld.

Cysts. every
core for tubercu-
lar tumors &
exophthalmos, V
exophthalmos me-
missing, the
gld. swelling
me. missing.
but from V then
can troubles you
& rapid heart
suspect it of thrombosis
Cysts.

Maybe one large
& then are easy to
diag, but they

they were no more
with this condition

you would remove
them & mouth but
Dr. T. thinks this
is not best.

you should remove
from below & re-
move all lymph glands
adenoma me-
met with here.

Osteoid tumors
me met with.

Cystic tumors me
met with. You
may have Randa
here the great major-
ity probably arise
from a submucous
glands... but undoubtedly
they may arise from
some of the Brochiae

Lecture Jan. 28th 09.
Sotia (contd.).

Diag of kind of Sotia
Bilateral swellings
be likely to be ~~ap-~~
achymata, but
it is not rare,
thence adenomata
multiple.

Unilateral swelling
-gs are to be liable to
be adenomata.
open me. cysts,
If globular they are
encapsulated cysts
or adenomata.

Vascular plexuses
& plexations are
rare. In epithelioma
you meet

Locules for 18th Nov.
(contd.)

Clepts.

Origin of Rones.

1. Submucous glands

2. Bronchogenic cysts.

these cysts have a
glary mucus like
material in them.

You may have Rones
on both sides and
they may almost con-
nect.

✓ ordinary round
is not obvious tumor
It is near the mid-
dle line. Usually
about a size of pea
or walnut. May
not project under
a piece of mucus.

cyst may not be.

If Ipr enlargement
is uniform & of long
the consistency
of me. colloid.

If they are nodular
it may be cyst or
adenoma. you
should ~~then~~ care-
fully for heart
to tremor
& tachycardia &
symptoms of exophthalmic
goiter.

ryphonius jels

He was arrested
with Wharton's Quet,

Big Rumble needs to
be dissected out. This
may be dangerous because
if a may occur
Rumble that project
into a submaxillary
region it should
not be removed
then a month they
should be removed
under a jaw
you throw up a
flap.

To Leichman's Bursae
near parent in
floor of mouth

placed remembrance.
May compare with
aerium of 1 course
the will interfere
with 1 temporal
pulse. ~~Some~~
Agitation of the
will not affect 1
pulse.

Diag. of goitre is usually
long. It is deep &
palpating & there
is some difference
of texture & composed
of great.
In goitre consider
2 kind of goitre.
Pure hypert. is usually
bilobed

March 1911
III. condition
Poor specimens of
leucostomus colonus
Do not put them in
they may block up
v duct & swelling
occurs water & stone
gets into wider part
of duct this swelling
usually occurs about
time of meals.

Solitary colonies are
more common than
duct than in other
duct.

Joseph Dec. 8 1888
1100 1/2

project behind v
oerphogus.
Occasional Gouties.
They are not to be
accessory thyroids
should never be
taken out if you can
leave them behind safely
diag.

Comp. you
draw v size, & shape
of tumor & the
movements of tumor
on swallowing.

Palpation - you find
out v relations to
vase of thyroid gland
counted arteries.

1 family history
+ cover of preg. + refer

1 x 200 2000

Lecture Dec. 8th 08.
O. p. 17 & Desoperagus
~~Cong. wolf~~
A surprisingly
rare the desop. we
abundant. So queer we
don't find it about
more than 15 is.
It. meet with a
communication between
trochea & desop.
this is in congruence
with type.
Occasionally pictures
be met with.
then occasionally
be met with the
intention.
trochea. Cite &
be a unity

Openness to secret
sympy.

Miosis & recurrent
longer 25, prod
spasms & sensations,
Pre. or syncope,
may cause unequal
ities in pupil.
Dilatation treated w/
pupil. Pilocarpine used
contract the pupil.

one thing sure is
non-negotiable it can
get behind & then
— stock again.

25. 1 goutte de 1/2 once
de l'essence de menthe

Diver gaites, another
freely
in the society. It's the upper
communi of gaites -

~~process~~ ~~monads~~

seems to be very
unintentional to be at
the. & the rarely
point with where
there is an inf.
It is usually
due to some trauma
times due to swallowing
alcohol & acids.
the right side, dis-
guarded throat.
Hiccups of a sort
is rare.
lyph. is very rare in
Hiccups.
This is rare in
Hiccups. & is exceedingly
rare. You may meet
with it. You
meet with Hiccups

the following is a
list of the

a small quite
may be referred,
Preson & oesophagus
mayocum,

Pre. des. Nervus,
usually longitudinal
(recurrent) & also on
v. vagus sympathetic.
Sympt. there is an
enlargement of neck
region of extent &
breathlessness on
resp & then you
have an irritating
cough. there is
difficulty swallow-
ing. Infr. lrt,
& v. cordis,

a small point
may be referred.

tion in a deep in
the debilitating dis.
such as pericard.
you may meet
with a lesion
where the ducts
digestion ducts
continue joined yet
they terminate, i.e.
in later stages of
typh. you may
find ulcer at
the pylorus and
in oesoph. the most
frequent do not have
coagulum of typh.
ulcer. typh. ^{ulcer} ~~ulcer~~
in oesoph. has been ob-
served. Dr. Thomas
collected 3 strictured

no current thought
Vissel

as on os. nerves
& on aerogenous
of trachea.
Pres. on v. wind pipe
this is important
may get it with
large & small joints
at the walls of
wind pipe one changed
of the opening we
= Scotland, trachea
only one slit
the trachea. we, flat.
tended for fully 1 in.
or 1 1/2 in. sudden
& has been known
to occur. usually
from opening.
difficulty of breathing
is an alarming symp.
-T. the position of

As in the lower
+ on the upper

Wolff's piece is
quite an

Examination of
lesion. 2 changes.

1. Congenital.

2. Acquired.

Congenital form
is present from

Infancy or in child
before noticed. They
may be due to conge-
nital malformation with
trachea, the most
common of congeni-
tal diverticula
is a tubercular
gld. It causes a
dimpling.

~~Adenoma~~ ~~is~~ ~~not~~ ~~in~~
~~common~~ ~~at~~ ~~all~~

like it

like it.

1. Adenoma lies in
joints & gland. most
often very often see
cyst wall shining
thin. There adenoma
to one the most
common tumors that
we meet with.
It is not necessary to
remove whole lobe.

② Effects of going on
removing the

1. By functional change
as in myxodema
& Graves's &.

2. By pe. on str.

~~in some~~ instances
it may cause
the pores to be pulled
on & pulled into
pouch. the con-
gen pins are
usually quite
large. the pouches
are present in
the thoracic portion
more common in
neck portion.

Synapt.
It is quite dis-
tressing. there are
a difficulty in swallow-
ing and they may
have periodic regurg-
itation of food &
the pouch will almost

counter & adenoma
one finds they form
only interesting
majority - they form
or swelling very
often in the
of gld. & enlarge-
ment viewed from
front & round. The
thyroid gld. can be
palpated above &
below it, & it ap-
pears as a little
ball in the thy-
roid gld. & cyst-
may be a very large
near the larynx.
It is no more.
they remove a
cyst & find 5 or 6

in vancouver press
our aeroplane
M^o it compressed
Dysphagia is very
only met with
H^o v pouch drop-
pen to be in v
neck you can see
it but the
contents are pus-
hed up in v mouth
just to see good
I v thinking you
can't see it. you
may give iodine
preparation with
Ba and look at
it with Y-ray.
treat.
I f v

~~Week on~~
~~March 1st~~

colloid material.
If the cyst is topped
it may fill with
bed. of walls, etc.
come a coagulated
all these things
may be found in
old or some
time & you have
opinion that can
hardly be distinguish
ed from an adenoma
3. True Adenoma
they are described as
benign

the one
hard to distinguish
from true adenoma
when one comes to

of the city of New York
Oscar. M. M. M.

neck and going
rest would be if
should be excised.
Is a dangerous op-
eration is very
an inconvenience
and our own
from behind no
recoveries are known
of. In some per-
th stances, gastro-
tomy might be
required before any
operation is
performed perma-
nently in this
way.

Indications of disease
or lesions.
1. Nausea.

2. Partial Hypert.
this is usually caused
by a circumscribed
proliferation,
many of them are
really adenomata
you may have an
accumulation of
colloid in any part of
the tumor, after which
secondary changes
may occur in these
with any ^{changes} ~~growth~~
you may have cysts
etc.

1 cysts result from
walling off of acini
becoming confluent
breaking down and
being filled with

2. Parasitic At the mouth
this is a very common

2. Unrolling

Single uncanny
more.

Fibrous have
been described
& fibro-myxomatous.
Being the most an
& the most an
usually a can
en the structure
it is a epithelial
- more & local
speculation the more
of & the other
more.

Can that give of
many & aerop.

2. When a fracture
tion of the trachea.

larger than vlf.
Dissimilarity of direction
size.

If contents are
increased you have
collision velocity.

If the pellets are
increased you have
it also.

You find a very
great ~~at~~ difference
in consistency of
ports - quantity
of ~~intermittent~~,
this in excess of
lower distribution
form.

Diffuse hypert. Includes
1 fibroid 2 porphyria
motion & to become

3. cut & covered
surface

3. at 1 condrie
virgata

Epilobium of some
is a peculiar fl. and
does not have a
tendency to
very large fls. and
does not for long
time. It has a tendency
to prod. strict. &
does this by sur-
rounding tube.
the growth prevents
the expansion of
v. also to compl-
etely such growth
will come strict
very and they
have to use light
dirt and after

Similar to process
development.
You may ~~look up~~ see
to find out more.
Dr. Fine - C.

Is difficult to get a
classification that
will not overlap
each other.

Porencymata &
filamentous, & vascular or
pulsatory brachioles
were spoken of.

1. Dipire Hyperostyly
this is usually a bit
lateral condition
affecting both lobes
= by the rt. rule

growing on
a mass of moss

a while they
can't swallow liquid
any stone & to
the growth we
recall. At the
young. gls. of *V*
radiatum may
not be infected &
V gls are involved
robes or four and
not, along moss
gls will be seen
in *V* medium

Differently swallowing
our growth
gets longer. The
growth may open
into *V* tubular
or branches or
even into the

very greatly.

1. Parenchymatous.

2. Fibrous.

3. Vascular.

These are the terms
used for description
of goitres. You may
expect to find an
adenoma, and may
only find a parenchy-
matous goitre.
The parenchymatous
goitres are very rare
in this country, are
rare in endemic
communities.

And in gland. substance
are circumscribed
or diffuse. You may
find gland. processes

aorta.

Of course its
plane cardiac surface
it may ^{spread} ~~open~~
over the chordae
of ~~the~~ ^{the} aorta and
they may
be difficult to distinguish
in ~~the~~ ^{the} lower end, ~~the~~
where growth is
in the central por-
tion you may
understand to show
an open pericardial
sac. As there
is not much room
for the ~~the~~ ^{the} aorta
commenced and
growth partially
removed and that

in one district
in Switzerland in
59% of school children
had goitre. & 29%
of recruits.
after lake water as
drinking water was
abolished in 1885
from 59% it
decreased in 1905
to 10%.

there is no difference
in extent of goitres,
sporadicely you have
tumors & adenomas.
In Switzerland where
adenic you have
papillary carcinomas,
the proportion of these
elements varies

in one District
in the District

left & an oesoph-
agal fistula was
left
the gastrostomy
is the best. It
however it is neces-
sary to remove
it growth. The type
and of oesophagus
reported & removed then
lower end and
an endoto and
anastomosis &
nutrients were placed
as in v. ist. &
carefully. The
feeding of liquid
food.
When the time
is in v. thoracic

~~Wrote 2 more~~
gub. vessel

tell about it. it
is not hereditary
in strictest sense.
In certain districts children may
have it. children when not
in certain districts may & usually
do not develop & dis.
Leys Has been men-
tioned.

Epidemics.

one found
in soldiers & in board-
ing schools. Anyone
from non-gouty
districts may be
likely to develop gout after going
into the gouty district.

In endemic form
not of water & atmos-
phere are said to
be responsible.

~~2 Swiss~~

2 Swiss play. found

There are a lot of
of these conditions

portion in the
short opening
into and make
a good motion
to begin to prolong
type with part
the comfortable
position.

Dysphagia
many cases may
complain of this.
V part - very often
to vary in degree
will tell you
where of food is
arrested some
where, the part
can localize V
point of arrest
and is pretty sure

physically, = Obesity
in women.
may be accounted for
by the puberty &
pregnancy & puerperal
and may cause
more activity
of thyroid gland.
then occupation
and use of certain kinds
of water as a beverage.
Geographical distribution
is distributed every
where. Some of the
mountain districts
in Alps, Andes
in India and Hy-
malayas.
Hereditary. It is known very

Heinrich = Coarctatus

to be accurate
Coarctatus

you may
have to accept
Coarctatus. It is
chiefly in the play
& mainly in the
Coarctatus
may come dif-
ferent from
in you may have
other p. 4. Coarctatus
from
before. You
may have an abs.
from bodies of
vertebrae & you
may have tumors
arising from
vertebrae & even

Germanus is the
word. Germanus. ~~and~~
Germanus in reference to tuberculosis
English writers use to use
same may occur
epidemic, or endemic.
In certain parts of
Switzerland.

It is epidemic
in some places, espe-
cially in Switzerland
Soldiers may be affect-
ed. Some may occur
sporadically. No other
district in America
where ever there is
a great deal of going
you are likely to
have a great many
children ill develop-
ed mentally &

1 *Scorpaenopsis* *nota*
~~red. *Scorpaenopsis* *nota*~~

green anemone
 of spine.
 2 group marked
 with the long
 to Ede and
 of the
 of the
 3. Group. tumors
 or swellings
 in neck and
 side & occip.
 enlargement
 of thyroid gland
 the lymph glands.
 anemones of
 & colored & dis-
 nominate.
 then as you
 get further south
 you may have

~~By the way~~
~~goes for~~

Goiter = swelling
of thyroid gland
or swellings.

Ordinary goiter st.
occurs endemically.
It may occur epidemically.
It may occur in
different localities.
We. in Switzerland.
In England it
frequently occurs in Dorset
shire county.

Lecture Jan 26th 09.

The thyroid secretion
is very rich in iodine
source.

Use that term
for any enlargement
of thyroid gland.

Fraxina = muscivora
Myiophobus

It preyed
by ambushing
Got its prey &
poss. longie until
annoyed me
eliminated
the tumors
melancholy
sorrow then
✓ discovery of
the body
the plate
of teeth & foreign
bodies melanc
colony &
rings etc. then
after removal of
the c. after
digestion and
✓ soft plate

some suggest -
non. chary

properties, the continued
med. use causes an
increased elimination
of nitrogen. You may
give the pot. salts of
thyroid extract wch.
will prevent myxedema.
It is st. used in
various remedies.
You had best never
use it because it
interferes with the
metabolism & destroys
proper balance, &
the health may never
recover. Do st. used
for ths. etc.

The secretion from
v. glands probably enters
~~from~~ lymphatics.

And for the entire
book we cannot

frang. There
in passage such
as the bulbous &
lobes pharyngeal
type.

Good and simple
to hygienic, with
no obstacles.

You must examine
nick very carefully,
after all chances of
anemia are ruled

out you may
find a bottle of
Argonite (Lithium).

Here you have
Circutrine (Lithium)

coming dyspergia.

It is in this & you
in this & in this

avoid them ~~from~~
the common.

In order it is necessary
for the maintenance
of function. At
the various remedies
of excretion are, avoid
-ed by transplanting
v glands or by leaving
v parathyroids behind

4. Kocker describes
some symptoms which
are the same as
myxoedema, - at
Cochlearia thurmeria,
= Myxoedema
the thyroid juice
has some report.

the Commission
and then for

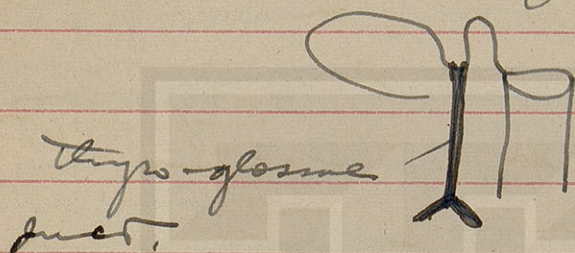
ed epithelium
Dr. T. don't think it
good. See this. Should
be anything con-
sidered. The most
anything is hollow
ing I find & sealed
type is the most
anything, and
may come strict.
However, given the
being of ^{is strict} ~~case~~ at
first there is no
nucleus type.
at times there may
only be only one or
two nucleoli for
a while. but that
may not come

1001
long. It may ex-
tend over some of
the tracheal rings.
St. a portion of thyroid
tissue will be
between trachea
& esophagus. this is
very important to remember
Physiology. Thyroid
in animals espe-
cially in carnivora
that total excision
is followed by tetany
unless the parathy-
roids are left behind.
the tetany may
appear soon.
In herbivora & para-
thyroids are reported
more from the thy

long. It may be
to have 10' long

I have seen in
patches. $\frac{100}{6}$
If long patch the
structure will
not — and does
it only. the pot.
may have to ~~give~~
roll pot. may
take it along time
& narrow liquids
may have to be
swallowing much
see dog long
I scrap. directed
above & construct
below. stone one
very much & construct
ed. type strict
must be includ
ed. in this group.

1 differences in shape are
much more remark-
able when connected with
the isthmus, the isth-
mus varies greatly



The thyroglossal cyst.
may be present.
this cyst. will sink,
a gloving fld. they
may have to be opened
& dissected out the
middle commissure
sent in about $\frac{1}{3}$
of the cores this mid-
dle lobe causes trouble
the isthmus is very

very serious
matters - connectives

Treat

be very serious
matters. Dr. T. thinks
if seen in early
stages you may be
able to treat by
bozies. The ^{tightest} they
absolutely they are
too tight, ~~for~~

Why we don't
go to get these
bozies ~~the~~ & strict
upon may penetrate
to cornea. & & part
the of cellulosis.

One: reptile media
treatment.

In corneal
bozies can't be

from the ~~mouth~~ ~~of~~ ~~the~~ ~~mouth~~
bone ~~of~~ ~~the~~ ~~mouth~~

right. around the at.
shown close to the
jaw. after this is
done the gland is drag-
ged forward so that
mylohyoid muscle is
cut, this is the only
satisfactory method
of taking it ^{gld.} out.
Dis. of sublingual gland.
are so rare that
they won't be considered.

Thyroid Gland.
the thyroid is probably
as important as the adrenal.
normal shape varies
very greatly the variation
in shape of the lateral
lobes are very great.

high. I know the
of course will

pressed you should
open to up & down
and feel in this
way.
Abbe. I found that
strict that could
not be entered from
above maybe
done so from
below. Abbe open
edging & down and
forced along
probe with a large
let in it ~~with~~
a strong ^{thrust} ~~thing~~
in it with hands
in it then he cut
them & ~~cut~~ by
drawing & string
back and forth.

When a bellows is
used in dissection

back to a range of
view. the peris
dissected upon
you make it as
thin as possible.
It is easy to slip &
fingers slip between it
& the

With an aneurism
needle a light con
be placed on a face
at & have it tied,
you may put two light
on it. you may
use a light & a pair
of pressure forceps,
you may pass

Link & 10000
10000 & 10000

then as hollow logs
when we left in
evening. This is
better in some
cases than a per-
manent grotto open-
ing. They must be
filled out with it
down by using
a pump and using
water down with
milk. If the pot
gets sick and has
a chill after a treat-
ment. You should
stop. If you maybe
getting a fever.
You should not use
the hidden kinds
for they are very

long cancer

Whitman's duct is
a large duct & arises
from gland. The duct
is following the root of the
cancer. & dis. ^{the} af-
fected & gland
not very many.
You may meet
white cysts, corin-
soma, filaria,
& chondroma.

the gland is very easily
removed, there should
be no tampering &
no conservative sur-
gery. The operation
Whitman is to take
from neck & joint
of & chin & round

dangerous.

Hysteresis time

claim that it can't
swallow and you
may possess a baggie
syndrome and
that there is no point
possibly as soon

1909.

Lecture Jan. 5th 09.

Dis. of the
Morphin.

Not many
+ not many met
with. Microstoma
= small mouth.
Large mouth =
Macro-stoma.

some more
very common

diag. as cancer are
mixed tumors of
parotid.

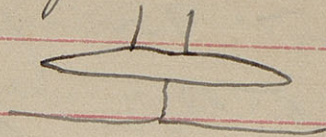
✓ Submaxillary Gld.
is an ingu. gld.
not on account of
primary inf. be-
cause they are few.

✓ of lymph. gld. that
drain the floor of
mouth

✓ part that drain the
mylohyoid muscle
whenever duct.

is in proximity
that gld. is very
vascular you may
omit the parotid
in several places when operating
on it. It is liable
to be life with recon-

Some negroes have
very large mouths.



Thin lip:

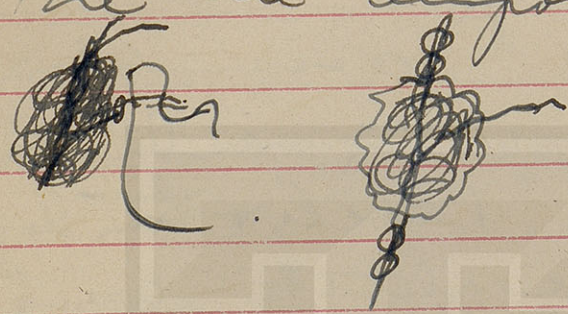
Is a natural form
of upper lip, and is fairly
common. Black & tan dogs
have a little wart
at the place where
the clefts united.

Hypertrophy of lip:
It is most thick
it arises apparently
per sec. It is
the result of dis-
tension. It is a lymph-
angoma.

Hypert. Is probably
more often seen

moving A/artery as
you move B/vein as

move the gland
the termination of V
int. maxillary is
ligated. You also
tie the temporal at.



Partial operation
useless.

Cancer is a rare
disease when primary
the lymph gland is
infected rather rarely
from cancer of lip.
of;

the gland is once &
poorly
most of the cases

as result of dis. such
as chaps & fissures
in cold weather. It
then prod. a condition
thrust, & the lip
curls up. I suppose
can be treated to affect
upper lip than lower
when due
to dis. When due to
lymphangoma it
may affect either
lip. Is distressing
when due to cracks
& fissures heal them
up. & it may get
better. Asplint of
collodion, make thin
fibers. Nocton of col
lodion is probably

1. best: Corollary
2. more & more

& post. connections
reversed then you
dissect the superior
connections away.

you have divided
termination of ext.
coroll., have reported
ant. portions of
duct, the main part
is dis. have reported
connection of growth
behind. & you have
reported growth
until you have come
to deeper part of growth,
you drag the glands
reported on the free
back wounds. then
you can proceed to re-

✓ best. Cold cream
lanolin or some
ointment is good to
use at night.
✓ Hypert. dist. omeas
can't be reduced ex-
cept by operation.
Do not operate in-
discriminately.
Dr. T. cut a V shaped
piece out of the lip
& sutured the ends
together.



Ulcerations.

Very
much the same
as met with on
tongue. Herpes &
peptic ulceration.

ribcage. get V termina
tion of the corvid
artery. get above &
lingual & facial bone
also. A large vein
temporal facial part,
to ant. belly of digast
should be ~~re~~ ligated.
You should take
enough parietal time
me out. You div.
& transverse facial
vessels up & V
nerves run out.

A V way & you go
until you exposed V
~~cord~~ ^{gang} as high as
V could be.

You have cut lower

niche. get *V. minima*
from the corolla

be met with.

Herpes is most com

Peptide a product of mucus
or skin.

~~Syphilitic~~ Syphilitic

ulcers may be met
with. there may be

achromia. An epia

thelium may be

met with.

Cysts may be present

they arise from

mucous glands may

be as large as a pea

and are very trans-

parent. may open

~~retreat~~ ^{move} mucus.

I will get well,

use cocaine.

naevi maybe

things & the potatoes
of exhaustion. The
shelling me, under
nests of fire, but they
were on the outside.
Treat.

at first they
appear very simple and
the patient refuses to have
anything done there
is lots of ^{when the growth presses} ~~pressure~~ on the nerves & gets large
because quite large
when also the size of
the volume it is dif-
ficult ^{to decide} whether it is
wise to remove the
whole ^{gland or simply the growth} ~~growth~~. the operat.
should be conducted
so as to lose as little
the the blood as pos-

~~the~~ & the post. lab

met with.

Warts = Papillomata
may be met with and
may resemble an
epithelioma.

Throat ring can off
or use chronic
acid.

Epithelioma.

- The pri-
mary manifestations
are not always the same
1. It may begin as a
papilloma. You may
find commencement
much the same
as that of a wart.
 2. It may be present
as an indurated
nodule without.

and breed the
offspring

You may feel one
and in a few mon-
thens another one
will show it self.
these nodules feel
very dense.

they may shell out
like a potato. but usual-
ly they are surrounded
by parotid tis. growth.
Eventually the nodules
will fuse with one
another and you get
and you get a large
mass.

Now and then there
growth remains simple
for a long time & will
not infiltrate. They
begin to ulcerate & bleed.

You may feel the
same as before

any breach of the
epithelium. Later on
it may ulcerate.
B. It may begin as
a fissure

Later on nearly all
these types will
run into one. there
is ulceration, loss
of tissue. Cup shaped ulcers
edges of epithelium or some
what everted, ??
From a front view
the lip is altered

Causes:

In almost
all from irritation
from smoking
most cases. Or may

come from the
V. cost. - is derived

dev. of attention
V. cost. - is derived
probably from a part
of portion of one of
the Bronchial arches.
the cost. cart. is
developed from some
of the embryonic cells,
this is probably V. origin
V. gland. tissue is
hard to account for
& origin can't be explained.
the gland. tis. does
grow and is in prof-
fused masses and
are essentially
non-comata.
they show a very
distinct ~~circum-~~
scribed areas.

Dec 11 1911
V coll - to Service

arise from ~~the~~ tooth
V appear in V early
stages is very deceptive.
may move for years
an abrasion that
is covered with a
scab may last for
3 or 4 years and there
maybe some loss
of tissue apparent.
V first thing that
stops them is the
glands in V sub-
maxillo which are
becoming enlarged
V scabbing recession
maybe present for
a long 8 yrs. this
applies to V lower
lip. there maybe

These endometriata
are rarely encountered
with, ~~they~~ the
mixed tumors may
occur and these
~~other kinds~~ ^{may} be
Every mixed tumor may
be endometriata
Adenoma are occasional
associated with.

Molluscum
1 Mixed tumors

Lecture Jan. 21st 09.
Mollusc. Form of
tumors of Parotid.
Mixed Parotid
tumor.

Histological features
have caused a good

~~These conditions are usually associated~~

alocal epithelium
not spread far
along. This
when you get good
near implication
V pot. goes down.
Treat:

Remove the
corrosive lobit.
Local treat. many
times. It is neces-
sary to remove a V
shaped piece from
ulcer. The X-ray may
come but it will
not prevent a return
of it. X-ray is very
valuable.
Where of a ulceration
is very marked

1/2 brick in the
wall

Asymptotically as
the stone
works for it self a
pocket. In cases of
marked obstructions
stone should be
removed. If possible
then 1 month. If
no powder or dust
get the face.

Various kinds
of steel & alloy,
manganese.

Fibronate
Anchondronate
Adenoma

True fibronate or
hardly ever met with

~~... ..~~
~~... ..~~

V knife is the
best tube.

The local operation
is not wise in all
cases. you should
remove the symple-
ctic glands.

You ~~take~~ make a V
shaped incision
& carry down to V
point of clitoris and
then carry on to
V stems posterior
and remove V
glands. It is not
advisable to use
cocaine. You should
~~not~~ use an anesthetic
You must remove
V glands in contact

with loose skin

to the skin & then
use Bilton's method
Dysent also, 1-2 oz
If you may collect,
Dysent months may
cause a suppurative
parotitis. This is
due to infection
They may cause
pain all.

Moments on Colic
If it ducts may
occur. The pain
will usually come
on during a meal
you can see the
point swell out & the
pain be intense &
then both disappear

with facial veins,
go as far back as
jugulo digastric
Remove other glands
also

Growth in the corner
of the mouth
go down and
remove the jugulo
digastric glands, and
v glands along v jugular
gland.

Chilosplanter =

Don't sacrifice the
pot. to no plastic
operation if it
interferes with v

When you are
nervous & grow
up with

It may be in
children as well as
adults.

Younger difficulty
in motivation &
tenderness over & get.
Apprehension will
find and you will
it get on also from
you want perfect-
tion in parrot
get too you will wait
along time. If
you get high & r
fever is high & swelling
would you should
use an aspirating
needle. You should
remember it's fine
new & d and force

removal of growth.
Upper lip.

Cancer!

When it gives rise
to glandular inf. v.
gld. affected is the
gld. in front of v.
parotid gld. In
some instances
it lasts for a
long time.

You should search
for the gld. in front of
v. parotid gld.
altho cancer of the
tip is usually very
slow growing. When
it occurs in young
people it may

as to the other mark

you may mean
they have now but
a plain row is
best.

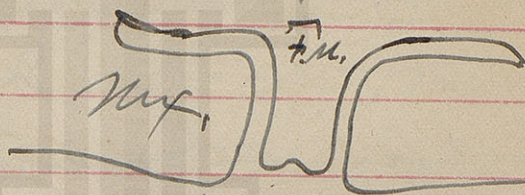
Qds of Neck
Parotid.

those glands
that have broken
up into smaller
have very few inf.
or ac. inf. mis-
chief. Still you
do meet with them.
In consequence of
most dis. it is best
to keep teeth & mouth
clean.

Parotitis = Mumps.
this is the most com-
mon cause of inf.

grow as rapidly as
epithelium in any
other region
base lip.

You must under-
stand something
of development of face.
From morph process.
early stages is bifid.

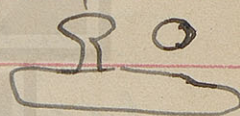


growing in from
sides there is the
maxillary processes.
If these processes
unite satisfactorily
there is no nose,
face. If they fail
to unite a nose

...to the growth
of the ...
... of ...

should have full
access to the growth
It is only for P. nervous
that if lower joint is
removed joint can
dilate & constrict.
You would not do
this for making growth.
I fear committed
to in hugging & growth
too closely. If you are
ever in doubt as to
whether you ought to
remove a part, it is
best to remove the
part. For if remove
of these fragments the
chain will be the best
& you don't want any
jamming of the parts.

not there is single
 hair-like on it on
 both sides in line,
 double here by
 the normal line
 of 5 for the normal
 to be opened on the
 affected side.



The column of
 more one affected,
 central piece with
 2 teeth.



Forrest
M. H. 1899

I have a cystic
crockle they may
return when removed
they are cystic non
conos. there are
a layer of cells on
periphery some
center, some of
cells are colloid
degenerated,
they probably arise
from a tooth element
they are rather non
cysts.

Operation lower jaw
with ray teeth.

That bone structure
should be removed
for a month. I care
of making growth up

I have a syllable
on the left of the line

Lecture Jan. 7th, 1887
Fore lip (contd).

Fore lip may be either
single or double,
cleft may be partial
or complete and
partially cleft in
almost any direction.
Nostril cleft
wide open is unusual.
Usually lower part
is open.

Essential points in
treat. of fore lip, there
may be double fore
lip with the alveolar
margin intact usually
cleft then skin and
gum ^{goes then} alveolar margin ^{partially} goes &
then skin.

Comparatively few
mucous glands
lower jaw. Ducts
large. They grow up
& growth before jaw
at become if
epithelium. Glands
must be removed
thru in & out.
triangle & submax
illary region.

F. S. Eve. described a
tumor in lower
jaw which he called
multilocular
cyst. They grow
slowly. They usually
run a single course.

not to my card

there is a gap in alveolar
border to ~~cover~~ -



You may have a
well formed nostril
on one side,
the floor of ^{the} ~~the~~ nostril is the ^{red line} ~~red line~~
some circumference
as the well formed nos-
tril. & Circumference
of the nostril is the same
on both sides,
& red line of the
nostril is quite a distance
No definite age for
operation. You may oper-
ate on day of birth.

It would be necessary
to check the spread of
lymphatic glands

Everything perfectly
done up to speed
are then ~~any~~ in
cision that will not
give you free access to
the tumor. You need
the job finished and
divide ~~in~~ part after
you have ~~the~~ made
you flop as there is
you can.

Lymphatic glands

Growth
does not spread by these
type does not limit
for there.

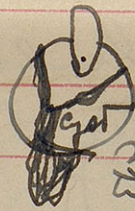
I love you seems
to be ~~an~~ site for
epithelioma of jaw
brought to 1 in year.

if child is well and
healthy. If not wait
longer. But to get
out with an anesthetic.

If child has not
got teeth. Use forceps
only alcohol. 50-70°
If cannot get more
for a few hrs. before
operation.

then you need no
gag. You liberate
the whole thickness of
lip from upper maxilla.
Do not get too near
bone and do not
use power elevator
separate thoroughly
on each side with

it can be argued
that the



the various myeloid, round celled
(large & small) spindle
& giant celled,
they may be derived
from elements of
fibrous tissue & are
not likely to return,
these tumours are,
very vascular, &
these are more like
ly to return. It is
madness to try to scoop
them out. You remove
a segment of jaw well
in front of & behind
the growth. You try to



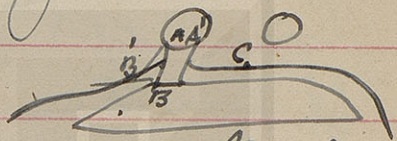
it can be dropped
out. Separate around
V angles. Be prepared
to tie any vessels
out. The flap con-
tains mus. which are
supplied by the
facial nerve. You
may pack with gauze,
but sea sponges
are the best. Next
step of operation is prepa-
ring to suture. Suture to
incision so the red
margin of lip and other
points will come
in contact. The lips
unless you are care-
ful will be brought
together and show a

the central mass
are very thin
& composed of giant
cells. they are brown
in color (reddish color).
Occasionally the
cholesterol mass
is a solid mass
and in its interior
you find one solid
mass of tumor.

When you press on
the tumor you
get a eggshell crack
le. Some are solid
however, but they
show cystic cavities.



unsightly notch.
 you are on incisor
 web will go out
 into v lip, take an
 ordinary pair of
 screw compasses,



measure at A, B, then
 measure = distance
 from a to B'. then
 on other side measure
 = distance from A' to
 C



Shaded part is cut away
 B must be as near v
 red line of lip as
 possible, not more

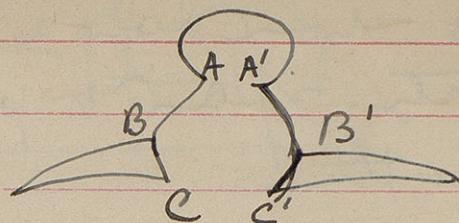
There 11/12 is above it.

Tumors arising
from lower jaw,
you have no an-
in and do not get
any tumors analogous
to anterior tumors,
you get epulis in
the lower jaw. It be-
haves as the upper
jaw. You meet
the lower jaw peri-
osteal sarcomas like
those met with
in long bones and
they behave as those
met with in long
bones.

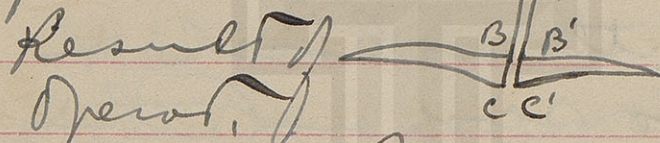
Central Sarcomas
met with.

And may may
 into me

Then $1/2$ is above it.



You put silver wire
 into it at A + A'
 + another at B + B'
 future at point of
 greatest tension.

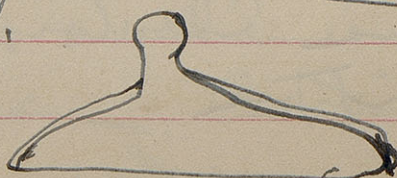
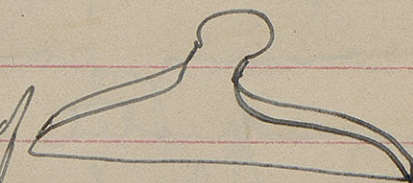


this is Rose's in
 cision.

If lip is uneven
 you have more trou-
 -ble.

One form of
 hare lip.

Another



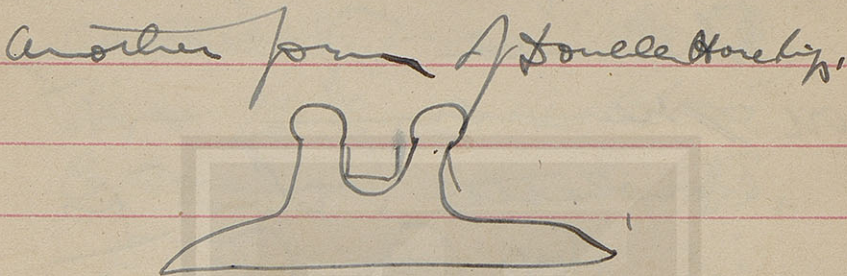
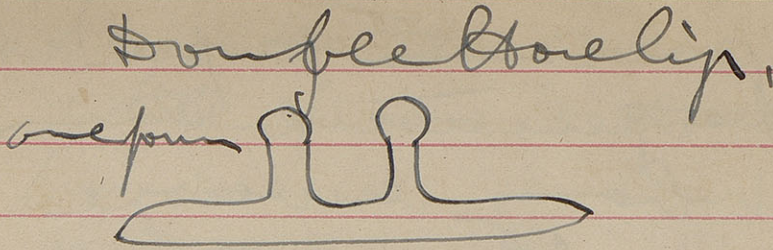
Double Stocking

whole of the upper
jaw. You have a canine
tooth right & palate
row then.

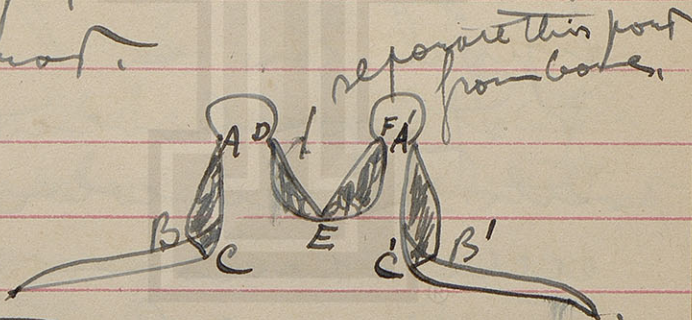
You remove the
upper jaw in one
piece. You should not
go into & cut them
with a chisel &
~~scoop~~ scoop out, this
is not scientific.

If you remove &
upright ~~these~~ ^{processes} &
find that & ~~these~~ ^{processes}
coming from some
one aspect you
have a pharyngeal con-
dition.

Reverse of the upper
 jaw. You have a corner



Method for making
 flops, in the best
 operat.



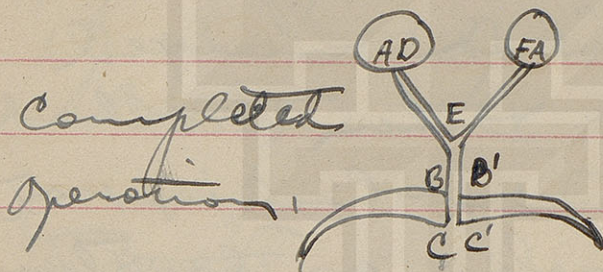
After separating a piece
 from bone leave it
 alone and prepare
 v sides and become
 as before. Cut out
 shaded portions.

Aspen the rose
concomber it
has penetrated the
wholly envelope
you have a good
chance of recovery
on ~~removing~~ it
absolutely. That is
if we don't try to
strip out, but remove
if the growth is of the
upper jaw.
If you have to deal
with an alveolar round
cell ~~sarcoma~~ you
may not have good
results & probably ^{is best} not to
operate. I would
call ~~sarcoma~~ of upper
jaw you remove &

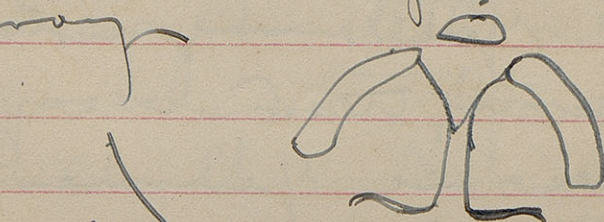
long, narrow, thin
 of the same

Separate the ribs
 well from the
 bones

points coming in
 contact are $A+D$,
 $B+B'$, $C+C'$
 E comes above B.



In 1 month the
 alveolar margin that
 is going to bear the
 teeth may lie this
 way



A triangular piece
 from that can

the number of
of the @ piece for

there me, welling
of & supper for these
scurvy very very
much in their mouth
from round celled
you have every grade
much & spindle
ground mixed.
etc. & then the Chondro
scurvy which is not
as much as the others
the very innocent
forms are almost
propelled.

Treat.

you may prolong
life by treat very
few are permanently
benefited.

If you get a cure

There we, meeting
at 10 o'clock, you, etc.

be removed, and
set the ⑥ piece fur-
ther back.

You have the most
trouble with v ⑥

piece, after you
get a patch above
it you v d. is very
bloody and, spots
may result.

Treat

Children's loose
teeth they should
be cleaned and
do not operate if
decayed teeth are
present, you put
a child under an anes-
thetic to keep
plies away.

My old friend

some country. θ
maximum $\frac{1}{2}$ of one
yr growth time
growth appears,
there is a constant
growing pain.
You should ex-
amine to see the size
of growth by illumi-
nation. When trans-
illumination test
shows a very marked
shadow for chords
one there is some
growth the fore-
diag. is hard where
there is no fungation
with out an expla-
ation of perot. & v pat. M.
not want to submit to this,

me

J. J. Jones

If child gets along
all right you may
give milk with
sterile medicine
dropper ~~then~~ parted
lips in evening.
At 6th day
you may remove
stitches you should
give a general anesthetic
take out ~~stitches~~ ~~same~~
drainage is so perfect
that you never get
sepsis. there may be
scarcely any redness
about the edges. The
red line of lip may
correspond on both
sides.

You should select

from the [unclear]
[unclear] [unclear] [unclear]

Lecture Jan. 19th 09.
Solid tumors of the
antrum last time
R. ectically all are
involg. there is a
tendency to expand
v. outwards. Ducts
chronic growths
tend to expand v.
outwards in ~~all~~ all
directions.

Rapid growths push
in one direction.
they bore their way
along channels &
this is in right.

St. these growths are
exceedingly rapidly
growing. In 5 or 6 mos.
they will stop up v.

Section from 19th of
Rock Creek

Your cores on foot
penetrate on nearly
solid cores. Be a clean
guy on core, and
a little transition
is possible to liberate
to where will
be noticeable.

Do not use pen
elevators, use two-
tonny knife. transport

never use saws
for trimming.

Best needle to use
is Hogdon pointed,


Needle must be
perfect, and one's
needle, use Fergus

of unrestrained growth

If they are definitely
connected they
~~the~~ will expand
in every direction.

If of growth which is
more cellular this
whole free expansion
is not seen. the growth
may come out thru
nose, cheek etc.
they do not always
do as typical type
look tumors. The
cellular tumors will
not expand and
on the most don't
grow and this is
important.

son's pattern of
needle.

Lecture Jan. 12th 09.
Dis. for work.

there are certain
joints that require
description. Most
polyps arise from
v. unbranched bones
& are numerous & grow
the. ~~to~~ they grow well
up in about weeks
& get beneath them &
more they may hang
down into v. mouth
they have pedicles
and hang down
like grapes. They
belong to the nasal

more than 100
mammals

ro - roromua.
there is scattered
than the little islands
Fibromata & osteomata
have been found.
they are of the form of
odontomata. the older
pathologists described
fibromata & enchondro-
mata as the same
Concerning the
nature of Highmore
is a very rare tumor
the osteomata arise
from the periosteum. In
nature of Highmore
you have honey
peros & in some
in this order
they fall up the

specialist, unless
you can snare them
off: the average man
ought to acquire skills
enough to snare
it.

Strobilized polyps belong
to strobilized. Don't
forget they come from
the embryonic form.
Behind from hori-
spherical they are
various structures.

Some are very
vascular & order
critical vascular tumors
containing naevoid tissue.
arising from bone
skull. There forms

Epithelium being
seen in air and

In early stages you
remove a tumor
and also the offend-
ing tooth socket.

If you move a little
apex behind you
will have recur-
res, there is difficulty
to get away from
growth - Remove
all and recurrence
will not recur.

tumors of the Antrum
(Solid) are peculiar.

Are very interesting
most of them are
malignant. Now and

again you may meet
with Echinococcus
It is usually a closed

~~common~~ ~~where~~ ~~there~~ ~~is~~ ~~of~~

of polygamy
being insidious,
give me to obfuscation
(moral) & no pain.
they may have food
bore of attachment,
they may be more
like an animal
and not like a polyg
at all. 

they st. fuzgate
out the point and
prevent food being
swallowed, they are
a full tumor.

Method of attack
depends upon cir-
cumstances. they
can ~~at~~ seldom be
be attacked with

Boyd's paper 1909
12221

Classify myeloid
sarcoma as an
species at all.

A single sarcoma
is not a species,
& growths of the lower
jaw may become
very large. At the
time is infiltrated &
it is not of month
they will fly. Kill
quickly. True epithelioma
of jaw is a condition.

You may have trouble
to tell from epithelioma
of the jaw. It is a species
of the genus.

You may find
them everywhere.

to be removed
prophylactic

disturbing & painful.
Best way is to throw
them more up.

When growth
is situated on the
base of cranium
there are two types.

1. Lawrence throws
more upward &
nasal septum is divided

2. Oliver. More thrown
downward. gives
more room.

When the growth
is in middle of
nasal passage &
palate must be
split up. should
split & push portion
and remove a

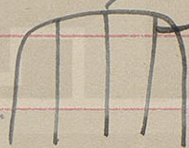
How I broke with
J. & married

inferiore per. of
ligaments and pass
from one socket to
another. It shows
itself as reddish
lobulated mass stick
out one place
with one lost,
the other part of
bone was all right.
Microscopy some
look like fibr. to
but they will show
somehow change
they begin to infil-
trate after while but
really they are infil-
trating from very
start. Dr. T. don't

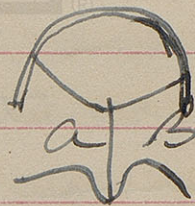
grab the cup &
don't remove

portion of it.
you split & soft
palate

You may divide it
in a middle line
Chalor
Mellor



Where & growth is
fast you may do
this provided & post.
palatine vessels
are left.



throw a & B aside
as flops.

Many of these cases

Odontomas are not
met with. They may
increase very slowly
orally, & be
dentigerous cysts.
may arise from
tooth element.

Tumors arising
from jaws
Epulis, Epulides.
Epulis tho often described
in books as single
polyp. was polyp.
from root. It
essentially sar-
coma from the
gingiva. It arises
from perio-
osteal & will

Don't know. But you
must know. Don't know.

Many of these cores
cannot be attached,
many that one op-
erated should not
be operated on Dr.
T. says. Particularly
if it is sessile you
must be careful.
If it confirms to type
of sarcoma, one must
not despair. One
should not refuse
to operate unless they
are pure round
cell or spindle-celled
sarcoma of the bone
is large.

Non-Orbital tumors
are called osteosarcoma because
they usually arise

From one of the notes

you must retro
to separate
up with an
dropsy = Hydrops,
this is an accumula
tion of secretion in
antrum. the
fluid that comes
out is, purely
mucus. the mucus
tumor is, usually
located. the
treat.

Get a pen and
clean out the antrum,
& crop it out.

Polyps on it, meet
with.

~~monocular vision~~
~~from now~~

from one of the plates
of the orbit.

One of the first things
seen is a swelling
in the region of the

orbit - the eyeball
is thrust out & the
orbit filled up.

V. post. becomes blind
in one eye and the
tumor to finger &

it may become
reptile. Dr. T. says.

after these orbital

tumors may arise
from the orbital

plate of the ethmoid

he believes there

is reason to believe

drainage tube.
But you should
not do so. the den-
tist may make
a drainage tube of
gold & then set
it down for 4 or 5
men. the job may
remove & clear it.
Don't let it stay
out too long because
it may be hard to
get back. the cavity
fills up by the
formation of gran-
ules. May prevent
from more cotton
the. Is more necessary
to open the creek.

A case of $\frac{1}{2}$ mss v

ruptured and the
pus gets into the
antrum.

Drainage thru a
nasal cavity is
not good. The of
fending tooth is removed
and the opening
enlarged and the
cavity smelted
out. But, I say.
Maxilla is destroyed
quite extensively.
An opening into
mouth and is a
good way. May
punct. thru right.
When a discharge
gets well you feel
tempted to remove

~~not even got out~~
~~not even got out~~

a core of ~~E. Guy~~
general of frontal
sinus.

this can be opened
from nose if
long enough
If neglected the brain
drainage is not
the best tho not
always.

the opening may
be made thru the
under portion of V
eyebrow and lid
from view.

where the opening
could be from
below & internally
that is all right when

Went to the
N. from here
to the
dis. area
of the
bone & per
stirring freely

Approximation of
Anterior

Cornier of one of the
upper incisor teeth
may cause inf.
It is the inf.
from every ^{vibrant} ~~two~~
moral column.



M. M.

pus.

M. M. me.

peeled off and the
bone removed, and
the m.m. finally

Don't say
no more

It drains well,
When the bone is
removed, you may
have to ~~put~~ nibble
parts of it away.
Occasionally a ~~portion~~
sinus will fill
with fluid and it
must be spoken of
as hydrops auris.
There may be regen-
eration of glands that
line this sinus.
Older surgeons
used to ~~tap~~ tap it.
Dr. T. says he believes
it is dangerous to
insert a needle
As we get into
more we get prepsist.

*It seems to be a
common - as just*

pink ferals,
then later from
atunior as a
normal...

then when it turns
later you find
it discharges golden
yellow granules, etc.

It infers passes deep
in and may inf.
whole body. When
local is possible of
being indicated

A very large portion
of comes are probably
Actinomyces in
origin.

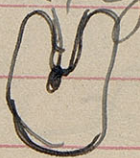
Treat.

For must

most very much
1. coronal growth

just as in anterior of
Highmore st.
Dinocera. On jaws
will take little
of jaws together, be-
cause some of molars,
re can

1. Defect of V perior of r
jaws that usually
arise from alveolar
abs. about Duvonia
-bly arises from decay-
ed teeth tooth. The
ridge gets in in this
way. the jaw may
arise near the center
of jaw & the ridge
proceed up along r
tooth.



Bright & Dear

meat is not cooked
if sausage is eaten,
Dinner coming
Germany.

It is quite common
amongst cattle
in Texas, there is
a mass of cavities
in the jaw. Some
are in the
jaw than anywhere
else. It may
be insolated into
men from wood
tooth pick. As
As met with in
the jaw you get a
hard painless
swelling. At first
the hard to distin-

of course in order
not to get
more for you

So you find you are
on root of tooth.
~~At~~ More often the
infection spreads out
word & gets under
upper & lower
alveolar process,
they may form
on palate. 
the pus may run
along & join. In
upper canine tooth
the pus may spread
along towards nose.
there are very few
-ous vessels. the
may become of
bone to come out.
What bone is des-
troyed crumbles

not
very fine

until a request
is made before
opening. If possible
remove from
interior of the mouth
to protect ^{from mycosis} by fungus
known as a very
fungus and very
often you may
find club shaped
bodies. These mycelium
threads appear as golden
yellow particles.

Is probably produced in
cattle from myring
to the few pronged
species of cactus.
When get it from
cattle, where the

little & numerous
in the upper part of
the section

away. In lower
part will very
often spread into
submaxillary re-
gions. In upper
part & face may be
come infiltrated &
any an. occur-
rence is to get
in & entrance of high
- more. & a lot of
necrosis that may
result can hardly
be estimated. The
cores are everywhere
and it is only
after long time
that they will
heal up.

Not satisfactorily
Merchandise

may come it.

Now I fear you
do not usually have
upper jaw affected.
Is it may occur.

Treat.

Unremoved bone
should be removed
you may operate
& drain. You don't
determine where
dead bone ceases
& living bone com-
mences. It is given
after weeks have
passed. You
should wait

Pae. Treat.

Get the
opinion of a dentist
as to whether the
opening for tooth
should be removed
& you must be con-
vinced. You may
find only one at
end of one fang
& dentist can remove
the fang.

~~Doubt~~ If lower jaw
abscess should be
opened from inside
prior to mouth.

If you don't get
good drainage from
inside you must
drain from outside

These are the bones
found in the
mouth of the
animal.

rotic bone beneath
there are openings
in the pinnal
lid bone. This
dis. used to be very
com. since ordinary
p. has ceased to be
used. in much
factories it has ceased.
The other form
of necrosis are sim-
ilar to one another
& dead portion is thrown
off as in other bone
& pass may pass into
interior of the mouth.
there need good deal
of pinnal and coming
of that maybe use-
able to open jaws

There are some
more here however

side, if necessary.
usually gets regular
tra ^{coffee} ~~with~~ ~~from~~
from interior of
mouth.

Lecture Jan 14th 09
Alveolar abs. (contd)
Pus may occur in
inter ~~of~~ of High-
more. Usually from
abs. of sub alveolar,
despite conditions
may spread down into
v. veins of v. neck and
into v. sub max.
region. Usual major
ity when spread
back up or when
tooth is removed.

may occur. By
over dose, supp.
& the phosphorus
poison the may
occur.

Phosph. necrosis occurs
almost invariably
in workers in match
factories and in those
whose teeth are un-
sound. A large
portion of the row may
die. The lower jaw
may die from
condyle & condyle
thus necrosis is
usually attended
with an exuberant
growth of bone.
Not adherent to the

over dose
- - - - -
- - - - -

Necrosis of jaw
may occur. It is
overfrequently as
necrotic myococcus
spores of gums &
hyperthrophy of gums
belong to dentist.
Furrows.

Necrosis of jaw.
Have mentioned it
in connection with
alveolar abs.

You may meet
with it in alveolar
abs. - A chunk may
be thrown off and
as it may occur in
specific fever.
In osteomyelitis
& osteomalacia it

John B. Schelling



