





[REDACTED]

Lecture Jan 14th 09.

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Ears, Nose & Throat.

Retro-pharyngeal abs.,
is a post-pharyngeal
abs. ac. or ch. It
follows tonsillitis or aden-
itis. May follow
operat. on throat.
We are met with
chronic abscesses
the disease
gives a supp.
symp.

Consists of
pain in swallowing
& more or less dys-
phagia. Sing.

Lies between
retro-pharyngeal abs.,
& malformation

of the vertebrae. Divert
best made by polya-
tion - a soft boggy
mass is injected
at finger. An aneuris-
m is diag. by bruit
+ pulsation.
Prog.

good except rt.
myel. will occur
in children + in adults
rt. + pos will strong-
ly v pos. there are
two outcomes +
pregnant goods.
Treat. Give in breast
pos. press out
pos. of curved probe
in every day and
keep open. At heal-
ing is hastened by

inject of iodine
emulsion. then by
blunt direct open
also also cavity. fully
inject with ~~Boyle~~
sol. place admin in
it and from day to
day draw tube out
a little further.

Removes
~~Hyperthermia~~ Anaesthesia
not met with in
hygiene. Me. met
with in progressive
bulbar paralysis.
+ Diphtheria.

Hyperthermia
pat. goes long
opening mouth

approach of spectrum
causes gagging. Drinking
may calm it, and
nothing to cry, are
cocaine vol.

Perovskite

May have
a sensation of asphyxia
or hoarse lodged throat,
pricking sensation.

this may be due to
low dis. or voice, or long
-ated mouth, or

You may not believe
to make out a case
treat. can be in
giving sedatives like
Bromide & Valerian

then treat local cases,

Proctitis: one duct
tuberc dis. or syph,
one rect sphincter
mus. involved,
local or bilateral.

fluids requirerate
than v. more.

Treat:

concentrate on treat-
tion to general health
& colonisation with
positive pole inside
against v. mass. of
phages.

Dis. of lymphatic
ring that surrounds

v ~~entrance~~ ^{entrance}

they bear v. corals.

5-7 in no.

2 fomial touries,

1 lingual tourie,

1 Pharyngeal tourie,

2. web-surround

intestine tubes,

Histology.

Is essentially
a diverticulum. web
forces down.

Is composed of
lymphoid tis & bel
vsc. fib. tis. etc.

all are done in

arrangement except
v lingual

Crypts - are present
in fomial tourie.

Infl. Joints = two -
relating to joints ~~and~~
soft in infancy.
they often continue
to grow up to early
adult hood and
then atrophy. This
continues to mid
life. & then atrophies
& joints of & turned
constantly being
thrown off & it is
at such places that
back trouble.

Transistomae. is
in recess. It is bounded
in front by the
anterior pillar & behind
by posterior pillar.
Cyp. are 10 - 20

as a rule they
extend through the
entire thickness
+ may communicate
cysts, one, etc. as
continuous. These cysts
are often found filled
with food & debris
+ host there are, no
rule... this is only in
those with free drain-
age. The mouth
is, closed by a pair
of small jaws.
may not be.

At a large fresh
map, occur and
cysts be closed.
When they are covered
when epith. lining &

Cryptos are healthy
when M. Boyle, a parent
is liberated. When v
resistance is low
the life may get
into the tissues.
This may of-
ten get them v crypts.
x info v convinced
glt. At when his
tissues are injected
into guinea pigs
they will develop
the.

Center wall is
composed of sup.
construction of
my. In children
v tissues are soft &
not so firmly attached

this recess extends
well forward under
vomer pharynx.

I were in question
will not show ^{whether} ~~the~~
v. tonsil is elongated
or not, the pharynx
tonsils are found
in upper part of throat
v. limit of the ton-
sillar arch by
palatine. You
may notice v. post.
gag. the tonsil
lymphatic empty
part v. ant. chain
v. post. parotid
Blood supply. Is v.
tonsillar artery a
branch of inferior

~~the more you work on it~~
~~the more you work on it~~
hold you may
place a smallish
bunch in view and
after it has been
rot. with the glue
to catch the off
flet stay for
3 or 4 hrs. 2 yrs.
then try to re-
move and perhaps
object will stick
to the bunch.

These are most
common

Tonsillar artery
passes upward thru V
vegs. construction.
In addition it also
receives some blood
from ascending
pharyngeal.
Dant. Tissue & bed of
V tonsil. Dant. wh.
V ant. or post. pillars
of tonsil. because
they bleed profusely.
Function of tonsil.
Is not definitely de-
termined function.
We know that when
V tonsil has been
V seat of infl. and
overrun & we
must be good

~~Good morning~~
~~Simon & Louis~~
+ wall you should
force it then
against this &
it may force it
out. You may
let it stay for
a while.

If there is high
pressure for you
may attempt to re-
move. In that
case under again -
- just over that, you
throw & a mile for-
ward and then in
all you to be
able to throw & a
whole of the ^{air} ~~cool~~
forward. If foreign
body is smooth and

those you should
have - those

Dis. of V. torus
~~and many~~
Bollworm torus,
to due to mis.
steps over.

Don't come in
to adults & young
children. To read
in adult life.

It may follow inf.
operation & more
Pott's. Consists of
accumulation of
muc. in & crypts
acumulation is
not a great
inconvenience. At
torus. In addition
there is often a
filiform cyst.

should have good
light. and plonge
specimen. If
body is smooth
you can't get out
by forceps. and it
will force it fur-
ther in. If you can't
get it out with for-
ceps you may
try about to retire
or then put on hook
head about $1/8$ in.
from end.

what way to get
out it to squeeze
it out. you may
be able to force
it out. If any
growing between
& body

strong for job
Nelson & Co

poured out.
the eye may reach
out out with
palate etc? &

When swelling in
volves & parenchyma
you have parenchy-
matous tonsillitis
When throat is
exposed you find
& cysts. This
membr. etc, are
wiped away and
in this respect
differs from diphth.
You can only examine
lingual tonsil
with mirror.
Subjectively & disj.

~~Ammonia~~
~~Ammonia~~

no sympt. what
ever - In some there
was joint pain
+ dullness in
hearing and tin-
nitus. The insect
that bore ^{claw and} claws
there is intense
pain... the best
remedy is to pour
a few drops of oil of
turpentine or
olive oil into
ear.

Ding.

must never
be made pour
history of report,
but just direct
inspection. You

non-malignant - not
very white on

Indurated.
Hansen staining
st. temp. not
very high. It is
lighter than most
of spleen. There
is no or less pain
in wallowing and
a pain may radiate
to middle ear.
Vels. of neck are
painful, Umma
elongated, heart -
offensive. muc
stroment, album
mura.

Diag.

But made
by heart exam.
✓ Klebs Klebs Leffer

affected by alcohol
+ spores do not
and if kept out
for too long the
spores will grow.

+ some fungus.
Foreign Bodies
often introd. by
+ not. nose, into
stones & bones
of bones & tooth fields
but of steel particles
Bugs & insects
may get into nose
may lay eggs & larvae
grow. I think me.
found. Laminated
layers of epith may
form. In some
cases there are

for my work at
the office

has many notes
and. Only positive
results to conclusive.
Treat.

During v/21
24 has a strong agk₃
role, applied to
tissues, to v/21.
rule 60-70 of role,
do not have the
role on application
disappearing.

General & olive oil
= part applied are
good.

Give a cottonie only
control v/21
v/21 febrile movement
with such doses of
phenacetin or 5-10 gr

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

single. Some are
introduced later.

... then ...
... out ...
... strong ...
... of ...
... and ...
... at ...
... 5 ...
... let ...
... of ...
... to ...
... per ...
... 3 or 4 days ...
... of ...
... you ...
... in ...
... office ...
... active ...
... parts of ...
... one

When the material is
removed & the ground

When material is
removed you may
see a ^{er} apophysis
threads under a
microscope which
form me - rem-
bed where these
are coal dust.

Usually not much
point. The fullness
in the cor. the ap-
ophysis does not
develop in alveoli
for there must be
moisture. there
must be slow growth
if it is present
there. slow
growth. others.
that

— comparatively

can not be done
without much

present it is usually
sensitive, usually
however makes

operative me, seen
Myocard of the tonsils
maybe hard to tell
treat. conservative

treat. can be applied.

But slit open & apply
with blunt knife.
~~then~~, slit several

open at one time.

then with 20%

trichloroacetic acid

, Iodine & ~~Syngon~~

or carbonic acid may

used. & in place.

revert. me. severe.

the electric cautery

is the best thing.

the last two
the last two

rated to out 2gr
to 3. or yellow
oxide 2gr to.

3.
Zinc
Oxide
= parts.

Oto-Mycois.
Trichogyns dis
Is more common
adults and more
common men.

Due to the Asper-
gillus ~~glauca~~ or
Aspergillus niger.
If you want you
take out a cross
that looks but like
chewed up cloth
ting paper.

noted to our
to 3:00 p.m.

Of these applications,
the best treat is to
remove & tonnes.

The patient is a bleeder
or refuses any
medication.

Phlegmonous ton-
sillitis. Quinsy.
Quinsy means an
abscess in the tonsillar
area. A phleg-
monous tonsil-
litis.

Dr. Mont can in
young adults. Rare
in children. Symp.
are very much
some. In phleg-
monous tonsillitis
& swelling is in the

no word. and a
no ill effect.

imitation
adhesion may
result on left
to tension may
result. & suffi-
-ge & post. life by
retention of reaction
treat

Use leeches,
On peritoneal pouch
use rollers. Deep
incision and
beneficial. You
may point & walls
of pouch with $\text{aq. H}_2\text{O}_2$
sol. You then plug
& repeat in 24
hrs. this is to be
used where there
is discharge. You
may use ammonia

~~the~~ the rib. it self.
V and, pillow of the
rib, is pushed out,
V caused it usually
grads the temp.
They get asthmas
102 to 103. Pain -
gets worse as swelling
increases. Mouth
becomes filled with
a thick viscous re-
cretion. Recumbent
position is V best.
this condition is usually
limited to one side
throat - tongue water
& interference with
breathing.

Post. may 1890
Lecture Jan. 21st 09.

in & removal on
spoons & also by
trying to
remove bodies etc.
and unskillful use of ^{the} instrument
there is pain which
is worse at night.
A Mule & swelling
is enough to in-
volve & drain. then
a single swelling
remains. In severe
cases the ~~the~~ drain
is involved.
In some cases there
is a perforation
of drum. and
fluid can become
in. May be
the discharge is very

by eggs & mucus
in various ways

Lecture Jan. 21st 09.
rot. may not open & mouth
far enough for good view.
the throat looks edematous
& shiny. the swelling
near in & neighborhood
of tonsils. Injunct. for
point of incision.

If not interfered with &
dis. lasts for 1 or 2 wk &
a spontaneous cure.
It occurs int. & ext.
it may be external
ly. It. it may then
be crypt. of & tonsil.
you may probe in
& upper portion of &
tonsil with a bent
probe & open & also.

not just common
no chemicals

then after a while
you may use
✓ Menthol & com-
plex mixture
or you may use
✓ ~~the~~ Ichthyol,
R₁ for another
Cocaine
Menthol

Corbolic ac, expt.

— — — — — a. a. = parts.
not rubbed together.
you may use this

Externa, Otitis,

Diphtheria

Here whole
course mixed. The
✓ result of res. both
ing and / private

from the mouth
very early

complication are
unusual, but spor-
adic. Strangulation
during sleep has occur-
ed. May occur in
adults. Edema of
glottis or right of
a lld vessel may
occur.

Treat.

Incision
wrap w knife with
cotton except at
about $\frac{3}{4}$ in. of the
tip. push w lifter in
towards v median
line of the throat.
If behind v towards
you push back
~~for~~ behind & above

1. Remove the part
from the rest of the
piece.

it with carbolic acid
& place it in a jar over
it and let it stay
for 1 day. If it is
not better in size
unwellness,
Incision.

cleanse
the wound part with
H₂O & use cotton or
silk & roll. Then
use a narrow
bladed knife to
open the knife and
flap. Then pass a
needle and then
bring it out and
cut the whole
down to the peris,
at the heel of the

more long & moist
the masses were 5

1 tonsil in post.
Incis. then ant. fill
- or above & behind
tonsil vertically
about $\frac{1}{2}$ in. long.
After incision I
made a fur reached
the ant. tip. we
reached follicles &
170 carbolic acid.
The Pat. very rapidly
recovers.

Cold applied to the
neck in good
way in a ice
bag.

History of Tonsils.
D. usually infected
with bacilli & con-
-vulsions. They dis-

the white ink
is removed & it is

with weak soda sol.
or carbonic acid sol.
or plain water.
then try with cot-
ton tipped probe.
then introd. spec.
& try to localize
boil. you may
use 2.0% ichthylol
in vaseline or you
may use alcohol.
you may use
a prep. contain-
ing menthol &

Camphor R_x, Menthol grs.
camphor grs. xx, alcohol 3. fl.

much swelling
you may if you
can locate & boil
you may put touch

With week and day
on complete rest day

size until puberty
is reached & it con-
-it gets harder &
thinner due to
fib. tis. In child
the tumor consists
of cellular tis. princi-
pally. It is rounded
& can not be re-
moved by the tu-
-illstone. Completely
boundaries & size of
tumor can be told
by palpation. one
finger after one int.
tumor will roll out
on going. Suber-
-ged off. does not
come into view.
Cysts may not be

Reel method of
leeches.

there from one
of ingot in v. diag.
(differentiate). The
movements of v
small prod. pair
in boil but
not in most of also,
I see most of also,
you get from over
a most. In some
people there is
from a small
when in a normal condition
v. most of
most.

You may
apply leeches over
near Dr. M. think
this is severe.
You should not
finger v. for either.

long - thin
and not long

discovered.

Best method is to
remove U tonsil
entirely when it is
necessary to operate.
If not diseased
should let it alone.
If not will not ex-
pose to ~~operation~~ ^{perforation}
use cauterization
you make 2 or 3 deep
incisions. The
throat will react
& be sore after work.
Indication for
tonsillectomy

1. Some form of
port nose catarrh.
2. Obtrusive catarrh
where the protrusion

take out records
of this specimen

typed probe. In a
few days there is
a swelling.
In parame there
is ^{no} severe
in mastoid abs.
there are pain.
In parame there is
disch. In mastoid
abs. there is disch

of
Mastoid abs. and
often preceded by
coughing pain.
In mastoid abs.
a post. up deep por-
tion of ear canal is
swollen. In parame
a swelling there in
any part of ear canal

as a result of
the recent work

tubes are occluded
of this obstruction
prod. a form of deaf-
ness. Recurrent
attacks of tonsillitis
of lacunar tonsil-
litis. Large ton-
sils give voice a
muffled character for
singing. Occasion-
ally a chronic
hoarse ness.

Rhinorrhea follow-
ing attacks of
tonsillitis

the open

with tonsillotomy
is evident.

McKenzia method
is the best.

from behind & come
me, wally and
make a corpoint
forwards look like
a subperitoneal abs.

the Boile may break
in a few days and
then possibly in
a few days there will
be another one. We
14 or 15 in one cor
over course of time
there is 20 is very
tender. In begin-
ning there are many
outright redness. The
location can be made
out by touching &
ball with acetone

For children the
best is to have a
general anæsthetic.
Place a gag in the
mouth. You may
operate by illumin-
ation only, feeling.
Position of pat. is
important. Some places
put on r side &
others let r head
hang over the end
of table at about 45°.
You need not worry
about the pat. swallow-
ing & inhaling blood.
Mr. Matthew's tracheotomy
is the best.
No objection to trache-
otomy operated in that

Aspen to 5000 ft
at the top of the
mountain

fermules where there
to ~~some~~ some dish
with rosettes & epith.
to may occur where
there ~~to~~ ^{from} ~~from~~
- culm.

Nymph there are
hair & ~~some~~ ^{point}
rotting & join me
never join outside
ing & chewing &
growing and ~~the~~ ^{the}
under a log.

the a slight rise
jump to ~~moose~~
flour & appetite.
& ferns may
resemble a ~~moose~~
its.

~~bring over~~
~~monkeys common~~

all you do is to rip
off the top of the tumor
& the child have tumor
-itis again.

Another operation, viz by
the lithotomy operation,
= tumor punch.

Another method is
by the tumor snare.
You have an instru-
-ment that will
handle a consider-
able sized tumor.

The pot should be mes-
saged, pot placed on
side of the tumor
seized with a tumor
-punch forceps.
When the tumor is
pulled out you slip

most for growing
good for growing

with green roof &
good then work
it away & dry &
apply. Good.
Oh, Kalsium me.
good in some
cases.

Ferrum.

Is an ac.
circumscribed
ring. But usually
occurs in 1 out of
 $2/3$ of the area and
is of much more
obvious. It is
followed by a grey
brown ring. &
is very common to have

your bag - feel
it over with your

✓ knife and
insert it loose
from the top.
When it is loosened
up you slip it over
the back and
place it over it.
Tighter you pull
the wire the further
back it slips toward
the fossae. You
may remove the ton-
sil in its entire-
ty. You may direct
it to rise and with
a knife. You may
not be able to remove
it quite so thoroughly.
You must be care-
ful not to wound the

pieces of the tissue.
on the hanging down

Ch. and designation
-ion of epithelium
of the ^{walls} endothelium
& mucous & connective
tissue. exacerba-
tions. The pot. m.
at scratch & point
with tooth pick or
hair pin or needle
to stop itch.

Rx.

Control.	(crystals)	gr XX
Iodine		gr XX
Alcohol		gr II

this ~~will~~ will re-
lieve & itching.

If points are greatly
thickened or need
ed. for cleaning

Ok. as I am
-ion of the
-ion of the

pillars of the tonsil,
or you may get very
much bleeding.
I made the tonsil
is a fibrous tissue
I don't remove with
V tonsillotomy.
I moved the dis-
secting agent or
punch.

Complications.

1. Abscess and
prepsis follows it,
I put up. It always
followed by an ab-
cess.

V after that consists
in antisept gorges
and applications about
V throat & post. sept

after cleansing
W are you ready
me again 30 to 60
gr. at 3, and is
very good.

Much itching
swollen vessels.

are good.

Rx.

Carbolic ac. $\frac{1}{2}$ 55
DMO $\frac{1}{2}$ 2-4
Dime water $\frac{1}{2}$ 55

of pot scratches
the abundance.

ointment used.

2nd ointment is good.

Much itching gone
may add 1/2 of 1 of carbolic
acid

1 dr. me. course

your notebook
business

on soft diet. ~~for~~
the me. occasion
ally prepare after
wound the ~~the~~
be found is the reason
long he. the heart
occurs at first is
usually checked
by H.D. 2. you may
pass a ligature around
it if the spot is
small. If the bleed-
ing is profuse you
are wasting your
time in ~~the~~ ^{bordering}
with the attempt
to ~~relieve~~ ^{relieve}.

You may use
intumes about 2 times
a pillow. If the

Don't forget to
wash your hands

fever. Many cases
may drop out for who
know. In case.

For you should
keep a pot. not
to let a part get
wet by plain water.
If any cases present
remove with the
dry affected area
with cotton and
re-adsorbing powder.
And is good for the
Boie bird = parts.
May use stone
or talcum. Be care
ful not to use
too much. The
Powder. Hgcl me,
med.

from the hand
of the hand

You may make the
cut with
a piece of cotton. You
may use your finger
or a small lancet,
this is self retaining
You may use a
sol. of tannic acid
make a syringe sol.
in water sol.
make adrenalin.
If this fails you
had better tie the
vessel from web.
The same.

Thrombosis of Tissue.
Papilloma, lymphoma
fibroma, carcinoma
diag. by excision of specimen
E. G. Brown, M.D.

~~Journal of~~
~~Journal of~~
Lecture, Apr. 8th 09.
Eczema of the arm
is very pty. felt. It
is the result in
some cases of irrit-
ating disch. or of
scratching or with a
tooth pick. It can
follow after use
of medicines like
Boric acid. powder.
Keratin & etc,
by itself.

Itching & thick,
wet. are symptoms
- least. of crusts.
Crusts may be en-
ough to block & can-
- se, occasionally
there is a little

Section, Apr. 8th 09.
Cape of 1 mile

2 lines of murex,
traces.

Is so significa-
tion. May with a
1-3000 oblique vol.
Elongation of 2 ~~or~~
murex. This is ply.
assisted with a
post moral control.
the murex appears
to be twice as
long. It may prove
a striking variation,
or define enough.
A string of loggers
that contain catches
or Tommisonid
will connect the
murex to the
up and become

normal open
the inside of the eye

may use ice bags
to relieve pain.

Herpes zoster, &
pilonoma & papilloma
all affect
the cornea.

Herpes.

Characterized by
neuralgic pain of
the cornea a few days
before it erupts.
One painful red spot,
then is vesicles,
Fever, malaise, &
restlessness. Vision
is involved. It produces
tenderness. You
may find some
collagen, some,
etc.

your important
beginning

normal again.
You make v applic-
ation once per-
day - you may cup
v under.

You may cut the
muscles off. & cut
at an oblique
angle upwards
backward, the mus-
cles should not be
cut only v m.m.
v after post will
be great st. when
food is taken.

Rhynchoglossus tonic
this consists of
reversal muscle for
less symmetrical
folds reported

2 words from the
my best friend
must have been

then use & need
applications. You
may use & need in
many cases it is best
to use the need
In many cases it
may prove a deprivation
of union.

OT Hominatoma

May occur in
incision. It appears
and out. If it
cont. If the auditory
canal is involved
it may come
to trouble,

test

Open shell
bed closed.
I wish you

then we need
application. You

by deep pressure.
this may appear to
be like a bursa.
this is called Com-
wall's bursa.
this is subject to
a catarrh or pleg-
-matory transition.

Is inf. Is charact.
by chill. rise of
temp. ^{2 or 3°} - walking
painful joints.
slow convalescence
& more is often more
or less obstructed
that may not be
rare. Final tonsils
may not be affected.
Dirty best made

Large, loose, & movable

Mynd no- of traps
adjoining pretty

Poly asia. ~~Here~~
there is one ~~rock~~
one on a side of
peak.

Perichondritis
may result from
bleeds and normal
folds of coat are ex-
aggerated this exp.
in course of time
may result in
come present
it resembles
Polioanatomia
which ~~time~~ or
light will not
relieve them. treat
give purgative or
apply ice bag for
1st 2 & 3 hrs. then

~~Beck's case. It is
shown in our
text~~

by post. rhinoscopic
exam. It is on feeling
of polyps forward you
can see little yellow
-ish masses. which are
cysts filled with
mucine.

treat

treat pain &
fever with anal.
sore of the pharynx
etc.

Keep fever down
with hypodermic of
acetic, trisaccharine.

8

Carbolic acid, etc. etc.

Lecture Jan. 28th 09.
Olfactory Nerve

Dis. of a nerve.
Microria,

Is usually
affected with a lack
of development of
mid-brain.
I open it will be
put in reflecting
I compound. There
is no evidence of mid.
or posterior of with
get - core. Suppose
normal is found then
it can be mounted
off with brass after
opening with chisel
then you may
bring a stem over
it - there are ~~cut~~
auditory nerves

Lecture Jan. 28th 09.
Adenoid Vegetation.

Sacculi that
 are reported to be
 pharyngeal tonsils.
 They may extend down
 over the cartilage
 tube. & are in the fossa
 of Rosenmüller.
 They may follow a
 list such as scarlet
 fever, they arise from
 tonsils. of proximity.
 Most are ^{between} ~~the~~
 ages of 8-16.
 Children may have
 it and not have
 any symptoms.
 It may be seen in

franchise
of course not much

support & to against
in finger. If there is
stomach there is
the pond
there are rolls when
a customer can take
hosp. in it.
Hypertrophic or poly-
poid masses inter-
feres. It whistling
noise is marked
and is heard, where
there is a perforation,
for several ft.
It st. prod. a good
deal of fizziness and
a pot. may fall out of
a chair. It - you
can't inflate many
from an air

in my life. I have
experienced a problem

families.

Climate not much
influence.

Atrophy may take
place at about 15
years don't wait
for them to atrophy.
There are no signs of
that met with in
adults. They may not
come right. Ob-
struction. But the
tonsils have not
atrophied. In over
60% of cases if left
alone they present
some impairment
of their hearing. They
may prob. all with
or to cotank. They

Can lose it if not

1820
A 220 - good low

could cover you
may use in some
cores a piece of 20 or 40
lbs. You may
spray more with
over the sol. of cocaine
the catheter should
be made out of stea-
ling silver best or
silk, made out of
coin silver Best to
have 3 or 4 sizes of
catheter. 1 Cath. is
pushed with a tip
down word then
it is threaded out
word of the and the
tip goes into 1 cor.
You hold it in the
position you should

more in some
adverse cases

my pool, also
for acbe.

Synapt.

Charact. facie
appear. this only
occurs in early
cores. Front teeth
are prominent, the
upper lip is short
as a rule. Synapt
complex with dif-
fer. It can't be
more & breathes heavily
at night. & nasal
passages are con-
gested & filled with
pus - pus
ditch the ditch.
fills & inf. Meatus
drains & child

at close of month

is for the first time
of the nose

when repairing for
this to closure. you
may further
run out of
noise by blowing
-ing & nose with
a ~~at~~ Politzer bag.

Suppose ~~you~~ you
don't want to inflate
both ears, you may
however put in they
feel a inflation when
they don't.

Best method is
a catheter catheter
~~you~~ you should
also. a drum.

If you remove a
block you must
inflate & drum with

When the drum is
retracted & the
drum is retracted

is brought to the
of the movement is
moderate & which
is dropped to the
drum membrane
pole & retracted.
When the drum is
retracted & short process
is very prominent &
ventral part, folds
are very prominent.
When there is
extension of the mid-
-cor there is an
absorption of air
& the internal air
pressure is less
than the external air
pressure.
It may happen that

Large, or small, or medium

and blow your nose
the much, or off

as to be able to force
to squeeze of bag for
cibly. It may force
v air thru v into
chamber tubes & even
into v pharynx.
When they are say-
ing k k k k,
You may have
v put to swallow
and when you see the
larynx rise you
squeeze v ~~that~~ bag.
In children it is fine
well to give substance
to blow. In young
child you may do
the Pottier method
when you see it rise
suction cord.

as the disease & the
of the nose & the throat

the mind, ear, eye,
and becomes painful
& child has ear-
ache & the nose
becomes ch. & disch.
continues. I can
attempt to cure
always ~~and~~ ^{remove} &
adenoids.

& child may have
earache with and
disch. from time
to time.

A child may be
brought to you suf-
fering with this.
If you can't find any
other trouble & matter
you know for pos-
sible adenoids.

Ear, nose, & throat

1. Inflator as follows
the first

will suddenly be open
ed up. It is not
to be recommended
to for a part. to use
longer it will
cause some
memb. to become
loose & flaccid.

If you will in-
stall a part. to
inflate & for you
can receive bubble
then fluid when
present. Politzer
method. Here you
have a rubber tube
& bag & the tube is
put in one nostril
& the bag is placed
against & chest so

you are 18. The
white mucus is

& dullness is believed
to be due to some
stagnation of lymph
circ. & adenoids
often develop too
late.

the child may be
-light enough but
does not seem to
understand. It
may not be able
to concentrate
this condition is
known as Aprosop
-ia

Restlessness at
night may mean
I chided can't breathe
than & more at
when & growths are

Cartilage of the nose

Well received
Back to the night

your drum must be
flamed & also a extra
chion tube.

First you go to
nose and wipe
out & mungins of
a extra tube.
You may start to
inflate ~~as~~ and and
delegit will
stop. You may have
rings of ~~much~~ into
beor ~~by~~ there are
reverse ways of in-
flating & more.

Various method
here you close
nose & puff out cheeks.
Whenever one has a
bad cold & tubes

1. ~~... + ...~~
The ...

well developed.
Bod rest at night
is due to lack of
proper oxygenation.
As usual at 5, 7
adenoid tissue
in v roof of the
pharynx may prod.
considerable obstruc-
tion. at night v
child breathes thru
v mouth. the CO_2
accumulates in
v system & breaths
deep bodily. may
frequently cause
enuresis. the child
may have a hoarse
croupy cough,
fettered breath &

Large ...

Sept. 1915. Weber's test.
You artificially stop
your ear and have
your person bite down
on a turning fork
or piece of fork over
forehead and the
fork is held best
over your forehead in
your mouth. Each ear
trouble affects your
bilateral + causes
sclerosis.
these tests are not
always reliable
2 & 3 tests may be dif-
ferent after a test
has been adminis-
tered. You may test
your ear a week or 2 weeks

lowly ~~incomprehensible~~
in ~~incomprehensible~~ 15th

coated tongue &
disturbances of
nutrition are very
common.

the child may
have strokes of
fever for a while
& not have any
appetite. the
one ~~main~~ in a
state of ~~depression~~
from the fever
is due to ~~the~~ wife.

~~the~~ defective ~~circulation~~
circulation is very
common, & voice is
ringing. Inter-
ference with normal
passage of air
than ~~in~~ note.

Large ~~of~~ ~~the~~ ~~note~~ ~~note~~

2 lower tone notes
are lowered

there are a no. of
tuning forks with
the 3 C forks.

1. natural C, 2 $\sharp$ C
& 4 C. forks.

One of the best tests
is Rinne's test.

How normal ear
hears it twice as
long by bone con-
duction than Rinne's
in bone.

A positive Rinne means
where the Rinne could
be heard twice as long

Rinne's test is not
reliable when a test for
whisper can be heard

one female note
one female note

Do g me. pronounced
- ed like if
V chest is often
removed, and
as a consequence
abd. is after en-
larged, may diag.
by stripping V chest.
diag.

Practically always
when V faucial
tonsils are enlarged
V pharyngeal ton-
sils are almost always
enlarged. the pharyn-
geal ~~tonsils~~ V pharyn-
geal tonsils are
enlarged & not the
faucial tonsils

Car. Rose. & M. Rose. 1906

words, you ask the
pat. to repeat, nos. such
as 1-7-9-11 etc. Have
1 pat. close the
sound or unex-
posed ear. you speak
in low tone no voice.
You may whisper
words.

Acrometer. This is
a little bell which is
struck with a hammer
which can
be regulated as to stroke
Golton whistle.
Here you have
upper tone note
lowered, in mid-
contrabass, and
in mid-contrabass

from the front of the mouth
mouth open & look

You look look first
for front edge of
lower they look
red & spongy
In other words if you
can't make a front
more spongy use
your finger this
should be a cord,
you stand behind
child, press
check in between
& teeth, then you
pass your finger
in & pass it be-
hind & soft palate
& palate, don't use
much force, don't
take a short time
It feels like putting

Carotid artery

Chen Ning

You may use a watch & tuning fork and whisper to the Poltys acoustometer. It is best to bring a watch from with ~~in~~ out ~~your~~ pocket or place. Be careful with child. To test voice ask a pot. & repeat after you one or two

your finger in a
can of fish bones,
then to some old,
over finger.

It will be fused
with some growth
of trabeculae.

Don't & don't

bleed to

Amalgam-growth.

Prosa

in children

Adenoids don't
bleed spontaneously
or rule.

V palate is high
& arched & the

nasal passages don't
develop & the teeth
come in wrong.

Carry over from old

1 page 15 blue
The lower text

water + exom.
odor may or may not
be very offensive

Lecture ~~Mar~~ 4-1-09
the female may
disch. thru the
ext. or. there are bldg.
disch. droppers.
you should exom.
✓ annicle without
✓ use spec. at
first use a longest
spec. compatible with
✓ comfort of ✓ pair
use a Ruler spec.
to use a spec. rotate
it up ward & backward
after exom. ✓ exom.
make a complete exom.

✓ some is time
of the lower teeth.
Hevic removal of
advent, one
very great.

✓ indication of
removal must
to be indicated
by the ant. of
nasal obstruct.
When they find
any sign of the
indication for
removal one parent
When removed in
achieve that is
weak & sickly & about
6-7 yrs old there
is very marked
development.

Ear, nose & throat

not to forget your
writing - only

ized in v. cor. there
me. a hugging in v.
top of v. cor. Some.
a very intractable
affection.
thrusts me through
ovary. one very
rare, a
discharge.

The form a
rupt. of perineal in
v. cor. Some. from an
excess. The form
inflor. of v. drum
menh. Some. mix
ed with bld or re
mixed with epithel.
mucus. Me. associated
with cholesteatoma,
you may mix with

5501 7 14 14 1

You may find with
a good nasal applica-
-tion don't use

any force. press
v cotton against v
post. pharyngeal
wall then remove

v. application &
use tongue depressor
& see if there is
any bleeding.
Another symptom;
almost pathologic -
monia. So that
when you use a
tongue depressor
the child gets &
anous mucus
rolls out & chills
has adenoids

Cartilage of nose

Atkins & Johnson
of the same company

usually a symptom
of mild pertussis.
It is probably due to
congest. of vessels &
intra laryngeal
muc.

Meinert's disease

Apical - from may
prod. venting of
bre. springing
for may cause it.
trinitus

They very
rare. may be very
high pitched, and
round as voices
& like bells.

Some persons have
trinitus not loud

so many of them
of the same kind

Artificial notions
& wishes are almost
universal. In all the
ages of the world
we find that
they don't do much
good.

You may note
that as a matter
you may note
come. you are
young child.
On young children
wherever placed can
be held, you may
not need a cocoon.
You do it quickly
with a sense of
a great majori-
-ty of cases are

Car. 1052. 41. 11. 1000. 11. 11. 11. 11.

Over the last 5 years

most of a mid-ear
troubles are resolved
within 12 months.

after starting
hydropericorronee from
time to time with

& weather it is
likely to be due to some

pharyngeal com-
plication such as
post-nasal catarrh
& swelling around
the introduction tubes.

All cases of mid-ear
trouble require a
study of pharynx
and nose.

Ventings.

Is it very
pronounced & is

000000 7 144 4 1

There is no danger
in giving an anesthetic

Another is that
there are more
danger in administering
children in giving
an anesthetic.

In using anes-
-thet you should
not let a child
become anesthetized
other is safer.
but there are more
reactions from
mouth.

better anesthetic
is nitrous oxide
better method yet
is nitrous oxide
followed by ether.
In this method in

Carb. 1052.41 110000 110000

Deafness may be partial
or complete.

Deafness may be due to
a natural cause.
there may be wax in
the ear. Or upon the
membrane very much not-
tified.

Sudden deafness
may be due to a labyrinthine
effusion.

& is very prone to recur.
When it comes on

the slowly it is more
likely to be due
to the middle ear.

however, a person
prefers a better ear
+ ignores a bad ear.

Let them 5 days
not less in total

From 3 days thru 1st mon.

10 feedings in 24 hrs.

2 hr intervals. 7 A.M.

2 feedings at night 12-4.

From 1-3 mon.

8 feedings. 2 1/2 hrs.

1 feeding at night.

From 3-5 mon.

7 feedings - 3 hrs.

1 at night.

5-12 mon.

6 feedings - 3 hr.

None at night.

1 1/2 4 1

less than 5 min.
v pat. it ready for
operat.

Position of child
or v head can be
laid on v side
with the head a
little lower. This
helps to prevent v
bleed. flowing into
v throat. Some
prefer v head thrown
back. you should
not worry if v
child swallows v
inspire some of v
blood. As a rule v
head is very proper
of child vomits v blood
blood do v be alarmed

2001 1706 1706 1706

nutrition is depraved
and you may expect
the condition.

2 cores of abs. ^{of} diarr.
v. sudden onset of
pain usually means
a retention.

It often happens that
when this diarr.

comes on v. pain
stops. there may
be only a dull ~~to~~ a
over that for. you
may have to press over
v. attempt to get to
point - v. whole side
of head may be involved
with pain neural,
Dropers.

nothing like you
wrote to me

If he, to continue
the child's growth
more than 5-6 oz
bed - you should
sympathize with
the D. L. If this fails
you may please
have pleasure.
You should ask & par-
ticipate carefully if there
is any possibility of
breeding. If you
are quite & forceful
in character.

Part. moral control
in fact
2nd stage of development,
new growths.

Can lose & recover. 11/10/1911

~~myself~~ will find

Only you are clean
ing & see our own
it is probably in
v. ext. course of
motion on the
it may be due to mid-
dle dis.

Pain from motion
tooth may be referred
to ear.

Tonics may cause
pain in ear. may
localize abscesses
in tonsils - you
may get severe pain
and it may be relieved
when drain perfor-
ates. In this affec-
ion there may not
be any pain. If

more and more
more and more

Prog. of duct to new
growth & old
port now catch
+ you remove
result is good
Larger better wise
diag.

Graft.
Working &
splitting coarse
in morning. The
sections are harden-
ed and requires
force to remove
you & may see pos.
have wanting &
some in back-
and.

Treat. - treat. &

cat. 1050. 41 1100. 1100. 1100.

~~Commissure to the~~
~~lithon + nerve~~

there right. and, the
rest. when pain is
present it is, very
oe. you may get it
on moving, or a
tickle upward and
downward.

Before satisfied there
is pain present &
mortal. When pain
is present & present
absence of any
ditch. must be
looked into.

at the & pot. if
chewing hurts.
here it is almost
always due to some
trouble in & canal.
If pain is present

0.5001 + 1.41 4.1

as used in the
method which was

conservative re-
condition + remove
cadenoids. &
don't use the
solution for too
long a time such
as Dobell's + glyco-
tymoline.

✓ p. applications of
silver nitrate & of
marginal pharynx &
Zell. etc.

cf. Ginsburg, Toune
P. presents it self as
a reddened prominence
of the. enlarged to
such an extent as
to over hang &

marginal pharynx
pharynx to tonsils & may
[unclear] [unclear] [unclear] [unclear]

on 10/10/10 1/2 cup of
oil

Acetone
Ligand
Dissolved with
striking of the
residue at the
of tongue there
head slight rise
of tongue. Young
see underneath
1 cup of
teeth

Use $AgNO_3$
slide on 1/2 cup
to supply

Ac. Phlegmonous
inflammation of
1 ligand taste
one or both sides,
Pain & swelling
severe & great

Case 1082. 4/11/10. 11/10/10.

more than 2000
miles from

difficulty in swallow-
ing when shown
with amine
you can see
swallowing you
may have the
bite when pus
is present.

Syphilis of lingual
bone. Ischemia in
women & children
rare / after 30 or
40 yrs. there ~~is~~
parotiditis there
is oedema
cough there sympt.
one aggravated
by to coughing, local
app application

Case 10841 11006 11006

These are the
things which I have

like I told you.
I am sure. You
may find with
cocaine & then
use & continue.
I am sure it is
the best way.
You should not
burnt cigarettes.
Better still is to
remove & to use
with liquid for
the reason.

Liquid voice.
Is usually used
with liquid. The
young are very
much so and
except there it

Copyright 1906 by the author

~~Exerc. 1. Singing~~
~~Time - no name of~~

liable to be more
pain the best
throat is

Lecture Feb. 4th 09.

Anat. of Larynx.

Build mainly on, cresoid.
Lateral plates pericoid one
higher behind. Aryepiglottic
cont. is highest behind.
In front v. ant. border of
thyroid is felt. = Panniculus
just above v. arytenoid cont.
is v. cont. of larynx
+ cont. of Whisberg.
True & false vocal cords
are very much alike &
True are placed lower than
v. false.

Larynx projects back

Larynx projects back

... bone is
whenever rising in

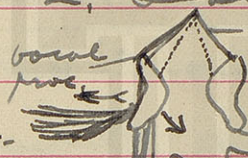
against & median line of
pharynx and now
rows opening of it.
In swallowing & blowing
food pushes & larynx for-
ward.

Muscle.

Crico-arytenoid.

Lateral & post. there are
there 2. Lateral ones

bone
post. & ant. vocal
cords
L. of crico-arytenoid.
Post. crico-arytenoid
Lateral crico-arytenoids are adduc-



ductors of & larynx.

Post crico-arytenoid is adduc-
tor & abductor.

thyro-arytenoid muscle
pulls forward & is at-
tached where vocal
cords are. This muscle

L. of crico-arytenoid.

✓ muscle.

✓ inferior thyro-arytenoid
side is making true
vocal cord tissue.

Supr. thyro-arytenoid
is ✓ false vocal cord.

Artytenoid cords are ✓ move-
ble ones.

Folds of m.m. extend
from ant. sides of epi-
glottis to sides of ✓ tongue
there are the ary-epiglottic
folds.

Venue Supply.

Comes from ✓ puer-
nary artery.

Supr. Cervical nerve.
Divides into 2 branches
Ext. branch. furnishes
a few motor fibers #

Lab. 102. #1 111 000 1100 000

+ Tenthredinidae
closed to back of 1st joint

but is really a sensory
nerve.

+ ~~but~~ laryngeal

✓ Inferior Laryngeal
is the motor nerve

of larynx.

On its side it arises
just in front of
trachea at. ascends
surrounds it
+ descends + supplies
✓ larynx with motor
+ sensory fibers. On ✓
if side it arises about
the level with origin
of oesophagus.

When ever ✓ function
of nerve is injured
resp. only tumor or
near round. the

Larynx + trachea + oesophagus

abductor fibers seem
to be - robust and
they are affected first.
The mobility of the larynx
is greater in the
superior space.

there is absence of
hominess but a good
deal rough.

Method of Exon

use of Laryngoscope
superior but not

& you should have
~~at~~ least 4 sizes.
 you should never
 largest mirror that
 can be introduced
 into & throat you
 may get them with
 detachable handles

mine of stone is
about 10 mm

Get a mirror with
copper hooks so that
they can be boiled.
Technique of person.
Best time before
meals. If stone is
full there tendency
to gag. You work it
not to protrude tongue
& grasp tongue with
thumb under &
fingers. Thumb on top
& index finger under
mouth to protect &
tongue from teeth.
then you heat the
mirror and then
insert it carefully
and try to prevent gag-
ging. Still & not to

LONGITUDE. F. H. 1000. 1000. 1000.

along & not - was
I made selection &
the

Breathe deeply. ask &
part to say a & not
ah.

You may make a intro-
duction of minor
while & part is plan-
ting. You may have
to point with voice
where you first fail.
& epigrams. may tell
back words. & you
coinage & epigrams.
& look it forward.
that requires an artist
and a image
you see in a long
your minor is half
invented. & tip of & epi-
grams ought to be rounded

Th

it back against &
trachea

If you grasp & larynx
& pull it forward
you can't feel feel it
rub against & verte-
bral column

A ^{throat} rough croaking voice,
is present with in
late ~~recording~~ ^{recording} or
in tertiary stages of
syphilis.

Hoarse ness due to ~~ca~~
Cotumelous inflon will
give alternating hoarse
ness & clear ~~and~~
voice.

A very large O of larynx
& larynx are 2x longer

LOU + 1000.71 111 0001

1 March. No. 1000
addressed to the name

Syphilis.

When the first signs
of poisoning the
to grey. found in
every thing of voice
with loudness.

As Syphilis & gonorrhea
conditions of long
will show.

Local treat. is very
much less generally
used than of
general treat
Local treat for pri-
mary condition &
of objects lodged in
it.

Conjunctiva be treated
- same - you may

2014 1000. 101 1000

~~Under nose on~~
~~the~~

have considerable
trouble with this.

Part. nose cotton
may come in.

Liquids used in
larynx.

Time, used
as a spray or applied
by a cotton tipped
probe.

Have got a protrude
tongue use a mirror
with a l.f. hd.

& introduce a specu-
lator. When a specu-
lator is inserted well
back then raise the
handle & it will go
right down. Don't

There is an entrance
under the floor

and it is

Another way of asphy-
xing is to put
just behind the
epiglottis, Inos

Inhalations are
ridiculous & are of no
use, they have per-
sented here a medicine
oil of thyme & other
oils inhaled.

You may use as spray
where the tongue is stuck
forward &c.

When you have to have
a great collection of
bottles, and it is trouble
never trust the pot
to spray the larynx

much evidence is with
great care. The

become it a little
volume of foreign
medicine.

Ag 10 3

2-5 of 1

good. never stronger
than 50%. you may
see cocaine first
always see weak
vol. first. It may
cause violent contrac-
tion of pylorus & fat.
gets blue in 1 sec
vol. of Corbo

Corbo's acid in
some strength is good

KD + 2 vol. 1-2

2. in KD vol. 10

is good. You may

the upper country as
the upper country as

use 2 in water
glycerine
where soft promotion
acum you may
use ichthyol sol
in water. 2.5 g.
sol on cotton
Powders.

a 40 g sol of
oil in powder
-oh or sugar pills
me and you
use powder blower
with curved tip.

centerization it
it required. you
may use a 10 g
you may use a 60 g
sol on small bit

Best way to remove
- the infection of
the

proton. you may
use a bit of H_2SO_4 ,
put on a probe,
Electrolysis me.
and occasionally
electric current
is required to couple
not to burn & spi-
glotia.

Trichloroacetic acid
me, used as a coupler

Ac. Cotinhal
longit.
same

cat. inf. of v. m.
character by house
saw & aceto-ant.
sp. on phenol

1917-1918

the first portion
of the vocal tract
is the pharynx.

Pharynx. due to predisposing
conditions, includes
systemic.

Multipharyngeal, condit.
age, temperature,
climate, food,
& specific pharyngeal
infects, scalds, etc.
the & supple. in

ed. above stenosis,
ac, laryngeal stenosis.

As a general
rule inflammation
upper vocal passage
tends to extend.

they usually
extend down more
easily than upwards.
As the larynx is

from the same
of the same

not likely to go down.

Lecture Feb. 11th 09.

Ac. Laryngitis. (cont'd)

Course one systemic
& pre-existing dis.
upper respiratory
tract. Hygienic, age,
climate, ~~humid~~
food, rheumatism,
lyph & the & inf
of & ~~tumors~~, sinus
dis. all these predis-
pose.

& ~~Inflam.~~ of & larynx
one also may lead
to pharyngitis. But
is likely to arise from
inflam. of more

from legs. normal lungs
like congestion and
inflammation

unless it becomes
chr. pneumonia
goes either prod. or
predispose to dis.
Indue exposure to
the cold, such as cold
feet it will predis-
pose, & cause it.

If shoes are pulled
off in draft.
On 2nd of Coryngitis
there are swelling
& edema of & lymph
nodes. trouble
in keep away
not.

Aphonia vol. is
due to swelling of
vocal cords. & also for

Booth's Mar 18th 09

total paralysis of 2 mms.
When 1 inflex. is
limited to 2 intra
orbital spaces.

1 nervous breath
+ recovery of first
total inflex. ^{1 mm. 1 mm.}
+ even pupil
the epith. rec. coat
off. & are yellowish de-
pression & one ex-
posed.

rest.

Complete rest.
don't even whisper.
communicate by writing
If done this way,
may cure in 2 to 4
days. other wise 7-14
days.

in the pot, the water
large, the small

Give HgCl. Put foot
back at bed the
hot lemonade &
then v pot, should
wrap in blanket
to good, sweating
they are '1100 gr. pills
sweat by mouth.
If heat is good.

Distillations of tea
with comp. tr. Bering
is good. In a quart
vessel, place 1 pint
of water, then place
of cone over this
vessel and the pot,
should inhale v
steam for 5 min. this
should be done for
top every 2 or 3 hrs.

~~1. Sulfate of Soda~~
~~2. Sulfate of Soda~~

Priessnitz. Bandage
me well. 2 or 3 thick
resses of flannel, long
enough to go around
neck. Then place in
warm water & ring
out & place over it
oiled silk. After 3 or
4th day a thin expect-
oration is good with con-
tinuance, 5 or 6 gr. N^o 4 el.
& squills or cubebs. &
glyce. If cough is
severe you may
add $\frac{1}{4}$ gr. Codeine to
the mixture. May
give 1 Codeine tablet
four times a day. If much
trouble from swelling you
may have to smoke

multiple punctures
in r.m.m. I never

could you may have
to do tracheotomy
or intubation. Espe-
cially in this case of
children. I think
of glottis is narrower

In local treat. after
1st wk. or 5 or 6 days
it is permissible to
make 2 of AgNO₃
sat applications. you
may do 2 to 3 if not
strong enough.

this is
acute laryngitis in children. or
pseudo croup.

Children love adenoids
to

1. Length of throat is
smaller.

child of glottis is
smaller.

Symptoms:

Child appears
to have caught cold.
The cough & parents
think nothing of it.
and then a cough
cough develops &
this is due to
the longed for
& child may go to
sleep & then wakes
up and the child is
the cyanothe red.
& after while this
spasm comes off
again & child goes
to sleep. & then
2nd night it may
usually runs out

of course. Copyright
D. W. F. F. F. F.

no worse. than
1 or 2nd night it
may recur & is
lighter.

It may resemble
peri chondritis.
Membrano croup
diphtheria, etc.

In diphtheria, the
bacillus is present
In ac. conjunctivitis &
temp. is apt to be
higher 103-104.

Exudation greater
in diphtheria. Child
sicker ^{pronounced} in croup.
the membrane ^{no follicles} present,
prog. in children
is favorable & gets
well in 5-10 days.

~~the first of the year~~
~~the first of the year~~

Treat

to prophylactic
treat. beginning ^{tonic}
at attack. We
gave doses of HgCl.
1 gr to 155 gr. followed
by saline. However
the blood was
poor. Have a
vernal water on
stone if in winter
use hot foot bath.
Opium much in
throat use an emul-
sion. you may give
syrup of Opium
mixed in water.
It. placing cups of
menthol in boiling
water. good
for 2 or 3 cups of

the other
from last cell

Mucoid in 1st
water.

To line & camphorated
oil over & chest,
& throat, camphorated
oil & Turpentine
is better.

If rough is severe
you may use Codeine
If tissue swollen
you may use

Membranes, Croup
or pseudo Membranes
croup.

Here much
but no Klebs Löffler.
Here comes out the
same as those of
dysentery, etc.

Thyphloglossa. 50000
100000

highly follows ✓
exanthematous.

Symptoms:

1. come
suddenly and
may last for 1 hr or
2. there is full
pressure & other cat-
arhal sympt. get
worse rapidly.

sympt get worse.
Pain on swallow-
ing and dysphagia
get worse. ~~the~~ there
is crowing sound.
this is due to pos-
sage. In the
morning of
glottis. It usually
gets worse during the

no more
last

4th night. dyspnea
may continue.
~~symptoms~~ get worse
child dies of
heart failure
child may get worse
some or younger
child. Dist. lies
between diphtheria
& ac. cot. laryngitis.
Main point is
presence of mem.
trach.

give H₂O₂ in
divided doses & the
peroxide inhalations.
You may make a
tent over bed &
place a little over a
flame & let it stay.

189 Dec. 24 2
J. H. L. 189

Collected with two-
pennine envelope.

~~You may place~~
Dr. M. didn't know what good it was.
~~in the envelope~~

You may bottle
for 15 to 20 min.

You may fumigate
with H₂O₂. You

place in place & 10-

15 grs H₂O₂ and vola-
tize & give antiox.

& the pot. will

ply, get well.

Ac. Perlequinos

Longjuts. This

is the ac. antitox

condition. me.

curable or magnos.

Edema antitox.

Cones.

those of re.

the & western
the & western
the & western

conf. conjugating
most in ^{between} ~~between~~

20 & 40. none in
children's old

age. Is complicated
by diffusion. reports

may occur. ^{symp.}
in. ⁱⁿ ~~in~~ ^{by}
~~bill~~. ^{temporarily}

from & through the
structure. one seen to
be. ^{swollen} & have

ashy appear.

swollen hooves

may penetrate up
between & hooves.

If the swelling is
below & ⁱⁿ ~~in~~ the

in swelling may
project between

Capitulum, fimbria

vocal cords.

P. rogo.

reverse of
lives for it & then,
it's good.

Treat

Decid. applied
to the lungs and
application of leeches.
you may use an
ostapine leech.
stitch & stitch.
use used.

Lungwort & Intubation

Edema of glottis.

usually follows.

It is dis. of

liver & kidney

dis (reprints, of

Counties, strong

more and more
more and more

alcohol & alcohol
oppression may
come. May apply
strong Agrob. stick
to the stomach. Me.
followed by bad
remedies. if stick
breaks. K & D may
produce edema.
Suppl. of v. long
over growths to
the. me. followed
by edema. Dr. von
Bally comes on sub
dudly with al.
aphonia, then
difficult breathing
& breath & may
come on in after
hrs. & color is
in contradiction

Don't find of Chondro
modosa. Atrophis
hyper trophy
Ac. hypertrophy
& ac. hypertrophy
over issue.

Don't ac. inflam
of the m.m. Don't
follow excessive
use of alcohol & tobac
es & those who have
done their voices
sympt. are aggravated
by cold damp weather.
- Don't more preva
gent in warm cli
mats. Don't more
in old people
than in young
people. The glands

give with 11/2 10/2
12/4 10/2
12/4 10/2

submicroscopic

Dec. 1 -

Symptoms

not very
marked. In morn-
ing & voiceless.

harsh. & voice
times from voice

may or may not
be enough to cough
is attended with

little or no expect-
oration. Little

or no pain. With
in morn there are

seen a diffuse
hyperemia. The

localized or general
the overcoats.

proliferating. Spends
very little affected

good

or not at all.
When the discharges
lasted for a long
time.

Prognosis good if
constipation & con-
dition could be relieved.
Proper attention to
use of voice should
be used. Attention
~~to voice~~ ^{digestion} for you
may use gurgles &
oil may relieve
Sore of throat & work
well at first & good.
The Gull medicine
is some stronger
as a gargle but is
not so good. The use
of a little saline me-
dication. 2-5 grs of

corner of box 84

5-8

present to meet
proportion to the
involvement.

Coronary

Here the
base of the ulcer is
raised & is constant
ly painful. In
the pain is
prolonged. In
furthermore is no
relief from
pain and is apt to
let deposits on
this when ^{only} ~~only~~
+ the epiglottis are
much involved
there is apt to be
miswallowing and
get pain on swallow

2000 of 2000 84

present to meet
proportion to the
involvement.

Coronary

Here the
base of the ulcer is
raised in constant
ly pointful. In
the point is
prolonged. In
furthermore is no
necrosis and
pain and is apt to
let deposits over
this when ^{are typical}
+ the epiglottis are
much involved
there is apt to be
miswallowing and
sub. pain on swallow

KD daily for 2 or 3
mon.

Lecture Feb. 18th 09.
Ch. Laryngitis.

Discrete or localized
hyper. laryngitis.
Characterized by swelling
of ^{neglecting} ~~subglottis~~ ^{glottis}
Symptoms: hoarse
cough, dyspnoea, dysp-
noea, dysphagia.

Sense of foreign
body in throat.

on phonation cords
do not approximate
& secretions are
thick. they may
require tracheotomy

of the
muscle of the

the the.

The reverse symptom
may occur & tissues
are swollen & red.
The swollen so
they could be differ
entiated from
rest of the tissue.
So for the diag.
is concerned there
are new growths
there are signs of
the lymph. If a
has full the, he does
not necessarily
have have lymphatic
the other signs
of the plethoric
system. Above
neurosyphonia are

Feb 27

or wearing of the all
life.

1st

creat-gout
suppl & rheum,
of the administration
tion of Hg. & KQ. with
gout.

tryel & iron tonic
with proper treat.

margin or otherwise
of long-term impli-
cation. Also vol.

1-3 for 2nd 200 g.
Should be applied
two or 3 times, daily
first time.

Can't reduce the hyper-
inflammation & some
constit. course

Stomach - In. 10.0
This is what I want

they show attending
to a note the
note that present
message ^{single} or multi
ple. If they extend
deep enough to appear
& cut under neck
& septa rise, may
occur. An amount
of the whole body
is suggestive of
the. of long. this
amount is not
amount of the body.
If you get this amount
of the evening rise
of temp. & pulse of
1000 amount to a
amount of long.
is suggestive of

To of course see some
of the notes

Georgiades: Noctua.
this is met with in
those whose
their voices. Such
notes form on
the middle or
inner $1/3$. They
may resemble ~~of a~~
~~some~~ similar
to hypertrophies.
In singing the
cords are not approx-
as lower notes
middle notes &
could it approx-
imated nodes pre-
sent change & inter-
fer with the tones.
A vibration singer
can reach high
notes.

respiratory system

Another, modest
invasion of the
inspired air often
by laryngeal chan-
nels.

Changes are found
principally in the
inter arytenoid space
and the posterior
inter arytenoid
folds. They seem to
have preference for
the inter arytenoid space
where the arytenoid
is affected it often
presents a club-shaped
appearance. There is a
club-shaped depression
in the epiglottis beneath
the inflected & swollen
thyroarytenoid space

moderately mesen
with minor.

the codepression
on the cord.

In rings, absolute
rest is indicated.

Astringent applica-
tions like Yucca
solum etc. used

cutting forceps
are used in bad
cases, but only in
wound cases.

and 2 nodes of

Atropine Tongue

or benzoin succa

is an atropine.

Mercurio becomes
brown or black.

there are in the

I choroid. by
the structure of
lens. It may be
continually seen
primarily of the
cornea & fill.

there ~~is~~ ^{are} ~~some~~ ^{hope}
~~in the~~ ^{in the} ~~cornea~~ ^{cornea}
interest. In some
cases in men between
20 - 40 yrs.

To me could be
- expectation of
the system.

Optics were probable
every case of person
of the. The would
have longed the
and ~~voice~~ ^{voice} ~~from~~
20 - 50 %.

the young
of the year

hoarse cough,
& croupy rales,
coughed. Dyspnea
may come on at
night. Sings is
muddled with a
pinna. You
may see the cords
adhering. Progn.
is unfavorable.
Treat.

throat & throat
and use of K.D. cubes
& etc

Change of climate
Homeopathic Glycerin
gels. but this is
spring phd. this
may cause

lymph means as
good. New bonds
between tubes may
form. with
Tact

systemic.
KD at first, and
then later by
Local treatment if necessary
to ^{relieve} ~~relieve~~ & cough.
You have to push
KD. Fragments
of his coat may re-
quire surgical re-
moval under cover

The. of Gorgias.
Doubt consumption
of throat. It may be
thought it is not
worth it ^{pleasantry} ~~pleasantry~~

of the non. page
common only

long, condition of
more or from other
is right up.
this consists of long
geol. reflex of col.
upper which is associated
with the. and of
lled vortices from which
it means, to be
upward. the lled.
the same cords,
If cough is very severe
give codeine & morphine
to control cough.

Ch. longitarsis
the. compared with
upper. of throat.
other, etc.
type of long, this
may occur again.

very common
in the
lower part of the

Abolition tract.
Veins are deep blue
veins differ in
this respect from
the pleural. Syphilitic
veins are covered
with yellowish re-
cumbent ^{tubercles} syphilitic
the one covered with
a greyish. Syphilitic
it grows rapidly.
The. grows rapidly.
In syphilitic. Veins
be. are. occur
both. are. various
subject. Syphilitic. one
Hoarse cough,
spasm. there are.
more or less difficult
- of in swallowing
Quality of voice is

Almond - 1000
leaves in. very dry

other presents
2 tertiary type.
Of the acquired type
it is more often
seen between 20
+ 50 yrs.

During ch. stage is
simple ach. layer
gives more less
expectation. there
are seen on road
cords evanes. they
are usually symmet-
rically located.

2nd 2ndary form
young & readily
located they are
pink. then f.
tertiary manifest
usually appears
greenish. the ob

