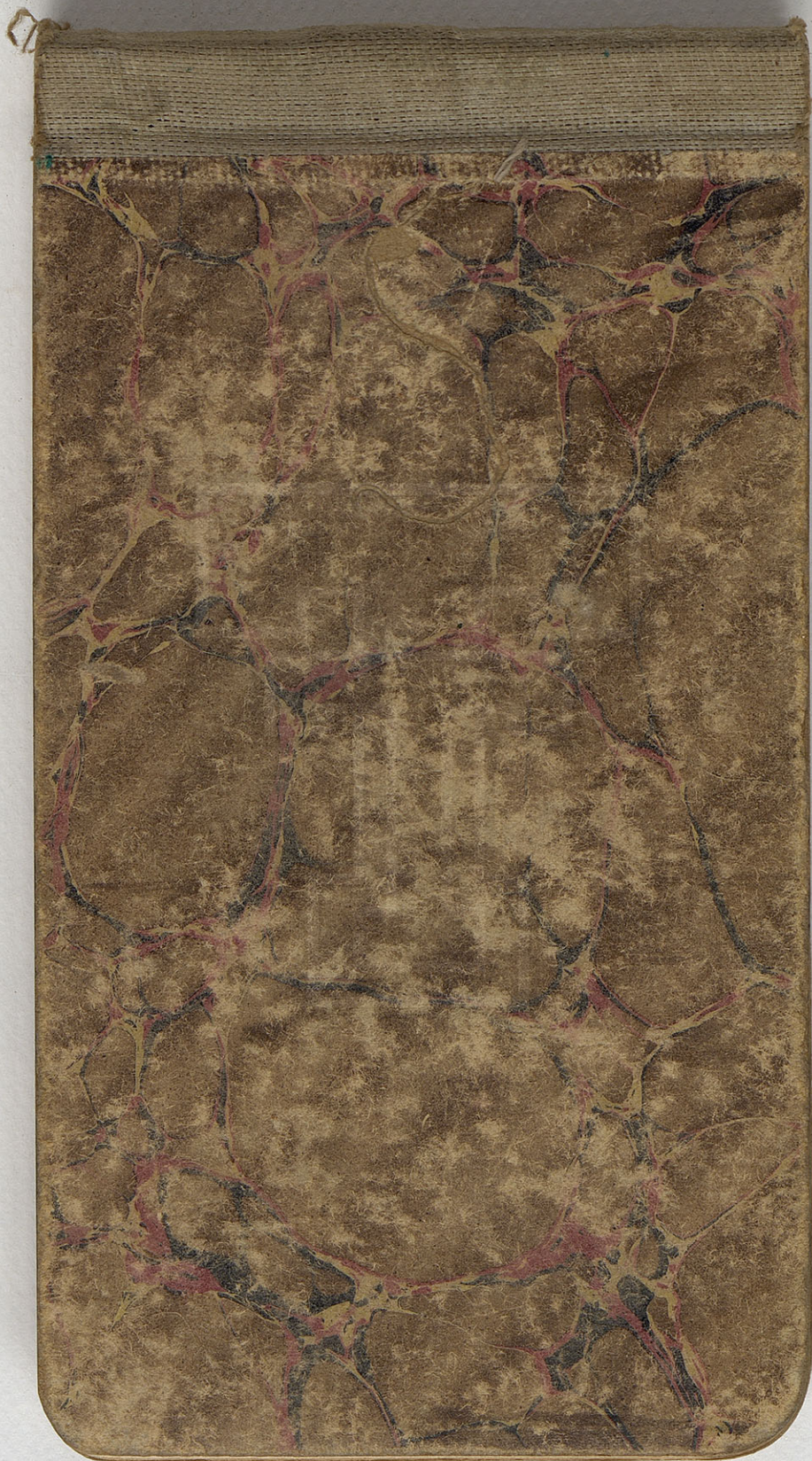




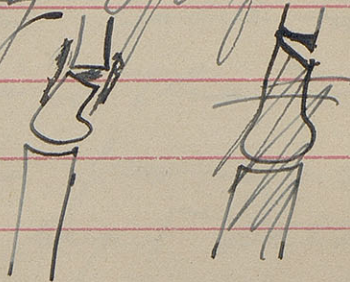
Journal



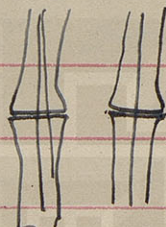
Clinic Nov. 30th 08.
Continuation of the knee.
A pat. had osteomye-
litis, the ilio-tibial
band shortened. The
limb is now flexed.
In young people this short-
ening may cause
curvature of spine
and thus ^{cause} ^{development}
interference with ^{of} ^{the}
function. In these oper-
ations about the knee
joint we seldom
like to trust to simply
a tenotomy. You may
make a incision
& expose the tendon of
the biceps and cut it.

1. ext. popliteal nerve
passes behind the
tendon of a biceps.
If a tendon of a knee
joint is so tight it is
well nigh impossible
to straighten this ar-
row. You may fix
it but you may
not be able to prevent
bed sores. You have a
choice of an osteotomy
of a femur above or an
excision of a knee
joint.

Osteotomy of femur
above.



In young people the
bending of the femur
may almost entirely
disappear. The ankylosis
is not dismable be-
cause r limb is made
stiff.



Dr. T. Soysher will do
McEwen's operation.
In these cases where
the chisel is used
there is no danger
of loose pieces of bone
being left behind.
The shivers that were
detached from r bones
are still left attached

to the soft part,
Description of the various
operations for knock
knee.

These opera-
tions date from Lister's
discovery of aseptic
surgery.

Orthopedics = these
operations on bone.
Barn Wagner,
the practitioner.

It almost
always follows rickets
& children may
grow and be healthy
or not well fed.
In some & in rural
districts where women
& girls work

In German text
book it was called
v. English is. It is
being eliminated
by Perforation of
placenta leave the
children & they are
fed during a day
Rickets is char. of
malnutrition
there is thickening
in the knoting
thickening of
epiphyseal lines,
v. the may be.
Bowing of a femur
there is a great deal
of d. in length
of int. condyle

This molars angle
 an excessive one,
 this angle is
 exaggerated &
 & from valgus
 is prod.



In an ordinary in-
 dividual with knee
 knee & angles are not
 always & some,
 one angle may be very
 great and & other
 very small. The way
 we measure is to drop
 a ^{from a} ~~point~~ ^{point} ~~line~~ ^{line}
~~point~~ at the place
 where the two
 knees are in
 opposition
 then



Case III.
Pot. Male, ~~white~~ ^{colored}.
Op. excision of liver
abscess.

Clinic, Feb. 26th 09.
Pot. Male, colored, aged 82.
Op. For cure of hernia and they
if more time will operate
on Hydrocele.

Case II.

This was a case of Ch.
osteomyelitis. Affecting
the upper end of tibia and
the lower end of femur.

me from v. it.
condyles.
treat.

the best in young
children is to correct
v malocclusion and
v condition may improve
all cases will not
improve. I found at
perp. osteoclast
you may do MacEwen
Sext. Wh. is v best.

Chisel used is v best
to remove. It is produced
the protrusion are produced raise
1. Very often you can
avoid v cutting
knife by driving it
chisel then v driving

in it, On one side
you need ~~not~~ then
a mass of appendix and
then a int. oblique to
hold it in place. Then
on the other side ^{there}
is a ~~strut~~ ^{strut} between
mesenteries of appendix
so as not to get the
vessel included.

In about 3 days will
cut the appendix off.
You may use boric
acid solⁿ to irrigate
with, about 2% to 4%.
or you may use
Iodoform solⁿ 1-1000.

or you may use ~~1-1000~~
1-3000 or 1-4000
Agua 3 sol.

It is probably best to
use ~~any~~ ^{any} knife.
Mac Ewen always used
the inner side
incision. You must
be continually moving
your chisel. It is very
reldom that if your
chisel it has been used
retrospectively you will
~~not~~ have any trouble
you only put one
little notch in
incision. You only
use one. You must
not get a limb too
straight. You can
only get it too str-
aight. Mac Ewen's
operation. can be

Worms & By of

Lowstead's modification
is to direct out the
most of the veins of
the cord and drop
back in place as in
Bosini's operation.

Core II,

Pat. Moll, white,
Op. made an incision
and brought the ap-
pendix thru the open-
ing and returned
~~it up~~ opening up
leaving the appendix
sticking thru. After
wd healed the end
of appendix will be
cut off and the
end will have a
canula inserted

done by a osteotomy
row. This is almost
joint and is made
a little ~~longer~~ ^{longer} than a
good sized ^{is broad.} femur
the saw dust does
not make any
difference.
Other operations which
are not as good.

Ogston devised an opera-
tion whereby a int.
condyle was saved then
the after results are
not as good. It is a
little dangerous to bother
with a knee joint.
Reeves, thought he

to reduce the cord.

You may slit the
ext. oblique upward,
and cut ^{int. oblique,} round ^{thicker}

you may use Kanga
roo tendon but this

is very expensive.

Johns Hopkins used
uses silver wire.

Dr. T. thinks fine silk
or linen is good. you
use very fine. Silver
wire is good and will
do. v fine ^{silk} catgut or linen
will not hold enough.
mis. if v wk. becomes
ripe to better

Bring v cord thru v
niche in int. oblique.

To reduce the cost.

could ~~don~~ drive
achieve this & have
repaired & cartage
from & other points
which could not
do this.

The Evers Op. is &
best. the results are
beautiful. A trough
of plaster of Paris is &
best ^{split} for this.

If everything is clean
you very rarely get
a reaction. It is

simply a fracture.

In 5 or 6 weeks after
operation & pat.
maybe sheets will
well, you ~~may~~ depend
upon & collect through

It is better not to
lift up the structures
out of the sac.

When you use cocaine
you infiltrate around
& post. wall of the sac
& cut around, do not
raise & turn up out
of the sac. If ether is
used you may do so
if it facilitates matters.

A' & A are
thought in
apposition

St. & cord is
so thick it

is almost impossible to
run conjoined tendon
& peritoneal lig. over &
cord here it is best



It is better not to

cut around the
fractured place.

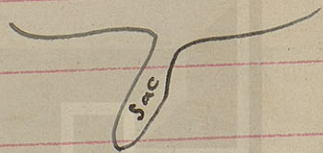
In every ~~young~~ bone
- & ~~collar~~ will be the
thrown out along a line
of force and disappear
only where it is not
needed. In other
~~occasions~~ ~~circumstances~~ for depen-

-ding it is necessary
to remove a wedge
shaped piece of bone
If v thin it very
much bowed you
require to remove a
wedge shaped piece.

The soft tissues will
not always allow a
single wedge shaped
overcoming

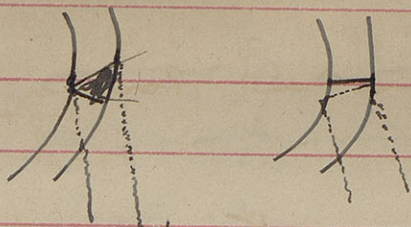
then cut down on the
end of the sac and divide
distal to the ligature.¹

Bosimini or some
modification of this is
the best.



I old standing case neck
Proc. inc. very wide
and the opening inc.
oblique

The ligatures of the sac. a-
med. sac. inc. liga-
tured with cat gut.
Dr. T. prefers a fine
silk or linen suture
which is not
absorbed.



The bladder does not absorb cocaine like the urethra does, you may use a 5% sol. of cocaine. after it has stayed long enough you wash it out with water.

~~Examine~~

Clinic, Dec. 2nd 08
Case I.

Male, aged white.
 Fracture of rt. side
 of lower jaw

and drain from
behind.

Clinic. Feb. 24th 09,
Pat. Male, white,
Op. Hernia operat.

Cocaine used as the anes-
thetic. Has not had ^{very} ~~any~~
severe pain, apparently; as yet
Oblique incision.

Genito crural nerve
was anesthetized. The
parietal peritoneum is
hard to anesthetize
satisfactorily.

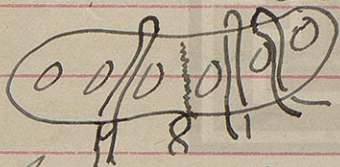
r most imp. point in
r radical cured hernia
is the treatment of the
neck of r sac. Indication
you may do no more

Case II.

Pat. Male.

Fract. of the lower jaw.
the fracture is in the neigh-
borhood of the symphysis
It is probably in the
middle line above
& opens obliquely to
the left. The genial
tubercles are ^{probably} on the rt. lower
portion.

Kamm and Splint



Matas Splint.

Is a good one. He has some
dentures made of mallea-
ble metal. It is fixed so
it protrudes from the
mouth. It is arranged

and just as it is.

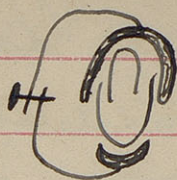
Where you trust you
may simply open the
abdomen and leave the
appendix alone at that
time.

Indications for operation.

Dr. T. thinks that
when the appendix has
not been removed
peritoneal murmur is
an indication which
is manifested by
grumbling. Gas
may collect in the per-
itoneum, then interfere.
Adhesions should
not be broken up in
the abdominal cavity.
So you may close the
abdominal wall

Orthognom with myel

so you can put me
on a chin



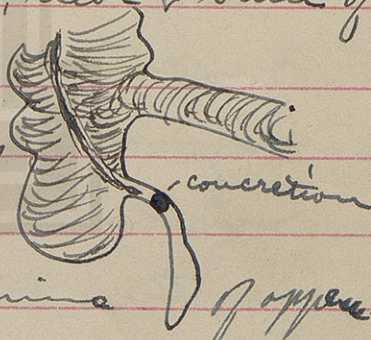
Matas
splint.

Clinic, Dec. 4th 08.

Case I.

Appendicitis. Operation =
appendectomy. The pat. has
had 3 attacks. Pus was found
near the base, near & behind of
the pelvis.

These concretions
may form in
the narrow lumen of appen-
dix. and cause trouble.



Also, assted with appen-
dix may have to
be opened into
thru the rectum.

or in
and give opinion and
in 8 to 10 days you
may be able to localize.
Peritonitis creeps and
does not go directly
straight ahead. there
are rigo. for either
it will cease then
again it will creep on
and you will have more
report appearing which
may check other or
occurrence of peritonitis
is the trouble may
advance again.
If the adhesions are
overcome the pot. are
overcome by the reports.

the chances are that
if $\vee$ drainage ~~is~~ is
removed quickly $\vee$
divided ~~rectal~~^{the} muscles
will come together. If
they don't you may
inject cocaine and
suture the muscles.
Where you stir up a
thick mud like
substance you should
drain thoroughly. Dr. T.
don't think you can ever
learn too much about
drainage. It is very
import.

Extravasation of urine
An abs. may form
and you have
trouble which is erysipelas

not checked. after 2nd
or 3rd day of with spread
ing infection. be very
sure as to the condition
of the pot. Ochsner
thought it was best
not to operate here
but to treat the pot.
by rest ~~then~~ small
his collection was
described. with
complete rest & allow-
ing of penicillin may
allow infection to be ^{localized} ~~acted~~
Treat.

Every report.
nothing must pass
mouth except a little
water. have pot in
recumbent position

Not checked. After 2nd

• V Boerens mela.
Is discharged into
V trines the urine
goes there the fascia
will let it. It goes
into V the scrotum
and balloons it out.

It may go into
V thighs but does not
go very far. It is a
penile, & abdominal
& scrotal inflammation
V penis & scrotum are
edematous.

So, look, can urine
empty and you may
get extravasation.
Treat.

you have
cellulor erysipelas

Appendix is gangrenous
and had concretions in
it.

When to operate.

As just as
soon as you have made
your diagnosis.

If you have not seen
a pot. in the early stages
you may have some
difficulty. Cores seen
one end of 2nd or 3rd
day when there is
evidence of diffuse in-
flam. and you have
marked peristalsis,
but a temp of 102 or 103
& pulse of 113 or 140. you
may be pretty sure
that the inflam. is

enlarged or x-rayed

you use big knife.
long strokes and deep
ones. If the bladder
is distended urine
& urine can be
removed by aspirating
you pass a round
rod down to see if the
stricture is imper-
vious or not. You
put your patient in

Cocher's operation is
the only way to
relieve this condition.
You should not do
Cocher's operation un-
less you have per-
sistent, ~~at~~ ~~it~~ is
an ext. urethrotomy.

the ureters.
You cut the spongy
body longer than the
rest so you can bring
the ureters through
the skin flap, and
fasten it. If you
don't do this you are
to will get stricture.

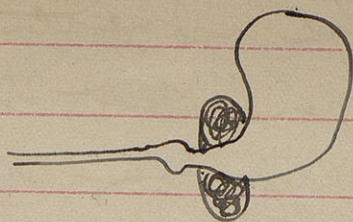
Clinic Feb. 19th 09.

Pat. Male, white, boy.

Op. Appendectomy.

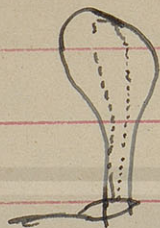
When operations don't be con-
tinually changing your
sponges when you have
placed them be content
with it if they are placed
right. Try to place right
at first.

really.



You thrust your knife
in your finger ~~is in~~
~~in~~ to prevent
it slipping into
rectal wall. You must
go absolutely in
median line. If
you have done it
properly there is a
gush of urine. Then
with drawing
a knife you cut up

the gall bladder out
of the peritoneum
& then close the
wound.



Clinic, Feb. 17th, 09.

Case I.

Munited fracture of
the clavicle.

Male, white.

Used a screw to help
to hold the bones in
place.

Case II.

Pat. Male, white.

Plagiodemic ulcer of
the penis.

Amputation of Penis.
Wound is closed in

the good headless

then you pass a
direction in the in-
cision you have
made with your
knife. then you pass
in a drainage tube
you drain & bleed.
you may put in
a no. 12 or 15 catheter.

It does not require
a large one. To be
to do a Coe's op.
first of them attend
to the extrusion.

Principle. 1st direct
incision between
testicle. you make
incision in peris
and make numerous
incisions.

infe. occurring, &
every dirty condition
occurring. You had
best remove the gall
bladder. Whenever the

a cystic duct con-
~~is~~ ^{if possible} ~~comes~~ ^{comes} you
had best remove
the whole thing. gall
bladder, & all.

You may open
the duct and
you will have
no stricture re-
mains. This does
not occur in the
cystic duct, &
you have obstruc-
tion. You peel

the incision
must be deep
thru. then where
germinal cord is
passing into abd-
wall of
here the ing. —
the intestine & the
muscle is intestine
go clear into it
above pubis and
right down to mus-
cles. If no extrover-
sion it does no
uterine harm.
the tubes may
become gorged.
the testicles may
lie. they are usual-
ly very venous.

you of top cross

you

anyone can, you
may open the spleen
saddle in rest & in
after pain there is
not any, & the
pat. will complain
of no pain, because
there is no ligatures
placed on it.

In pelvic operat. you
have pain.

Cystitis & not Obstruct.
^{cystitis due to}
Where ~~the~~ is ob-
structed & bile can't
escape from the gall
bladder, you should
not remove the
stone & let the
gall bladder alone,
you may have

not incoheres

not

Cores they do not
stand much to.
Secondary he may
occur at any time.
Dr. T don't believe
in testing today. he
by putting steriles
into the vessels.
you may use Jdo-
form emulsion.
Other phases of re-
tention of bacteria.
a point comes to you
for the testing.
Suppose he don't
1. assume the virus
is not absolutely
close and sterile
virus may escape.

~~to be removed~~
~~to be removed~~

or me. in Bm.
three v pot. in ~~one~~
eye. With ~~one~~ spine
the cells it is no
better. If ~~spindle~~
cell with fibrous tissue
present and others
removed to do
the chondrocyte pretty
good.

For removal of Fergu-
~~son~~ upper jaw v
median incision is
the best - Fergusson
read it in Binnie.
the moment v jaw
comes out the bleeding
is stopped in a minute
You should get
everything as clean

you may try to
pass a small silver
catheter thru &
strict the bladder
maybe rather tightly
you may pass a
whole bone longie
into & bladder & it
may occlude & open
ing & stop urine
flowing. but later
on it flows more.
If the urine is good
you may pass a
penet and relieve
v condition by
int. urethrotomy.
You may use an
aspirating needle

and with some

the greater part
of row of is in the
living system.
Never cauterize these
row if in ^{junction} knife
because you get them
giving a purulent
discharge. which may
help to cause Bpa
since it was stop
ped in to give good
Bpa is less.

Progn.

Depends upon
the nature of growth.
Recurrence is usually
not distal but is
local. Bd, cell sar-
coma usually re-
curs in eye.

Wm
Went ~~over~~ ~~on~~ ~~the~~ ~~right~~

and with some the
mine. & this may
relieve the gut. for
good by the congest
being relieved.

You may get a moder-
ate sized trochar and
make an incision
thru skin and
thru trochar
thru abd wall into
blood. you may
~~remove~~ ~~relieve~~ the cannula
after you have
run a piece of
rubber tubing thru
it & seal connection.
When a mine is
very bad you may
find & ~~remove~~ ~~are~~

per turbated bones
There was extensive
removal of soft tissue,
about the growth.
Dr. T. thinks it con-
tains a few round,
cells & some spindle
cells

after treat.

You put
gauze in contact
with rubber over
drainage zone ex-
cept over h.
May remove the
drain tomorrow or
not longer than
day after tomorrow.
Use Iodoform over the
raw sp.

-The undersigned Thomas

affected. Altho you
get pretty fair
drainage but this it
is hard to perform
in a pt. interesting
this holds

2. If retention is due to
congest. due to gon.
the pt. is suddenly
not able to pass his
water & tenderness in
v region. If prostate
you may give spin
and hot bath
say 101-102 - or 103. if v
pt can stand it.
the pt will fly
minute in v bath.
you may use so
full sized catheter

on the left side of the nose
a small growth

Tumor is slightly movable,
and is soft

This growth arose
from the upper, un-
bifurcated, bone.

These growths on
the face may be con-
fused with suppurated
of the face manifest-
ing it self as a
gumma.

This growth was re-
moved in a very slow
manner, as much so
as if the Sup. Max. had
been removed.

This growth may have
originated from the
upper ethmoidal cells,
as well as from the up-

known in history as a remedy

you first fill ✓
with oil,
you measure a
suppository with
1 gr grain & some
belladonna. you
insert after he
has passed urine

2nd kind of retention
Due to swelling
of the prostate. He may
have held his urine
& then when he
attempts to pass it
he can't. Dr. T. advi-
sors ✓ hot bath
here, but it may
ply not do any
good

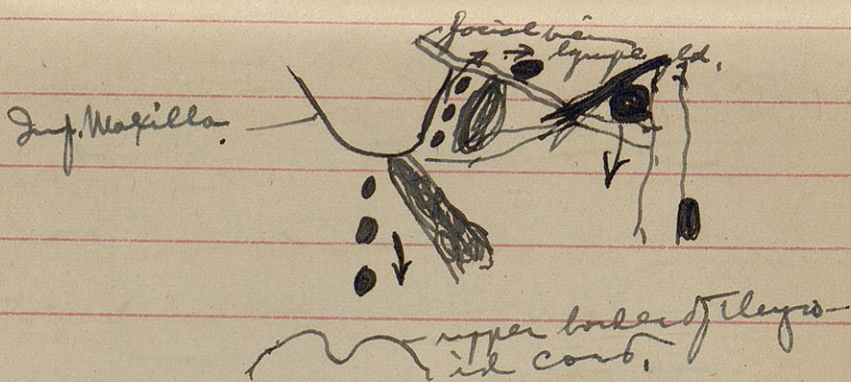
The same as the first

flesh. Health is good
to Growth is very
slightly movable
skin is not encroached
over it.

✓ Palatal plate is
not encroached upon
The more rapidly tumor
grows the less ob-
tuse are you to get
the egg shell crackle.
The tumors that arise
from pericardium are very
mobile they are
round & spindle called
If a pure round called
pericardium it will kill
very rapidly. May in-
crease the tumor, very
slowly.

Frank. Meek. is good
12

the course of the pros-
tatic urethra. and
very tortuous. you
should have a good
catheter. about no.
12 and not smaller.
Then you lubricate
it well and you
may be able to
pass it through the
prostate. you
may fail in this.
Then here you may
use a gum elastic
instrument. that
may go in fairly
easy. the older surgeons
used to have a stylet
in a gum elastic
instrument. then
pull it through or



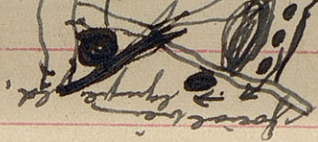
You usually don't have
to go any further down
than the crissid cord. level.

to Clinic, Feb. 15th 09.

Pat. name. M. W.

about - now ago

Eye ball pushed back ward
& upper lid pushed ^{up} ~~forward~~
upward. eye not visible
is blocked and has
been for a foot or
more. has been in



Dr. W. H. H. H.

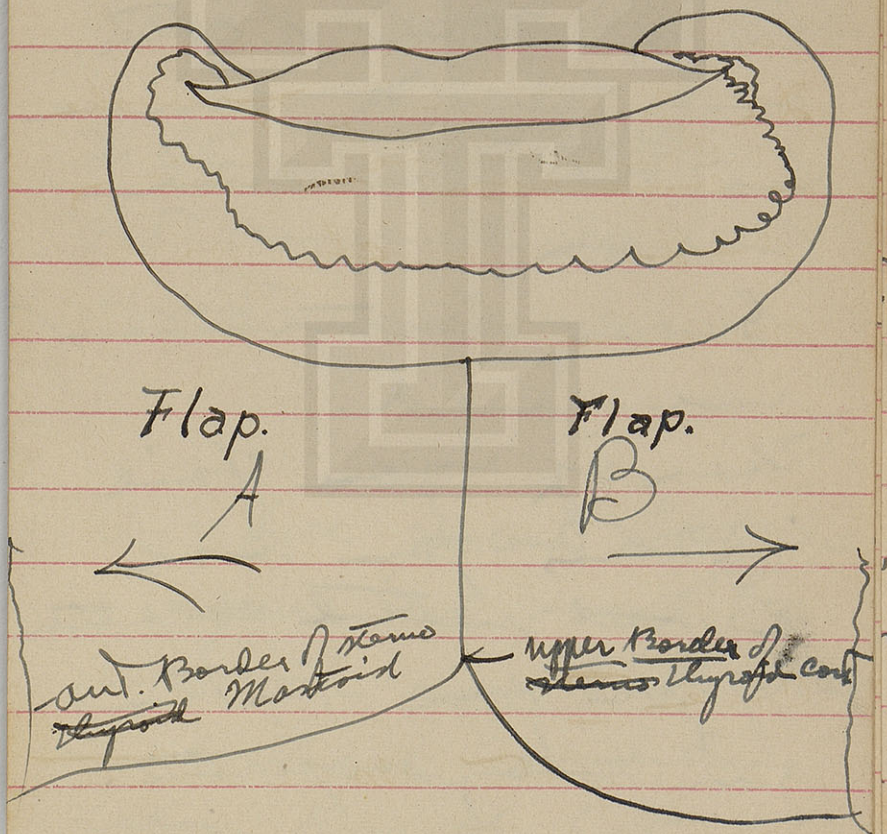
to see that the
catheter is all right.
then you introduce
a catheter with a still
in it. then when you
can't get any further
you ~~remove~~ ^{remove} the still
and then a cath.
may tend to curve
up at the end
bottom.

Gross instrument
used.

then if you fail
in this you use
a red metal catheter.
If you fail in this
you may aspirate.
or you may use a
trochar & cannula.

Clinic Feb. 10th 09.

Epiptuloma of the lower
jaw. Started as a wart
3 years ago. Course was ap-
-prised but did not cure.
All glands involved should
be removed. Inferior Dental



Clinic Feb. 10th 09.

Clinic Dec 9th 08.

Core I.

Pat. male, white.

Was operated on for piles,
and since then he
has been bothered with
an incontinence of
feces.

Dr. J. is going to make
a ~~crescentic~~ ^{crescentic} incision
and search for &
sphincter.

Core II.

Pat. Male white.

Old fracture of jaw

only stages the
local swelling &
pain is localized
incom + reported
to larger part later
on it is not so
localized.

you should first
go in and let the
gas out with two
about cannula
then you stick
✓ opening up
narrowing the gut.

my shoulder

Clinic

Jan. 4th 1909.

Past. Male, white, age about 20.

Has ankylosis possibly or it
me. only a stiff wrist.

Dr. T. used force and adhesions
were heard breaking down.

Dr. T. says the joint is rough
and grates on movement.

Incision of Ollier is used
in wrist joint excisions.

It commences about
the middle of the in-

dex finger along the
extensor indicis tendon.

then you may follow it
up into the arm.

You find two tendons

the extensor Carpi radialis

is longer and stronger

000
Oxytropis corniculata Boiss.



you notice the
position of the
anthers a Lem-
bert name &
closed involucre
v. lozenge shaped
in cross & slender
~~name~~ are
~~fusion~~ best.

Valeriana

Is rather
rare. we are not
little long sigmoid
flexure ^{peristyle & trigger} the recept.
are more or less
all v. root twisted
on it self are
usually filled
with gas. 2 v



extension corpora radiata Brevier
Ollier's incision is some-
times spoken of as Langen-
beck's incision but it
is not.

Dr. T. believes the Ollier's
incision is the best.

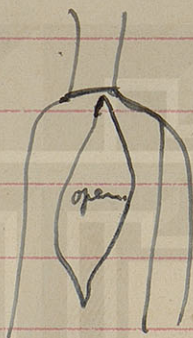
Lister — Ollier



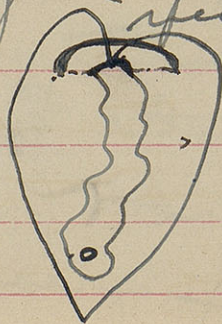
Placing fat between
joint surfaces. In the
knee joint we don't
use it. In the wrist
hip ankle and shoulder
instability is necessary
at the joint surfaces
are not removed to
any great extent.

... of ...
... & ...

pot. is ^{fairly} good ~~con~~
-dition the ^{operation} is the best. you
clamp & proximal
with rubber
covered clamp.



You incise & dissect
& then you amputate
& invaginated portion
away across the
neck any ^{possibly}
com.



list in - foil
to pack
to

you want to form a
humerus or humeromuscle.
In the elbow you clip
off the tip of the olecranon
process. Then the piece
of bone and triceps is
thrown up at the
joint exposed. You
may find it necessary
to remove the upper
end of radius.



then you throw
some fat and mus-
cle tissue into the
joint. the muscle
tissue disappears entirely

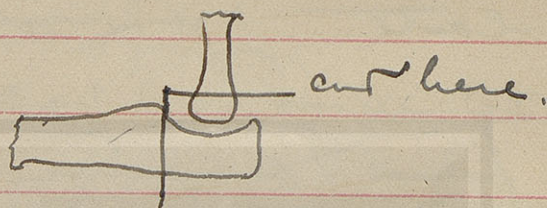
of a chronic disease

2. 12. 1900

reduce & invagination
tion. Here you
must relieve &
obstruction or intus-
usception & get rid
of fecal toxemia
by enema. You may
take the enema right
above & treat the toxemia
this is not good
except in cases
where the pressure
is very high. Here a radical
operation would
be to long. You
would not respect.
I know where
you get an intus-
usception & the

S. M. P.
M. 0

and a synovial bursa
is formed. You should
be on the look out for
nerve nerve.



Case II.

Op. Bubectionary.

Case III.

Pos. Male. Had a large fire
cracker to explode in his
hand, which mangled his
hand. He has lost his
thumb, and index &
middle fingers.

Case IV

Blank cartridge wound
You should open the

Morse and Morse

I am old standing
coast it requires
a long in action
in order to manip-
ulate. you should
squeeze & ports
but not drag
them out. for it may
tear a hole in a weak-
ed portion of the gut.
you may & save the
pot. by an early
operation. you may
even add & save
a pot. life. Is better
to do this than to
leave the pot. alone
when there is a
chance of success
Suppose you can't

~~to cover the~~
round and touch
the surfaces with
pure carbolic acid.
then give tetanus
antitoxin.

22 Cal. bullets do not car-
ry pieces of clothing in
with them, and there-
fore does not usually
result. Larger bullets
may carry in bits
of clothing, and infe-
rion. You may
give tetanus antitoxin if
you like. It is not always
necessary to remove
a bullet. And, maybe
come very seriously
infe. If the bullet is not
too large, they may be

Left the breast may
low

to let water trickle
— and you may
see the tumor
disappear completely
in many cases. You
should not ^{also} ~~let~~
it come too high.
Do not put too much
give an anesthetic
to do this.

If the tumor does
not disappear, you
had best operate.
Is best to do so in
the first 24 hrs.
after 48 hrs. you
may not be
able to push the
parts invaginated
portion of the gut out.

to let the wound breathe

left. The bullet may do, and usually does do the mischief at once. a dirty person may become septic. the main thing to do is to drain the wound, and then you may remove the bullet tho not necessarily so. the only way to find the bullet is to use the X-ray. If the rays pass obliquely thru the bullet the shadow is elongated and is important organs this may mislead you. You should arrange the patient

as the rays are reflected
on the wall

the rectum.

The bag in children
under 2 yrs. is attend-
ed with tremendous
difficulty.

In young children
you must distinguish
between appendicitis
& obstruction.

appendicitis is firmly
fixed mass. Intestine
resection movable.

In appendicitis you
usually have fever
In ~~a~~ obstruction
you do not have
fever. that is important
treat.

you persaltate
into v rectum and

The Rectum

so the rays are vertical
to the bullet,

You may use the
telephone probe.

this has a telephone
receiver with two wires
attached, one to the
probe which has a bul-
bous end the other
wire ~~is attached~~ ^{is attached} to
the o meter plate and
either placed in the
patient's mouth or
in his rectum.

the bullet must be
of different metal from
the probe or you will
not get a crackling
sound, which is due
to the crackling of the

chronic disease

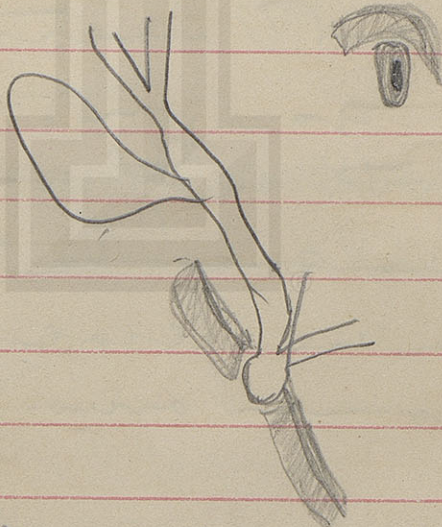
little blood may
possibly not.
then if another
cure, and
if no fecal matter
comes you make
up your mind you
have an interrup-
tion.

Chronic form
these may cure
themselves, there
was an adhesion of
1 part to the invag-
inated portion
also along the
& the condition be-
cured. One case Dr.
T. mentioned in which about
2 ft. of bowel came out

John C. C. C. C.

electric current,
Birdner's electric
sound may be used.

Chronic. Jan. 6th 08,
Pot. Mole, white. Jew.
Is jaundiced now.
Dr. T. thinks it is prob-
ably cancer flesh of
pancreas.



May Robson's is v. best in-
cision to use. V Malignant growth press-
es on the bile duct and produces jaundice
& clayey stools. In malign. dis. of pan-
creas. there may be fatty stools.

some feel not
ter and me on
not be some turning
flames

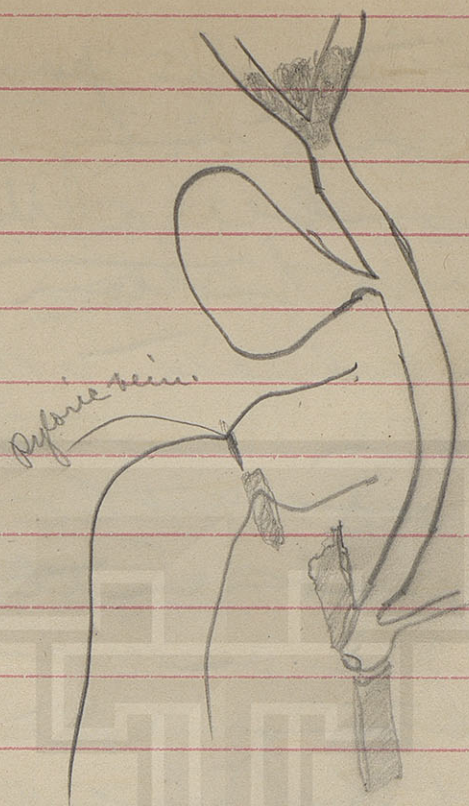
diag.

you can't be
ble volunteer unless
you open up the
~~old~~ old dominion
country and if you
wait until too
long you are too
late. If you are
a moment a little
one feel more
come away it.

just

Trigune & Alice in the
last we did know

From the left



Case II,
Pat. Male, colored,
Op. External Wrethra
tomy.

Oct 8 1899

portion is passed
in it may re-
semble a Hun-
gry's button,
In adults & infants
are in a moist
& warm. The symptoms
depend on the amount
of pressure & in some
cases position
of the part & parts
are subjected
to the danger
of obstruction to the
fed vessels.
You may have a
condition occurring
with very few symptoms
at all. There
is no passage of

~~found to be normal~~

Clinic Jan 8th 1909.
Case I. Bubectomy,
Case II. Bubectomy,
Case III. Pat. mole,
Col.

Beaten on head and
shot in the head,
Sight in rt. eye, lost.

Clinic Jan 11th 09.
Pat. Mole, colored.

Was shot in the leg and
thigh shattered, the
bullet divided, the
into two parts.

On Sunday had a very
severe rebounding headache
had one yesterday
but not as severe as
the previous one.

from above part
first. It contin-
uation may occur.
metamorphosis is
too late to occur,
the chief may
possess a little blood,
there may however
be passed gas &
feces. You may
get tumours of large
size in the
perineum. It may only
be a position of the
muscle possible
but not always.
A tumour may feel
spongy & soft
but this depends
upon its size. If
only a very small

Carigan

M. Meyer

Gristle of Proctor is left in the flap.

Stokes of, a little above the condyles and proctor, is left in the flap, the articulation of is sowed off. Op. Lower third of thigh. Long anterior flap; short on posterior flap.

Amput. thigh & knee joint.

Best is Steph. Smith. Is disartic. you leave semilunar cart. disartic the femur & disarticulate ulna & tibia.

all you see of the knee joint



Brinton of modera tion to the best.

1000

often diarrhoea
will bring on in-
terruptions.

Some cases from
overdose of
more or less,

acute form.
In more or less
in children the
child will often
wake up with pain
in the side and the
mother
may give an enema

Contusions may
occur from
injection. St.
no fecal matter
will pass except

after dinner

Here the

Stephen Smith, Jr.
is at spoke on the
lateral flap or hood
ed flap of.
Shoulder like is joined
to corner of the tube
the Jr. stands to
one side of post.

Incision begins a
little below tubercle
of tibia there is a
slight convexity down
wards. It goes over the
post. of the leg.
deviating downwards
until we get to the
median line at
the joint.

10/10/18 not to say

forces need cease,
valve down into r
Colon. Agt. many
of v cores are ^{precessed} ~~precessed~~
by an attack of diarrhoea.
these are almost
no come further
trouble.

Symptoms
usually come
on quite ~~and~~ ^{and} ac-
cidentally. They may
not come on so
accidentally. O

Show, a typical epithelial
inflammation, in
a white man. The
growth is very well
localized.

force - not over

that is you up flop,
the int. flop. goes a
little lower down.
you want nothing but
cut. in the
flop. you throw up
flop until you
come to the pot.
tendon the moment
it is exposed and
cut it. the moment
you cut the coronary
light. you find a very
serious thing. you
direct the flop up
the joint line
and not beyond.

from room to room
the at 1.50

is really rolling in
on its self. the
the will volume
remain at 1
much & the 1st
will roll thru if
this is 1.50
from the colon is
usually ripped up
the infundibulum
colon is more easily
ripped up.
the colon is so large
it takes more to block
comes

! Dying
children the exciting
case is an irreg-
ular peristalsis.
which tends to

you cut & remove
ligt. under mouth
& semilunar cart.
then your floored
flop drops back, you
will find the ham
strings go way up out
of sight, and the in-
cision is united
vertically. The scar
behind lies in between
& condyles of femur.
Oval or elliptical
op. known as
Borden or Hordie
op. this is an ant.
ellipse. Upper flop
 $\frac{1}{2}$ dia. above & knee
joint. lower flop 1 dia.
below joint.

When doing business

To Intermixture
Is necessary over
portion of the
copying into the
upper portion.
the 1. imitating
portion, # 2, the
sheet.

this image can be
seen in a line
in greater part of
larger in the
or for the color
In more can be
the also see the
It goes down the
into it. the also-
cecal valve will
come out the
arms. the sheet.

~~Continuing of~~

When doing Smith's
op. use Brinton's
modification.
Above knee joint op.
Cordell op.

For many
small flaps. He saved
them by thickening part of
the condyles. the ant.
Knee cap went thru
middle of pat. tendon.
You should go down to
tubercle of tibia & direct
pat. out of flap.

Guthrie op.

When the patella
is left in the flap,
there is practically
some division of labor
in there { Cordell
 { Guthrie.

When v. sympt. point
out you should go
on it. i.e. i.e. for a.



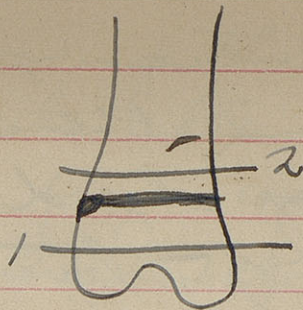
Clinic. Feb. 8th 09.

Pot. Male, white.

Bubectomy.

Emergencies (Contd).

A strangulated hernia
gives rise to the same
sympt. as int. strang.
with the addition of
objective sympt. of
Intussusception =
invagination of gut,
It Volvulus = twisting
of the gut around the
transverse axis.



(2) Stokes.

the patella is joined
onto the lower end
of the femur, may
be made more & held fit
in place.

the patella probably
unites with the
femur in some
cases by fib. union.
In the lower 1/3 of
th. the long part
and short part
of the bone is the best,
~~that~~ this applies

the more will pay,
go down then you
can go ahead when
the pot gets better, and
hurry for the obstruct
ion. When gangrene
sets in the pot will
puff die. In later
stages do the operat.
of Melton. & you
may save the pot.
In early stages
you should not let
V Melton operat.
you explore the ~~area~~
whole pelvic cavity
manipulate about the
ileo cecal region
& about the foramen
of Winslow.

the piece which

higher up the th. also.
You should not
transfer you should
cut each piece
separately. The part
flop wrong to the part
the

You always peel 1 piece
from 1 bone. It forms
more or less of the ex-
posed end. Do
not use the inter-
rupted catgut suture
one. you use one
or two catgut sut.
you pull nerves out
+ cut them off.
may tie or suture
together but do

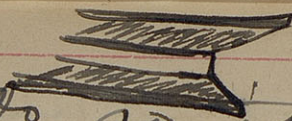
2. If I may
wish for you



your teeth & squeeze
into & there.

Could I be this. With
the eyes stony, &
the swelling, fecal
vomiting. You should
work on & stop
don't move from &
bed at all. Inject
some cocaine in &
shd ~~can~~ drill and
open into & into
choating & drain &
get the gut magnet
become gangrenous
but you have the
particular from
toxemia.

Shoreline - 100 ft.



not to so if you
can help it. Do not
use coarse cat gut.
You may use
nick. a line is very
fine size and do not
let the ends tangle
and.

Always drain for
24 hrs. even in
arctic flops. In
small arctic flops
do not drain.
Don't be ashamed to
measure

Core II.

Post. Male, colored.

Op. drainage of abd.
wall.

The two of them will



to wait until you
are ready.

If you have any doubt
as to where to take the
incision, you should
go to the right iliac
fossa & not make
too large an incision.
If you can localize
the right
place, you must
evacuate the contents.
You can do this with
a cannula & trochar.
You then close with
pure thing stitch.
Stripping the wound
—ing if not be avoided
if possible.
You may use a

7 to 10 minutes per
day



He has abdominal swelling and a discharge of fecal material.
Date III

Double bone lig.

B C Clinic Jan. 13th 09.
Pat. Wall, white.

The pat. was a surgeon in U.S. army. Most all of the arm except triceps is paralyzed. Anterior oblique for disarticulation at elbow joint.

The report may not
give you enough know-
ledge at first. Perha-
ps it may be given
unbeknowningly by

Dr. in early stages
after 24 hrs. she
should not give
a purgative. Should
give ~~the~~ enemata
the ~~the~~ history of
hemorrhage on appen-
dicitis may help
Covers me. Satisfied with
too long. you should
not want to give purga-
tives. I'd better to
you & all, and
find there is no
no ~~abnormal~~ ^{abnormal} than

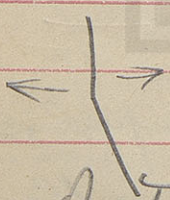
~~very good only not~~
yellowish white

Case II

Pat. Moore, white.

Olliers Incision of the
wrist, this incision
on V back & runs
parallel to V extensor
intrinsic tendon and

Shape of incision
Flaps are thrown
in the direction
of the arrow.



One sees running
down at bases of V of
met. carp. bones. there
are the extensors, carpi-
radialis longior & Brevis
you throw them one
side and come down
on carpus. you take a
gauge and dislodge

probably in region
— — — — —. Flares on
— — — — — in a line.
Collapse & shock de-
pend on the tight-
ness of 1V gripping &
not on the
location.
Localization

Is probably
in region of influence.

It is flying in a line
cecal fossae

Treat

Desofoeto insist
on a necessary & an
early exploration.

~~process of~~
~~under~~

v semilunar bone
you dislodge the
gophoid on one side
a later ^{anterior} ~~semilunar~~ on
the other, Dr. T. thinks
there is less trauma
by attacking it piece
meal. You mention
case of Oliver Wilson
for the piece meal
operation.

Myuter op. is too multi-
tising. The difficulty today
is to get tissue to pack in
between v bones. Dr. T. says he
is tempted to use some
gutta serena tissue
to pack in between.

Coats Patent Johnson

may have constrictor
apertures causing
obstruction.

You may have
obstruction caused
by Intussusception
of Volvulus.

Volvulus occurs
about the mesen-
teric attachment.
Most of it obstructs.

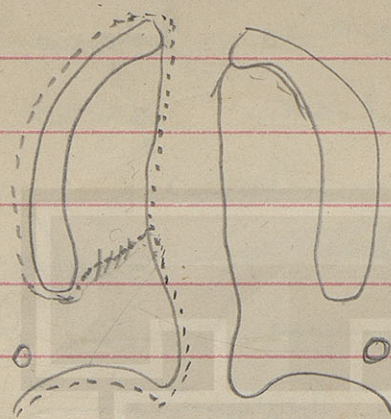
except intussusception
& volvulus occur
in small intestine.

You have trouble to
localize & trouble

Peri is no criterion
to place of involve-
ment. If vomiting
comes on early it is

My Love Mother
/Catherine Conner

Cleft Palate operation.



Hamular process
where maxillary
vessels pass, up
should be pre-
served. the

They are st. cut.

Stems Jan. 15th 09.

Br

But may get
into. *porae*. Into
porae then *du*
denoio, *porae*
riguoidae, *porae*
of Winslow.

Brands may form
they ~~me~~. In dif.
plant location,
~~the~~ they me, about
hemijost about
the fallgum tested
advent. You look
for peritonitic band
hemia may not be
down but then
see. bands. The
anentum me,
split in centro
cores & then you

Be

Post Male, colored.

Abt, was opened some days
previously.

Many peritoneal cavities will
take care of ^{a little} pus, and many
will not. You may pass
in a strand of moistened
gauze, normal saline, and
when removed you may find
pus.

R.T. does not believe in
going thru f v rectal wall in-
less v abs. is about to point.
If abd. pain persists after
opert. for ~~removal~~ appendicitis
you may be on the look out
for trouble. Made another
incision thru the abd.

more. especially the
the middle line.

In 4 or 5 days the
pat. will fly be
dead. Death results
from fecal poison-
ing, not from
the gangrene.

Causes of int. strong
developmental.

1. Abnormalities

of the skull's development.
It may
cause adhesion to
the brain. It may devel-
opmentally cause
trouble. Acting
on.

It may twist and
it self become ob-
struction.

2-4 or 5 days - not
more than 10

well. Apparently to the
L.P. of the median line.

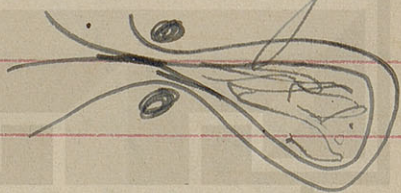
Considerable gas escaped
Fecal fistula may occur
in appendix troubles they
almost always heal up in
a few wks. they may not
discharge for over 1 or 2 days.

Usually, presence of a
fecal fistula is a sign
that the appendix will
not give rise to trouble.
Cause of Fecal Fistula,
the fistula nec. near
the root of appendix and
when healed it may
be occluded the lumen
of appendix and not give
rise to trouble.



The appendix may be found
down by addition, and

hernia. In the
belly, even if it
does not get to
rupture, but from
what get the
diagnostic signs.



A strangulated gut
may begin to swell
with gas, and this
is later. You have
a pain, vomiting
colic, etc. of
late stercoraceous
vomiting. Whites of
eyes are white.
You may not have
any poisoning.

the appendix may be bound
down by adhesions, and
it is not wise to trouble
the appendix where the patient
has no trouble from it.
The tongue clean, patient feel-
ing alright, no trouble
with digestion, do not oper-
ate. If however you find
the coated tongue, patient feels
badly has digestive troubles,
patient & fever operate,
there may be stone
in the appendix just prox-
imally to the fistula
and it may prevent the
fistula closing.

& hernia will be
 come irreducible
 & the melling will
 they become longer
 & so it may
 have been reducible
 before the strangula-
 tion. It might
 contain loop of int.
 & not be periton
 because it might
 be dull. When
 tightly strangulated
 you do not get any
 impulse on cough-
 ing. the first sign
 is of a soft in-
 flamed.
 the difference between

Case II.

Pat. Male, white.

Suffering from fine cracks
occident. Has lost 1
thumb, and index &
middle fingers.

Clinic Jan. 15th 09.

Case I.

Pat. Male, white.

Wd. supposed to be caused
by a note driven into 1
side. As a result of temp.
con. dist. & inj. into ac
tal.

Ac. caused by perforation
not. by perforation Oxyg. &
foreign body may inj.
into lit. as Oxyg. come
from below. as from acid.

These symptoms are present
to a greater or less degree.
The compression may
not prevent fecal
material passing into
the hemicoecum, yet
the peristalsis may
continue & the
fecal material
pass up into it.
You have fecal
vomiting. This is
stercoraceous vomit-
ing. This is due to
it forcing contents
in opposite direction.
In addition to these
symptoms you have certain
signs you can see
you may feel tumor

These points are present
the number of cells is 1000.

B. pa. may follow. ac.
ring. Pys. thorax is ca.
termination

Sequelae of grip is early
or come. May spread

from perineal cavity
or from axilla.

ac. ring. may spread
you may have an ac.
pyothorax. Metastatic extension
may occur. Abdominal
ring may occur.

This course. You may
find

Colon bacillus may be present

Ch. ring. the stands prominent
usually remains for
the in sq. or in media-

2/1/22. 1928 - 1928

anist and do not
get vomiting & cramps
because there
is not severe enough
pressure. I get never
the symptoms. Heria
and heart & com-
pression of nerves,
~~but~~ the hernia at
it is always acute
with pain about 1
inches.

Another symptom is
immediate vomit-
ing. This may occur
when the stomach alone
is compressed. up-
per reflex vomit-
ing. pot & collapsed
pain & cold & clammy

most common 900
you expect just

those gds. the pure
me. located - the
character with a
distinct the. form
in v lgs. or ribs. the
the inf. may occur
in v ribs.

Punctures. Of pleural
country or shell, country.
v majority of pleural
country just the, re-
sult in inf. the
lg. in. become inf.
Partic.

great deal con-
sidered both ac. & ch.
do not get v effects of
the down here so
only as you do in north-
ern climates.

Jan II

Lecture on Int. Obstruction
Obstruction first the
Ac. varieties.

Alumina that be
comes strangled
is one of the varieties
you may speak of it
as one of the ex
varieties because you
can see it.
the process that occurs.



the mere fact that
the int. is forced down
and is forced upon
does not constitute
obstruction.
the reason when
you put clamps

Freezing our feet, Oklahoma
Dinner at 11:30

V. Treat

Should be in proper
+ scientific manner.

Pleuro County

Opening some need to be
found because V. Lys has
thought to collapse.

~~Incisions~~ can be made
into V. pleuro C.
with practically no
damage. Every pleuro
~~rule~~ rule should not
be treated by incision
because pain is not
always there.

Y. should point
from time to time
into awareness as
moving needle

~~some~~ ~~to~~ ~~the~~ ~~the~~
Sarcina when
it gets into the
lymph glands spreads
very rapidly. May
be seen in ~~the~~ spread
membranes and the
ovaries be affected.
me. v size of small.
fat & retro peritoneal
glands be affected high
up. It spreads very
rapidly. In neck the
vagus nerve me. affected.

Core II.

Pat. Male, colored,
Bucktown.

Core III.

Pat. Male, colored.
Op. to On leg ulcer.

James A. Allen
1885

I recedt years an
stronger looking
modern try out and
have ingit short.
Has not met with
perfect success.

Murphy suggests
inject. of 2-3%?
Formalin will cut
short & safe. This
is right - if it will
cut ~~the~~ short.
Formalin is not a
poisonous drug.

~~Dr. R. D. Cook~~
Dear - V abd.
+ chest,

In ~~concern~~ of the chest
abd. & mediastinum
you get right of
info. they are mis-
taken for abs. of V
liver or appendicitis.
there are an increased
^{leucocyte}
~~lymphocyte~~ count.

May have high temp.
fever no rigors &
temp. going up
every night. What
reminds that fever
is no criterion of the
the presence of abs.
growths because it
may or may not
~~be present~~ present

Bees - 1 - 1000
tobacco

Dr. T. does not think
an insect of power
will cut through the
all the air. tube.

Flowers will not
destroy & wind in &
growths as in an
abscess cavity. You
may see it where the
leaf. have gained the
tissue but cannot in
growths. The body
will take care of those
absorbed.

All organisms are
not as virulent at
one time as they
are at another time
hence you may
expect & syngon

11

A lympho sarcoma seems to
flow around and implicate
core the structures,
the origin of these growths
is always in doubt. They
seem to arise by them-
selves but there is
probably some cause
Lympho sarcoma

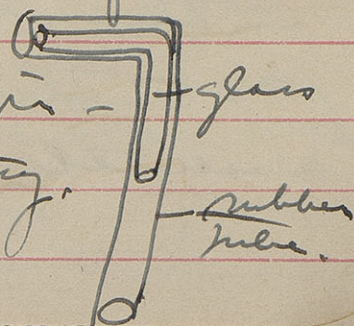
in Buccal cavity is
very com. It is the
It may arise in various
groups of the lymph glands,
the glands of the mouth
& jugulo digestive
glands may get imp.
these & form it.
I more where the
host use more com.

A drainage system
for around and under
the house

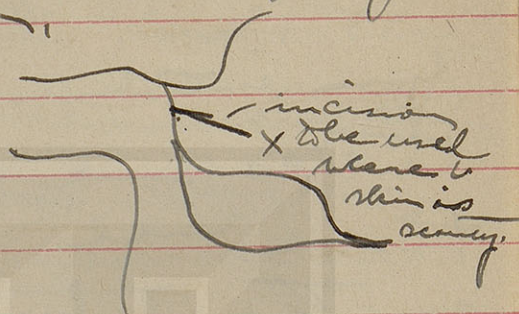
very long.
Free drainage & wash-
ing out & covering
is necessary in it

You introduce drainage
tubes and a soft
time will clamp down
on the tubes & prevent
leakage. You have
two tubes and never
let the tubes become
loose. As spoken of as
a Roberton method.
You have a rubber
-age pulled two ft.
there

You may in -
rigor & cover.



says he would con-
sider 'to the incision
of the superior flap
the side & bringing
it down.



Clinic. Feb 5th 09.

Case I.

Pat. Male, white.

Malignant growth of
the neck. Gives a histo-
-ry of having started
in the middle of Dec.
1908, the growth is
absolutely fixed.

... of the ...
... of ...

Abolition ...
may be ... and
not ...
you ...
true power of the time
& ...

Ch. affections.
almost ...
for the ...
an old ...
this should be deter-
mined before. You
should be ...
they ...
... you should
best.

as for the ...
else where. You
should determine

the 1st of Nov

be hard to pick up.
If quick you may
remove a breast
in 1 hr. or 1/2 hr.
You should stop all
bleeding and in
this way you will
~~stop~~ prevent ^{shock} for
You should not be
afraid to remove
all the growth. We
tho you can't close
with a skin, you
should have the
leg prepared, so that
you can secure
skin for grafting
from it by hooking
the anastomosing
operat. that Dr. T.

of which you may
be sure is quick up.

✓ notice of life
beforehand. ✓ you may
put up quantities of
you. the core may be
mistaken and you.

organisms are the same
instead of being the.
It. there are some
not easy to diag. but
it. they are. ply. ✓
egs and imp. you may
aspirate and inject
Dolopant dye,
don't make big
incision that can
be safe by pyogenic
miss. this is being
ing.

Absorption occurs
from pleural cavity.

remain attached
to the breast. If it
is malignant growths
do not use the blunt
dissection but use
a scalpel.
The lower flap it
then reflected. It
may have to be re-
flected down as far as
the epigastrium. You
then, a breast ~~block~~
with a pect. major
muscle. You should
not cut the pectoral
muscle, too close to
correct origin because
there are vessels
cut & then they
may retract &

the known that
human animals

As from one
this is right

Peritonitis

Physiology & peritoneum
In embryo you have
one big all cavity,
which split into
two by the diaphragm.
It is lined by cells
thelium. In the
thelium there is stom-
ata which are supposed
to connect with the ly-
mphatics. This probably
with time it may
form the vessels of
absorption. Food
absorption is rapid.
Absorption occurs
thru the cells.

is to be liberated at
the same time.

to be liberated at
the same time.
you see on throwing
the flap upward
that there is two a
pretty good exposure
of pectoralis major.
you may have to
isolate it a little
and cut from attachment
near the sternum you
will see the pect.
minor. then you
dissect & fat & fascia
away from axillary
vein & cut as for
the axillary
& clavicle.
the whole mass of
pectoral vessels

to be observed at
1 some times

of not the v lymphatics.
When finely divided long
black is injected into
v peritoneal cavity you
will find it collected
over diaphragm vch.
can be ^{not} wiped off.
1 parallel ~~parallel~~
phenomenon v periton-
ium it cannot be
wiped off. the absorp-
tion thru v peri-
toneum seems to be
thru v diaphragm.
The diaphragmatic v.
is the only one.
v absorption from
diaphragm is very
rapid for fets &
v absorption of ptomaines

you should remove
plenty of tissue.
If the tumor is low
down you may have
to go lower down.

V Kocher incision of
the head.

The curved incision
is carried along lower
border of pectoralis
major & then it is
carried across and
up the clavicle.
then you thin & flap
very carefully and
expose breast in V
mid line then
up the flap a. (A)
then connect ^{gland} ~~gland~~
whether V lower flap

occurs from 1st. up and the positive portion. and is more rapid on 1st. There is a layer of lymph tissue around the particles that lodge on ornament. 1st particles are found very early in con- tr. cells of ornament. 2nd perogonite action is very rapid, this may be killed by topical power of penicillin. 3rd factors to consider, 1. topical power of penicillin. 2. volume of

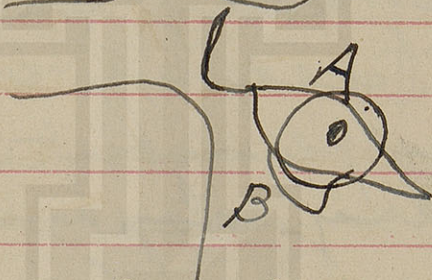
2. Corrosive form

to touch.

There is a subst. used
on keloids called fibro-
lysin, which is used to
remove the keloid

Holstead Operation.

Whenever there is malignancy of the breast,
nothing ~~except~~ complete



removal should
be contemplated.

Holstead is the best.
The incision encircles
the breast.

The arm is generally at
right angles to body

2. Toxicidal power of
V current (phagocytes
probably)

Toxicidal power of the
mediastine glands.

All these processes
are very interesting
V Diaphanous area
is a very dangerous
one as applied to ab-
sorption of ~~poison~~ ^{poison}.

Forbes Pathology.

this is almost the very
right position.

Yeast ~~vaporizing~~
was not to get
the fluid in con-
tact with V diaph-
nous.

Yeast V
flds. down into V

incision used to check
hem. Dr. D. snips it off
for part of the way and then
sews in order to prevent
too much hem.

Catgut is used for drain-
age from v. scrotum.
Dr. D. thinks v. turning operat.
is the best. Then v. sac.
is split & turned up
around v. epididymis
& a stitch or two taken
to hold it in place.

Core II,

Pat. Female

Had abs. of rt. breast lost
August. Now has enlarge-
ment of axillary lymph
glands, and they are tender

pelvis, the description
is very slow for
pelvis. The description is
much less rapid in
upheld than in
any other part of
the body. The ornament
is of very much use
It may be plastered
around the area
of inguinal inflam.
of ornament will
travel from distance
to reach up inflamed
area. It may perhaps
around goe bladder
Another Ingt fact
there is stage of lymph.
over it. and it can
be pulled off. you will see

~~messy - to make way~~

Clinic Feb. 3rd 09.
Core I.

Pat. Mole, colored.
Op. Hydrocele.

Dr. D. says he believes
benzoin is the best
thing to use where the
field of operation has to
be cleaned.

In these cores & testicles is
inserted posteriorly, and
the sac is opened
anteriorly. If the sac
is large enough it
may be turned up around
& cord and & edges sutu-
red. In this case &
the sac was too small and
& surplus will be cut off
and a button hole

Dec. 3rd 02

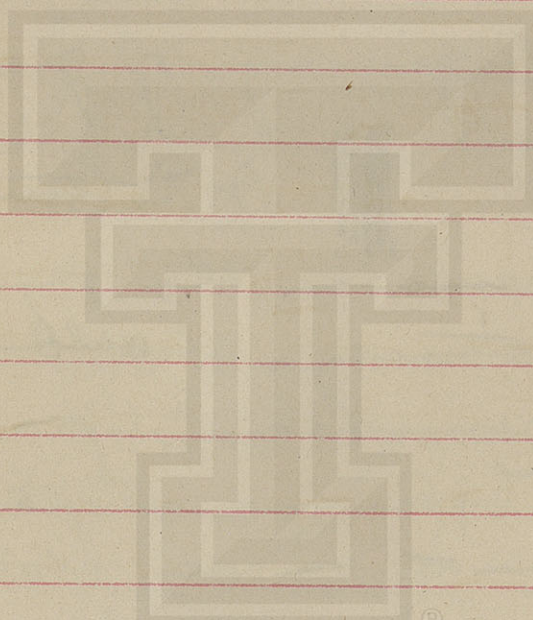
have a row of. become
when exposed by
microscope you will
find that after the
lymph is permeated
with leucos. this is
the beginning of gran-
u-.

It is better not
to remove the lymph and
it probably should not
be removed. You should
not remove a granu-
le from a cell, preserving
don't feel of the lymph.

Peritoneal inf-
generally
most often occur
from a peritoneal
injury from interior

like this. - not for

you are not to



from joint motion

1. the ribs may perforate
and cause ribs.
there are perforations
of the breast & no.
moderate ribs
perforate. beginning
mostly transverse.
Depth. ribs may
perforate. call the
apophysis. moving
out & come out
at side. Colon
Colon over lf. side
they may let moving
perforation of & diverticula
then

Diverticula.
then the apophysis of
V pelvis.

John C. & Co. 1882

Jaundice is a com-
plication & is Cho-
leystitis.

Symptoms of maling. dis.,
though they are indis-
tinct. Intermittent
colic with rising in
character with inter-
mission, & con-
stipation is often
alternating with $\oplus$
Never make an explor-
atory operation for curiosity.
But you should
always make one with
these vague abdominal
symptoms after every
other means of diag.
has been exhausted.
then it is best to

Office at 100
Washington 220 4th St.

Go. c. and looking at
just the best injuries of
the men into the
penitence to country.
then I worry about
the the Fellowship tubes
are open from the
afternoon
Disposal.

this series from
your ignorance you must
never forget a possibility
of voluntary strengthening
of character.

Ch. wife.
the is the most
an. there are tumors
scattered over a clean
or apparently may
not be wife.

The new mine for
for some time ago

over a stone with
one side in a old
excision the brought
a duct out with stone
then that removed
it. the explored for
more but did not
find one there he
inserted drainage &
dropped it back
One of the ~~cases~~ ^{complaints}
in early spring of
gold stones is of lepture
dyspeptic attacks,
+ attacks of pain which
come on at any time
& especially after
eating something
he likes.

over a new
book. I will

The way arise from
virtues. You must
recognize the dis of per-
taining as being away
from it. Dis. the the
pertaining embraces a
very large field.
Treat of ^{peritition} ~~appendants~~ re-
sulting from appendi-
-ants. We prefer from
very hard to keep
everything very quiet
& restrain of food.
Don't give negatives
Any more give
nothing by mouth.
You may give on
I mean you get
the process localized
by the process from

as far as possible,
& found an adhesion
of the colon to the
overlying vessels,
the region where the
appendix ^{ought} to be
located ~~was~~ ^{was} ~~in~~ ⁱⁿ ~~the~~ ^{the} ~~region~~ ^{region}
the pocket of ~~the~~ ^{the} ~~peritoneum~~ ^{peritoneum}
white sponges, there
was no ~~just~~ ^{just} ~~an~~ ^{an} ~~ap-~~ ^{ap-}
pendix but was in-
flamed & he removed
it & said it was
worth the effort &
considerable trouble.
Further ~~exam-~~ ^{exam-}
ination revealed a gallstone
in the ~~cm~~ ^{cm}, duct,
& made an oblique
incision higher up

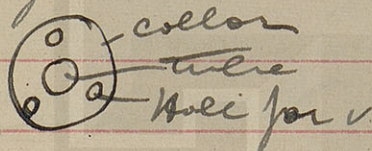
the peritonitis may
be in the peritoneum
or in the peritoneal cavity

start.
the peritonitis may
be in the peritoneum
or in the peritoneal cavity
the peritonitis may
be in the peritoneum
the inf. goes by
successive quarts.
It is usually not
a constant ^{much} ~~much~~
from end to end
but in some cases
it is. You should
stop & persist.
You may give
Opium but never
timidly they work
in the peritoneum of pain

the mgs. shown on
the specimen card

Chinic Feb. 1st 09.
Exploratory oper. on
abd. cavity.
He ^{D.T.} inspected a rising
growth of lge. int.
Used a probe in
cision & on opening first
He exposed the
ovaries & tubes. Both
were normal, and
on rt. side tube
longer than on l. cf.
He punctured cyst
on l. side & pulled
on l. living mass.
Of cyst, and then used
haemostatic sutures.
Next exposed v. ap-
pendix. Then he
went down v. colon

Position of the patients
should be chosen
with care. the pts
should have their heads
in opposite directions.
& lower arms close
together.



{ thrust & position
this is a new modifi-
cation of the tube.

unless you can pre-
vent thrombosis you
can't be absolutely
satisfactory.

Position of the patient
should be chosen

Question for ana-
esthetic. Unless the
pat. is moribund
you give ether properly
there should be
no delay after v pat.
is under anesthetic.
You should even
start v. & not
remove lymph
nodes & wait to wait
time with success-
ful - very technique.

You change v
thing of v appendix.

You must put your cop-
per band off the gland around
v adhesion ^{before} & then
prop. the v. pins off as

ing it back over &
side. Put threads
in end of vein to
facilitate pulling it over
end of cat. & when
Dr. T. says that when cat.

is passed then take the
cat may contract & occlude
vein. & pressure for-
ceps must not be com-
pressed too tight

You divide cat. very
carefully. You may
use ~~Stiff~~ Stiffenbach's
clamps. You clamp
one end of cat. short
& other longer.

clamp

clamp

clamp
right
clamp

ing it back over
office. But I think

it comes out and
do not let it come
out too rapidly.
If there is not any
adhesion there are
diffuse Cores and
all bod. they are
very rich doses.
You may have too
of course. You st.
don't mean are
anterior. You may
microcine. You
may be good better
You may change
by penicillin. You
use drainage tubes
not good & just
particled in v. four
the position.

For future notes

Combed over a bit
& turned, this is
Carrell's method.
Circumcise the
vein then V tube
& then, carries the
artery
~~over~~ over & there.

Less liable to have
obstruction in
art. Dr. T. thinks
Circumcise method is the
best. You must be
careful to seize vessel
with forceps as tight
as possible.

In Carrell's method
you place three sutures
in V end of the artery
to facilitate pulling
it down V tube & turn

Concussion at
4th level. 11/15

you continue rectal
transfusion.

the bag is elevated
only a few inches
above the rectum
slut & fluid trickles
in & persons used to
die like dogs. Now at
the pot. is very often
better when taken off &
taken than when put
on it.

Clinic Jan. 20th 09.
Case I. ~~Female~~ white
Aged 56. Has had 4
children.
Is a suspected case of
appendicitis. After eating

mining v vs.
they are trees
Cornell and Mago
taking
Crill and metal
tubes with blow
to it.

on
Oca

Crill inserted cat
into v tube then
turned it back,
& fastened by some
stick you had
last put in in 2nd
groove.

on
Oca

then the vein is

the tumor is large
1 cm 1

beens her side be-
come ⁱⁿ craped. She
had pain fever & colic
particularly colic.

This morning she has
a temp. of 98.4.

V. abd. is fairly flat
& soft. Does not very
obscurely or thrust
in front. The tumor
is sessile. There is
no mobility & it
there is emaciation
with out fever.

There are fever with
malignant growths.
There are also rigors
in malign. growths.
Of wide mole,

...
- come are more
liable to produce
- sis. When cold
forming organs are
interfered with it
may do no good.
In chronic conditions
it does not give
such good results.
You must be on
look out for clot-
ting. You

Method

You attach a band
of 1/2 inch to the
of receiver. You attach
them closely together
Cannell & Crile.

have numerous
difficulty of

~~Little of the knowledge~~
~~come on now~~

V incision on side
of the rectal border.
Pack around the edges
with saline gauzes
Dr. T. used V Roosevelt
Clamps today.

Anastomosis of the
ileum with the trans-
verse colon.

The Munion Clamp
is straight.

Roosevelt Clamp costs
\$15.00.

Kochers Clamps are
large and are used
for proctectomy.

Before V use of Clamps in
atom, would the mortality
was high, the stom.
contents used to escape

of surgical injuries
attended by shock.

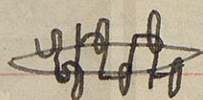
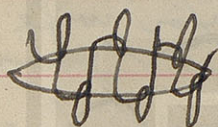
by the time you
have got & done
almost in a faint-
ing condition &
not to ply much
letter.

To other conditions,
you may use it
in ~~india~~ India. Where
used, forming glands,
be interpreted with
it may not do
any good.

In *Haemophilus* &
Asciinorhizica purpure
it will do no good.
Direct transfusion
in concert & so

~~of course - much~~
~~of course - much~~

and might cause infection
You ought to practice
an intestinal stitching
Cornell. Itch is a
hemorrhagic stitch to
ascertain extent.



Don't let the anastomosis
bedraggled - you use
two stitches on at each
end ~~and~~ ~~the~~
this holds the intes-
tine together and
the

Clinic Jan. 22nd 09.
Robert Hall, negro,
male. Feet well up &
may 1908.

least the minimal
rate for unity one
the best they should
be of some force.

the brother of woman
& sister man
they are better than man or wife,
and the best you
may accept. negro
led. the giver should
be healthy.

Indications

1. Extreme Hc.
- & 2. Shock.

You get the best
results in this
case you have
brilliant results.
After post mortem
the, & all kinds

and small
have found the
kind of 1 minute

Pain ^{slight} in head opens on

Before May 1908 he
minuted fly. at that
time the floor would
stop & he would have
pain in the head of
penis. Sp. Gr. 1014, ^{Spine}
Can feel with a round
a sharp click of a stone.
the pains in the end
of the penis are referred
pains. I history should
mention when I
mistaken as most
fr. When put his
down he ~~does~~ ^{does} not
have the trouble because
the stone is in the
insensitive part of A.B.

Alton Long & Co. N.Y.

use Kayles bougies

Direct Transfusion of
bled.

Is not a new pro-
cedure, but owing
to clotting it gave
place to transfusion
of defibrinated bld
clotted by normal
saline sol. The orig-
inal difficulties
were those of clot-
ting - you know
when come the con-
dition of haemolysis.
The bld. of animals
will prot. haemoly-
sis of bld. in man
I know the men

and may cause N. sum

When he gets up & walks
the stone is thrown
down on the sensitive
part of bladder & causes
pain. Do not operate
for these stones until
you have heard the cli-
ck of the stone, because
small stones may be
passed thru the urethra
if the blad. & bone healthy
they ought to be crushed
with a lithotrite,
with a very dis. blad
& with kid. that
are diseased & blad.
dis. you should not
do this operat.
I left lateral lithotomy

22 May 1962

Ulceration, Probable
strict is more ch.
in females duct injuries
received during child
birth. Fracture may
occur & they are
common in location
to what you would
expect and you find
them below structure.
If the condition gives
much pain you
may do an vaginal
colotomy. You must
be particular in
passing bougies
than there strict.
You may perforate
if get into abd.
cavity. You may

Meconium, Proctoderm

is the one that first
bore me the in-
cision begins little
of the f. of a little
posterior to the center
of the perineum,
you do not want to cut
v. a. to a bulb.

You do not want to cut
v. for a to the prostate
too much. As a general
thing you have apoplexy
in the early stages
and then focus on
in the later stages the
urine shows phosphate
from the pt. cystitis.
the in

the prostate is enlarged

Buboes arising from a
chancreoid. You may
find enlargement of the
pelvic glands, but they
very seldom suppurate.
Unless they get better
in 4 or 5 days under
palliative treat. you
may operate.

Case II.

Bubectomy.
Pat. Male, Colored.

Case III.

Stricture of the rectum.

Pat. Female, colored.

These strictures are
usually syphilitic
in origin. they
may result from

the prostate was sheathed
out. Hot water was used
to ^{help} check the he. Gouze
procting was also used.

At crushing operat.
the Blad. is crushed out
and 3 or 4 oz of fld is
to apt in Blad.
Lithotrite is the crush-
ing instrument.
Bignon's is a good one
and is probably the
simplest one.

You have certain evac-
uating catheters.

The lotion is forced
into the blad. by a
syringe. then you
may remove it

5. 1/2 gaudier by

then v dull &
inject v antiox,
this was used by
Dr. T. after v stain
you may reject
the v subdural

space. a very mis-
lent core. maybe
come ch. and the
pot. live possible
to then live of cor-
dial failure.

You should also
give Chloral & Bro-
mides.

Clinic Jan. 29th 09.

Case T

Pat. Mole, white,
Op. Bubecromy,

by aspirating it
out.

The evacuator is one
of the most delicate
tests (physical) that
we have.

Fragments may be
caught in the opening
of the collector and not
struck, force a
little pressure into
✓ coils, and force the
stone past before
with drawing the coils.
this is very important.

Case II.

Pat. Male, col, aged 40.
External urethrotomy
operation.

V. leucorh. rare.

How to give

Shoud you give me
cotton candy?

It is very not
much more good
~~than~~ local.

Sifting into the
central nervous

system. It was
given in v frontal
lobes originally.

that is not difficult
could be done by cocaine

You make the
slut over & originate
to frontal sinus,
on the side of &
frontal sinus.
then drill above

Chic Jan. 25th 09.
Core L. Baby, white.
Double cleft Palate operation.
May only do a partial operat.
because the complete operat. me.
too bldy. Dr. T. says he is afraid to
do the Brophy operat. Brophy operat.
is not without its danger.

Up to about 10 or 15 hrs after
birth you may operat.
on young rabbits without
evidences of pain, after
15 hrs. it may show
evidences of pain.

In young babies the sup-
-noxiase me. forced
to gether with a clamp
on by me.

Junkers method
of giving C_2H_2 was
used. This is a very

dangerous method

It might be wiser
to give milder doses
over a longer time
as expensive.

If tetanus develops
the wd should be
cleaned if large
or small incise.

If a finger you may
amputate it.

If a limb it may
not do much good
good also dis-
figure & wd. the
local injuries are
usually treated
but it may not
do much good
giving & antitox
has diminished

To good measure put
in my hand II

dangerous method of
giving the anesthetic.
Case II.

Pat. Colored.

Op. Herniotomy.

Used Ferguson's method.

Case I Chronic Jan. 27th 09

Pat. Negro, Male.

there is a suppurative
process in 1 month
~~that~~ He is to be given
nitrous oxide gas.

Anterior troubles
resulting from the
fangs of teeth.

It is only when the
fang becomes ripe
that it causes any
trouble at all.

Ante coes.

Dr. T. saved one other
of ac. coes.

Mortality of ac.

tetanus 75-95

Dr. T. thinks it
will vary from 80-
95%.

Ch. tetanus mortal-
ity 20-25%.

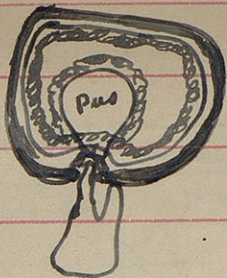
The treat. should be
v prophylactic.

You may give v
tetanus antitox.

here - you may
give 5 cc. of v
antitox daily for
1 wk. or 10 days.

Dr. T. says they give
1 dose of 10 cc. of v.

Orbital core
at T. core & orbital



The peros. may rupt &
go to pus. in the anterior
the house may become
necrotic & drainage
bad and dangerous
sympt. occur.

Core II

Pat. ~~the~~ Mole, white,
has telomus.

Has wrinkling of V
face and elevation
of the eye brows.
About 12 days after
injury & sympt.
began to appear

Week June 1st - 1877

ived into acute
scleroma
Acute

the lymph
come on and
in a few days ^{4 or 5} or
possibly 10. and
the pot. will be
bad, the more
becomes fatter each
day more. If
the pot never gets
better at any time
until the gl. coars
it lasts longer.

Prog. Mortality.

It is much more
med to say that
there was as many
deaths as there were

Neck muscles are stiff.
Abd. muscles of v abd
are stiff. D.T. v movements
of head and neck are
free for a while. but
involuntarily v trapezius
gets stiff. H. v legs
are stiff. the post. me.
in a position like a
factor in utero.

H. v platysma is quite
tight. you may be
able to open mouth
by involving slow pre.
over chin. v stygoid
a morseter muscle.
one affected. A com. posi-
tion is for v posterior
mus. to contract &
cause a position of

low ch. conveys into

injecting v. antitox.
into motor roots.
some advise inject-
ing it into spinal
cord. the same way
just as well into the
central nervous
system.

about 10 days is the
time for syngt. to
occur. the closer
where v. syngt.
occurs very rarely
outside you may
say it does not result
from that injury.

the syngt. injury
occurs in post-
~~days~~ 3 or 4 after
the syngt. inc. div

your report I am.
~~xxxxx~~ I am sure

opisthotonus. You may
move roll the over
bed. When you is
bent forwards they is
called Emprostotonus.
Sideways - Pleurostot
onus.

In early stages the
muscle are stiff.
the pot. has little
pain. muscle are not
sore. Contractions are
slow.

In the later stages the
contractions are Clonic.
On drinking water
they may have a
shock & the wrong
way and resp.

it. Sterilization will
prevent this.
Some claim that
Dohine cat gut does
not have spores
killed by Dr. T. Claiming
that they are killed.
Animal they claim
is the best. Dr. T. thinks
Dohine cat gut is all
right. & toxine of
tetanus is probably
elaborated at the
finger & passes up
the nerve. It is a
very powerful toxine
and nothing will
stop it. The toxine
passes along motor
roads & affects advice

It. Streptococcus
mucosus

is interfered with,
the spores may occur
and the pot. become
totally relaxed.

Tetanus is caused by
an anaerobic bacillus.
It is to be found
in and about gardens
& stables. It very
rarely in marine
wds. such as cat
fish & shrimps. D. P.
never saw one of it
in this kind of animal.
Human may be infected
from skin & tetanus
occurs. The wds.
that it is located

does not usually
 come & trouble,
 nail wds. on the
 most unions,
 especially about
 robes & old houses,
 & reason & nail wds.
 prod. it more freq.
 is that the & wd. is of
 deep & punct. nail
 & the outer ~~off~~
 ing close & this seems
 to mis. to grow.
 It may occur
 idiosyncratically. May
 occur after gon.
 & passage of the sound
 wh. is not clean.
 Kangaroo tendons &
 cat gut may come

does not matter
come 1/20/22

does

ble, enlarged. In the
neck by the
myelocytes in the
notches in ant. border.
2. in size & in the
only part of the dis.
sudden alterations
in size are not
involving a rapid &
from here a rather
rapid & from O
a grad. ang. may
occur and a rapid from
traumatism is rendered
more liable. A peri-
splenitis may occur
& consistency is red
capsule is roughened
from torn adhesions.
Cut up. from dried
than normal. Too
pale. mottled with
red & brown patches

many scars are met,
localized he or infective
course, & morphological
lobes are 2ed. and one to
be recog. as greyish nodules
on beaded strings &
fib. trabeculae are 2ed.
& distinct forming a net
work across the sp. the 2
in v fib. trabeculae are
very marked. The
morphological areas are
rule are more widely
reported from one another
seen to be more when you
want to examine individual,
cells you find the mass of
lymph. which would appear
to be enlarged. In this
need appear the

myelocytes on the
notches in ant. border.

2. in ridge 2 in the

Pol. n. n. To vomis.

61

78

72

96

me. under the un

93

98

Dark it. me.

6/498

83

1/2 is lowered but a close

is enormously sed.

Eosinoph. Many cells recog-
nized as red corpuscles
show much variation. They
may represent degenerative forms
or forms undergoing a transition.
From one found another
superficially accurate observations
have not been made.

~~Asses~~ Assesed Lesions.

Choroid Leyden's cyst.
are 16 X 5 μ .

ff Spear, enlarged 12-
15 lb in wt. Bigger
than head. Hoof is
retained. Usually 2 or 3

