

Outlines of the lectures on surgery / delivered by Sir Astley Cooper, bart at St. Thomas's and Guy's Hospitals.

Contributors

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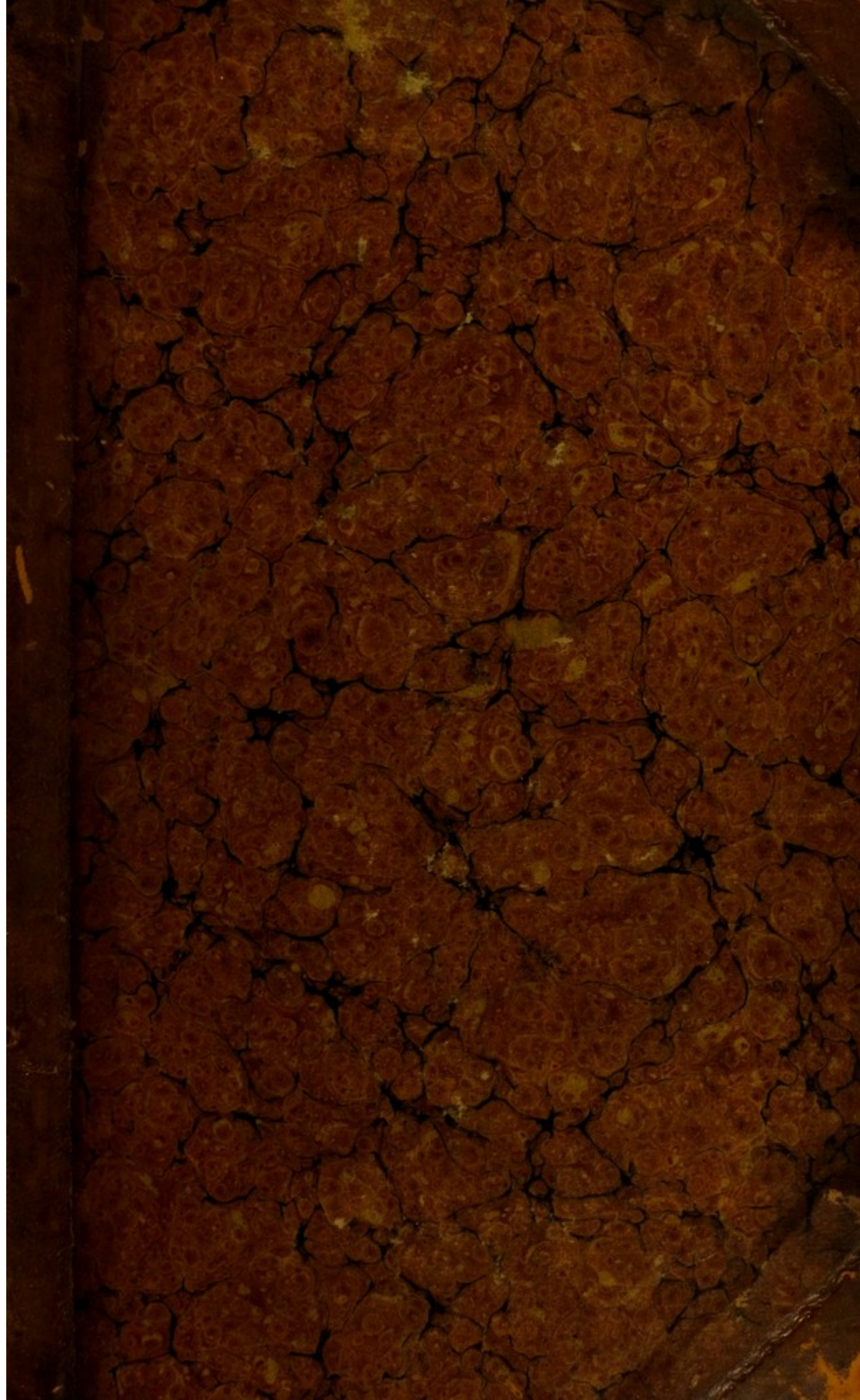
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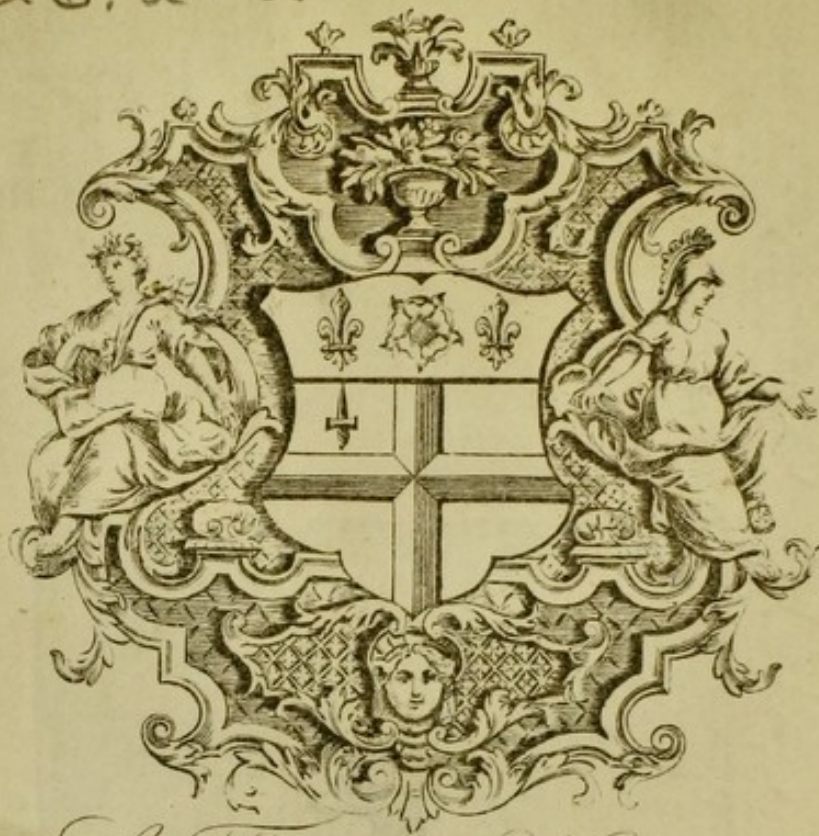
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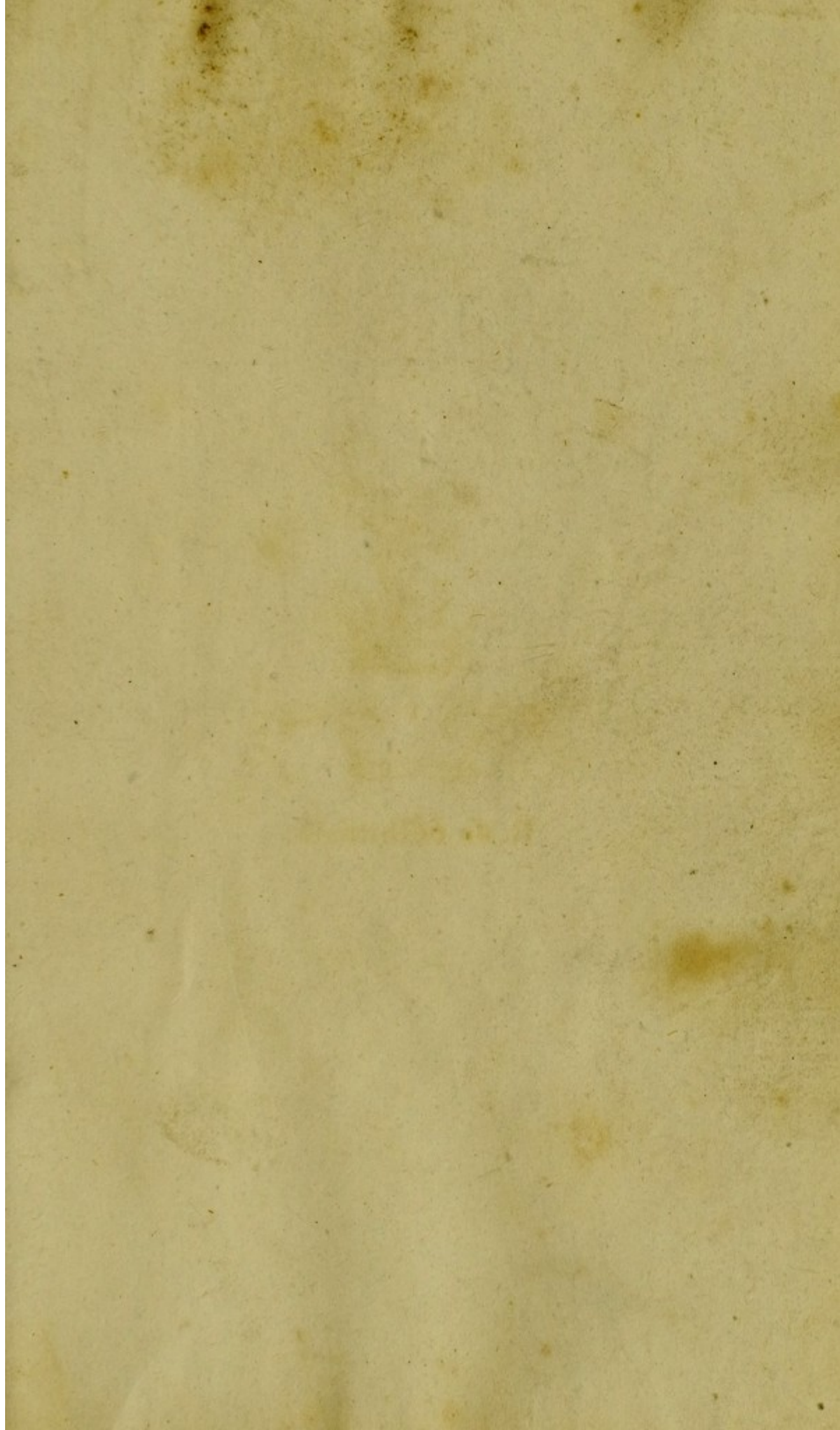
St Thomas's Hospital.

LIBRARY

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R. G. Whitfield.



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College
LONDON

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OUTLINES OF THE
LECTURES ON SURGERY
1822

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KINGS COLLEGE LONDON

NOTES

LECTURES ON SURGERY

BY A. L. CONYER, B.A.

AT THE UNIVERSITY OF CAMBRIDGE

LONDON

PRINTED BY J. JOHNSON, ST. PAUL'S CHURCH-YARD

1831

OF THE

LECTURES ON SURGERY

BY JAMES COOPER, ESQ.

BY THOMAS AND OLIVER HENRY

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OUTLINES
OF THE
LECTURES ON SURGERY,

DELIVERED BY

SIR ASTLEY COOPER, BART.

AT

ST. THOMAS'S AND GUYS HOSPITALS.

PRINTED FOR THE USE OF THE STUDENTS.

London:

PRINTED BY G. WOODFALL, ANGEL COURT, SKINNER STREET.

1821.

1568/48
B.M. 7



LECTURES ON SURGERY

For the last five or six years I have
been in the habit of writing the following
Notes, to direct the student in my ideas, and
to recall the pathological facts which I have
had an opportunity of presenting. I have
been induced to print them, from the con-
viction that they will assist the student in
taking notes of what I may deliver; as it
will be more easy to fill up these outlines,
than to arrange and write the whole

A. P. C.

London:

Printed by J. WOODHEAD, 15, N. B. ROAD, LONDON.

1851.

PREFACE.

For the last five and twenty years I have been in the habit of using the following Notes, to direct the order of my ideas, and to record the pathological facts which I have had an opportunity of observing. I have been induced to print them, from the conviction that they will assist the Student in taking notes of what I may deliver, as it will be more easy to fill up these outlines, than to arrange and write the whole.

W. J. B.

PREFACE

For the last five and forty years I have
been in the habit of using the following
Notes to direct the order of my ideas, and
to recall the pathological facts which I have
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Nov 20th 1870

Wm R G Whitfield

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A. P. C.

Sept. 20th, 1820.

INTRODUCTORY LECTURE

PREFACE

For the last five and twenty years I have
been in the habit of using the following
Notes, to direct the order of my ideas, and
to recall the pathological facts which I have
had an opportunity of observing. I have
been induced to print them, from the con-
viction that they will assist the student in
taking notes of what I may deliver; as it
will be more easy to fill up these outlines
than to arrange and write the whole.
Cause of Mr. Hunter's superiority.
Medicine, the study of it important. The in-
fluence of local disease on the constitution;
and the origin of local disease from consti-
tutional derangement. Medicine and Sur-
gery mutually assist each other.

INTRODUCTORY LECTURE.

Surgery defined.

Fractures of Surgery, and its branches.

..... explained.

..... an what founded.

..... explained.

True Theory contrasted with Myself.

Evils resulting to science from the latter.

Practice of Surgery.

Qualities required in a Surgeon.

Anatomy; its use in the dissection of disease;
is the performance of operations; and in
the examination of morbid parts.

The parts of the body most essential to be par-
ticularly studied.

Practical Anatomy; mode of pursuing it.

Physiology. Healthy functions to be known
before diseased actions can be understood.

Case of Mr. Hunter's experiment.

Medicine; the study of it important. The in-
fluence of local disease on the constitution;
and the origin of local disease from constitutional
derangement. Medicine and Surgery
mutually assist each other.

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INTRODUCTORY LECTURE.

Surgery defined.

Principles of Surgery,

_____ explained.

_____ on what founded.

_____ exemplified.

True Theory contrasted with *Hypothesis*.

Evils resulting to science from the latter.

Practice of Surgery.

Qualities required in a Surgeon.

Anatomy ; its use in the *discrimination* of disease ;
in the performance of *operations* ; and in
the *examination* of *morbid parts*.

The parts of the body most essential to be particularly studied.

Practical Anatomy ; mode of pursuing it.

Physiology. Healthy functions to be known
before diseased actions can be understood.

Cause of Mr. Hunter's superiority.

Medicine ; the study of it important. The influence of local disease on the constitution ; and the origin of local disease from constitutional derangement. Medicine and Surgery mutually assist each other.

Midwifery.

Hospital attendance. Duties of the Apprentice.
Dresser. Pupil.

Reading. Systematic Works. Books on detached subjects.

Mode of Education improved of late. Classical attainments.

Advice. Advantages resulting from knowledge united with perseverance.

History of the Affection. Causes of the Affection.

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History of the Affection. Causes of the Affection.

REIGN OF

CHARLES THE FIRST

IN WHICH ARE CONTAINED

THE

CAUSES AND CONSEQUENCES

OF THE

REBELLION

AND

THE

DEATH OF

HIS

Majesty

BY

JOHN BURNET

[7]

LECTURE I.

ON IRRITATION.

Definition of Irritation.

Remote effects of accidents and diseases.

Sympathy ; the meaning of the term explained.

Diseased sympathetic sensations.

Diseased sympathetic actions.

Irritation is local or constitutional.

*The symptoms of constitutional irritation, called
irritative fever.*

*Cause of these symptoms ; nervous system de-
ranged ; secretions stopped.*

Circumstances on which their degree depends.

Treatment of constitutional and local irritation.

To remove the cause of *irritation*.

To deplete the system.

To restore the secretions.

To lessen the irritability of the body.

LECTURE II.

ON INFLAMMATION.

In characteristic symptoms.

The rapidity of the process.

The local effects of inflammation in producing
effusion, suppuration, abscess, and gangrene.

The constitutional effects of inflammation.

Independence of the system in which it is situated.

It is a vascular disease.

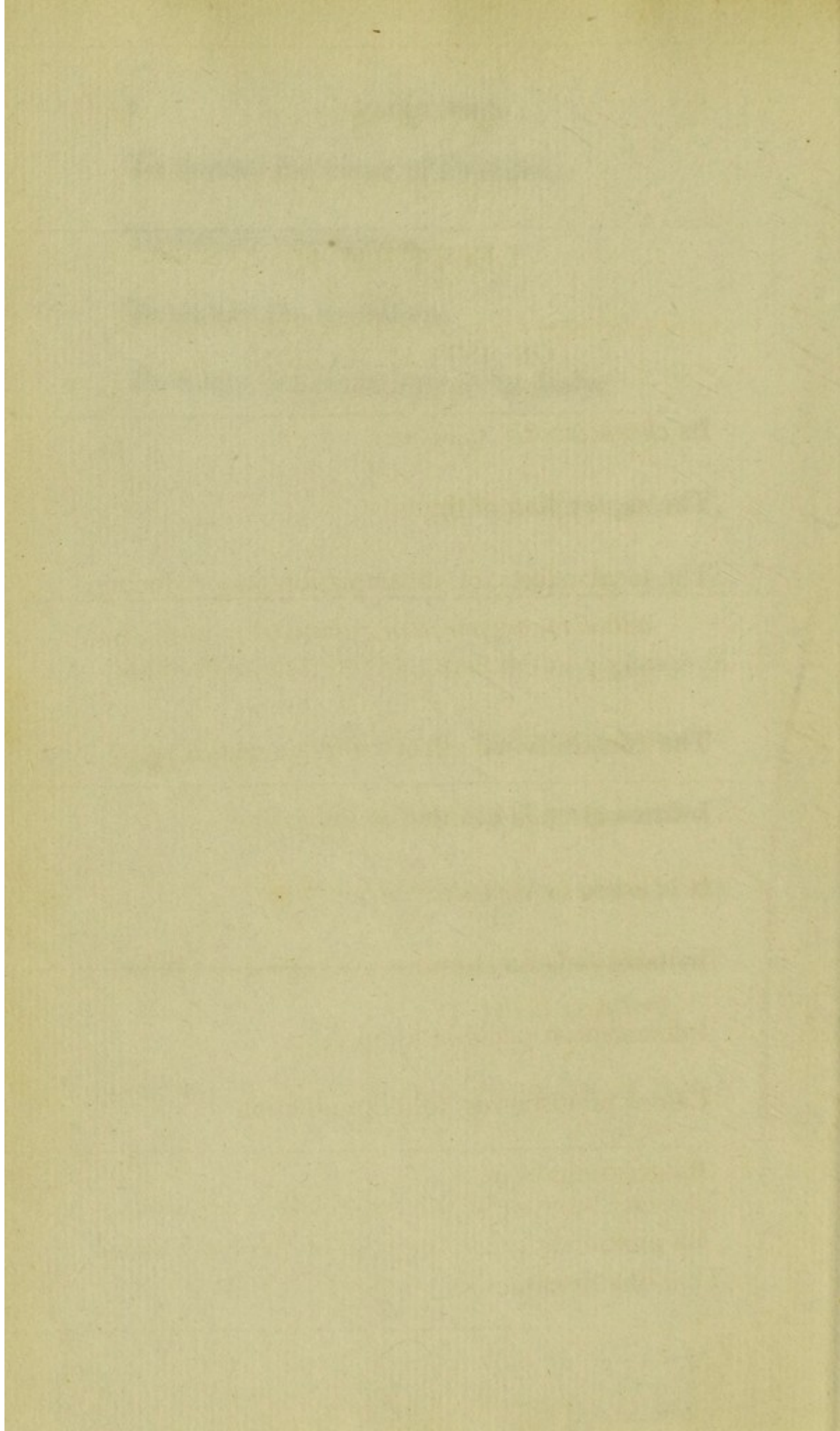
It is a local inflammation.

Its termination peculiar or specific.

It is a predisposing cause of other diseases.

Its occasional causes.

The proximate cause, or state of the body, which
produces the disease.



LECTURE II.

ON INFLAMMATION.

Its characteristic symptoms.

The explanation of these.

The local effects of inflammation in producing
adhesion, suppuration, ulceration, and gan-
grene.

The constitutional effects of inflammation.

Inflammation is healthy or unhealthy.

It is acute or chronic.

Irritable inflammation.

Inflammation peculiar or specific.

Causes predisposing to its production.

Its occasional causes.

Its proximate cause, or state of the body under
the disease.

1. redness
2. swelling
3. pain
4. heat

1. long continued
2. unhealthy condition
3. gonorrhea

1. chronic
2. acute
3. irritative

Small boy
varicella
Scarlatina

Different opinions respecting it.

Deductions from experiments.

Effects of inflammation on the larger blood-vessels.

LECTURE VII.

THE TREATMENT OF INFLAMMATION

Is constitutional and local.

The constitutional treatment consists in the reduction of nervous excitement, and of the force of circulation, by

Bleeding. When indicated. Signs for its repetition. General or local bleeding.

Restoring the secretions. Purgatives; their action; different kinds. Sudorifics; their action; best mode of producing the effect. Diuretics; medicines required for this purpose.

Restoring the irritability of the body; modes of effecting the object.

Chronic inflammation requires a slow, gradual, and continued action on the secretions; and on the blood.

Local treatment.

To diminish nervous power, contract the dilated vessels, and decrease the secretion, by

Cold applications.

Heat and motion raised; the system relaxed; the vessels dilated; the secretion increased.

THE
JOURNAL
OF
THE
AMERICAN
MEDICAL ASSOCIATION
PUBLISHED WEEKLY
CHICAGO, ILL., U.S.A.
1914

LECTURE III.

THE TREATMENT OF INFLAMMATION

Is constitutional and local.

The constitutional treatment consists in a diminution of nervous excitement, and of the force of circulation, by

Bleeding. When indicated. Signs for its repetition. General or local bleeding.

Restoring the secretions. *Purgatives*; their action; different kinds. *Sudorifics*; their action; best mode of producing the effect. *Diuretics*; medicines required for this purpose.

Diminishing the irritability of the body; modes of effecting this object.

Chronic inflammation requires a slow, gradual, and continued action on the secretions; mode of doing this.

Local treatment.

To diminish nervous power, contract the distended vessels, and increase the secretions, by

Cold applications;

Heat and moisture united;

Local bleeding;

Counter irritation ; its influence ;

Advantage of rest to inflamed parts.

Their posture to be attended to.

Remote effects of inflammation to be removed, viz.

Vascular congestion,

Indurations,

Rigidity.

Restoring the secretions ;
action ; best mode of producing the effect.
Diminishing the irritability of the body ; modes
In what effecting this object.

Chronic inflammation requires a slow, gradual,
and continued action on the secretions ;
mode of doing this.

Operation
Local treatment.
To diminish nervous power, contract the
tended vessels ; and increase the secretions.

Signature of Wm. B. Chubb

Signature on Receipt for the
chaps. under all the 11th. of the
subsequent. Approximate date of the
manuscript. 3 transverse
one, you, however, but not
some, the same, &c.
not to be used for four days

LECTURE IV

ON THE ADHESIVE INFLAMMATION

Effects of inflammation on the blood

Nature of the adhesive matter which is effused

Parts which promote the adhesive inflammation

Advantages arising from the tendency to adhesion rather than suppuration

Species of parts which assume under this inflammation

In what manner it is best employed

The use required for the resolution of abscesses

The use required for the resolution of abscesses

The use required for this purpose

The use of adhesive inflammation

In wounds

In operations

In the treatment of diseases

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FROM 1776 TO 1876

BY JAMES M. SMITH

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1876

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LECTURE IV.

ON THE ADHESIVE INFLAMMATION.

Effects of inflammation on the blood.

Nature of the adhesive matter which is effused.

Plasma —
Parts most prone to the adhesive inflammation.

Advantages arising from this tendency to adhesion rather than suppuration.

Appearances which parts assume under this inflammation.

In what manner it is best displayed.

The time required for the production of adhesion.

The adhesive matter becomes organized.

The time required for this purpose. *about two days*

The use of adhesive inflammation:

In wounds;

In operations;

In sealing blood-vessels;

In forming cysts ;

In dividing cavities ;

In enclosing pus.

LECTURE V.

ON SUPPURATIONS.

The constitutional symptoms produced by the
suppurative inflammation.

The local appearance and effects.

The parts of the body which are most prone to
this inflammation.

Suppuration by resolution.

Loss of substance not essential to suppuration.

For a collection.

The usual qualities of pus.

In specific qualities.

The use of suppuration, upon the nature of
ulcers, and

The nature of the suppuration.

In the morning of the

10th of March 1900

the following party

left for the mountains

and arrived at the summit of the mountain

at 10 o'clock in the morning

and remained there until 4 o'clock

when they descended and returned to the camp

at 6 o'clock in the evening

and remained there until 10 o'clock

when they descended and returned to the camp

at 12 o'clock in the noon

and remained there until 4 o'clock

when they descended and returned to the camp

at 6 o'clock in the evening

and remained there until 10 o'clock

when they descended and returned to the camp

at 12 o'clock in the noon

LECTURE V.

ON SUPPURATION.

The *constitutional symptoms* produced by the
suppurative inflammation.

Its local appearances and effects.

The parts of the body which are most prone to
this inflammation.

Suppuration in wounds.

Loss of substance not essential to suppuration.

Pus a *secretion*.

The *usual qualities* of pus.

Its *specific qualities*. *Poisons are somehow produced*

The use of suppuration, upon the surface of *without which no part*
ulcers, and *the action of granulations*

2 means by which affections are produced
In aiding the ulcerative process. *the formation of a new matter*

3rd It produces means to have

Incrustations produced by it.

Consequences of the sudden cessation of sup-
puration.

*apoplexy. hemorrhage
but more serious than
ON SUPURATION*

*The constitutional symptoms produced by the
suppurative inflammation. and the
Constitutional*

Its local appearances and effects

*The parts of the body which are most prone to
this inflammation.*

Suppuration in wounds.

Loss of substance not essential to suppuration.

Is a secretion.

The usual qualities of pus.

Its specific qualities.

*The use of suppuration upon the surface of
ulcers, and*

In aiding the curative process

LECTURE VI
ON ULCERATION

Definition of ulceration.

Effect of inflammation on the absorbent vessels.

The constitutional and local symptoms of ulceration.

Its principal causes.

The direction it generally takes.

Its extreme rapidity when compared with the power of restoration.

How it is cured and how to guard against its return.

Parts of most living powers most readily affected.

The use of abstraction.

OF ANEURISMS.

The mode of their formation.

of the Journal of the

Journal of the Journal of the

Journal of the

LECTURE VI. ON ULCERATION.

Definition of ulceration. *absorption of any p*

Effect of inflammation on the absorbent vessels.

The constitutional and local symptoms of ulceration.

Its principal causes. *pressure water to*
accumulated

The direction it generally takes.

Its extreme rapidity when compared with the powers of restoration.

New formed parts most liable to yield to its influence.

Parts of weak living powers most readily ulcerate. *from the want of blood from*
more disposed to take place than in

The uses of ulceration. *rarely ulcerate*
typical matter is the means
of removing matter as separate
a body.

OF ABSCESSSES.

The mode of their formation. *when inflammation*
is in the blood the matter is
in the blood

The *danger* with which they are attended.

Abscesses *acute or chronic* ; *healthy or unhealthy*.

Their *constitutional* treatment.

Their *local* treatment.

The *cause* of the *constitutional irritation* which follows the *opening* of an abscess.

LECTURE VII.

ON GRANULATION.

The second mode of union.

The mode in which ulcers and wounds are healed.

Formation of granulations explained.

Their quantity.

— availability.

— ready resorption.

ON CONTRACTURE.

When and how it is produced.

Its degree of variability.

Its subsequent contraction, producing deformity.

Contracture affected by the form of ulcer, and their situation.

Prevention of parts by ulcers and granulation.

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1871

LECTURE VII.

ON GRANULATION.

The second mode of union.

The mode in which abscesses and wounds are healed.

Formation of granulations explained.

Their *vascularity*.

—— sensibility.

—— ready inosculation.

ON CICATRIZATION.

New skin; in what manner produced.

Its degree of *vascularity*.

Its subsequent contraction, producing deformity.

Cicatrization affected by the form of ulcers; and their situation.

Reproduction of parts by adhesion and granulation.

OF ULCERS.

Appearance when healthy.

Principles by which their treatment is to be guided.

LECTURE VIII.

UNHEALTHY STATE OF ULCERS.

Granulations too prominent.

..... Empyem.

Ulcers infected.

Gangrenous ulcer.

Irritable state of ulcer.

Ulcers slow.

Ulcers from extraneous bodies.

The chronic carbuncle.

The mercurial ulcer.

Ulcers from various veins.

The cancerous ulcer.

Cancerous ulcerations.

smaller narrow footed some distance causing
great pain an early opening is the best way
can

25

ARTICLE 10

ARTICLE 11

ARTICLE 12

ARTICLE 13

ARTICLE 14

ARTICLE 15

patient to be freely purged Colo. Ent. (also
before a sore becomes fungus this is essential
to prevent the sore becoming black all doctors
is stopped treatment is to apply Nitric Acid
or to a large. By Opium & Ammonia which
is most painful otherwise a visit to a doctor
is very often not an inflammation of the gland
very unequal. Pus. mixed with blood -
Colony & Opium. Local. Very Hydrated in the
Exfoliation is urgent. Mucous Membrane to not Open
Nails frequently grows so large or cut over
that it makes pressure on the skin & fungus
is formed from the blood.
Nail becoming black produces a blue
beneath it this is a disease of the gland
from whence the nail is produced.
Attention to the tongue. - By taking
a Calomel - Colon & Opium. a Blister

Case of Lactating Cambge -
Slight x x the other side 3rd. Inf. Same
stimulating treatment

Very firm but with very greatly produced
sore in tubule

LECTURE VIII.

UNHEALTHY STATE OF ULCERS.

Granulations too *prominent*.

————— *languid*.

Ulcers inflamed.

Gangrenous ulcer.

Irritable state of ulcers.

Sinuuous ulcer.

Ulcers from extraneous bodies.

The chronic carbuncle.

The menstrual ulcer.

Ulcers from varicose veins.

The œdematous ulcer.

Cutaneous ulcerations.

State of the edges impeding the healing of ulcers:

Edges callous;

—— everted;

—— inverted.

Malignant ulcers hereafter described.

*Soe from joint, secretion in the joint
wall of bone is produced between the*

*Wound / Bone
1. first is a Inflamed state called too
as soon as healthy granulation is
apply. I use Hyd. M. & when the
granulations are even with the skin
the adhesive plaster*

LECTURE III.

verruca

mounted edge. a Solarized Solution of the
volume of silver 1.5 per cent & surface
the yellow of the the by colors & color

Produced by two degrees of contact

Symptoms preceding it in its different stages

The different periods explained

State of the body and of the part which pre-
disposes to it.

In occasional cases.

Dissection of the part prior to and during the
the state of gangrene.

TREATMENT.

Preventing its extension when threatened

The mercurial cure - by the sublimation of
mist here in my book 37 for the

Prevention of its extension by the use of
the

Treatment during the different periods

Preparation for the cure by the use of

the use of the

Inflammation sometimes produces death
to the part -

It is sometimes the effect of very high temp
d sometimes of a low exhalant

excessive irritation produced by Gen
tars - large white Pulsar given
The stomach becomes disordered & heaving

A coagulum in the blood vessels extrudes
of serum into the surrounding parts -

Prevents the power of the system being
exhausted by excessive action by
Bloodletting - or Leeches - gentle Purgatives -
Opium with Mist. Camph.
Local treatment - Fomentations & Poultices -
when gangrene has taken place - Acid. Nitric
gt. L. to Oij Aqua - or S. S. - Port Wine
State Beer Poultices - Internal medicine -
Ammonia & Opium - Gangrene arising from
cold apply S. S. Camphor
The amputation should be performed when

LECTURE IX.

SPHACELUS, GANGRENE, OR
MORTIFICATION.

Gangrene defined.

Produced by two degrees of action.

Symptoms preceding it in its different states.

The *sloughing* process explained.

State of the body and of the part which predisposes to it.

Its occasional cause.

Dissection of the part prior to and during the state of gangrene.

TREATMENT.

Preventing its occurrence when threatened by high degrees of inflammation.

Constitutional and local means.

Prevention when threatened by low degrees of action.

Treatment during the sloughing process.

Amputation for gangrene considered.

Gangrene in old persons.

CARBUNCLE.

Its *nature* explained.

The *degree* of *danger* attending it.

Its *treatment*.

BOILS.

ON ERYSIPELAS.

Of two kinds.

Its characteristic symptoms.

Reason of its great extent.

Occurs at particular seasons.

Its causes.

Dissection of it.

Does it ever suppurate?

Its danger in certain situations.

TREATMENT.

Local ; no relaxing applications.

Constitutional.

Is there any specific remedy for this disease?

SECTION 7

POURRIE OF THE BRAIN

Examination of the morbid appearance of the
brain and spinal marrow
Symptoms produced by violence done to the
brain

The cases which give rise to this morbid condition

Extensive inflammation of the brain
sometimes begins as fever
Inflammation of Erys. exceedingly florid
eruptions containing a flimsy yellow
pus
Great Pain.

Erysipelas is more common on the face
than any other part of the body

very seldom suppurates when it
attacks the cellular tissue
In severe occasions in the face the body is
indisposed, danger for Erysipelas
This also the effect of particular seasons
cold damp.

as when the brain is
lig. common cause. For. Wagner with
3d. McPherson. under Cal. at Antioch
tetter. The strength after you
have restored the eruptions

Brain & Nerves support the Volun-
tary & Sensation
The Involuntary are supported by the
Great Sympathetic

Violence vomiting is the first symptom
The bowels costive Voluntary motion
diminished Faces passing involuntary
urine sometimes retained Breathing
slow irregular sometimes stertorous
The Pulse sometimes very slow full
irregular The Carotid Arteries are greatly
very violent, Pupils - very much
dilated Sometimes one side as if life
a discharge of blood from the Ears is
a dangerous symptom

Muscles very much impaired
Concussion Vomiting loss of sensation
& motion in part or less degree
Symptoms of Coma & Coma diff.

Pulse from 70 to 80 in a minute
breathing quite free - This is Coma
when the Patient is raised in his bed
you find the Pulse from 100 to 120

This is a case of Pure Coma from
the want of a proper Stimulus. Stun-
ning seldom happens the eyes have a
curse of Pure Coma from

Effusion of blood in the Brain is
found in Pure Coma from
Brain is generally lacerated &
blood extravasated

Treatment Great object is to relieve
object is to relieve inflammation -
largest quantity that has been taken in
about 20 ounces of blood in 48 days
when you find the Pulse becoming quick

LECTURE X.

INJURIES OF THE BRAIN.

Enumeration of the functions supported by the brain and spinal marrow.

Symptoms produced by violence done to the brain.

The causes which give rise to these symptoms.

Concussion.

Its usual symptoms.

Its discriminating marks.

Appearances upon dissection.

Treatment of concussion.

Principal object is to prevent inflammation.

Depletion carried to a great extent.

Emetics ; their effect.

Counter irritation.

Mental excitement and all stimulants to be avoided.

Trephining ; its danger ; its inutility in concussion.

Remote consequences of concussion.

Their treatment.

Concussion in children ; how treated.

*very careful. They do not
 Secures to temples & apply
 vein
 Mages & Secures*

It is better to wait till reaction takes place than take away blood -
In addition to bleeding it is necessary to
keep fully. Calomel given in large
doses. Arsenic is the best. Sanguifer-
um should never be given in
cases of the brain

metris will often restore the mental
faculties. Blood being sent to the brain
on must be given. Give a pint of some
other liquor. It is connected with cerebral
arterial circulation is only to be hindered
when inflammation is going on in
the brain. If they do anything only
advice. Must be careful

great weight. Small doses of Mercurius
is the most efficacious. Hydr. subm. C.
promote the secretion of the
rather is a more effective. The first you
will receive considerable relief -

Nothing in connection of disease
than in the beginning or in the protracted
stage of the disease

Source of origin of the disease

Single or compound

Time when taken

Duration of the disease

Character

Progress

In Compu, the heart & respiration
are affected -
Slow laboured apoplectic the
Pulse slow with considerable force
irregular bounding more or less
than compe

Causes are three 1. Symp as a body of

2. Diffusion of bone

3 - Dislocation of the bone in consequence of

Extravasation symptoms the lower extremities

out gradually - in an hour. Patient

complains severe pain in his back

Pale. These symptoms means will be

becomes comatose

Extravasation is sometimes connected

with concussion

Treatment - without any fracture

or any appearance of joint injury

all that you can do is to bleed

I purge the Patient

If dislocation with fracture it is up

to apply the Traction

Sometimes only become important

in consequence of their extent or

from extravasation

when they become extensive cause

effusion on the surface -

Fractures are simple or compound

simple are attended with very

little danger in themselves but

compound are very dangerous &

you ought to be very careful

fracture frequently takes place

in the bones of the upper arm &

a attended with considerable

LECTURE XI.

COMPRESSION OF THE BRAIN.

From *extravasation* of *blood*.

Its symptoms.

Appearances on dissection.

Treatment of *extravasation*.

Trephining, its use considered.

FRACTURES OF THE SKULL

Produce no immediate symptoms of injury to the brain, unless accompanied by extravasation, concussion, or depression of bone.

Sometimes followed by inflammation.

Simple or *compound*.

Their union shewn.

Fractures at the basis of the skull.

Dissection.

Their treatment.

FRACTURES, WITH DEPRESSION OF THE SKULL.

Their immediate effects depending on the degree of depression.

Experiments.

Fractures with depression are *simple* or *compound*.

Various specimens shewn.

The *treatment* which they require.

Healed by nature

...dry largely
action thro. the orbit

produce the same symptoms as from
thrombosis of blood
supper make later place on the
external table of the skull which
corresponds depression of the
tumor by driven in or the displace-
ment fracture will depend on taking the
above the frontal sinus and are
simple with symptoms of injury to
brain or not - but men will
offer

fracture simple no wound -
no symptoms - injury to
skull - Purgative - no inflammation
simple fracture
take away blood. Purgative freely
vaporize. So long as this does
not succeed then make your
incision - elevate the bone
from home without injury
best to suppurate cause the
bone to be blue -
come to work - injury, or
then nobody well done

Wound does not produce any symptoms
of derangement of mind immediately
but in a few days inflammation is
produced which endangers the Patient's life
Wounds sometimes destroy by producing
a fungus - which is the effect of
inflammation.

Treatment When you find the fungus
arise, dip a piece of lint in
lime water & lay it over the fungus
which is to be brought even with the
skull. Then adhesive plaster & a
double hermetic roller.

Inflam and Swellin - of the Brain
A few days after injury there is a tendency
to suppurate. Patients in day or two
complain of great pain who feel
Pain & very full & uncomfortable. The
carotid arteries beating with great
force & sometimes occasionally
flushed fever rigors & heat.
The wound loses its redness & becomes
glazey & bloody discharge & sometimes
no discharge. a erythematous state
of the scalp.

Time from seven to ten days
is the average time that matter
is formed on the Brain
Treatment.

Active Depletion local.
When the wound looks glazey & no drain
then a Poultice is to be applied to
the head. The Temporal artery or
the External Jugular vein
a large blister to the head.

LECTURE XII.

WOUNDS OF THE BRAIN.

Their effects on the cerebral functions.

Fungus arising from the brain.

Its treatment.

INFLAMMATION AND SUPPURATION OF
THE BRAIN.

Symptoms of these states.

The *time* at which they *supervene*.

Appearances on *dissection*, shewing the various
seats of suppuration.

Treatment required to prevent the occurrence
of inflammation after injuries; and to sub-
due it when present.

When matter is formed, is the operation of tre-
phining required, and to what extent should
it be carried.

Operation of trephining.

Instruments required.

Much simplified of late years.

Its use. Its danger.

The parts of the skull to be avoided in the operation.

Treatment after the operation.

INJURIES OF THE SCALP.

Their danger.

INJURIES OF THE SPINE.

Concussion of the medulla spinalis.

Extravasation upon it.

Fracture with depression.

LECTURE XIII

outline of the part. All granular
the same

cases of the scalp ex parte cut above the
labon Supscilans. when the head of
Occipito Frontalis is wounded the
artery becomes greater
away from the brain leading up to
inflamed part for it is not the
nature of Symplicus for it is
situated by depletion & Evacu-
tions

is liable to coarction from
one flows
some pinches. Cupping & in
re or four days. blisters
extraction of blood sometimes takes
from a fracture
re Extractions produce a gradual
aligns of the lower limbs
arture with depression

containing blood which communicates
with the interior of an artery

This either external or internal
three states of aneurism

When it is first formed it has a very
strong pulsatory motion

When you press upon the artery
leading to the aneurism it immediately
sinks so as to produce a hollow then
as soon as the pressure has been taken
off the aneurismal sack is again filled

They are not painful & do not
interrupt the motion of the
member - sometimes giving the
sensation of cramp in his limbs

2nd Stage It becomes quite solid
the pulsation much less distinct
the limb at this time is apt to swell
and a good deal of pain is produced
from the pressure of the aneurism
the surrounding parts are discoloured

3rd State The aneurism of very great size
has a very indistinct pulsation
the skin over the most prominent part
becomes of a dark red colour -
in a week an abscess is formed which soon
breaks & a small quantity of blood is
effused by external bleeding
By local aneurism are also produced
death by sloughing

Internal aneurism is more difficult
of discrimination
Internal aneurisms burst and destroy
immediately

LECTURE XIII.

ON ANEURISM.

Aneurism defined.

Divided into *external* and *internal* aneurism.

Symptoms of the external.

———— divided into *three stages*.

Symptoms of internal aneurisms ; thoracic, abdominal, pelvic, cerebral.

A general or partial *disposition* in *arteries* to their production.

Greatest *number* in the same individual.

The *age* at which they most frequently occur.

The *sex* most liable to them.

Their *discriminating marks*.

Their mode of formation.

The appearances which they exhibit on dissection.

The causes of aneurism.

Its spontaneous cure.

The medical and dietetic treatment of the patient, and its results.

Dissection of the Aneurism. Pollock's
its seat
Brone from Carotid Aneurism.
tell the patient to swallow the
Deposition Skin forms a part of
 the aneurismal sac of the artery has
 not reached the skin the Muscles.
 then form the sac. When you open
 the A. Sac you find numerous
 layers of coagulated blood
 formation when it begins the artery
 becomes slightly inflamed when
 the artery is cut the blood is
 absorbed & will not be in the
 force of the heart the aneurism
 aneurism is not only produced
 by the absorption of an artery but
 sometimes from the bursting of
 an artery.
Spontaneous Cure common in
 Blood taking its course by various vessels
 aneurism sometimes becomes
 stationary.

neurisms are very common in the carotids. They generally cause a swelling on the right side of the chest.

rupture of the Aorta sometimes happens low in the trunk, allowing into it.

neurism is every now & then found superficially, Aorta appearing under the skin.

neurisms within the chest sometimes press upon the trachea & suffocate the patient without bursting.

Idiopathic Aneurysm produces vomiting for the tumor acting upon the stomach found upon the Esophagus & Aorta. It has been mistaken for a lumbar abscess.

Large Aneurysm that are produced from the Esophagus & Aorta.

It is also found in the lungs & other organs.

Idiopathic Aneurysm.

Position of Aneurysm - if it is situated opposite a joint it is generally simple & not accompanied with any aneurysm in any other part of the body. An Aneurysm have been found in one body without a Popliteal Aneurysm. I am over 40 years of age.

Age for Aneurysm is from 30 to 50 years of age. The youngest eleven.

Gender - Aneurysm is more common in men than in women. An Aneurysm is the average treatment.

Source: ...

THE ...

The ...

The ...

The ...

The ...

The ...

The ...

The ...

The ...

LECTURE XIV.

ON THE OPERATION FOR ANEURISM.

The *old operation* described.

The *new mode* of operating, as suggested and practised by *Mr. Hunter*.

Its *principle*.

Deviations from *Mr. Hunter's* mode of operating; their result.

Different kinds of *ligature*.

Steps of the operation shewn on the *dead body*.

The *after-treatment* which is required.

Period at which the *ligature* separates.

The *effects* produced by the operation.

The operation shewn on the different *accessible*
arteries of the body.

Treatment of the *lacerated* and *wounded* artery,
by *pressure* or *operation*.

ON THE OPERATION FOR ANEURISM.



The old operation described.

The new mode of operating, as suggested and

practised by Mr. Hunter.

Its progress described.
Its principle.

Varities met with in this disease.
Deviations from Mr. Hunter's mode of operating;
Characters which distinguish it from other

diseases in the same part.

Different kinds of ligature.
The causes of hydrocephalus.

Steps of the operation shewn on the dead body.

The operation of ligature on the artery when con-
nected with a morbid state of constitution.

Period at which the ligature separates.
Its permanent treatment by tapping.

The artery retracted by the operation.

LECTURE XV.

OF HYDROCELE.

The disease defined.

Symptoms in which it is distinguished.

Hydrocele of the tunica vaginalis distinguished.

Its progress described.

Varicocele distinguished from this disease.

Structure which distinguishes it from other
tumours of the scrotum.

The causes of Hydrocele.

Its natural cure.

The medical treatment of Hydrocele, and
its connection with a general state of constitution.

Its surgical treatment by tapping.

Mode of performing the operation.

This is an accumulation of fluid in the
Furca vaginalis testis & also in the
Furca vaginalis & Spermatheca

The Furca of Furca vaginalis at the Sperma-
theca becomes united at a very early period.
In the first stage of the disease the testis
can be felt thro' the coats
when the swelling has much increased
the testis is not so early perceived.

Hydrocele is entirely unattended with Pain
sometimes proceeds from inflammation
then it is accompanied with Pain.

This transparent generally what may be
observed by darkening the room & exam-
ing it with a Candle.

The fluctuation of Hydroc. is very distinct
felt.

The fluid is pure Serum - yellow &
transparent. Coag. by Heat. & Alcohol.

Swelling is generally pyriform but
when it is very large it forms a double
swelling.

Hydrocele sometimes communicates with
the cavity of the thymus the testis can
be placed the Patient in the recumbent
Position. An operation in the young
man or is not required but it is
cured by the application of a cup
Hydrocele is sometimes formed in the bag.

The Testicle is sometimes considerably enlarged
in this disease
sometimes or the fore part from inflam-
mation. Furca vaginalis sometimes becomes very
thickened it has been found of a
sometimes contains blood.

LECTURE XV.

ON HYDROCELE.

The disease defined.

Different situations in which it is found.

Hydrocele of the tunica vaginalis testis.

Its progress described.

Varieties met with in this disease.

Characters which distinguish it from other diseases in the scrotum. *pear shape, lightness, transparency, mobility*

The causes of hydrocele. *from an increased secretion or inflammation - latter cured by blisters, pills and lotions of muri-ammoniac*

Its natural cure. *very rare*

The medical treatment of hydrocele when connected with a morbid state of constitution.

Its *palliative* treatment by *tapping*. *in old persons*

Mode of performing the operation. *2^d downwards, directing Trocar upwards & backwards*

Instruments required.

Effects of the operation.

Its danger in some cases.

The form of Hamafoecia is the same as Hydromedusa. It differs from a jelly - 1. Heavy Rim by its not having a rim. It is the usual type of flow on Hydromedusa.

about the Palmaria

more the water

Trachea is to be prepared in these operations
others of the length of the swelling
wards is the place to introduce
instrument. About half a year too you
in one under the necessity of repeating the
operation of the fluid forms very
much you will give to the Palmaria
one medicines than are used in
other

to Operation sometimes proper future

Preparation by Caustic will now and then prove
destructive to life

Especially cutting down upon the human body
discharging the fluid & cutting the tissue
away on each side a very dangerous operation
and now never employed

Incision has lately been very generally
performed - the incision is made from
the upper to the lower part of the tumor
vaginosis Hunter applies a Poultice over
the wound - Flies & punctures in the wound -
this operation is found to destroy life from
the Patient not being able to tolerate the
disputative process -

Injection Sir James Earle

Fluid Finer Salph 3j Aggr. Oj -
move Two thirds of the length of the swelling
downwards when the trochanter has been introduced
a bout an inch withdrawn & press the trochanter
onwards
the fluid is removed in about five minutes
regularly according to the mutability of the
patient
The Patient does not feel much pain after
the must take exercise 1st day

LECTURE XVI.

ON THE CURE OF HYDROCELE.

Principles of cure,

_____by absorption.

_____adhesion.

_____granulation.

Absorption in the young.

Adhesion generally produced by tent; by seton;
by injections.Granulation produced by incision; by caustic;
by excision.

Various modes of operating described.

The *Three* now occasionally employed.Seton; in what cases employed; how to be in-
troduced.Incision; method adopted to insure its suc-
cess.

Injection.

Apparatus required. *Elastic Bottle with stopcock*Fluid injected. *Solution of Iodine*Mode of performing the operation. *Inject 100 grs of Iodine & water q.s.*Time required. *depending upon patient's feelings*

After-treatment.

*Attention from day to day that the
inflammation is sufficient to
be removed by excision when necessary. Some
patients will not allow of this.*

HYDROCELE OF THE SPERMATIC CHORD.

Its symptoms.

Diagnosis.

Treatment.

ENCYSTED HYDROCELE.

Its seats.

Its treatment.

is the most difficult to distinguish
begins above the umbilical ring as the
testis inguinal it appears below the Abdomin
another by the aid of a Candle you
discover the transparency. The
almen is a simple incision so after
an - spontaneous entreat or a surgeon
need.

Hydroceles, sometimes attain
very large size.

THE SCHIRROUS TESTICLE

REIGN OF KING CHARLES THE FIRST

IN THE YEAR 1649

BY JOHN BURNET

OF THE UNIVERSITY OF OXFORD

IN TWO VOLUMES

LONDON, 1704

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

IN THE YEAR 1649

BY JOHN BURNET

OF THE UNIVERSITY OF OXFORD

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LONDON, 1704

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IN TWO VOLUMES

LONDON, 1704

LECTURE XVII.

DISEASES OF THE TESTICLE, RENDERING
ITS REMOVAL NECESSARY.*Hydatid or Encysted Testicle.**Its character and progress.**The age at which it occurs.**Its appearance on dissection.**Its distinguishing marks.**Operation for its removal.**Result of the operation for this disease.**True hydatid enlargement of the testis.*

THE SCHIRROUS TESTICLE.

*A disease of rare occurrence.**Its progress and termination.**The age at which this disease affects the testicle.**Its appearance on dissection.**Operation for its removal.*

Result of the operation. *very apt to return more so*

Its danger in protracted cases.

THE FUNGOUS DISEASE OF THE TESTIS.

A disease of frequent occurrence.

The *age* at which it most commonly appears. *in the young*

The *symptoms* which accompany its progress.

Its *rapid* increase.

External character. *hardness of scrotum*

The *appearances* presented by the testis and
other parts of the body on *dissection*.

Operation.

Its *result*.

THE SCHIRROUS TESTICLE.

A disease of rare occurrence.

Its progress and termination.

The age at which this disease affects the testicle.

Its appearance on dissection.

Operation for its removal.

Result of a testicle affected with this disease.

LECTURE XVIII.

DISEASES OF THE TESTIS CONTINUED.

Chronic inflammation of the organ.

Its symptoms and progress.

Its appropriate process frequently continuing.

Granulating tumor from its surface.

Its cause.

Its treatment; is generally to be subdued.

Treatment of the granulating swelling.

Removal of the testis; in what cases it is required.

THE IRRITABLE TESTIS.

Its symptoms.

Treatment of this disease.

Structure of a testicle affected with this disease.

of the operation. The patient is placed in the lithotomy position, and the perineum is incised.

THE PERICULOUS DISEASE OF THE TESTIS.

A disease of frequent occurrence.

The age at which it most commonly appears.

The symptoms which accompany its progress.

The treatment which it requires.

The prognosis which it presents.

The operation which is performed.

The result of the operation.

The duration of the disease.

The nature of the disease.

The mode of cure.

The effect of the cure.

The time of cure.

The place of cure.

The cost of cure.

The danger of cure.

The benefit of cure.

The result of cure.

The conclusion of cure.

LECTURE XVIII.

DISEASES OF THE TESTIS CONTINUED.

Chronic inflammation of the organ.

Its symptoms and progress. *often arises from abuse of mercury. often
connected with Stricture*

A suppurative process frequently ensuing.

Granulating tumor from its surface.

Its causes. *Mercury, Stricture*

Its treatment; is generally to be subdued. *absolute rest. unimpaired
position. Mercury the best
remedy. diminishing lob.*

Treatment of the granulating swelling. *prepare escharotic, remove
by knife.*

*Removal of the testis; in what cases it is re-
quired.* *when very large*

THE IRRITABLE TESTIS.

Its symptoms.

Cause of this disease. *abuse or want of use -*

Dissection of a testicle affected with this disease.

Cases in which its removal has been required.

Castration.

Steps of the operation.

After-treatment.

LECTURE XIX

Make first incision the whole length of scrotum to prevent the accumulation of matter - lay bare spermatic cord completely at the ring - put a ligature round the vessels (drawing out the vas deferens) to prevent retraction of cord into inguinal canal - The spermatic artery & that of the deferens will require ligatures.

The age at which it most frequently takes place.

Its situation in the scrotum.

The characteristic marks of the disease.

Its treatment when there is a large single cyst.

Its removal by operation.

The mode of its removal.

The true hydatid enlargement of the breast.

OF THE HYDROID BREAST.

Its great frequency.

The symptoms in its different or suppurative, and ulcerative stages.

The progress from the breast.

The influence on the adjacent glands.

It frequently displays a general disposition to the disease.

the tumor grows without Pain uniform
to surface at first and grows it is covered
or Cysts contains fluid. In this state it
remains till one of them begins to suppurate
then suppuration has commenced a small sinus is
formed which discharges
The mode of dying results is from fluctuation
no Pain & the health not becoming affected

Stegomyia in a tumor extending by hard
nodule situated on the glandular substance
at first unattended with Pain Skin colored

Tubercles on the Lungs

Tubercular structure of the Liver

LECTURE XIX.

ON DISEASES OF THE BREAST.

The *hydatid* or *encysted* state of the breast.

Its *symptoms*.

The *age* at which it most frequently takes place.

Its appearance on *dissection*.

The characteristic marks of the disease.

Its treatment when there is a large single cyst.

Its removal by operation.

The result of its removal.

The *true hydatid* enlargement of the breast.

 OF THE SCHIRROUS BREAST.

Its great *frequency*.

Its symptoms in its *attempts* at the *adhesive*, suppurative, and ulcerative stages.

Its *progress* from the breast.

Its influence on the *absorbent glands*.

Dissection frequently displays a general disposition to the disease.

State of the *menstrual discharge*; its influence in producing it.

Single and barren women most susceptible of it.

It occurs in persons of the *same family*.

Age at which it most frequently appears.

It is often the result of blows in *peculiar states* of constitution.

Its cause.

LECTURE XX.

OF DISEASES OF THE BREAST
CONTINUED.

Age is various. I have never seen one under
years of age. Commonly from 30 to 50.



LECTURE XX.

ON DISEASES OF THE BREAST CONTINUED.

The *medical* and *dietetic* treatment of persons labouring under schirrus.

Influence of *climate* on this disease.

Local treatment.

produces no change in the

Operation for its removal.

Result of the operation.

OF THE FUNGOUS DISEASE.

Its symptoms.

Its attempts at adhesion, suppuration, and ulceration.

Found to contain *cysts* from which a fungous projection grows.

Its discriminating character.

Dissection of the diseased part, and of the body.

Operation of removal; its result.

OF THE CHRONIC ENLARGEMENT OF THE BREAST.

Symptoms in its three stages.

Its cause.

Dissection of the part.

Operation for it; when required.

OF THE ADIPOSE TUMOR.

Remarkable case of one in the breast.

OF THE IRRITABLE TUMOR OF THE BREAST.

Its symptoms.

The *age* at which it occurs.

Its cause.

The treatment which it requires; with its result.

OF THE LACTEAL TUMOR.

Its appearance and progress.

Its cause.

The treatment required.

OF CARCINOMA IN THE NIPPLE OF MAN.

Its symptoms.

Operation of removing the breast described.

Its danger considered.

*areolar tumour in Mary's girls -
Amplart. annuon: Hydray.
removed in 6 weeks -*

Distinction by age, health of patient - lobulated dispersed ful.
Unobscured treatment unobscured.

LECTURE XXI.

ON LITHOTOMY.

Calculus are found in four different situations in
the urinary organs.

In the kidney.

In the ureter.

They are always to remove them.

Discussion of several cases.

Their effects on the kidney shown.

Their medical treatment.

Comparison of medical and surgical.

Benefits of doubtful advantage.

Symptoms which they produce in the canal.

Effects of the calculus in the bladder.

comes on during lactation.

Cold lotions (astringent) - then incision and introduction of sponge tent

to the bladder.

Effects produced by the calculus.

Character of stone in the bladder.

Effects of calculus in the bladder in producing

other diseases.

Structure of calculus.

OF THE CHRONIC ENLARGEMENT OF
THE THYROID GLAND.

Symptoms of this disease are
as follows.

1. A swelling of the gland
which is not accompanied by any
pain or tenderness.

OF THE ACUTE TUMOR

Which is also known as the tumor.

OF THE INFLAMMATORY TUMOR OF THE
THYROID GLAND.

Symptoms

The tumor is usually of the size of a walnut.

It is hard.

The tumor is usually accompanied by a
fever.

OF THE TUBERCULAR TUMOR

Which is also known as the tumor.

It is hard.

The tumor is usually of the size of a walnut.

OF THE CALCULOUS TUMOR OF THE THYROID GLAND.

Symptoms of this disease are as follows.

1. A swelling of the gland which is not accompanied by any pain or tenderness.

2. A hardening of the gland.

LECTURE XXI.

ON LITHOTOMY.

Calculi are found in four different situations in the urinary organs.

In the *Kidney*.

The symptoms detailed.

Nature's attempts to remove them.

Dissection of several cases.

Their effects on the kidney shewn.

Their medical treatment.

Occasional relief from surgery.

In the *Ureter*.

Symptoms which they produce in this canal.

Dissection of three cases of this disease.

Natural modes of relief.

In the *Bladder*.

Symptoms produced by the calculi.

Discriminating character of stone in the bladder.

Effects of calculus in the bladder in producing other disease.

Structure of calculi.

Their nuclei.

The *size* they acquire.

Their *number* in one individual.

Their *form*.

Composition of calculi according to

Dr. Wollaston, Dr. Marcett, Dr. Prout, and
Mr. Brande.

Their medical treatment.

The natural modes of relief.

LECTURE XXII.

OPERATION OF LITHOTOMY.

General Health previously considered.

Inquiry made as to the existence of other local disease.

The age of the person & its influence on the success of the operation.

The degree of success in this operation.

Circumstances which most conduce to prevent its success.

Instrument required.

Form of stone most calculated to cause success.

The mode of the operation shown on the third body.

Difficulties in the operation from a large calculus.

A narrow neck.

A hard stone.

Stricture.

Irregular contractions of the bladder.

Excessive sensibility.

Enlarged prostate gland.

Their names.

The size they require.

Their number is one individual.

Their form, position, and use.

Composition of colour according to

Dr. Wallaston, Dr. Marcott, Dr. Prout, and
Mr. Braude.

two in 15

Their medical treatment.

Never operate if there be the slightest affection about the chest
ridges, sound, staff with deep groove, scalpel. forget Kristina cachée

LECTURE XXII.

OPERATION OF LITHOTOMY.

General *Health* previously considered.

Inquiry made as to the existence of other *local* disease.

The *age* of the person ; its influence on the success of the operation.

The degree of success in this operation.

Circumstances which most conduce to prevent its success.

Instruments required.

Form of these most calculated to ensure success.

The steps of the operation shewn on the dead body.

Difficulties in the operation from a large calculus ;

A narrow pelvis ;

A soft stone ;

Sacculi ;

Irregular contractions of the bladder ;

Numerous calculi ;

Enlarged prostate gland.



After-treatment of the patient.

Danger after the operation.

Time of recovery.

Operation above the pubes.

STONE IN THE URETHRA.

In *three* situations.

The treatment required in each of these.

Operation for their extraction.

LECTURE XXIII.

CALCULI IN THE PROSTATE GLAND.

They are of two kinds.

The symptoms they produce.

Dissection of those who die of this disease.

Operation required.

CALCULI IN THE UTERUS.

Less frequent than in males.

Symptoms.

Change in their situation.

Complications produced by females in regard to this disease.

Effect of large size upon by natural efforts.

Operations used in them.

Operation by dilatation.

Operation by lithotomy.

Other operations.

The value of measurements of urine after the operation.

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LECTURE XXIII.

CALCULI IN THE PROSTATE GLAND.

They are of *two* kinds.

The symptoms they produce.

Dissection of those who die of this disease.

Operation required.

CALCULUS IN THE FEMALE.

Less frequent than in males.

Symptoms.

Variety in their situations.

Deceptions practised by females in regard to this disease.

Calculi of *large* size pass by natural efforts.

Injections used for them.

Operation by dilatation.

———— of *lithotomy*.

After-treatment.

Prevention of incontinence of urine after the operation.

CALCULI IN THE SUBMAXILLARY DUCT.

Symptoms produced by them.

Mode of operating for their removal.

LECTURE XXIV.

RETENTION OF URINE.

In cases of retention of urine, the patient is usually found in a state of great distress, and the urine is retained in the bladder for a considerable period of time.

CAUSES OF RETENTION.

The causes of retention of urine are, 1st, mechanical obstruction of the urethra; 2nd, spasm of the urethral muscles; 3rd, inflammation of the bladder; 4th, paralysis of the bladder; 5th, disease of the prostate gland.

OPERATION BY THE RECTUM.

The operation of the prostate part of the bladder is performed by the rectum, and is a very dangerous operation. It is performed by the rectum, and is a very dangerous operation. It is performed by the rectum, and is a very dangerous operation.

CALCULI IN THE URINARY PASSAGES.

Symptoms produced by them.

Means of their removal.

we should not on any account admit the ^{prose} ~~prose~~ doctrine
 in relation to the calculus irritates less than a stone does -

LECTURE XXIV.

RETENTION OF URINE.

Its causes stated.

Its treatment considered hereafter.

Operations to relieve this complaint.

ABOVE THE PUBES.

Anatomy of the parts.

Mode of performing the operation shewn.

Easy of execution.

After-treatment.

Objections to this mode of operating.

OPERATION BY THE RECTUM.

The *anatomy* of the posterior part of the bladder described.

Mode of operating shewn.

The operation easily performed.

Objections to it.

THE OPERATION IN PERINÆO.

The *parts* to be *avoided* in this operation.

The *natural place* of relief.

Mode of operating shewn.

The *objections* which have been made to it.

The mode which I adopt.

RETENTION OF URINE IN THE FEMALE.

Causes.

Operation required for it.

prostate gland. Bulb. &c.

LECTURE XXV.

FISTULA IN ANO.

- Its nature.
- Causes producing it.
- Varieties of this disease.
- Medical treatment.
- Operation required.
- After-treatment of the patient described.
- Cure attempted sometimes by injections and by ligature.

PILES.

- The nature of piles.
- They are either internal or external.
- Symptoms to which they give rise.
- The diet & treatment which they require.
- Their medical treatment.
- The Operation required for their removal.
- Accidents which succeed piles.

PROLAPSE ANI.

- Its nature.
- Its treatment.

POLYPI OF THE NOSE.

- Definition of the term.

THE OPERATION IN FEMALES

The first is the removal of the operation.

The second is the removal of the operation.

The third is the removal of the operation.

The operation which have been made to it.

The operation which I adopt.

RESECTION OF UTERUS IN THE FEMALE

Causes.

Operation required for it.

First enlargement of Hemorrhoidal veins, then coagulation of their contents, and inf^{ty} - Caused by obstruction of veins from any cause.

- Prolapsum, inf^{ty} - great pain -
Astringent Lotions. Inf^{ty} - Galic.

LECTURE XXV.

FISTULA IN ANO.

Its nature.

Causes producing it.

Varieties of this disease.

Medical treatment.

Operation required.

After-treatment of the patient described.

Cure attempted sometimes by *injections* and by
ligature.

PILES.

The nature of *piles*.

They are either *external* or *internal*.

Symptoms to which they give rise.

The *local treatment* which they require.

Their *medical treatment*.

The *Operation* required for their *removal*.

Excrescences which succeed piles.

PROLAPSUS ANI.

Its cause.

Its treatment.

POLYPI OF THE NOSE.

Different species of these.

Common polypus. Its appearance and effects.

Its removal described.

Hydatid polypus.

Its character.

The treatment it requires.

The carcinomatous polypus.

Its distinguishing characters.

The age at which it occurs.

The fungous polypus.

Its symptoms.

The age at which it appears.

The result of its removal.

POLYPUS UTERI.

Symptoms which it produces.

Operation for its removal.

POLYPUS RECTI.

Its appearance described.

Its mode of removal by operation.

ENLARGED TONSIL GLANDS.

Their treatment.

Mode of removal.

LECTURE XXVI.

ON DROPSY OF THE ABDOMEN.

Of two kinds:

Peritoneal or ascites, and the encysted or ovarian.

Symptoms of ascites.

Nature of the fluid.

Causes. Interruption to the return of blood.

Local irritation. Increased secretion.

Operation of paracentesis.

OVARIAN DROPSY.

Its symptoms.

Signs distinguishing this disease from ascites.

Fluctuation often indistinct.

Solid tumors of the ovaries.

Various appearance of the fluid in ovarian dropsy.

Quantity of fluid usually found; and large collection in some cases.

Medical treatment of ovarian dropsy.

Ovarian cyst lacerated by accident.

Chloron polyoma. Its appearance and effects.
Its removal described.

Hydroly polyoma.

Its character.

The treatment is required.

The removal of polyoma.

In diagnosis of chloron.

The age at which it occurs.

The danger of polyoma.

Its removal.

The age at which it occurs.

The result of its removal.

CHLORON POLYOMA

Frequency with which it produces.

Caution in its removal.

HYDROLY POLYOMA

Its appearance and effects.

Its removal described.

CHLORON POLYOMA

The danger of polyoma.

Its removal.

LECTURE XXVI.

ON DROPSY OF THE ABDOMEN.

Of two kinds :

Peritoneal or *ascites*, and the *encysted* or *ovarian*.

Symptoms of ascites.

Nature of the fluid.

Causes. Interruption to the return of blood.

Local irritation. Increased secretion.

Operation of paracentesis.

 OVARIAN DROPSY.

Its symptoms.

Signs distinguishing this disease from ascites.

Fluctuation often indistinct.

Solid tumors of the ovarium.

Various appearance of the fluid in ovarian dropsy.

Quantity of fluid usually found, and large collection in some cases.

Medical treatment of ovarian dropsy.

Ovarian cyst burst by accident.

Operation not to be performed early.

Mistakes sometimes occurring in this disease.

Mode of operating explained.

Instruments required.

Patient's position.

The part at which it is best performed.

Sometimes successful in producing a cure.

Its repetition generally required.

OF EMPYRMA.

Collections of pus in the thorax are of two kinds,
general or partial.

Operation sometimes successfully performed in
these cases.

LECTURE XXVII

ON HARE-LIP

The different appearances described.

Connected with deficiency of the gum, bone, palate or uvula.

Operation required for it.

The age at which it should, and should not, be performed.

Steps of the operation.

Arterial bleeding.

Uvula projecting.

Work of repairing the fissures.

Result of the operation.

General result.

CANCER LABIÆ

The nature and seat of this disease.

Symptoms attending it.

Local applications.

Operation for its removal.

Result of the operation.

LECTURE XXVII.

ON HARE LIP.

Its different appearances described.

Connected with deficiency of the gum, bone,
palate or uvula.

Operation required for it.

The *age* at which it should, and should not, be
performed.

Steps of the operation.

Arterial bleeding.

Bone projecting.

Time of removing the ligatures.

Double hare lip.

Artificial palate.

 CANCER LABII.

The usual seat of this disease.

Symptoms attending it.

Local applications.

Operation for its removal.

Result of the operation.

TIC DOULOUREUX.

Description of the disease.

Its constitutional treatment.

Local applications which have been found to
be most useful in it.

Operation for it on the different accessible nerves.

Result of the operation.

AURA EPILEPTICA.

Operation for this disease.

FISTULA LACRYMALIS.

Nature of the disease.

Division into three stages.

Its causes.

Treatment necessary in each stage.

The medical treatment required.

The operation seldom successful in the very
young.

LECTURE XXVIII

ON CATARACT

This disease is either crystalline or opaque.

Symptoms of the crystalline cataract.

A decrease of the humor.

The different kinds of cataract.

Boundaries fixed.

The floating cataract described.

Cataract sometimes occurs in several portions
of the same humor.

Cataract sometimes occurs in several portions
of the same humor.

Causes of cataract.

The crystalline humor.

The vitreous humor.

The aqueous humor.

The choroid.

The iris.

The lens.

The pupil.

Operation of cataract.

proceed into acute & chronic
acute redness & whole tissue loss of
from the vessels being thrombosed
during the first part of the inflammation
there is an increase of flow of tears
production of cancer
during the inflammatory period under
change of temperature sudden change
from darkness to light
Chronic Suppuration of the vessels
sometimes beginning in debility
Treatment Conjunctivitis. It is a general
locally so as to not leave the eye and
the heart & refers even to fainting
teaches blood taken from the Temp. Ar.
is very beneficial. Paraffin is not used
Patients get great relief from
local treatment a large amount of bandaging
to exclude pain. In some cases
demonstration of Pops beads or hot
water with Opium - a Poultice of Camomile
in a bag - affords relief.
Sometimes cold is more congenial to the patient
Chronic Glaucoma - all bandages should be
kept off some advantage is washed
with Sublimated Mercury solution
or in Opium or hot Water or Opium.

Treatment necessary is not high
The eye is not to be
The eye is not to be

LECTURE XXVIII.

ON CATARACT.

This disease is either crystalline or capsular.

Symptoms of the crystalline cataract.

Appearance of the humor.

Its different states of solidity.

Sometimes fluid.

The *floating cataract* described.

Cataract sometimes occurs in several persons
of the same family.

Congenital cataract, accompanied with *deafness*,
case of.

Capsular Cataract.

Its distinguishing marks.

It often adheres to the iris.

Cause of cataract considered.

Operations for it.

Of Extraction.

Of Depression.

By Solution.

Operation of *extraction*.

Preparation required.

Instruments necessary.

Position of the patient.

_____ surgeon.

_____ assistant.

Humor fluid.

Capsule opake.

After-treatment of the patient.

Causes of failure in this operation.

_____ Knife passing between the laminae of the cornea.

_____ Opening too small.

_____ Iris wounded by the knife.

_____ Vitreous humor escaping.

_____ Iris torn.

_____ Flap of the cornea not uniting.

_____ The inflammation too great.

_____ Gutta serena following it.

LECTURE XXIX.

ON DEPRESSION OF THE CATARACT, OR COUCHING.

The instruments required.

The patient's and the surgeon's position.

The operation shewn.

The advantages of this operation.

The objections to it.

OPERATION BY INCISION.

Indications of success of the lens.

The position of the patient and the surgeon.

The incision which the cure is founded on.

The mode of performing the operation shewn.

The success of this operation.

The objections to it.

Comparative view of the three operations.

REMOVAL OF THE EYE.

The causes of Angina.

LECTURE XXIX.

ON DEPRESSION OF THE CATARACT, OR COUCHING.

The instruments required.

The patient's and the surgeon's position.

The operation shewn.

The advantages of this operation.

The objections to it.

OPERATION BY SOLUTION

Produces absorption of the lens.

Mr. Saunders.

The *principle* upon which the cure is founded.

Mode of performing the operation shewn.

The success of this operation.

Objections to it.

Comparative view of the *three* operations.

REMOVAL OF THE EYE.

For *cancer* or *fungus*.

Cancer in the eye, rare; more frequent in its appendages.

Fungus oculi.

Its symptoms.

Dissection.

The age at which it most frequently occurs.

Result of the operation.

The disease often appears in other parts.

The disease sometimes appears in the eye when removed from another part of the body.

LECTURE XXX.

ON AMPUTATION.

The circumstances considered which render it necessary.

Dangers of union by adhesion in this operation.

The degree of danger attending it.

The kind of tourniquet, and its application.

Mode of amputating the fingers, and toes at the joint.

Amputation of the nasal bone.

Amputation of the leg by the operation.

Amputation of the leg below the knee.

Amputation of the leg above the knee.

The removal of the limb at the hip-joint.

Amputation of the metacarpal bones.

Removal of the hand at the wrist-joint.

Amputation through the fore-arm.

The amputation of the arm above the elbow.

Diseased Joints, in this case the operation is more successful
when performed late. Compound Fractures

Result of the operation.

The disease often appears in other parts.

The disease sometimes appears in the eye when
removed from another part of the body.

4. hand's breadth below the Tubercle

0 - 2 ins above Patella to avoid the Bursa mucosa -

LECTURE XXX.

ON AMPUTATION.

The circumstances considered which render it necessary.

Advantages of union by adhesion in this operation.

The degree of danger attending it.

The kind of *tourniquet*, and its application.

Mode of amputating the fingers and toes at the different joints.

Amputation at the tarsal bones.

Removal of the leg by the flap operation. $\left\{ \begin{array}{l} \frac{2}{3} \text{ down one flap} \\ \frac{1}{3} \text{ down another} \end{array} \right.$

Amputation of the leg below the knee.

Removal of the leg above the knee.

The removal of the limb at the hip-joint.

Amputation of the metacarpal bones.

Removal of the hand at the wrist-joint.

Amputation through the fore-arm. $\frac{1}{3} \text{ down}$

The amputation of the arm above the elbow.

Amputation at the axilla.

Removal of the head of the os humeri from the glenoid cavity.

The vessels in each amputation required to be secured.

Mode of dressing the limb after each amputation.

LECTURE XXII

ON THE VERTEBRAL COLUMN

The structure of the vertebral column

Kind of bone

Intervertebral disc, four species of this disease

Of the ligaments of the vertebral column

Structure of the intervertebral disc

The upper and lower vertebrae

Origin and course of the vertebral arteries

The vertebrae and the sacrum

The ligaments with respect to the vertebral column and sacrum

The discus

The vertebrae of the thorax

The difference between the vertebrae of the thorax and those of the lumbar region, and the reason why the vertebrae of the thorax are so different from those of the lumbar region

The vertebrae of the cervical region

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LECTURE XXXI.

ON HERNIÆ.

The definition of hernia.

Kinds of herniæ.

Inguinal ; four species of this disease.

Of the *Oblique inguinal hernia*.

Structure of the inguinal canal.

Its upper and lower orifice.

Origin and course of this hernia.

Its coverings and its sac.

Its situation with respect to the spermatic cord
and testis.

Its dissection.

The varieties of this hernia.

The distinguishing marks of this disease from
others with which it is liable to be con-
founded

The diseases which sometimes accompany it.

The causes of hernia.

Its treatment in the reducible state.

Trusses.

The result of their employment.

LECTURE XXXII

IRREDUCIBLE HERNIA.

Causes which render it irreducible.

Its danger.

Treatment of the apparently irreducible hernia.

STRANGULATED HERNIA.

Its symptoms when strangulated.

Direction of the hernia and of the abdomen is
strangulated hernia.

Seat of the stricture.

The treatment of strangulated hernia.

Its reduction by the taxis.

Means to be employed if the taxis does not suc-
ceed.

The direct inguinal hernia.

Its course.

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LECTURE XXXII.

IRREDUCIBLE HERNIA.

Causes which render it irreducible.

Its danger.

Treatment of the apparently irreducible hernia.

STRANGULATED HERNIA.

Its symptoms when strangulated.

Dissection of the hernia and of the abdomen in
strangulated hernia.

Seats of the stricture.

The treatment of strangulated hernia.

Its reduction by the taxis.

Means to be employed if the taxis does not suc-
ceed.

The *direct* inguinal hernia.

Its course.

Its coverings.

The mode of distinguishing it from the Oblique inguinal hernia.

Its treatment when reducible.

Operation for both these species of hernia, the Oblique and Direct.

LECTURE XXXII

ACCOUNT OF THE OPERATION CONTINUED.

Treatment of the intestines.

Closure of the wound.

After-treatment.

LARGE HERNIAE

Operation for them.

HERNIA IN THE INTERNAL CANAL

Operation for it.

INGUINAL HERNIA IN THE FEMALE

Its symptoms.

Its striking peculiarity.

The time it requires.

Time for it.

Operation for it when strangulated.

FROM THE FIRST SETTLEMENTS TO THE PRESENT TIME

BY JAMES OSGOOD

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1851.

THE HISTORY OF THE

LECTURE XXXIII.

ACCOUNT OF THE OPERATION CONTINUED.

Treatment of the intestine.

_____ omentum.

Closure of the wound.

After-treatment.

LARGE HERNIÆ.

Operation for these.

HERNIA IN THE INGUINAL CANAL.

Operation for it.

INGUINAL HERNIA IN THE FEMALE.

Its symptoms.

Its striking peculiarity.

The truss it requires.

Taxis for it.

Operation for it when strangulated.

HERNIA CONGENTA, OR HERNIA TUNICÆ VAGINALIS.

Circumstances on which it is founded.

Its symptoms.

Its discriminating characters.

Treatment when reducible.

Truss for the very young.

Operation for this hernia.

ENCYSTED HERNIA OF THE TUNICA VAGINALIS.

Its formation.

Its treatment when reducible.

Operation for it.

LECTURE XXXIV.

ON FEMORAL HERNIA.

Anatomy of the groin.

The course of this hernia.

Its seat and appearance.

Its structure; enclosed in two sacs.

Discrimination of this disease from others.

Its varieties.

Sex in which it most frequently occurs.

Termination of the reducible state.

Form of cure.

Effect of surgery.

Incurable. The crass required for it.

THE STRANGULATED FEMORAL HERNIA.

Its treatment.

The operation for it.

CHRONIC HEMORRHOID OF THE RECTUM AND SIGMOID

Circumstances in which it is caused.

Its symptoms.

Its diagnosis.

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CHRONIC HEMORRHOID OF THE RECTUM AND SIGMOID

Its location.

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LECTURE XXXIV.

ON FEMORAL HERNIA.

Anatomy of the groin.

The course of this hernia.

Its seat and appearance.

Its dissection; enclosed in two sacs.

Discrimination of this disease from others.

Its varieties.

Sex in which it most frequently occurs.

Treatment in the reducible state.

Form of truss.

Effect of wearing it.

Irreducible. The truss required for it.

THE STRANGULATED FEMORAL HERNIA.

Its treatment.

The operation for it.

Two sacs opened.

Seat of the stricture.

Danger of the operation, advised by *Gimbernati*.

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UMBILICAL HERNIA.

Its frequency.

Structure of the parts through which it passes.

Its frequency in infants.

Its various appearances in the adult.

Its causes.

Treatment when reducible.

The best form of truss for the adult, and in children.

Irreducible.

The truss required for it.

Strangulated.

The mode of attempting its reduction.

Its treatment.

The operation is required.

Of large umbilical hernia.

THE VENTRAL HERNIA.

Its seat.

The operation for it in different situations of the disease.

Two sets of notes.

Seat of the mind.

Danger of the operation, advised by Glimmer.

LECTURE XXXV.

UMBILICAL HERNIA.

Its frequency.

Structure of the parts through which it passes.

Its frequency in infants.

Its various appearances in the adult.

Its causes.

Treatment when reducible.

The best form of truss in the adult, and in children.

Irreducible.

The truss required for it.

Strangulated.

The mode of attempting its reduction.

Its treatment.

The operation it requires.

Of large umbilical herniæ.

THE VENTRAL HERNIA.

Its seat.

The operation for it in different situations of the disease.

Thyroideal hernia.

Pudendal —.

Vaginal —.

Perineal —.

Ischiatic —.

Mysenteric —.

Mezocolic —.

LECTURE XXXVI.

ON POISONS.

Definition of the term poison.

The source from which they are derived.

The action of some poisons on the nervous, and others on the sanguiferous system.

The effects of some poisons depend on their quantity; of others not.

Their effects are diminished by their repeated application.

Their action may be, a predisposition for their action is required.

The time which is required to elapse before their action begins.

OF ANIMAL POISONS.

Scorpions and fangs of animals.

Highlighting the symptoms which it produces.

LECTURE XXXVI.

ON POISONS.

Definition of the term *poison*.

The *sources* from which they are derived.

The *action* of some poisons on the *nervous*, of others on the *sanguiferous* system.

The effects of some poisons depend on their *quantity*; of others not.

Their effects are diminished by their repeated application.

That poisons may act, a *predisposition* for their action is required.

The *time* which is required to elapse before their action begins.

 OF ANIMAL POISONS.

Stings and *bites* of animals.

Hydrophobia; the *symptoms* which it produces.

What light *dissection* throws on the disease.

Inoculation of the saliva of a rabid animal.

Pretended remedies for hydrophobia.

Mode of preventing the baneful effects of the
injury.

LECTURE XXVII.

ON VEGETABLE POISONS.

Definition.

Causes.

Symptoms.

Diagnosis.

Prognosis.

Antidotes.

Dissection.

Treatment.

Remarks.

Experiments.

ON MINERAL POISONS.

Definition.

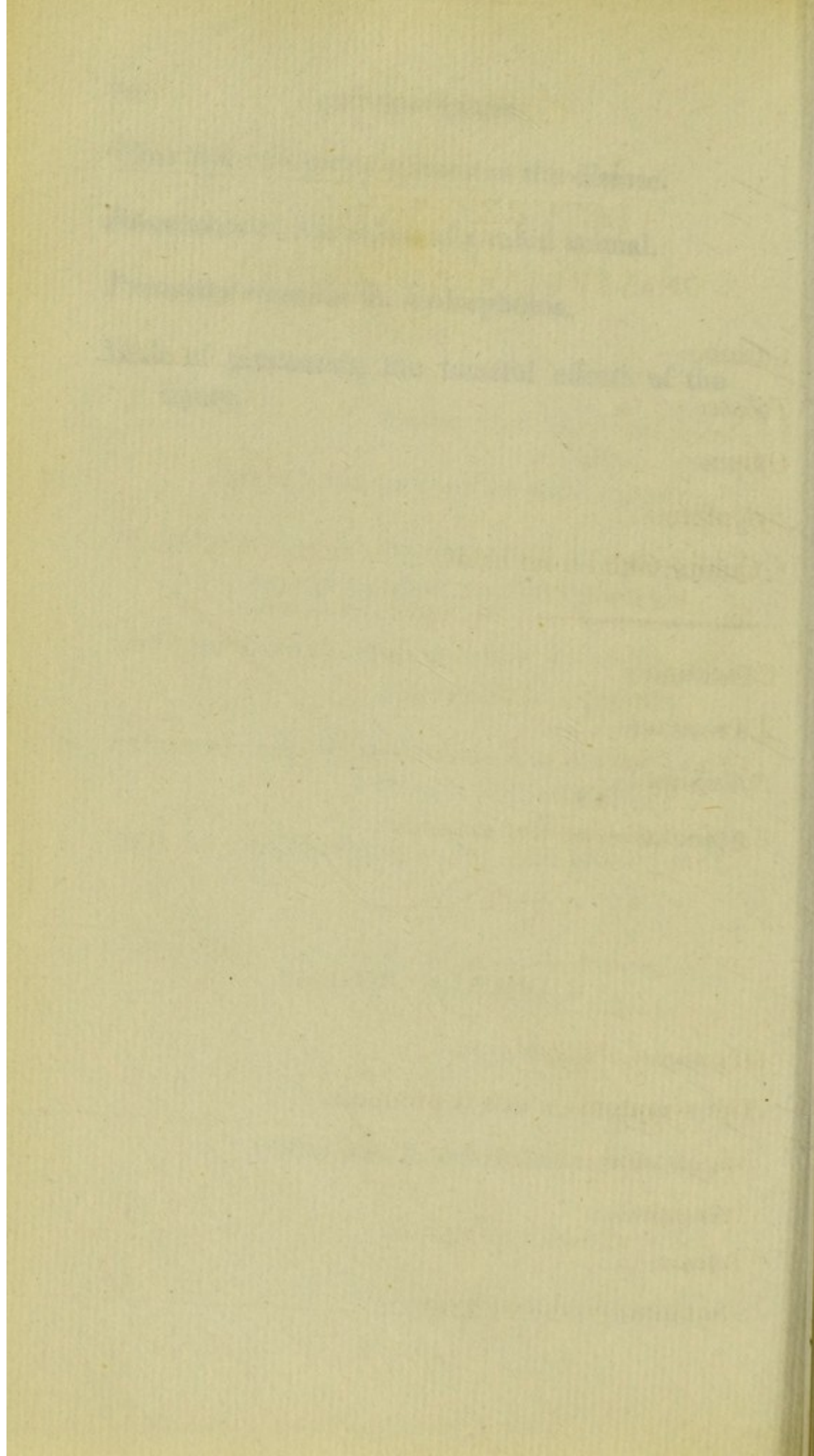
The symptoms which it produces.

Antidotes.

Treatment.

Remarks.

Experiments.



LECTURE XXXVII. ON VEGETABLE POISONS.

Conium.

Tobacco.

Opium.

Symptoms.

Quantity taken from habit.

————— attempts at suicide.

Dissection.

Treatment.

Belladonna.

Essential oil of bitter almonds.

CHEMICAL POISONS.

Oxymurias Hydrargyri.

The symptoms which it produces.

Appearances exhibited in dissection.

Treatment.

Arsenic.

Symptoms produced by it.

Dissection.

Treatment.

Injection of *oxymurias hydrargyri* and arsenic
into veins.

Lead.

Its effects on the system.

Dissection.

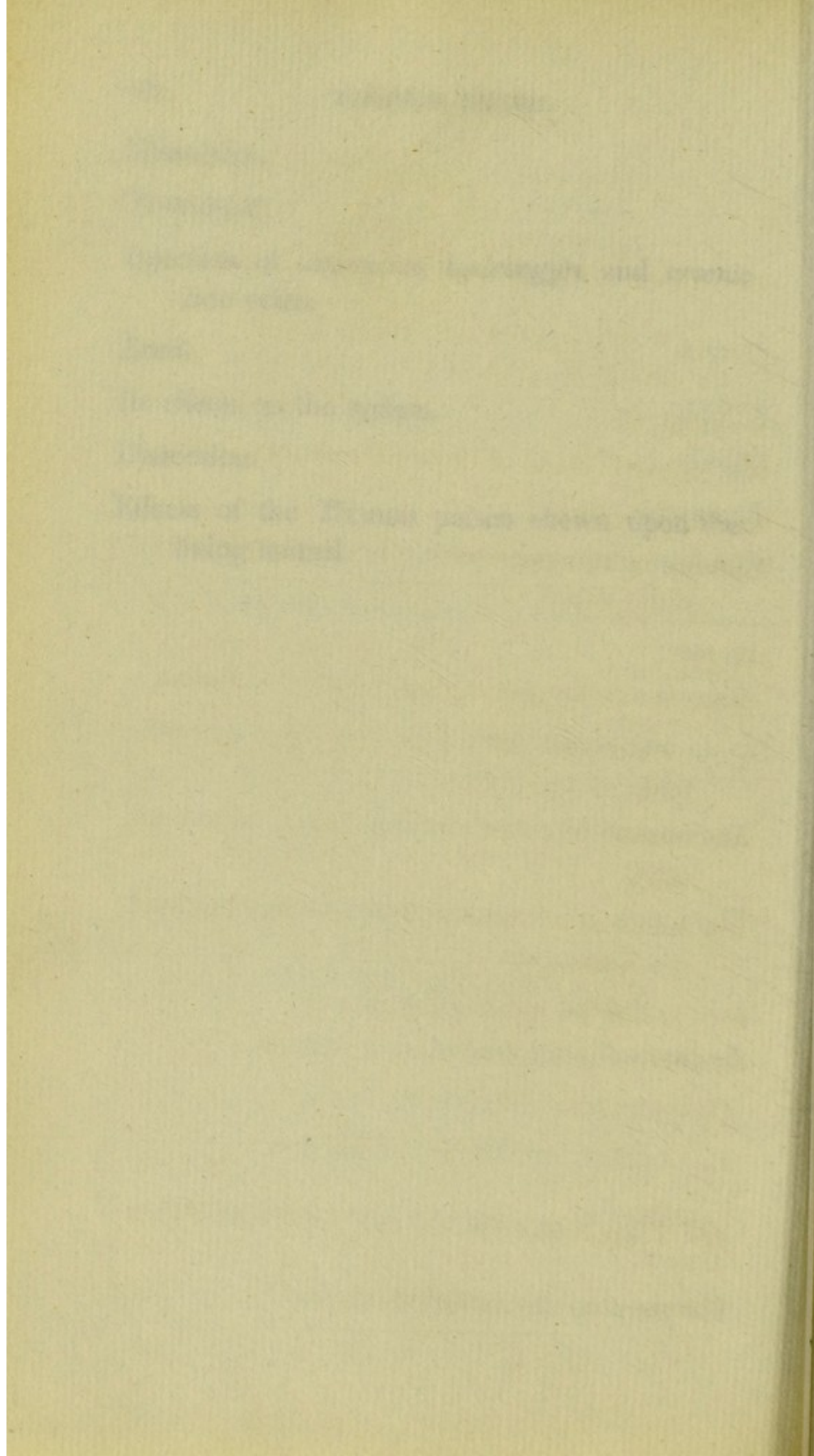
Effects of the Ticunas poison shewn upon the
living animal.

LECTURE XXVII
OF THE TREATMENT OF COMA

It is a state of unconsciousness, in which the patient is insensible to pain, and to all external impressions. The cerebral functions are suspended, and the patient is in a state of complete insensibility. The pulse is usually small and frequent, and the respiration is shallow and rapid. The skin is cool and moist, and the pupils are contracted. The patient is usually found in a supine position, and is unable to move or respond to any external stimuli. The duration of the coma varies, and may be terminated by various means, such as the use of stimulants, or the application of cold to the head. The treatment of coma is a matter of great importance, and requires the most careful attention.

OF THE TREATMENT OF COMA

It is a state of unconsciousness, in which the patient is insensible to pain, and to all external impressions.



LECTURE XXXVIII.

ON VIRULENT GONORRHOEA.

Its symptoms.

The *external* course of the inflammation.

Its *internal* course.

The *time* of its appearance after the application of the poison.

Its *seat*.

Dissection of the parts affected with the disease.

Is it unattended with *ulceration* of the membrane of the urethra?

The manner in which the poison is *communicated*.

The influence of constitutional derangement on the discharge.

It is said to be cured *spontaneously*.

In what cases its cure is most difficult.

OF THE TREATMENT OF GONORRHOEA.

Has *mercury* any influence upon it?

Mode of treatment required in its state of *acute* inflammation.

_____ in its *chronic* state.

Injections; objections urged against them.

Medicines having a *specific* influence on the disease.

Ablution; does it prevent gonorrhœa?

OF THE TREATMENT OF GONORRHOEA

LECTURE XXXIX

OF THE CONSEQUENCES OF CONSUMPTION

Stricture

Are of three kinds.

1. Acute Stricture.

2. Chronic Stricture.

3. Effects upon the rectum, bladder, and kidneys.

Its seat.

Some parts of the urethra more disposed to it than others.

When more than one stricture.

Distinction of the chronic stricture.

Character and marks.

Causes of stricture.

Its local treatment.

Diagnosis, their action by

injection.

its removal.

Prognosis of the diseased part.

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LECTURE XXXIX.

OF THE CONSEQUENCES OF GONOR-
RHŒA.

Strictures

Are of *three* kinds.

Chronic Stricture.

Its symptoms.

Its *effects* upon the *urethra*, *bladder*, and *kidneys*.

Its *seat*.

Some parts of the *urethra* more disposed to it
than others.

Often more than *one* stricture.

Dissection of the *chronic* stricture.

Caruncles and *warts*.

Causes of stricture.

Its local treatment.

Bougies; their action by

Dilatation.

Absorption.

Destruction of the diseased part.

The different treatment which is required.

The dangers attending the local treatment of strictures.

Their constitutional treatment.

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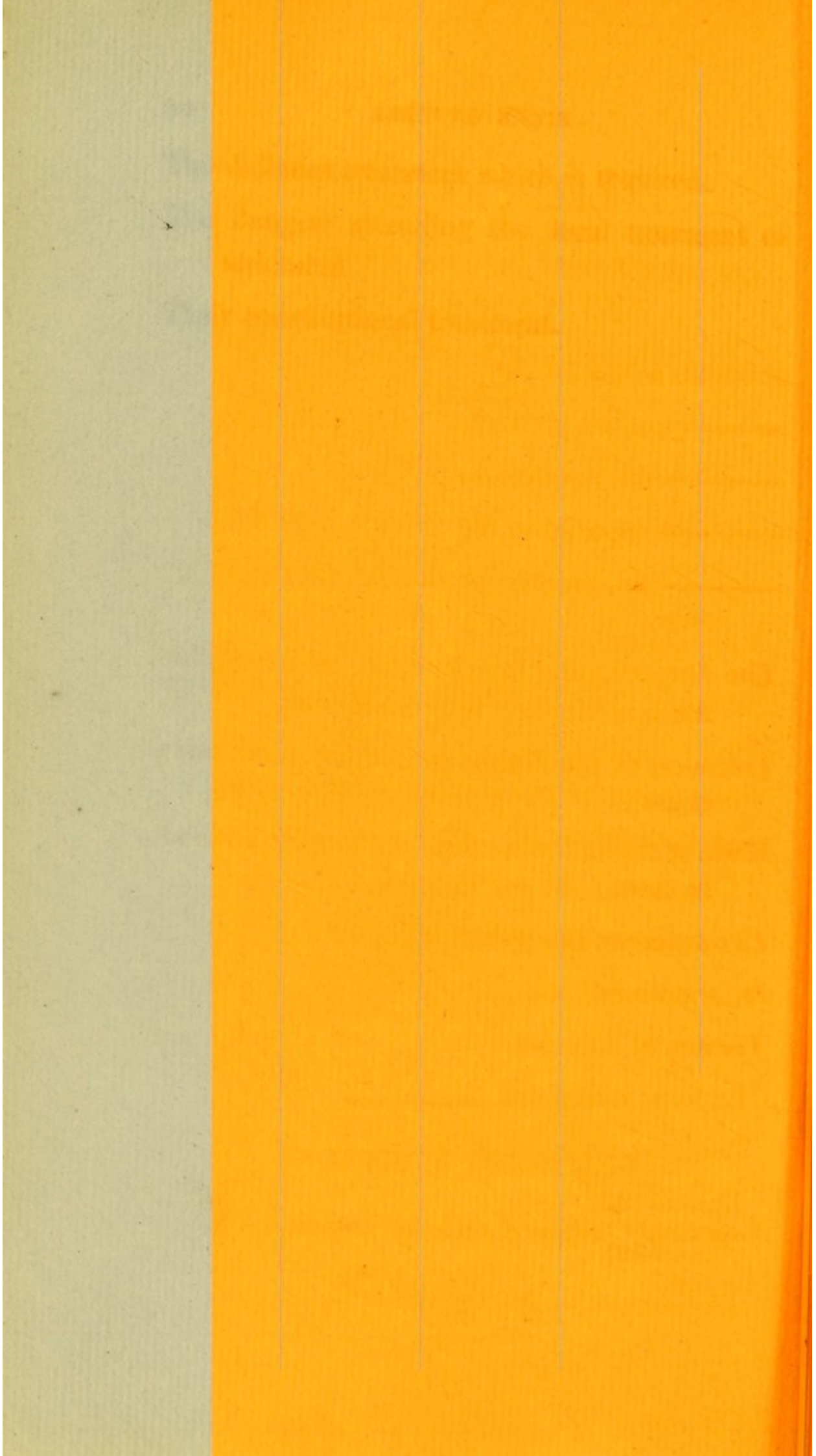
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LECTURE XL.

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The treatment of the chronic inflammation.

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ON ENLARGED PROSTATE GLAND FROM
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The effect of the inoculation of their secretion.

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..... Tonsils.

..... Pharynx.

..... Larynx.

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Parts most liable to be affected.

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The effects of syphilis on the Palate.

_____ Tonsils.

_____ Pharynx.

_____ Larynx.

Treatment of these forms of the disease ; local
and constitutional.

Irritable state of the disease in these parts.

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LECTURE LIII.

PSOAS AND LUMBAR ABSCESS.

Symptoms by which they are marked in their commencement.

Their progress.

Result of their being opened.

Dissection of the disease ; shewing them to be the effect of diseased spine.

Treatment.

Counter irritation.

Advantages of rest in these cases.

Ought they to be opened ?

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LECTURE LIV.

ON WOUNDS.

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Its symptoms.

Its results.

TRESIMUS.

Its treatment.

LECTURE LVI.

ON WOUNDS OF ARTERIES.

The effect of lacerated wounds of arteries.

The mode in which nature stops the bleeding from them.

The partial division of arteries.

The lacerated artery.

Fractures of arteries.

The mode in which the circulation is carried on after the division of a large vessel.

Changes in the surrounding vessels.

The larger arteries possess anastomosing vessels.

Treatment of wounded arteries.

Of the completely divided artery.

Of the partially divided.

Pressure.

Operation of tying them.

Tourniquet.

Ligatures.

Circumstances to be considered in their application.

Opening of throat.

Effect on the nervous system.

General spasms.

Tetanus.

Kind of wound most likely to produce this effect.

Means which have been used to relieve, both constitutional and local.

Their results.

What kind of treatment is the best.

OF CHRONIC TETANUS.

Its symptoms.

Its results.

TREMORS.

Its treatment.

LECTURE LVI.

ON WOUNDS OF ARTERIES.

The effect of *incised* wounds of arteries.

The *mode* in which nature *stops* the *bleeding* from them.

The *partial* division of arteries.

The *lacerated* artery.

Punctures of arteries.

The mode in which the *circulation* is carried on after the *division* of a *large vessel*.

Changes in the *anastomosing* vessels.

The larger arteries possess *anastomosing* vessels.

Treatment of *wounded* arteries.

Of the *completely* divided artery.

Of the *partially* divided.

Pressure.

Operation of tying them.

Tourniquet.

Ligatures.

Circumstances to be considered in their application.

Cause of the *slow separation* of a ligature.

Treatment after the application of a ligature.

Mode of tying the principal arteries *shewn*.

Hemorrhages from small arteries.

Immediate or remote.

Causes of their recurrence.

Constitutional treatment.

Local treatment.

Styptics.

LECTURE III
ON WOUNDS OF THE

Of the nature of each wound.
Degree of danger from their consequences.
The treatment of each.
The nature of the wound.

WOUNDS OF THE ABDOMEN

Of the nature of each wound.
Degree of danger from their consequences.
The treatment of each.
The nature of the wound.
The treatment of each.
The nature of the wound.
The treatment of each.

WOUNDS OF THE THORAX

Of the nature of each wound.

State of the skin beneath of a fissure.

Eventiment after the application of a fissure.

Mode of tying the principal arteries down.

Extractions from small arteries.

Indications of various.

Causes of their recurrence.

Constitutional treatment.

Local treatment.

Supplies.

LECTURE LVII.

ON WOUNDS OF VEINS.

Effects of such wounds.

Degree of danger from their *hæmorrhage*.

_____ *inflammation.*

The *anastomoses of veins*.

Tying the saphæna major vein.

WOUNDS OF THE ABDOMEN.

Of two kinds.

Stomach wounded.

Wounds of the *large intestines*.

_____ *small intestines.*

_____ *liver.*

_____ *gall bladder.*

Spleen often wounded.

_____ *removed.*

Kidney wounded.

WOUNDS OF THE THORAX.

Of two kinds.

Lungs wounded.

Emphyrema.

Treatment.

*Danger of such wounds; bleeding, inflammation,
suppuration.*

Heart wounded.

Pericardium wounded.

WOUNDS OF THE THROAT.

*Anatomy of the space between the chin and ster-
num.*

Three kinds of wounds.

1st. of the *pharynx*.

2d. — *larynx*.

3rd. — *trachea* and *œsophagus*.

Symptoms of each.

Their treatment.

LECTURE LVIII. ON WOUNDS OF JOINTS.

Extremely dangerous.

Symptoms, if suppuration inflammation is permitted.

Division of the injured joint.

Principle to be followed in the treatment of these cases.

Treatment if they suppurate.

Anchylosis.

----- Degree of.

WOUNDS OF TENDONS.

Result of these.

Principle of their treatment.

Division of the tendo achillis.

Its symptoms.

Its treatment and result.

Partial laceration of the gastrocnemius muscle, and of the tendo achillis; mistaken for laceration of the plantaris tendon.

Their treatment.

Large vessels

Esophagus

Trachea

Depth of cartilages, epiglottis, hyoid bone, thyroid gland

Heart vessels

Pericardium bounded

ANATOMY OF THE THROAT

Anterior of the neck, the air and food pass

Thyroid gland of neck

Trachea, the wind pipe

Esophagus, the food pipe

Trachea, the wind pipe, and esophagus, the food pipe

Trachea, the wind pipe

Trachea, the wind pipe

LECTURE LVIII.

ON WOUNDS OF JOINTS.

Extremely dangerous.

Symptoms, if *suppurative inflammation* is *permitted*.

Dissection of the injured joint.

Principle to be attended to in the treatment of these cases.

Treatment if they suppurate.

Anchylosis.

——— Degree of.

WOUNDS OF TENDONS.

Result of these.

Principle of their treatment.

Division of the *tendo achillis*.

Its symptoms.

Its treatment and result.

Partial laceration of the *gastrocnemius muscle*, and of the *tendo achillis*; mistaken for laceration of the *plantaris tendon*.

Their treatment.

SPRAINS.

Their nature.

Their treatment.

WOUNDS OF NERVES.

*Effects of their division on the sensation, motion,
and heat of the limb.*

Disposition of the limb to inflame and ulcerate.

The reproduction of nerves.

The time required for it.

Appearance at the place of union.

Ligatures on nerves.

Their partial division.

Treatment of wounded nerves.

LECTURE LIX.

INFLAMMATION IN BONES, AND THE
INJURIES TO WHICH THEY ARE
SUBJECT.*Composition of bone.**In shell and cancellated structure.**Its periodical and necessary changes.**Its two sets of vessels.**Inflammation in bones.**Acute, of bone, or osteomyelitis.**Particulate inflammation of bone.**Its effects.**Its course.**Treatment, if acute or chronic.**Moderate inflammation of bone.**Its effects.**Its course.**Treatment.*

SPINAL CORD.

Their nature.

Their arrangement.

WOUNDS OF NERVES.

Effects of their division on the sensation, motion,
and heat of the limb.

Disposition of the limb to contract and relax.

The reproduction of nerves.

The cure required for it.

Appearance at the place of union.

Experiments on nerves.

Their partial division.

Experiments on divided nerves.

LECTURE LIX.

INFLAMMATION IN BONES, AND THE
INJURIES TO WHICH THEY ARE
SUBJECT.

Composition of bone.

Its shell and cancellated structure.

Its *periosteal* and *medullary* membranes.

Its two sets of vessels.

Inflammation in bones.

Acute, chronic, or malignant.

Periosteal inflammation of bone.

Its effects.

Its causes.

Treatment, if acute or chronic.

Medullary inflammation of bone.

Its effects.

Its causes.

Treatment.

ON SIMPLE FRACTURE.

Its *signs*.

Its *local* and *constitutional* effects.

The *mode of union* of a simple fracture.

Its *danger* and difficulty in some cases.

The *time* which is required for union.

The treatment of simple fracture.

The principles to be borne in mind.

The reduction of fractures.

Applications required.

Bandages.

Position.

Constitutional treatment.

Causes of deformity in the limb.

Time at which the bandages may be removed.

LECTURE IX.

FRACTURES OF THE DIFFERENT BONES.

Mandibular bone.

Tibia and Fibula.

Bandages.

Position.

Time required for union.

Fibula.

Fracture of; how ascertained.

Bandages required.

Posture of the limb.

Form.

Fractured; how ascertained.

Position.

Fracture near the trochanter major.

Fracture of the clavicle.

Signs.

Causes of this fracture.

Its treatment. The objects to be had in view.

ON SIMPLE FRACTURE.

Its sign.

Its local and constitutional effects.

The mode of union of a simple fracture.

Its danger and difficulty in some cases.

The time which is required for union.

The treatment of simple fracture.

The principles to be held in mind.

The reduction of fractures.

Applications required.

Bandages.

Poultice.

Constitutional treatment.

Causes of deformity in the limb.

Time at which the bandages may be removed.

LECTURE LX.

FRACTURES OF THE DIFFERENT
BONES.*Metatarsal bones.**Tibia and Fibula.*

Bandages.

Position.

Time required for union.

Fibula.

Fracture of; how ascertained.

Bandages required.

Posture of the limb.

Femur.

Fractured; how ascertained.

Bandages.

Position.

Fracture near the *trochanter major*.*Fracture of the clavicle.*

Signs.

Causes of this fracture.

Its treatment. The *objects* to be had in view.

Os humeri. Fracture of.

Signs.

Treatment.

Radius and ulna ; fractured together.

Signs.

Treatment.

Radius fractured alone.

How ascertained.

Treatment.

Ulna alone.

How ascertained.

Treatment.

Metacarpal bones.

Lower-jaw. Effects of this fracture.

Best treatment of it.

Ribs.

Fractures of.

Symptoms.

How ascertained.

Dangers of these accidents.

Causes of this danger.

Treatment.

LECTURE LXX.

FRACTURES IN AND NEAR TO JOINTS.

ARTICLE.

Transverse fracture of.

Its symptoms explained.

Its mode of union.

Its treatment.

Treatment.

Time for giving motion to the limb.

Its result.

Compound fracture of the radius.

Its mode of union.

Mode of treating it.

Early removal of the bone.

Effect of the operation.

Amputation of the radius.

Its mode of union.

The treatment it requires.

FRACTURE OF THE CONDYLE OF THE
OS PTERIGOID.

Signs and treatment.

Of *humeri*. Fracture of.

Signs.

Treatment.

Radius and ulna, fractured together.

Signs.

Treatment.

Radius fractured alone.

How ascertained.

Treatment.

Ulna alone.

How ascertained.

Treatment.

Metacarpal bones.

Clavicular. Effects of this fracture.

Best treatment of it.

Signs.

Fractures of.

Scapula.

How ascertained.

Dangers of these accidents.

Causes of this danger.

Treatment.

LECTURE LXI.

FRACTURES IN AND NEAR TO JOINTS.

 PATELLA.

Transverse fracture of.

Its symptoms explained.

Its mode of union.

Experiments.

Treatment.

Time for giving motion to the limb.

Its result.

Compound fracture of the patella.

Advantages of adhesion.

Mode of effecting it.

Uniting ligament ulcerating.

Effect of this ulceration.

Longitudinal fracture of the patella.

Its mode of union.

The treatment it requires.

 FRACTURE OF THE CONDYLES OF THE
OS FEMORIS.

Signs and treatment.

FRACTURE OF THE HEAD OF THE TIBIA.

Signs and treatment.

FRACTURE OF THE NECK OF THE
OS FEMORIS.

Two kinds of this fracture.

Within the capsule of the joint.

External to it.

Contrasted with dislocation of the femur.

Age of the patient.

Slight causes producing it.

Absence of bony union when the fracture is within
the capsule.

Causes of want of union.

Experiments.

Treatment of fracture within the articulation.

The result.

Treatment of those external to the capsule. Their
result.

LITTLE LAIL.

FRACTURE OF THE OLECRANON.

In signa.

The mode of action.

The treatment it requires.

The result.

Time for giving the final motion.

Compound fractures of the olecranon.

Their treatment.

Result.

FRACTURE OF THE EXPOSED FRAGMENT
OF THE HUMERUS.

In signa.

The result.

In view by signa.

FRACTURE OF THE CONDYLES OF THE
OF HUMERUS.

Signa.

Signa of the fracture.

Distinguishing marks of the fracture of each
condyle.

The accident often mistaken.

Treatment which it requires.

FRACTURE OF THE HEAD OF THE HUMERUS.

Signs and treatment.

FRACTURE OF THE NECK OF THE
OS HUMERUS.

Two kinds of this fracture.

*Within the capsule of the joint.**External to it.*

Contrasted with dislocation of the humerus.

Age of the patient.

Slight causes producing it.

Absence of being torn upon the fracture by the
the capsule.

Causes of want of union.

Experiments.

Treatment of fracture within the articulation.

The result.

Treatment of those external to the capsule. Their
result.

LECTURE LXII.

FRACTURE OF THE OLECRANON.

Its signs.

The mode of union.

The treatment it requires.

The result.

Time for giving the limb *motion*.

Compound fractures of the olecranon.

Their treatment.

Result.

FRACTURE OF THE CORONOID PROCESS OF THE ULNA.

Its signs.

Its result.

Its union by ligament.

FRACTURE OF THE CONDYLES OF THE OS HUMERI.

Signs.

Age at which it occurs.

Distinguishing marks of the fracture of each condyle.

This accident often *mistaken*.

Treatment which it requires.

Great attention required to preserve the motion of the joint.

Ossific union not produced, when the fracture is entirely within the capsular ligament.

ON FRACTURES OF THE NECK OF THE OS HUMERI.

Their signs.

The *age* at which they occur.

Their treatment.

Its result.

FRACTURE OF THE GLENOID CAVITY OF THE SCAPULA.

Its signs.

Mistaken for dislocation.

Its treatment.

Its results.

SIMPLE FRACTURES WHICH DO NOT UNITE.

This not a very rare occurrence.

The causes which give rise to it.

The treatment which it requires.

Its result.

FRAGILITY OF BONES.

Cases of.

In some cases it is the effect of *paralysis*.

The result of these cases.

LECTURE XLII.

SUPPURATION IN BONE AND COMPOUND FRACTURE.

Periodical or ordinary abscess.

Periodical symptoms.

Cause.

Treatment.

Ordinary abscess.

----- stimulation and deposit of bone.

Progress of ulceration.

Treatment.

Effect of the abscess on the bone.

Effect of the abscess upon the general
absorption of bone.

Effect of the abscess on the bone.

Classification of abscess.

Modes of healing.

ON COMPOUND FRACTURE.

Definition of a compound fracture.

Granular process in bone adjacent.

Process of healing in compound fracture.

Callus; its structure.

First question relative to position the motion
of the joint.
Ossicle never not produced, when the fracture is
inwardly situated in the capsule ligament.

OF FRACTURES OF THE NECK OF THE
OF HUMERUS.

Their signs.
The age at which they occur.
Their treatment.
Its result.

FRACTURE OF THE GLENOID CAVITY OF
OF HUMERUS.

Its signs.
Its treatment.
Its result.

OF FRACTURES WHICH DO NOT
ENTER.

Their signs and symptoms.
The cases which give rise to it.
The treatment which it requires.
Its result.

OF FRACTURES OF BONES

Causes of
In some cases it is the result of violence
The signs of these cases.

LECTURE LXIII.

SUPPURATION IN BONE AND COMPOUND FRACTURE.

Periosteal or *medullary* abscesses.

Periosteal. Symptoms.

Cause.

Treatment.

Medullary. Symptoms.

———— ulceration and deposit of bone.

Progress of ulceration.

Treatment.

Abscesses in the shell of the bone.

Influence of bad constitutions upon the internal abscesses of bones.

Their mode of restoration.

Granulation in bone.

Mode of healing over.

ON COMPOUND FRACTURE.

Definition of a compound fracture.

Granulatory process in bone explained.

Process of union in compound fracture.

Callus ; its structure.

Treatment of compound fracture.

Adjustment.

Bandages.

Position.

Constitutional treatment.

Union by adhesion ; its great advantage.

Time required for union.

Difficulties in compound fracture, viz.

Reduction sometimes difficult.

Oblique fractures.

Bone shattered.

Hæmorrhage from large arteries.

Inflammation excessive.

Joints laid open.

Deformity of the limb.

Exfoliations of bone.

Want of union.

Tetanus produced by them.

Amputation of compound fractured limbs.

Time at which it should be performed, when requisite.

Circumstances favourable to it.

————— *unfavourable to it.*

LECTURE LXIV

MODIFICATION IN BONE

The causes of partial death in bone.

The sloughing or exfoliating process.

Periodical or natural absorption.

Its symptoms.

The process of superaddition.

Its treatment.

Chemical.

Mechanical.

Secondary or morbid absorption.

Its cause.

The process of suppuration, and of the formation
of new bone.

The diet required for the process in health, and
in a diseased state of the constitution.

Treatment of the internal or morbid absorption.

Chemically.

Mechanically.

Examination of the bones of the skull.

Treatment of compound fracture.

Amputation.

Bandages.

Powder.

Constitutional treatment.

Clasp by adhesive; its great advantage.

Time required for union.

Difficulties in compound fracture, viz.

Reduction sometimes difficult.

Oblique fracture.

Bone exposed.

Hemorrhage from large arteries.

Inflammation excessive.

Joint held open.

Efficiency of the limb.

Excitation of bone.

Wound of vessels.

Islets produced by them.

Amputation of compound fractured limb.

Time at which it should be performed, when re-

quired.

Circumstances favorable to it.

Unfavorable to it.

LECTURE LXIV.

MORTIFICATION IN BONE.

The causes of partial death in bone.

The sloughing or exfoliating process.

Periosteal or external exfoliation.

Its symptoms.

The process of separation.

Its treatment.

Chemical.

Mechanical.

Medullary or internal exfoliation.

Its cause.

The *process of separation*, and of the formation of new bone.

The *time* required for the process in health, and in a diseased state of the constitution.

Treatment of the internal or medullary exfoliation.

Chemically.

Mechanically.

Exfoliations of the bones of the skull.

ON EXOSTOSIS.

Defined.

Of two kinds—periosteal or medullary.

Cartilaginous, and *fungous*.

Growth of each.

Treatment.

SCIRRHUS IN BONE.

Symptoms of this state.

Under what circumstances occurring.

MOLITIES OSSIUM.

Symptoms.

Dissection.

Degree of loss of phosphate of lime.

WARTY ULCER FROM DISEASED BONE.

Cases.

LECTURE LXX.

ON DISLOCATIONS.

Distinctions of the types. The violence attending
is a function of the space into which they are
Symptoms produced by them vary according to
their situation in the canal & the kind of
dislocation.

Time in which they generally prove dangerous is
according to their seat; except those to the

of the spine, which are fatal.

Distinction of the various

Attempts to reduce them.

Fracture of the spine without dislocation.

Distinction of the symptoms of the spine.

Very rare.

Very rare.

Distinction of the disease.

At the lowest extremity.

How common.

Treatment.

Operations for the dislocation when necessary.

By distraction of the spine.

... of the shoulder & muscles torn
... of the thigh downwards. As a
... will force the old ...
... of the bone & the ...
... of the ...

... of the ...
... with respect to the length of
... sometimes shorter, ...
... does not suffer much. ...
... when the bone ...
... in the ...
... after the ...
... be easily moved but after a ...
... it becomes quite fixed depending upon
... distortion, ...
... from the ...
... ...
... and ... the effect of ...
... muscles in ...
... explanation of ...
... somewhat ... its ...
... these ... frequently
... dislocation
... frequently accompanied with
... of the ...
... ...
... or sometimes compound -
... very common are the ...
... of the ...

... is generally from a degree of ...
... from a very slight ...
... prevents, the reduction of ...
... never - it may sometimes be
... the ...
... to help the ...
... have three actions - well -
... so ...
... from the ...
... the extension be ...

LECTURE LXV.

ON DISLOCATIONS.

Dislocations of the spine. The accident so called is a *fracture* of the *spine* with *displacement*.

Symptoms produced by them vary according to their *situation* in the *cervical dorsal* or *lumbar vertebræ*.

Time in which they generally prove *destructive* is according to their seat; exceptions to this.

Sometimes *recovered* from.

Dissection of these cases.

Attempts to *relieve* them.

Fracture of the *spine* *without* displacement.

Dislocation of the *extremities* of the *ribs*.

Very rare.

Treatment.

Dislocation of the *clavicle*.

At the *sternal* extremity.

How ascertained.

Treatment.

Operation for this dislocation when occasioned by distortion of the spine.

Dislocation of the scapular end of the clavicle.

Signs.

Treatment.

Result.

Dislocation of the os humeri.

Downwards and forwards in the axilla.

Symptoms.

How ascertained.

Mode of reduction.

Forwards under the pectoral muscle.

Symptoms.

How ascertained.

Reduction.

Backwards on the dorsum scapulae.

Discriminating symptoms.

Reduction.

Partial dislocation of the os humeri.

Accidents at the shoulder-joint, with which dislocations are liable to be confounded.

the lateral ends of the bones resting
on the condyles of the Os Maxillare

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LEUCOMYX

Distribution of the angular end of the clavicle.

Signs

Treatment

Result

Distribution of the os maxillare

Distribution of the os maxillare in the skull.

Draw the radius & ulna downwards
up from the humerus

How to position

Mode of resection

some mode of resection is best
in bone.

How successful

Reduction

Reduction of the dislocation

radius from half bent to a right
head of bone or radius
is the clearest one
William's mode of reduction by the
arm & pull by the humerus alone you
will find radius only.

ulna condyle Os Maxillare Ext-
stition, ulna does not support
up draws at the ulna keep the
in line
convex Proufs ulna inextensible
wards -

Simple expansion is sufficient to split
the bone in the

LECTURE LXVI.

DISLOCATION OF THE ELBOW.

Ulna and Radius backwards.

Symptoms.

Reduction.

Ulna and Radius laterally.

Symptoms.

Reduction.

Ulna backwards.

Symptoms.

Reduction.

Radius forwards.

How ascertained.

Principle of its reduction.

Accidents at the elbow-joint confounded with
dislocation.

DISLOCATIONS OF THE WRIST.

Forwards.

Symptoms.

Reduction.

Backwards.

Symptoms.

Reduction.

*Dislocation of the ulna, with fracture of the
radius.*

Symptoms.

Reduction.

Compound.

Injuries mistaken for dislocation of the wrist.

Dislocations of the fingers.

————— *thumb.*

Mode of reduction.

LECTURE LXXII

Alloys are of a very different nature

Are of four kinds.

When they become compound they are
very dangerous.

Mode of reduction.

Decomposition of the alloy.

In the case of the alloy.

Mode of reduction.

Decomposition of the alloy.

In the case of the alloy.

In the case of the alloy.

Decomposition of the alloy.

In the case of the alloy.

Reduction.

LECTURE LXVII.

DISLOCATIONS OF THE HIP-JOINT

Are of *four* kinds.

Upwards on the *dorsum ilii*.

The characteristic signs.

Mode of reduction.

Downwards in the *foramen ovale*.

Its characteristic signs.

Mode of reduction.

Backwards in the *ischiatric notch*.

Its characteristic signs.

Its reduction.

Forwards upon the *pubes*.

Its signs.

Reduction.

*Accidents liable to be mistaken for dislocations;
viz.*

Fractures of the pelvis through the acetabulum.

Fracture of the neck of the thigh-bone.

Discriminating marks.

LETTER 1210

DESCRIPTION OF THE AREA

shows a shortening of the line
from 2 foot to 1 foot 6 inches

Signs

Red line

Green line

Yellow line

Blue line

Black line

Signs of each species

Red line

Green line

Yellow line

Blue line

Black line

Red line

Green line

Yellow line

Blue line

Black line

Accident due to the position of the foot;

Fracture of the tibia through the middle.

had raised the foot by the extension
of the hand placed upon the outer edge
of the tibia.

ward or outward. Pressure upon the bone
of the tibia is sometimes known to be
conspicuous. Extension is very easy,

ward, is very seldom compound.
is known upon the tarsal bone as having
broken. Tibula broken 3 inches above the
the strength of the bone is
a fracture of the bone but well supported

ward.
is thrown on the inner side of the foot
so that the tibia is thrown on the inner
of the tibia. The tibia is broken 3 inches above the ankle
is broken 3 inches above the ankle

LECTURE LXVIII.

DISLOCATIONS OF THE KNEE.

Dislocations of the *patella*.

Laterally.

Signs.

Reduction.

Upwards. Its treatment.

Dislocation of the tibia.

Inwards or outwards.

Backwards.

Signs of each species.

Reduction.

Result.

Compound dislocations of the knee.

Dislocation of the head of the fibula.

With fracture of the *tibia*.

Produced by relaxation.

Treatment.

Dislocations of the *ankle-joint*.

Forwards.

Symptoms.

*Dislocation of the Scapulohumeral joint
Bend the foot as much as possible
backwards -*

Reduction.

Dislocation inwards.

Symptoms.

Reduction.

Outwards.

Symptoms.

Reduction.

Compound dislocations in the same directions.

Their treatment considered.

Dislocations of the astragalus.

Simple.

Its treatment.

Compound.

Its treatment.

Dislocations of the metatarsus.

----- toes.

General remarks on dislocations.

*from three weeks to a month as the time
given for cure is motion*

his back the surgeon put upon a paper upon the

LECTURE LXXIX.

inwards lower end of the tibia broke
also the tibia

These are of the nature of compound fractures.

They are of two kinds, viz.

The cartilage becomes absorbed & exposed
soon the edges of the wound being
pulling down by the blood which
enters will frequently allow the synovial
membrane to be firmly
adhered.

Supposed to be a compound fracture.

The bone is broken and fixed.

Some are simple.

Some are compound.

Some are simple.

Or is fractured by violence.

In some

It is a fracture of the bone.

It is a fracture of the bone.

It is a fracture of the bone.

It is a fracture of the bone.

Reduction.

Dislocation humeral.

Symptoms.

Reduction.

Outward.

Symptoms.

Reduction.

Compound dislocations in the same directions.

Their treatment considered.

Dislocations of the astragalus.

Wards.

Its treatment.

Compound.

Its treatment.

Dislocation of the calcaneus.

Wards.

General remarks on dislocations.

LECTURE LXIX.

ON GUN-SHOT WOUNDS.

These are of the nature of *contused wounds*.

They are of *two* kinds, viz.

1st. When the *ball passes*.

2d. When the *ball lodges*.

Symptoms of the *first*.

Separation of the *slough*.

Suppuration when established.

Treatment, constitutional and local.

Sinus remaining.

Ball lodging.

Remains *encysted*.

Or is discharged by *abscess*.

Its *course*.

Wounds of *arteries* by gun-shot.

Wounds in the *neighbourhood* of *arteries*.

Symptoms.

Treatment.

Wounds of the abdomen.

Their danger.

Penetrating wounds.

Slanting wounds.

Wounds through the Pelvis.

Wounds of the Thorax.

———— *Lungs.*

———— *Heart.*

———— *Large vessels.*

Near the heart.

Wounds of the head.

Ball lodging in the sphenoidal or ethmoidal sinus.

Wounds of the brain.

Gun-shot wounds of bones.

The bone much shattered.

Gun-shot wounds of large joints, often recovered from.

Amputation; when it should be performed.

THE FIRST PART

THE SECOND PART

THE THIRD PART

There were many who had seen
The last of the world's end
Their countenances were pale
And their hearts were full of pain
They were all dead
And their souls were in pain

THE FOURTH PART

On the first of the world's end
The last of the world's end
The first of the world's end
The last of the world's end
The first of the world's end
The last of the world's end

THE FIFTH PART

He who had seen
The last of the world's end
The first of the world's end
The last of the world's end
The first of the world's end
The last of the world's end

Wounds of the abdomen.

Their danger.

Penetrating wounds.

Shriving wounds.

Wounds through the P. A.

Wounds of the Throat.

----- Large.

----- Flaw.

----- Large wound.

Near the heart.

Wounds of the head.

Ball entering in the side, and in the head.

Wounds of the brain.

Gun-shot wounds of bones.

The bone much shattered.

Gun-shot wound of large joints, and recovered from.

Amputation; when it should be performed.

LECTURE LXX.

ON BURNS AND SCALDS.

Three effects produced by them.

The local treatment of *each state*.

Their constitutional treatment.

Cuticle quickly reproduced.

Deformities produced by them.

ON TUMORS.

Of *two kinds* :

_____ *growths* of the constituent parts of the body.

_____ *new growths*.

The former attain the greatest size.

THE ADIPOSE TUMOR.

Its symptoms.

Seat.

Its nature.

The size it acquires.

The operation for its removal.

Under what circumstances dangerous.

OF THE ENCYSTED OR FOLLICULAR TUMOR.

Its symptoms.

Its seat.

The manner of its growth from an obstructed follicle.

Number in the same individual.

Disposition to them in families.

Operation for their removal.

In what cases dangerous.

Two other species of encysted tumor described.

ABSORBENT GLANDULAR TUMOR.

Symptoms.

Size.

Most common seat.

Several glands united.

Operation for its removal.

Its danger.

OF THE SIMPLE CHRONIC TUMOR.

Its growth.

Its effects.

Its treatment.

THE BURIAL TOMB OF ...
Symptoms.
Diagnosis.
Prognosis.
Treatment.
Anatomy.
Physiology.
Pathology.
Clinical Medicine.
Surgery.
Dentistry.

THE BURIAL TOMB OF ...
Symptoms of the disease.
Their effects.
Cause of the disease.
Local treatment.
Operative treatment.
Special treatment.
General treatment.

THE BURIAL TOMB OF ...
Symptoms of the disease.
Their effects.
Cause of the disease.
Local treatment.
Operative treatment.
Special treatment.
General treatment.

OF THE ENCYSTED OR GLANDULAR TUMOR.

Its symptoms.

Its seat.

The manner of its growth from an obstructed
gland.

Nature of the case individual.

Disposition of them in families.

Operation for their removal.

Is that case dangerous.

Two other species of encysted tumor described.

ABSORBENT GLANDULAR TUMOR.

Symptoms.

Size.

Most common seat.

Several glands united.

Operation for its removal.

Its danger.

OF THE SIMPLE CHRONIC TUMOR.

Its growth.

Its effects.

Its treatment.

LECTURE LXXI.

ON THE BURSAL TUMOR, OR GANGLION.

Symptoms.

Seat.

Cure,

—— by *absorption*.—— *bursting*.—— *adhesion*.—— *excision*.VASCULAR TUMOR, OR NÆVUS MATER-
NUS.*Arterial and venous.*Symptoms of the *arterial*.

Their effects.

Cause of their growth.

Local treatment.

Operation for them.Symptoms of the *venous*.*Operation* for it.

OF THE CUTANEOUS TUMOR.

Its extensive growth.

Its removal.

OF THE HYDATID TUMOR.

Of two kinds.

Described.

Natural mode of cure.

Removed by operation.

OF THE NERVOUS TUMOR.

Symptoms.

Seat.

Causes.

Treatment.

Cases of.

LEPTOTERIS LANCEOLATA

CARDUACEAE

- Its characters.
- Its usual seat.
- Its course.
- Its treatment.

OF THE PYRETHROID PESTICIDES

- Symptoms of the disease.
- In the advanced stage.
- In its advanced stage.
- In the advanced stage.
- The disease is caused by the pyrethroid.
- Different cases have been reported in the literature.
- In extension by absorption.
- In extension to other parts of the body.
- The disease is most fatal in the advanced stage.
- Treatment.
- Unaffected by constitutional treatment.

OF THE SPINAL TUMOR

Of two kinds.

Described.

Natural mode of cure.

Remedy by operation.

OF THE NERVOUS TUMOR

Symptoms.

Seat.

Cause.

Treatment.

Cases of.

LECTURE LXXII.

CARCINOMA.

Its characters.

Its usual seat.

Its course.

Its treatment.

OF THE FUNGOID TUMOR.

Symptoms of this tumor.

In the *adhesive* stage.

In its attempts at *suppuration*.

In the *ulcerated* state.

The *fungus* growing from it; its disposition to bleed.

Different names have been given to this disease in its three stages.

Its extension by *absorption*.

Its disposition to form in *various parts* at the same time.

The *structures* most liable to its attacks.

Treatment.

Unaffected by constitutional treatment.

Disposition to it prevented.

Local treatment.

Operation for it.

Its result.

OF THE WARTY TUMOR.

Of two kinds.

Chronic and carcinomatous.

1st. Of great size upon the *labia pudendi* and *nymphæ*; also on other parts of the body.

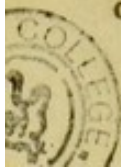
2nd. Its symptoms.

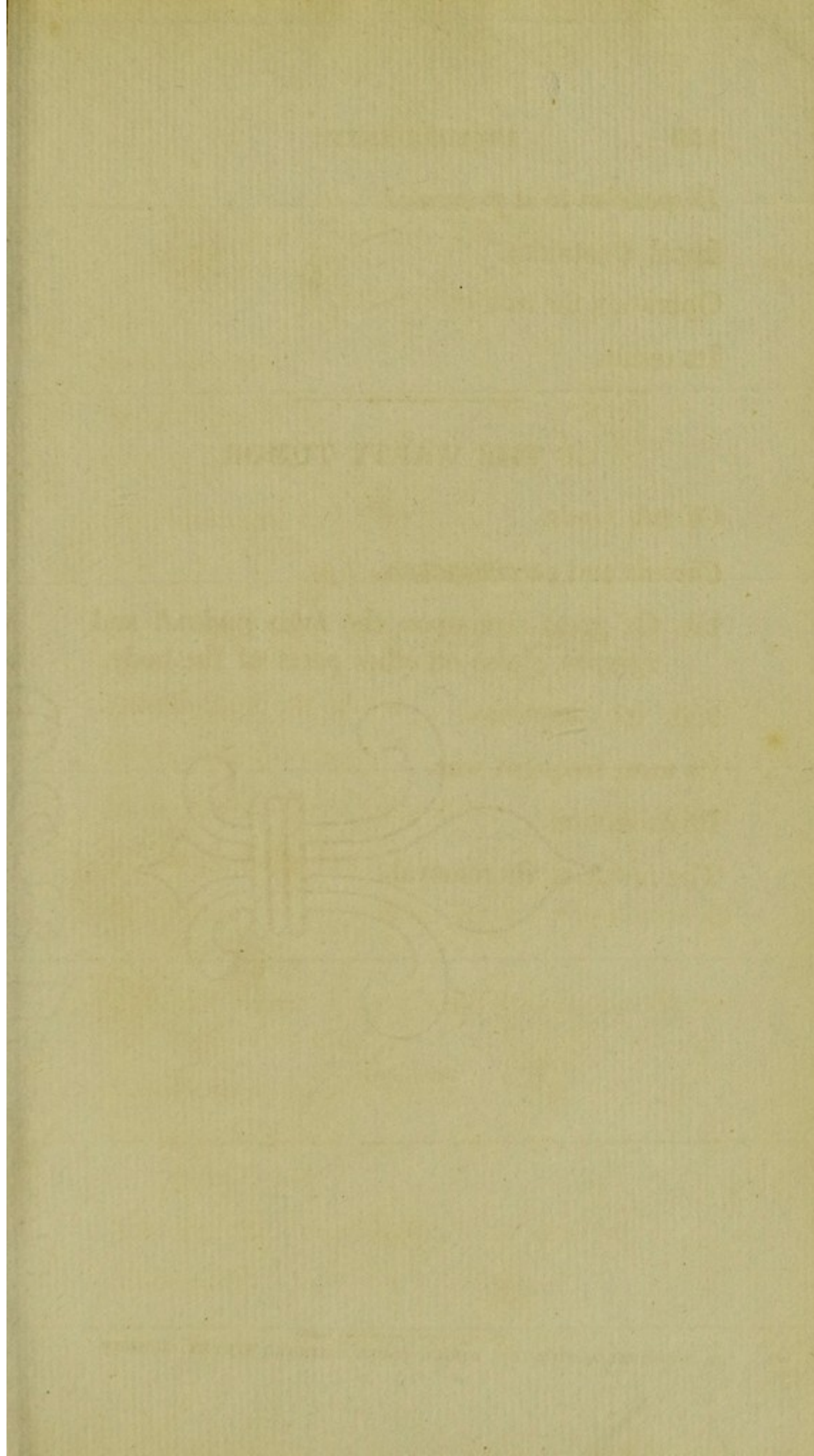
Its most frequent seat.

Its dissection.

The result of its removal.

THE END.





It is a common

Local treatment.

Operation for it.

Its result.

OF THE WARTY TUMOR.

Of two kinds.

Character and distribution.

1st. Of great size upon the labia plicata and
scrotum; also on other parts of the body.

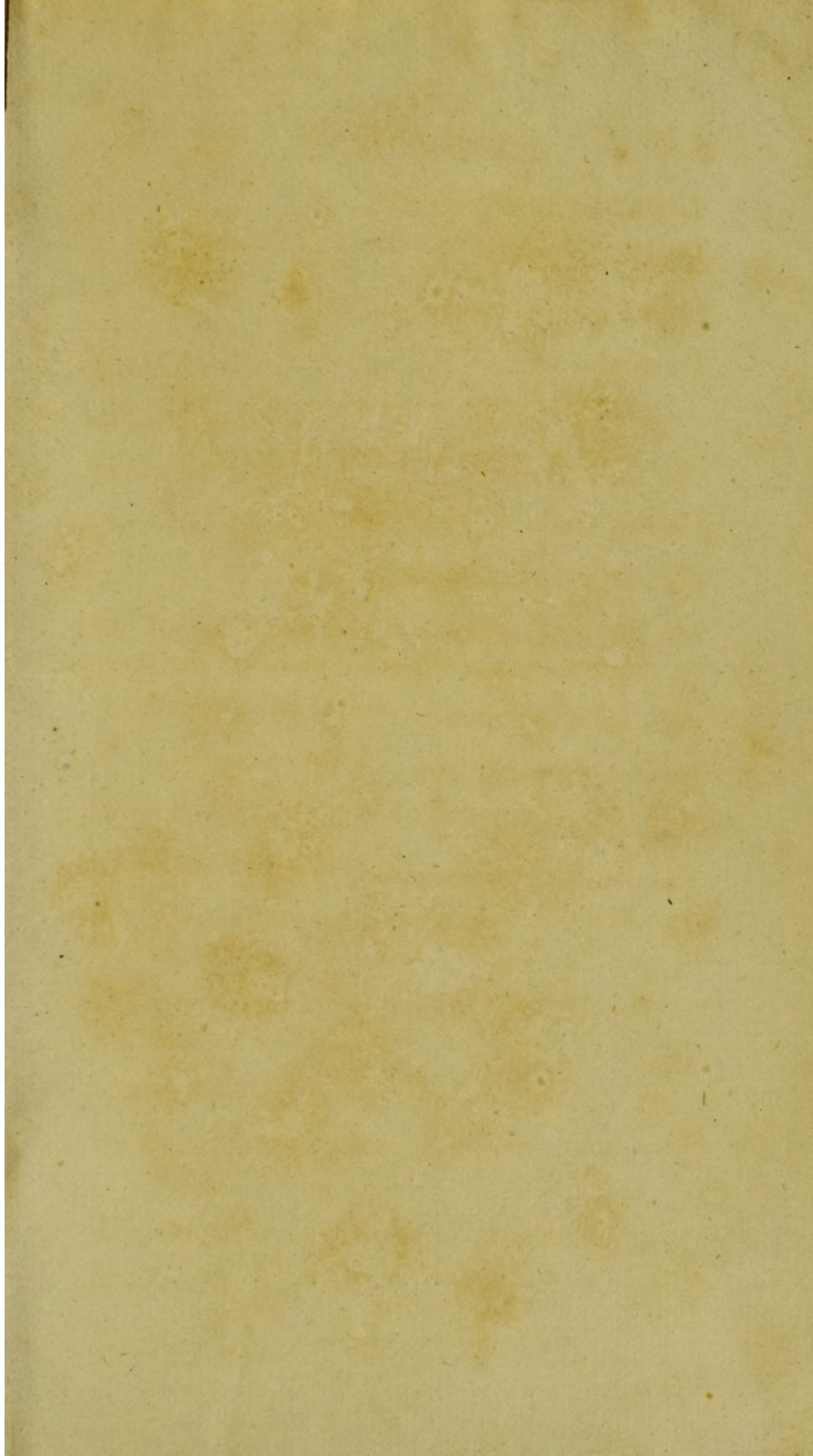
2nd. Of smaller size.

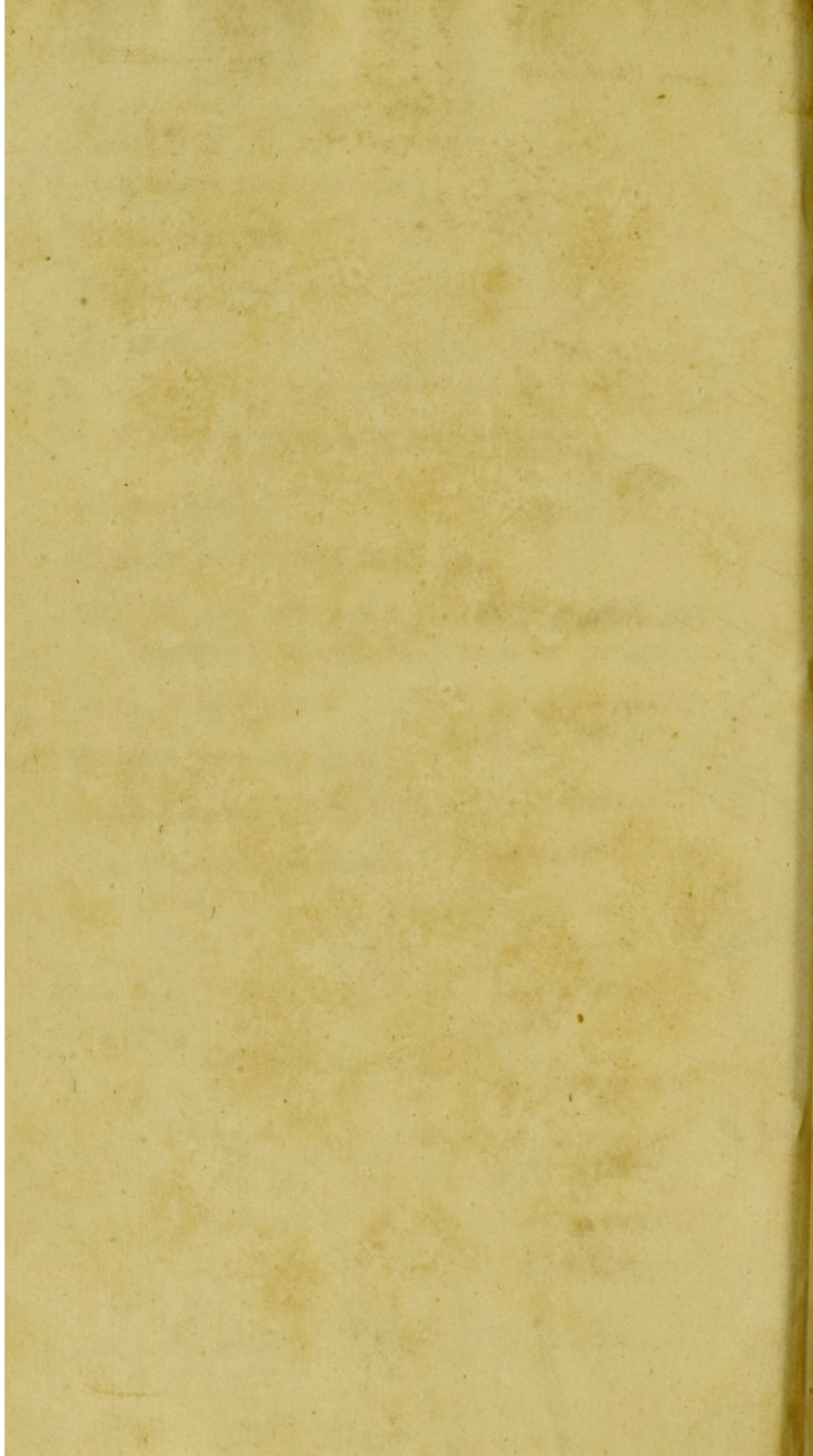
Its mode of growth.

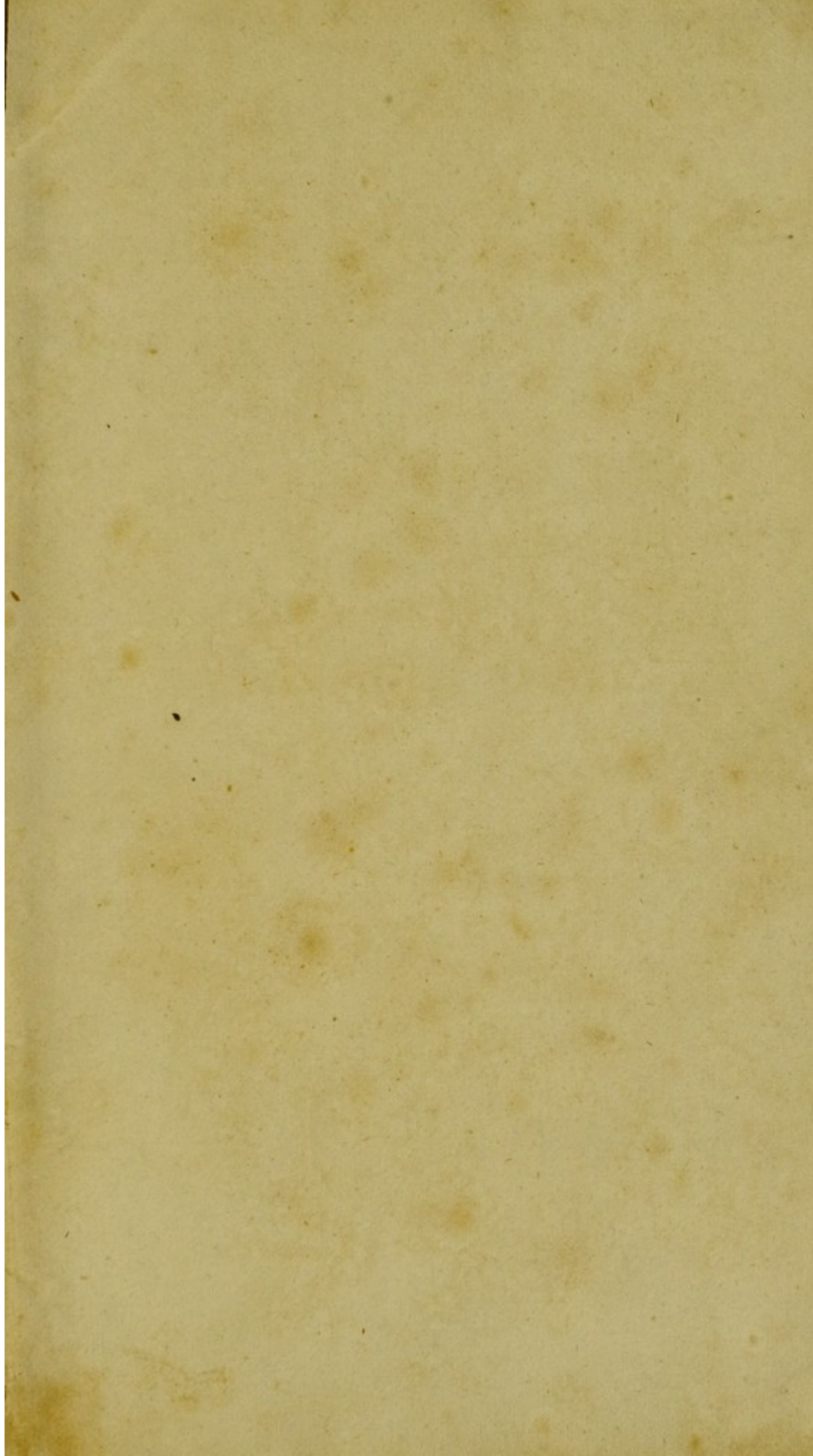
Its duration.

The result of its removal.

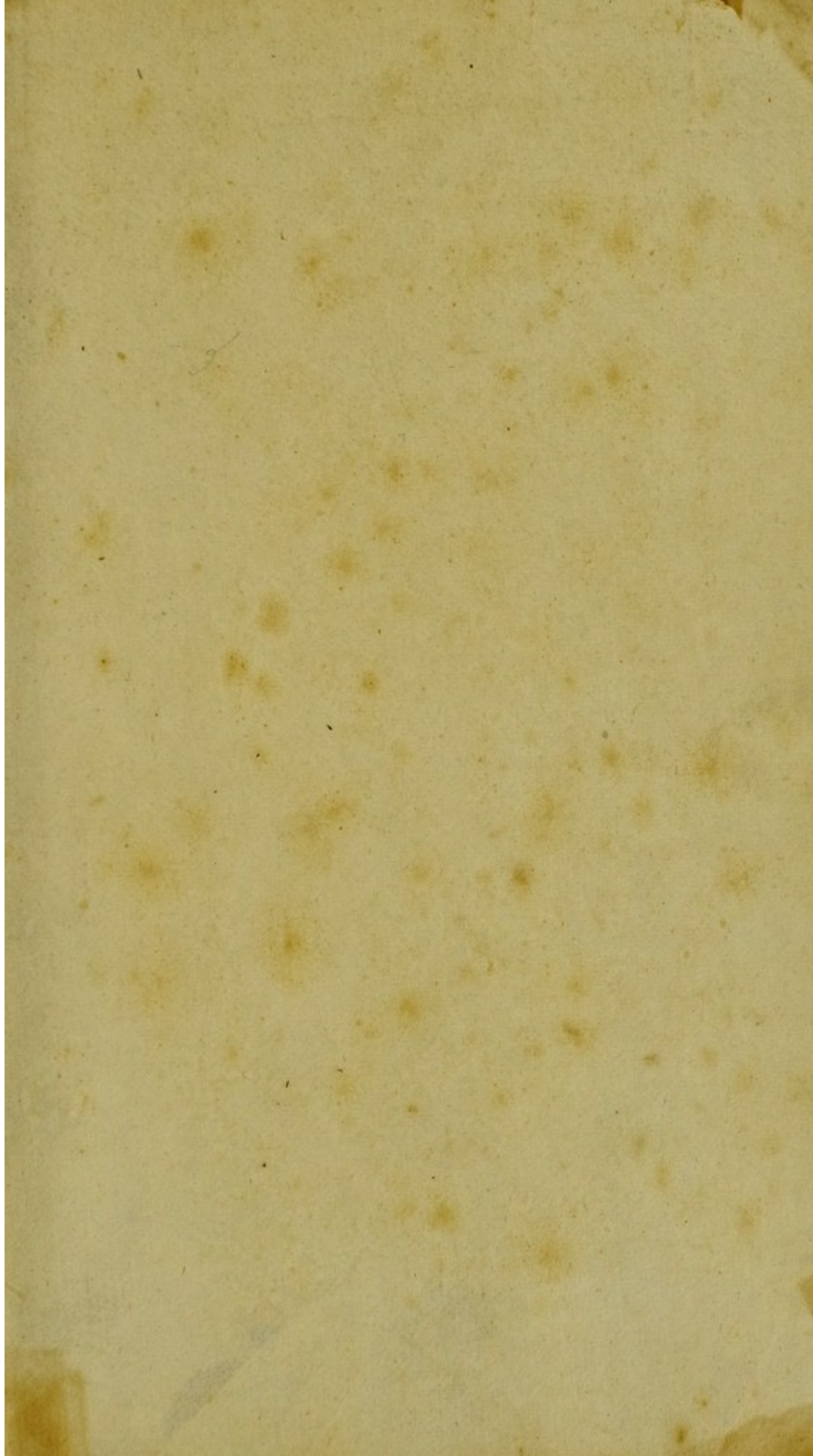
THE END.















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