Notes on Practice Taken

From the Lectures of Lewis R. Ford, M.D., Professor of the Practice and Institutions of Medicine in the Medical College of Georgia.

1843-1843
1851-1853

17 years ago 11

Joseph A. Cov.
Dr. Thomas Pardell
at Mr. Phillip's

Dr. Joseph A. Eve
Dr. Joseph

Dr. Joseph A. Eve

Miss Mary
Miss Mary
Miss Mary
Miss Mary
Miss Imlington
Mr. Simpson
2. When different tissues of the human system are diseased, are the symptoms indicative of disease also different?
A. They are. The symptoms are modified by a disease state of each particular tissue.

3. Will a knowledge of the symptoms of each divided tissue suffice?
A. No. The symptoms of the organ diseased.

4. Does it frequently occur that a tissue entering into an organ composed of several tissues, is diseased while all others are healthy?
A. Yes. Each of the four coats of the stomach may be separately diseased.

5. Are the symptoms of particular tissues increased by the same?
A. Tissues similarly situated, when affected by diseases of the same nature, are intensively of the same symptoms.

6. Define Life?
A. It is the action of the cells or the various organs of our system.

7. Is it essential to the performance of the functions of any organ that a physical agent should occur?
A. It is.

8. Can you prove that the action of a physical agent is necessary to the performance of voluntary motion?
A. By cutting off by a ligature all muscular and neural communication motion is destroyed.

9. What then is essential to action in the human eye?
A. A physical agent of an organized material nature.
Q 1. Can the term Functional be correctly applied to this case?
Q 2. No. All disease are organic.
Q 3. Name two terms in medical language that have been very much abused by abstractly using them?
Q 4. Sensibility & Controllability.
Q 5. An inflammation when there is redness and pain
   is "saying" the sensibility of the part is excited
   expression of any thing more than to say, the
   red colour of the part is excited?  
A 5. No sir.
Q 6. Will the animal organization consist of being studied as the physical sciences are?
A 6. Yes.
Q 7. Define Health?  
A 7. That state of the system resulting from perfect organization and action of all the parts.
Q 8. No. Because what must food and medicine differ only in the degree of action?
A 8. No. Medicines are not assimilated.
Q 9. In all disease, there live elements on orders of Johnson. 
   What are they?  
A 9. 1st. A physical attrition of the organization. 2nd. 
   altered function.
Q 10. Define Disease?  
A 10. It implies an increased, diminished, or want of action in one or more organic 
X. What is Pathology?  
A 10. 1. The doctrine of nature of disease 
2. In the beliefs of pathological anatomy limits 
   to post mortem examination.
A 10. No sir. It includes the study of the nature
that of disease by the physical signs, as by the
anterior, posterior and lateral aspects of
I. Could you, without the aid of Pathological Anatomy,
trouble by Physiology, the symptoms of disease
to determine the cause of all diseases?
A. Is there, distant organs sometimes give the stronger
symptoms than one affected immediately?
I. In what is the source of medicine chiefly indebted
for its present enactures and perfection?
A. Pathological Anatomy.
I. Are there not periods in disease, when you cannot avoid
by Pathological Anatomy, in investigating their Pathology?
A. In the insidious of most diseases.
I. Are there not diseases in which you cannot avoid
your study?
A. Disease of the nervous system
I. Upon what then would you rely for a correct patho-
A. Observations and reasons.
I. Would a precise knowledge of the physical alter-
A. Not so.
I. What is meant by symptoms of disease?
A. Incomplete or accelerated appearances, which exist
with a disease, state.
I. What is the study of symptoms called?
A. Symptomatology.
I. How are symptoms divided?
A. Common and peculiar.
I. What are common symptoms?
A. Those not peculiar to any disease, but occur in
different disease.

I. What are proper symptoms? A. Those which appear only when a particular part is in a particular state.

II. What are the symptoms denominated for want generally called? 

A. Diagnostic or Pathognomonic.

B. What is meant by terminology? 

A. Assuming upon the interpretation of making symptoms significant of the physical change.

D. To terminology related to the name of science? 

A. The list.

D. What is meant by accidental symptoms? A. Those which are present in some cases, not in others.

B. What is meant by diagnostic symptoms? A. Those which may indicate the mode, manner, or time of the termination of a disease.

D. What important shall a physician should generally form a correct prognosis? 

A. It is.

D. By what means does a physician generally arrive at the diagnostic symptoms in the commencement of a disease? 

A. By the patient's report. D. by attendance. B. by observation. This last is most important.

D. On all points of disease alike favorable for correct diagnosis.

A. Why, because the commencement and termination of disease show a great similarity shown at the period of inunction.

D. Give an example of disease similar to
A. Learn to describe PoX.
B. Is the cause of death most employed by the Priscian in obtaining a knowledge of diseases?
A. It is.

I. Name some purposes for which it is used?
A. By the exterior of the body in examined. Contour of the eyes; Nose, how affected by respiration; mouth, tongue, throat, the age, sex, form, color, and the habits in some cases. the functions—action or inability to move.

I. Name that class of diseases which you diagnose by sight only?
A. Contaneous diseases.

D. Has art aided this class by any inventions?
A. Yes. Heres: its given access to many facts which without it eludes the examined.

I. Name some of the uses of the ear in obtaining a knowledge of diseases?
A. The history of the case: the patient, which his condition, symptoms, even through the eye. By it the physician hears the language of complaint or the influence of prescious of the patient. By it the acoustician can determine whether he alive or dead. By the change of the organs of the chief sensation are ascertained.

II. How this is aided by instruments?
A. By the Stethoscope.

I. Name of the organs used by the line of touch.
A. In ascertaining the density, B. in the palpe, ev of organs. All of them of the external organs: the uterine, i.e. of the pulse. It is called used by the surgeons as a thousand.
2. How is the cause of such cases usually.

A. By examining the breath and excreta of patient.
B. By taste, con summation.
C. Should be in diabetes, and other diseases.
D. What should be done before treatment is begun?
E. Form a correct diagnosis.
F. Should the physician be thorough in his examination?

A. Most certainly, for fear of becoming careless.
B. Is it important that the examination be systematic?
C. It is.
D. Why?

A. Because in some cases, obtains correct. Knowledge of mind disposed with, the patient may incite the young from embarrassment.
B. Should you listen to the long details of cases from the patient, cases infertitious within a reasonable to you?

A. If this is true, or if the sometime is young.
B. What may you learn from these of importance by this plan?
C. His moral character, his habits, temperance, approach and abnormalities, etc.
D. To what are you directed begin your attention first?

A. Such are called, communicative, certain, facts, with age, sex, temperance, disposition, constitution, mode of living, etc.
B. What next?
The position, nature of the patient.

Is it necessary that external surface of the body should be examined?

A. If it continues. When there are an unnatural or unusual symptoms occurring a known disease.

D. Do not mistakes sometimes occur from in the diagnosis treatment of disease by neglecting to examine the external surface?

A. They do. A fractured rib has been treated for Periton.

D. What is the first question to be asked your patient?

A. Where is your pain

D. Will you always receive a correct idea of its locality from his description?

A. You will not.

D. How then? A. Require them to locate it with their hands.

D. Then what should you do?

A. Ascertain the physical condition of the part by examining it by pressure, percussion &c.

D. Should you be careful how you ask your questions?

A. Yes. Leading questions should be asked (never)

D. After you have endeavored to ascertain the physical change of the part, to what should you then turn your attention?

A. The function of the part. If it be a secretory organ the functions should be examined.

D. If you have satisfied yourself of the presence of disease in a part and the kind of disease would you continue your examination over the whole system?

A. Yes. sir. Then diseases may exist.
What would you commence your examination on?
A. At the head.
B. If pain exists, the kind, degree, if the cause is natural, notice the Consequence.
C. What part next?
A. The thoracic organs, lungs, bronchii, trachea, heart, and arteries.
D. What part next?
A. Abdominal organs.
E. If you were examining the patient, would you
B. Know with which distended it, whether air, water, or something else?
A. Yes, Sir.
D. What part next?
A. Viscera of the Pelvis?
F. Are diseases generally modified by arrangement of thoracic organs?
A. They are.
D. What are you to do now?
A. Sum the history of the case, the cause of the disease and previous treatmnet.
D. in. U. do you think it better to keep a record book?
A. I do after the manner of the French.
V. Will you recommend to keep a book of any other kind?
A. A common Place-Book.
D. So you suppose diseases produce continuously enough to be arranged in Cables.
A. Chronic.
1. Give an instance of two diseases very different in their character affecting the same organ.

D. Pneumonia + Pneumonitis Pulmonalis.

J. But are there not some physicians who contend that these diseases are dependent upon inflammation of the same organ.

A. True no. This leads is one of these.

J. By what are you governed in determining the difference no diseases.

A. The symptoms. Treatment and the physician all.

J. Name two diseases of the mucous membrane of the intestines that differ in each of these modes.

A. Enteritis and colica Protonem.

J. Does the generalization of diseases by symptoms to any (gastroine) use.

A. Of no use.

J. Since these there is sufficient difference in diseases to allow them being arranged into classes, is there sufficient similarity between some diseases for them to be arranged in groups int of.

A. There is.

J. Will intermittent Fever as it occurs at present agree with the history given of it by Hippocrates.

A. It may in all elements similarly.

J. Does the vaccinious disease (vacciniform) have the characteristic marks now that it did when first produced on the human system.

A. It and.

J. In what great particular are Small Pox & measles resemble each other.

A. Each is marked with a cutaneous eflorescence.
and the more attack the same individual twice.
D. Do you think Contagion disease might be cured by inoculating some of the inferior animals with the virus of what been done in small pox?
A. From the similarity of the disease it is necessary to suppose so.
D. By whom was the first medical arrangement formed?
A. Savages
D. Which is best?
A. Prussian D. What objection to St. Groves?
A. Change of the denomination of Science D. What is Etymology?
A. The doctrine of causes of disease D. What are Dr. Goddall's ideas who deny the necessity of understanding Etymology?
A. Exclusive D. What reasons do they give to sustain their idea?
A. 1st. Though the cause be removed the disease will go through its course. D. Disease may be removed while the cause still exists as in tuberculosis. God.
D. It is important to understand the cause of disease!
A. In 1st. To prevent disease, 2nd. To be led to proper treatment.
D. Are these diseases as spontaneous?
A. No Sir.
D. How are caused disease?
A. Into Internal & External. D. What are Internal Causes?
A. All those varying changes in this system which
1. What was the first division of the causes of disease mentioned, and what was it? 
2. Sufficient and insufficient. 
3. Was this division objected to? 
4. Definition of what? 
5. What was the next division mentioned? 
6. Efficient or occasional? 
7. What division is preferred? 
9. How this subdivision of the Remote? 
10. Pre-disposing or exciting. 
11. What is meant by predisposing causes? 
12. Those causes acting upon or within the body, rendering it particularly liable to take on disease. 
13. Are these causes permanent? 
14. They are in chronic or chronic. 
15. What is necessary that a predisposing cause should produce disease? 
16. The action of an exciting cause. 
17. Do predisposing sometimes become exciting? 
18. Cause or the reverse? 
19. They do. 
20. Give an instance? 
21. Malaria something predisposing to intermittent fever, or have continuous excitement that is the reverse. 
22. Do you understand efficient, determining, or casual? 
23. Nervous or exciting cause to mean the same? 
24. Yes, sir. 
25. What definition did Mr. Brown give to a principal cause? 
26. That state or condition upon which disease
directly or immediately depends.
Q. What was it called by some ancient writers?
A. Opium morbus.
Q. Are there always various and numerous?
A. They are at least as the physical alterations
which take place in the body.
Q. Does every agent acting on the body produce its
specific effect?
A. Yes Sir.
Q. In vomiting produced by Carasa Enatriae what
is the resulting cause?
A. Carasa Enatriae.
Q. Can you produce precisely the effect by applying
Carasa Enatriae to the surface of the patient?
A. No Sir.
Q. Do the bite wounds of poisonous animals each
produce in the system a different peculiar effect?
A. Yes Sir.
Q. Do you suppose that every disease has its
own specific cause?
A. Yes Sir.
Q. May you truly with propriety be said to be looking
for something in contradistinction to certain the
causes of intermittent fever, or any other disease
A. Yes Sir.
Q. Pict when Intermittent fever occurs in High-
Febrile situation in what do you suppose it affects?
A. It is probable that malaria may give them
at least there is no reason to say it cannot.
Q. Do not some two agents acting as exciting causes produce in the system the same effects?
A. They sometimes produce a disease called by the same name, but there may be some difference in the disease or the cause on which it is supposed to depend may be acting imperfectly.
Q. What do generally suppose to produce epidemics.
A. The general state of the atmosphere.
Q. If a sporadic case of disease of the same nature occurs, would you refer it to same cause?
A. I should.
Q. Does the division of Natural Causes involve anything more than what is termed approximate Causes?
A. It does.
Q. Are they generally predisposing or exciting?
A. Predisposing.
Q. May they be either local or general?
A. They may.
Q. Do you consider it important to understand the temperament?
A. Yes sir.
Q. Name the different temperaments mentioned by Dr. Holt?
A. Aqueous, Bilious, Sympathetic, and mephitic.
Q. What do you understand by the Terms
A. Those individual differences caused by such disposition of parts as regard volume and action, acts modifying the whole organism without immediately affecting the Morals.
Q. And some of the physical characteristics of the aqueous
A. Puffy complexion strong pulse good shape an
inclined countenance firm flesh light hair fair
skin blue eyes?
B. To what disease is this temperament disposed?
C. Fibers dull aspect smooth face.
D. How the marks of the Beloved?
A. Brown colored skin dark hair yellow
straight hair elaborate veins prominent
D. Is the coldness are those affected?
B. Those of the abdominal viscera.
D. How the marks of the Hypothetical?
A. Thin pale flesh soft fair hair weak hair
Eft pulses vital action languid according to
mental and corporal evolutions
B. To what disease most prone?
A. Those of the hypothetic epilepsy.
B. It is seldom original to children.
B. Are more of females mostly of this temperament
A. Females.
D. By what is its characterized?
B. Small soft muscles slender form vivacity of
motion. Fidelity of judgment.
B. To what disease prone?
A. Nervous diseases.
B. Has lost the power of changing the organization
or developing some organs at the expense of others?
A. If has.
D. Is more apt to be produced in an organ that is
much developed from exercised by the circumstances
stimulants?
C. To Sir.
I. Is it very prone to be sympathetically diseased?
A. It is.

II. Does the disproportionate development from habit of one organ dispose others to disease?
A. No more.

III. With what disease is the head more generally affected?
A. Dystrophy.

IV. With the excessive in moderate excessive of the digestive organs, paralyse them to the practice and cause?
A. It does, but not others.

V. Are diseases of the brain frequently dependent on it?
A. Yes Sir.

B. Why?
A. The digestive organs are developed at the expense of the brain, particularly, as well as other organs of the system.

B. The effects of the immoderate use of what other organs were mentioned?
A. The genital organs.

B. What organ is particularly liable to be disease when these organs are exercised to too great an degree?
A. The stomach.

B. Will the nervous system be very apt to be affected?
A. It will.

B. Then some other organs that are to be sympathetically affected which are they?
A. The thoracic viscera.
1. How can an unnatural or moderate vise sometimes produce an unnatural or moderate vise, impossible?

A. Yes, sir. As was the case with the otiose seal that married the beautiful girl of Bithynia.

2. Can you give another instance?

A. A Lord of England who having died from epilepsy whilst in "The Act," his death was the last day announced in the report of some ladies who said our Lord died last night in a "paroxysm." 29. "Total vise is thought to be followed by its consequent misery in a corresponding degree?"

2. Prairies.

3. In the physical system affected in its structure from this pathological habit.

A. Yes, sir.

4. In what other way will a person suffer for theaneous effects of this, vice?

A. The functions of animal life recur in its deficient consequences.

5. When this is a cause of disease it is generally "equivocal".

A. Or is not. The patient conceals it.

6. In what way does the Hotel produce disease generally?

A. The venemous accords love their turn & shew is frequently an escape of the seminal fluid.

7. At what time does this fluid escape most generally? That is involuntarily.

A. While passing the virtues of a candle.

8. Is the healthful action of the seminal vessels ever impaired from other causes than the excess live use of the genital organs?
A. They are from hemorrhoids as caudal, strictura in the rectum or anther. Inflammation of the anther.

D. May it not be produced by excessive natural use of the genital organs.

Q. The Dr.

D. Is it as often produced by all the cases named above as by masturbation?

A. It is not.

D. By what has the affection consequent to this habit been particularly studied? described?

A. Dr. Callman. of the College at SHEFFIELD.

D. What symptoms would authorize you to believe that the system was suffering from a wakening of the senses?

A. Pale, fagged, declined, constipated, evaporation, muscular activity. A distinct sensation distressing to avoid bodily. Fever in various parts of the body. Tinnitus a insulated from enervation, inflamed ears. Constipated bowels, inability to procure refreshing sleep. Symptoms of gaseousness.

D. By what could a diagnosis be made out?

A. Complaints of the patient. And examination of the urine.

Q. What would the urine exhibit in a case of this kind?

A. A white, cloudy, flocculent coat on it after standing. Probably mixed with blood.

D. Would the urine have any peculiar odour?

A. That of skim.

D. What is apt to occur soon after passing the urine?

A. A short motion contrary of the accelerator, and so, by which some urine will be squeezed out of the bladder.
3. Is there any remedy for this distressing disease?
A. There is.
B. What would be your remedy for a swelling of the Lumbar fluid?
C. Cauterization of the farrotile portion of the lumbar.
D. With what would you Cauterize?
E. Plum Castor.
F. Are there not other methods for curing this disease?
G. Remove the cause if it continue to act thus as ascariasis &c.
H. Does there seem to exist a sympathy between the Rectum and the urinary organs?
I. Old Sir.
J. How is this sympathetic action manifested in dye.
  - United?
K. Strangury is a frequent occurrence.
L. What is a good mean to get rid of ascariasis?
M. Inspection with Cala meter.
N. What conditions of the liver were mentioned at Cause
  - Disease?
O. Occurrence of different quantities.
P. When what is the gallbladder affected?
Q. The action of the solution of the physical structure of
  - Center of the nervous system.
R. Does joy ever present dangerous effects?
S. How sudden of excessive death has been the result?
T. What is said to have been the cause of the death of
  - John Hunter?
A. Anger it produced also play.
B. What are some of the affections caused by this
  - Yellow?
C. Nephritis (to preventative Colic &c).
2. What are some of the depressing passions which will produce disease?

A. Fear and grief.

2. Was death any agency in producing disease?

A. It greatly modifies and prepares the body to disease.
B. What two factors tend to predominate in infants?

A. A muscular vascular.

2. Is the infant more susceptible of disease than the adult?

A. They are.
2. Does the infant exercise muscular motion more frequently made on the system?

A. This is.
2. What is done with these impressions in the adult, which are corresponded to muscular motion in infants?

A. They are changed as I read.

D. Can you prove the articulation to be greater in the infant than the adult?

A. Yes sir. The number of joints is greater.

D. Do the capillary vessels also predominate in action in infants?

A. Yes sir.

D. Prove it.

A. Hemorrhages are more frequent. The superficial action is also evident from the growth of the foot.

D. Are offspring proper generally in disease of children?

A. They are, used judiciously.

D. What colleting remedy was recommend by doctors of children?

A. Warm bath is generally applicable.
1. Is it generally necessary to bleed in diseases of young children?
   A. It is not.

2. By what general cause do adults prevail to die
   more than infants or the aged?
   A. Exposure.

3. In infants, what part is most subject to disease?
   A. The head.

4. What in old age
   A. The urinary organs.

5. From the principal cause of disease from internal
   Cause,
   A. Food, drink, & atmospheric change.

6. Is the custom of taking too much food increased or
   diminished by civilization & refinement?
   A. Increased undoubtedly.

7. Are such food prove injurious without being taken
   in improper quantity or quality?
   A. When the digestive organs are not in a proper
   state.

8. Will the use of animal food alone produce disease?
   A. Not, &c. survey.

9. What diseases will the use of vegetable alone cause?
   A. Diarrhea.

10. Do these either generally prove disease?
    A. Then impregnated with some deleterious agents
        as Lime Copper, &c.

11. Are alcoholic drinks a fruitful source of disease?
    A. They are.

12. In whom is temperance of utmost importance?
    A. The student.

13. What was quoted from the Apostle with respect
to this?
A. He who striveth for the necessary must be temperate in all things.
B. What effect does the full use of animal food have on the
Pulmonary?
A. Fosters and increases them.
B. On an adult what is the effect of vegetable acid on the
moral faculties?
A. Vicious appetites of fleshe.
B. Will at times increase the human passions?
A. A sin diminished them.
B. Are variations in the physical and demonstrable properties
of the atmosphere frequently a cause of disease?
A. Yes Sir.
B. In what three particulars
A. Principally in density, temperature and moisture, or
B. Barometrical, thermometrical, hygrometrical.
B. How are cold moist air produced diseases?
A. Directly by rendering the action of the cutaneous slow.
B. What effect has warm moist atmosphere directly in the
physique?
A. Diminished energy and vitality.
B. What would you tell its indirect action in producing disease?
A. The generation & concentration of malaria.
B. In what class are diseases most frequently produced by
mechanical irritants existing in the atmosphere.
A. Fine Cutters, Cotton Ginning 
B. Needle, grinding
B. What gases combine with ice in the air & produce putrescence?
A. Carbonic acid & sulphuric hydrogen.
B. Are there not other agents though not demonstrable?
A. It is true.
B. Do you think there is sufficient evidence of the existence of this agent?
A. Yes, sir.
B. How may it be produced?
A. By infection or by using the air as a vehicle.
B. What evidence have you of the existence of this agent?
A. Take an individual who is enjoying good health, by the use of good wine or food. It affects him to the extent from a steady state continuing the use of the food or drink. I get aire and mine probably cured.

3. December
What division of diseases did the Ford make?
A. 1. Of the Head. 2. Of the Thorax. 3. Abdomen or Pelvis
B. Skiæ
What was the first spoken of?
A. Dubheveral.
B. What are the most common caused?
A. Irregularity of diet—great exercises, exposure to cold.
B. With what other term is a foregoing of this considered identical?
A. Ulceromatous fever.
B. Who are most frequently affected with this disease?
A. Children.
B. Is it necessary to commence an active course of treatment for the cure of this form of fever?
A. It is not.
B. What is fever?
A. Incorrelated high—fevers increased in frequency of force, disorders operation of animal and so
garcia Life.

1. What disease is thought to have possession in original forma

2. In what are all circumstances to the actual description

3. Of it, as much or more than any other?

4. Intermittent Fever.

5. What is meant by intermittent Fever?

6. A certain kind of fever known as intermittent, commencing with a chill and terminating with perspiration, there being a perfect intermission between the fever

7. What is a Paroxysm.

8. An assembly of marked phenomena in disease.

9. In a Paroxysm of intermittent Fever what sort of

10. Phenomena be there?


12. What do you understand by the term. Intermittent.

13. From the termination of one Paroxysm to the commencing

14. Commencement of another?

15. What is an Intermittent?

16. It embraces both a Paroxysm & an intermission.

17. What are some of the most prominent symptoms of the end

18. Stage of intermittent Fever?

19. Marvellous. Slight. Sore in the heat, knees & back, the

20. Along the back often, then extending all over the body

21. Numbness. Depression of the mental faculties. Surface pale


23. Rigidity of the emotions. Pains & vomiting. Head ache. Third, there

24. Pale & ready. Preperation emptying, and slight. Organs of these imprints in active. Alterations of heat &

25. How long does the stage Continue?

26. From one to 2 or 3 hours. Sometimes longer.

27. Is this condition also exchanged by vomiting?
A. This is.
B. Do you that fever then is more violent than in health?
A. If done yet.
B. What stage appears as the cold stage disappears?
A. The hot stage.
B. Give the symptoms of this stage?
A. The alternation of heat and cold give place to heat, vomiting increases. Fall along frequent pulse, feverish hot and dry, severe headache, high elevation, without sediment, and thirst. pains in the head back or extremities. &
B. How long are the stage continue?
A. It is various generally from 4 to 8 hours longer than the cold stage.
B. What stage next, the sweating?
A. The rig.
B. In what part does the sweat first appear?
A. About the head & breast.
B. What is the state of the pulse after this stage is over? A. It returns to normal, but retains its frequency.
B. Is there a subsidence of all the urgent symptoms in this stage?
A. This is.
B. How does this stage terminate?
A. In a state of delirium.
B. What is meant by the type in intermittent fever?
A. The form which it assumes with respect to the duration of the interval.
B. What is the quotidian type?
A. Then fever occurs twice daily.
B. What is the length of the interval in the tertian?
A. 28 Hours.
B. What of the quartain.
C. 73 Hours.
D. What is the double Quartain Type
A. A paroxysm occurring every day but more violent in every other day.
B. Are the Paroxysms always regular in their appearance?
C. They are not.
D. What are they then called when not regular?
A. Postponing or antecating.
A. What is the tendency of an antecating Paroxysm?
A. To become antecating.
B. What is that of a postponing?
A. If it be not antecating to become quartain, if quartain to become quartain etc.
B. Which of these Types are the most uniform in the event of the Paroxysm?
A. Quartain.
B. Which is considered the most difficult to cure?
A. The quartain.
B. Are the changes which take place in the physical structure to be studied before or after death?
A. Sometimes before and sometimes after.
B. To what are you inclined as the only certain means to obtain a Knowledge of the pathology of Intermittent Fevers?
A. To the careful observation & interpretation of Symptoms during life.
D. What do you observe in the connected Symptoms of the intermittent fevers?
A. The symptoms are generally accordant, no organ in the system performs its function in a regular manner.
B. What would you infer from that fact?
A. That these symptoms universally distributed over the body must be the cause of universal debility.

D. What are these symptoms?

A. Nervous & vascular.

B. What is the centre of the vascular system?

A. The Heart.

D. Now the whole circulatory system is modified by a disorder a arter of the Heart. Is it?

A. Not so.

D. What the disorder a state of the circulation always correspond with the disorder a action of the Heart?

A. Unless there be considerable structural change in the Heart.

D. What may modify or disorder the action of the Heart?

A. Inflammation. B. The state of the fluids as to little, too much or vitiated blood. 3. Inflamed of distant organs through the medium of the nerves.

D. Does a disordered Circulation in Intermittent Fever depend on inflammation of the heart?

A. More

D. Why not?

A. That change is not obvious in post mortem examinations that would be if there was inflammation.

D. Does it depend upon the state of the fluids?

A. It does not. If it an other change would be effected in the system.

D. Is not then different, other diseased organs?

A. Not all.

D. What evidence have you that diseases in other organs will disorder the circulation through the action of the Heart?
A. In any of the hemorrhages, as in inflammation of the brain, unless the circulation will be deranged.

D. Why may not the local inflammations produce intermittent fevers?

A. For the reasons before stated, it from the fact that local inflammations never produce periodic fevers a striking feature of intermittent fevers.

D. What proof have you that local inflammations will produce disease intermittent in its character?

A. If during a case of intermittent fever a local inflamed area occurs in some important organ, the intermittent fever or periodicity of the fevers will be destroyed.

B. Which are the organs affected, and upon which does the disease circulate depend?

A. From the manner in which the symptoms occur, the morbid state is suggested as being primarily affected.

B. What are the first disordered functions?

A. 1. sensation 2. voluntary muscular motion 3. intellectual faculties

B. Of diseases in the nervous centres produce all the symptoms that occur in intermittent fevers.

A. Yes sir.

D. If the portion of the spinal cord enclosed by the cervical vertebrae be inflamed, what are the symptoms?

A. There will be in the superior extremities contracting, rigor convulsive or paralysis also impedes respiration, it is adhesive.

B. At what point of the superior extremities do these states generally commence?

A. In the finger.
flammation of the cervical portion of the spinal marrow?
A. Sphygmic.
B. If the dorsal portion be inflamed what symptoms have we then?
C. Difficult respiration, disordered stomach, tourniquet great manner of vomiting, Heart action disordered.
D. What are symptoms of the lumbar portion is inflamed?
A. The abdominal organs disordered, the inferior members paralyzed or weakened.
B. If the substans of the dorsum be inflamed. How do you find the symptoms most manifest?
A. In the extremities a distinct feint.
B. Are you now satisfied that all these the symptoms of intermittent fever may be produced by inflammation of the nerves centers.
A. It is possible.
B. Will not irritation without inflammation of the nerves centers be manifested in distant organs?
A. The Sir.
B. Suppose you point with your fin the origin of a nerve of the spinal marrow where will the pain be principally felt?
A. In the tissue on which that nerve is distributed?
B. Suppose you divide the nerve, thus irritate any portion of that part separate from the spinal marrow where will the pain be felt?
A. There will be none.
B. How we have Physiology to aid in support us in this doctrine have we.
A. Both Physiology and Pathology go to form it.
B. Suppose you prick you finger upon what arise the
Pain depends.

1. Upon the condition of the spinal marrow whence the pain takes origin.
2. Do you suppose the same feeling might be produced by an idiopathic affection of that portion of the spinal marrow giving origin to the nerves?

Mr. Sir.

3. Suppose in healing all nerveless communication between the Phrenic and spinal marrow be cut off. would there be any feeling?

Mr. Sir.

4. What treatment was found to relieve Mrs., who has headache, pleurisy, & an irritable stomach, accompanying intermittent fever?

A. The bowels were kept open with crude doses of Col. Pellet, a mustard plaster was applied to the back vertebra, & Caffeine produced permanent relief.

B. How do you infer, from the cases read by Mr. Critch, that many painful affections & disordered functions of internal organs may be abated by topical applications to the spine?

A. The Sir.

C. Suppose what do you suppose these intermitting pains occurring at the last part of gestation & called false pains depend?

A. Etiological irritant of the Lumbar portion of the spinal marrow.

B. How would you relieve them?

A. By a mustard plaster to the lumbar vertebra.

C. Do you suppose you could cure irritable attacks by topical applications?

C. They are highly recommended by the Prof. of Obstetrics.
D. We have seen that pain or disorder functions may be produced in distinct organs by an affection of the spinal marrow, but do you think inflammation may be produced?
A. Yes.
B. What two elements are necessary to actions on the living body in health?
A. A living impossible surface & some agent to make the impression.
B. Are these two elements necessary to the production of disorders action, as in inflammation?
A. The sun.
B. In what system does inflammation commen?
A. In the Capillary.
B. In inflammations above what is the (reticle or) impossible surface dependent?
A. It is not necessary.
B. By what is the impetus made on this sun face?
A. By the blood.
B. By what is the action of the heart & circulation controlled or modified?
A. The nerve proceeding from the spinal marrow.
B. Capillary is formed by the spine giving origin to the nerves of the Pleura to modified by some delusive agent may not produce pain or increased action of the Capillaries of the Pleura.
A. The sun.
B. If the pain a increased action of the Capillaries continues for 24 or 48 Hours, what will then be produced?
A. Inflammation.
8. Presuming from epidemiology you would suppose that inflammation in a distant organ may be produced by irritation in the spinal marrow.

A. I would.

B. What other proof is there of the same?

A. Those drawn from pathology.

8. In acute rheumatism is there any inflammation?

A. In the joints there will be more heat, pain, and swelling.

B. What is considered the pathology of this disease by the most distinguished pathologists of the present day?

A. Spinal irritations.

B. Will the most successful treatment of this disease go to confirm the correctness of the pathology?

A. Use Dr. Pinard's irritations.

8. In that form of gastritis occurring most frequently, engaging females of comparatively young and sensitive living, what is the best remedy?

A. Application to the spine.

B. Do you think gastritis occurring during fevers may ever be relieved by applications to the spine?

A. A few.

8. Do you think spinal irritation ever produces after a long interval details in the organs of organic life?

A. It is true.

8. Upon what do you suppose nervous palpitations of the heart depend?

A. Spinal irritation of the lower cervical or upper dorsal vertebrae.

B. With what disease is Dr. Ford most commonly affected who is certain by relief by applications to the spine?
2d.

A. Asthma.

B. Do you think Hypostasia ever depends upon Opiums.

C. Certainty.

I. Show us the case of Colick treated by Dr. Sulk.

A. A young man was frequently attacked with Cramp Colick. A hot tea passed through the above of the lower cervical vertebra. He was relieved at first (but had no attack for 2 years).

D. Are the convulsions generally easy operated on by Cathartics in these cases?

A. It is difficult to produce an evacuation. Constant irritation affects its producing evacuation.

D. What remedies did Sir. Hughes use in Celiac Pithen?

A. Published in The T. M. B. Journal.

D. Abstentions to the spine.

B. What was the disease called by Leavage?

A. Rachialgie

D. What important process was given you about disease generally?

A. Tho' called to a case examine into the state of the Spinal marrow.

B. Do you suppose some portion of the spinal marrow will be found twice in a majority of cases of Internal Stomach.

A. Yes Sir.

D. Now would you make the examination?

B. By pulling firmly on the spinous processes, or rather inch one by inch the finger to thump the communicating not along with the bone into it by squeezing a 5 finger with warm water letting it run on the spinous processes 10 it.
D. An intermittent fever. What is the primary local affection?

A. irritation of spinal marrow or brain. or both.

2. Why do you say so?

A. From the uniformity of the existence of disease, there was a marked efflux by pain in some portions of the spinal marrow.

C. Give another reason corroborating the same fact?

B. The uniformity of successful treatment, when application of appropriate are made to the spinal column.

3. Will you give another important reason?

A. From an examination of the symptoms.

B. Can you give any facts that will tend to establish the third theory?

A. Of the cases of fever, principally intermittent treated by...

As for all but manifested tenderness of some part of the spine.

I am to give you any instruction to believe that disease did exist in some portion of the spinal marrow in the 3rd case.

B. Few of these cases are cured by a stool to the spine without any other therapy. But the others were much benefited by such treatment.

2. Will the treatment of the 3rd case go to establish the 3rd theory?

A. In every case, the application of leeches to the spinal column was effective.

B. In the application relieved the distressing symptoms frequently present in intermittent fever.

C. They are Malaria. Cold. Pain. Fatiguing breathing.

D. What remarkable fact occurred in the case malignant intermittent fever explain?

A. The fingers of the patient that were icy cold be
came warm soon after leeches were applied to the spine.

B. Well the symptoms of intermittent fever justify these 3?
A. Old Sir.

3. What are the premonitory symptoms? 
A. Pain in the back and limbs, sense of coldness, great fatigue from slight exertion, loss of appetite, perhaps nausea and vomiting for 2 or 3 days.
B. Is there pain in the back a constant symptom?
A. If so.

D. If there be pain existing in any organ, as the Liver, Stomach, or will it be said to be diseased?
A. Old Sir.

B. They not shall say there is disease in the spinal marrow when there is pain.
A. I know no reason.

D. What of the pains in the joints?
A. They may with propriety be referred to the spinal marrow, since the pathiology of chronic lumbar vertebrae is acknowledged to be spinal irritation.

D. What of the disordered state of the muscles of motion?
A. Why it is certain, that the healthy action of contraction of this system is dependent on the health of the spinal marrow. So much the less of the former depends on disease of the latter.

D. Is the nervous irritability?
A. It may depend on spinal irritation. The experience of any one that ever applied a mustard plaster to the vertebral vertebrae inritable Stomach would prove it fact.

D. Can you with as much certainty refer the symptoms of the cold stage to disease in the Spinal marrow, as you have done in the premonitory symptoms?
A. Old Sir.
Q. Will you agree with Cullen that there is a sleep of
the vitreous humor?
A. I suppose so.
Q. And that the sleep thus is the cause of the second or hot
stage?
A. The sin from throwing the unusual quantity of blood
on the internal organs and exciting them to increase
activity particularly the heart.
Q. What said Hoffman say about the proximate cause
of Fever?
A. I affirm that the formal and fundamental cause
of Fever is sleep of the nervous system particular
ly, of the Spinal marrow.
Q. Do you support Restitutes or Produse Fever?
A. Yes Sir.
Q. Is it true a more violent suspension, that In
vitations of the Spinal marrow will produce Fever?
A. Not at all.
Q. How can the cause of I. Fe-
malarias produce
disease in the Spinal marrow when it must be off
fluid to the nervous surfaces of the system?
A. By making the impression on the extremity of the
vitreous humor, the sensitivity of which vessel
is dependent upon that portion of the Spinal
marrow which gives these origins.
Q. Can you refer to similar actions produced by other
agents on the system?
A. Yes sir, Trychrine though placed in the Stomach
or injected in the Blood vessel will act principally
by the Spinal marrow. As likewise Emetic. Can
bead into alcohol, Ipe or brooks & others. Each
these the Spiro distinct organ and or organs to act upon.
D. How you suppose, with the same propriety, that the other agents which you admit, sometimes produce
I. I directed their deleterious action to the speci-
A. Certainly.
D. What word is that to which respect is often paid, as a cause of diseases, disease itself, but which is really an
agent, nothing material?
D. Cold.
D. What is the title of the work of Mayne, published
in the French language?
A. Treatise on Cerebro-Spinal Intermittent S
Vitation. Commonly called Intermittent Fever.
D. What was the number of cases treated by that
man in 12 months?
A. 3765.
D. What was the result of the post-mortem examina-
tions that were made in 29 of these cases?
A. There was found marks of acute cerebro-spinal
disease in 27.
D. Does much diversity of opinion exist among
Physicians in the treatment of this? If:
A. Yes.
D. How is the treatment divided:
A. That which is proper during the Intermittences and
that during the Paroxysms.
D. What is the object of the treatment during the Inter-
mittence?
A. To prevent a return of the Paroxysms.
D. That during the Paroxysms.
A. Is mortality its violation?
D. Would you give an opinion during the
7. It would be very well for 3 hours before the marriage.
8. Will it sometimes prevent the Paroxysm?
A. It will.
D. What would you give to produce Endesia?
A. Tincture Emesis or Opium or both.
C. What dose of these articles would you give?
A. Tincture 1, strong 25 minutes - Opium 3 or more
repeated in the same time. Or at once 2 gal Tincture
Emesis 15 gal Opium.
B. What was the next class of medicines recommended
to prevent the Paroxysm recurring?
A. Narcotics.
C. What is necessary for them to prevent the return of
the Paroxysm?
A. The system must be under their influence at
the time you expect the child to be born.
B. What was the composition of the pill advised?
D. What stimulants are sometimes used in this form
to prevent the Paroxysm from coming on?
A. Brandy. Wine. Pepper, or a compound of Black Japa
for the cutaneous stimulants. Tincture of.
B. At what time would you apply the Stimulant?
A. A sufficient time for the system to feel its stimu-
lating effects at the commencement of the cold
stage.
C. What is the most powerful remedy known for
prevent the Paroxysm?
A. Cinchona, but its preparations.
D. How would you give the Quinine?
A. 3 gns every hour, during the interval of
Commencement of illness, before the fever
as that 12 or 16 gns may be taken.
Q. Why is the dose of this article larger now than when
introduced into use?
A. It is more generally administered.
Q. What is another mode recommended for giving this
article?
A. Dose 10 to 12 gns 3 hours before the fever begins.
Q. How is treatment during the fever paroxysm fixed?
A. Into 3 parts.
Q. What is the object in treating the cold stage?
A. To arrest it as soon as possible.
Q. Is this stage attended with any danger?
A. It is the beginning of a stage of great danger.
Q. What is the treatment of this stage?
A. Apply hot external applications. Warm bed clothes
Hot drinks of herb teas as mint, sage, chamomile.
Q. What is better than these teas assiduously drink?
A. Simple hot warm, taken in large quantities as
warm as it can be borne.
Q. Why is it better?
A. It will be certainly as the tea relieves the indica-
tion of cold, produce vomiting, & the stimulants be
united with the hot stage comes on.
Q. Do spices profane during the cold stage?
A. Tea, lin. White pepper, etc.
Q. Which is the best preparation when given in this
stage?
A. Morphine.
Q. Why better?
A. More quickly absorbed.
Q. What do you think of resection in this stage?
A. It is a safe but unnecessary remedy except in prohibited cases.

Q. What are the indications in treating the hot stage?
A. Diminish the violence, reaction, dilate pain and sickness.

Q. Is bloodletting proper in this stage?
A. It is not generally necessary.

Q. Name some of the means used to fulfill the above indications?
A. Let the patient have cool air, cold water to drink, the injection. Cold water applied to the surface generally. Warm the delirium.

Q. How should this be administered?
A. While the patient is in bed. Continued for a half hour: as hot as can be borne, with mustard added if necessary.

Q. What is another important means for relieving the pains under vomiting?

A. Stimulating injections

Q. Of what should they consist?
A. The table spoonful of salt to 1 pt. warm water, or if more stimulating it allowance new dose, or Trefoin.

Q. Is bloodletting proper in this stage?
A. Yes sir.

Q. Name some of the descending means used in this stage.
A. The most efficient is cold water. Stimulating drinks.

Q. What is the most important of all means?
A. Opiates. Cup. 1 wineglass to the spinal marrow.
2. Which is the most proper during the hot stage.
A. Cups.
C. What an cathartic to be administered?
A. At the approach of the burning stage.
C. Is it generally necessary to give them?
A. If internal fevers then occur.
C. Why is it then more necessary?
A. To relieve the congestion of the internal organs, particularly the liver.
C. What is generally brought away by mercurial cathartics when you would enlister the liver convicted?
A. A dark fluid. Perhaps asrated bile.
C. Would you always defer the administration of quinine until the system was prepared?
A. No sir. Give quinine to prevent the fever again and correct the disorder that may exist.
C. Since this treatment has been successful, a patholy that will harmonize would be correct.
A. Cle sir.
C. Will considering the pathology gastritis &c &c.
A. It will not.
C. Why?
A. Specific stimulants or narcotics are not proper in that disease.
C. How would account for the good effects of cathartics in S. F.
A. Principally by their revulsive effect, deterring the blood to the mucous membrane of the intestine.
C. Is quinine properly a tonic?
A. No sir. It is a revine, antifever antiperiodic or narcotic.
2. Why do you say so?
A. By observing its effects in very large doses which is evidently most manifest in the disorder of the senses.
B. How does it act in curing? I—
A. It produces its own peculiar action on the nervous system.

2. What is observed in relapses of I. F.?
B. They take place at Septennial Periods.
A. At what time are gradual stages most apt to occur after having disappeared?
B. Of the 14th day, Tertian or 21?

2. Of what practical importance is this?
A. What the return of a "paroxysm may be cured or ameliorated with proper medicine.
B. What did Dr. Rush find most effectual in preventing the relapses of Intermittent Fever.
A. Refer to the book.

3. If.

3. Are malignant or complicated Intermittent diseases of a very fatal character.
A. They are without treatment or with inapproprite treatment.
B. Do you consider them quite as much worse than the case of proper treatment as simple I. F.?
A. The Sir.

2. Where do they most frequently occur.
A. Uncultivated districts, as about the Pontine Marshes, along the Northern Coast of Africa.
B. Do not sporadic cases occur elsewhere?
A. When simple I. F. prevails, some sporadic cases of malignant I. F. will occur.
Q. On what are these Sporadic Cases dependent?
A. The state of the patient exposed to the influence of Miasma.

Q. What definition would you give to the Intermittent?
A. Intermittent Fever with congestion of some vital organs or organs manifested by violent symptoms during the paroxysm followed by a perfect intermission.

Q. Are not Physicians not experienced with this form of Fever very apt to form an erroneous Diagnosis?
A. They are.

Q. By the continuance of the disease do the paroxysms become milder or more violent?
A. How long. Every descending paroxysm becomes more violent.

Q. How long before the disease runs its course?
A. It does not continue generally longer than four or five paroxysms. Some have terminated fatally in the first.

Q. How many varieties of malignant intermittent Fever did Alberti make in the work on those diseases?
A. 3.

Q. What division of Malignant 1. F. is made by No.. Torp.
A. 1. Increased irritation or inflammation of the brain or spinal marrow or both. 2. There is congestion or inflammation of the external and internal organs.

Q. What are the symptoms of the fourth?
A. In this form there will probably be every form of Aggressions, if not fatal during the paroxysm there will be a perfect intermission.

Q. What is another symptom generally present in that form or contributing to substantive?
Q. Having delirium.

E. What is the term applied to the 3 subdivision of mal-
imagnant intermittent fever?

A. Algic malignant intermittent fever.

Q. What are the symptoms in this.

A. During the cold stage there is great oppression & sufferings in the perivascular region; prostration not-

ADE - the hot stage it buphthalmically developed.

The oppression continues. The skin does not become

Ader" until after the burning stage.

Q. How would you distinguish this from a protracted

Bull.

A. In this after the lapse of the usual time, there is an

abortion attended at reaction - in the while the tem-

perature taken by placing a thermometer under the

tongue is found to be about natural, but in the

when it will fall several degrees.

Q. What are the Phases of Temperature in M. J. F.

A. Next.

Q. Are the intestinal organs much disor-

der?

A. Very slightly if perceptible.

Q. What two functions of nutrition do you consider

most disordered in these cases?

A. Circulation & Calorification.

Q. Are these functions performed under the special

influence of the Cerebral Spinal menses, medicine.

A. They are.

Q. Is this disease of frequent occurrence.

A. Oh yes.

Q. What are symptoms of Tharaic malignant

intermittent fever.
A. They depend upon the organ affected, whether it be in a state of congestion or inflammation, though if the lungs there will be symptoms of pneumonia.

B. May the same be said of abdominal malignant fever?

C. Did you then will symptoms of inflammation of some organ noted to intermittent fever?

D. Which should form the primary consideration in treating this case, the C. F. or the complicating circumstance?

A. The intermittent fever, but local disease should not be entirely disregarded.

C. How would you regard these local affections in your treatment?

A. At simple Phlegmias.

D. Would you at the same time you were depletion for pneumonia give quinine to prevent the return of the paroxysms of intermittent fever?

A. Yes, sir.

B. But would you in a patient suffering with these symptoms receive salicylate of soda or gelsemium or giving red, or instead of convulsions of giving quinine as arresting the paroxysms of intermittent fever?

A. Certainly.

D. What is quinine considered in these cases?

B. The life of the patient's life, the only remedy.

D. How is the dose to be proportioned?

A. According to the violence of the paroxysm.

D. What quantity would be a dose in these cases?

A. From 5 to 75 grains given every one or two hours.
1. In treating Complicated I. F. will you find it necessary to substute its practice remission & give

A. The Sir.

Q. Are very nearly, all the forms of this Disease, better

A. When the of a Remittent Character?

B. They are.

Q. What is a Remittent Fever?

A. Fever in which the symptoms abate at regular

B. Periods and then increase without having a

Q. Their short and sharp attacks.

A. Their short and sharp attacks.

Q. What is that short of the Fever characterized by an

A. Abatement of the symptoms called.

B. Remission.

Q. What shall have reason in the

B. Violence of the symptoms

A. Yes Sir.

Q. Do Remittent Fevers differ very much in the order of violence of the symptoms

A. Yes Sir.

Q. In simple Remittent Fevers do the Feverish

A. No Sir.

Q. Are the Pernicious differ from that

A. It dare not.

Q. How long will the Pernicious continue before a

A. Within 24 Hours a remission generally occur

B. The time however varies

Q. In the Remitting Pernicious will then be be decided
a chill as in the first or as in J. F.?
A. No sir, there will be a chillness but not a marked chill.
Q. At what of the day will the symptoms generally
A. About noon.
Q. At what the remission?
A. In the morning.

How long is malignant intermittent fever generally
A. About 5 to 10 days.
Q. Will the symptoms be much modified by par-
A. Red sin. the symptoms of the local affection will be
D. What may generally be observed in a malignant
A. Loss of the remission.
Q. Are the causes of malignant the same as the
A. Why Sir. Sir.
Q. Why do you think so?
11. Of Parke. expected as malignant some have
Q. In what, then, does the malignancy depend?
A. Some local affection.

17. "Q. What is the pathology of malignant fever?
A. Rumin spinal irritation in a greater degree than
Q. What are the three methods of investigating the
pathology of disease?
A. By closely observing & thoroughly examining your Case. B. By observing the duration or duration volumes of the symptoms. C. By interpreting the symptoms. D. Do they not generally come local affection in a Remittent Fever.

A. The Sir. D. Where is it most commonly manifested?

A. In the Stomach. B. Why not consider this the primary seat of the disease?

A. There is not in that fever inflammation of the Stomach, the remedies found to be beneficial in Remittent Fever would be injurious in gastro enteritis. D. A. Of this be disorder in the function of the Stomach & that be not caused by inflammation. What would you call it.

A. Nervous embarrassment. Depending upon a disturbed state of some portion of the spinal marrow. B. You are by this time satisfied that disease in the nervous centers may be manifested in the disorders functions of distant organs. are you not?

A. The Sir. D. What are the symptoms of Remittent Fever in Alarming the Disorders activity of the Stomach?

A. Asthenia. nausea & vomiting.

D. It has been said there was no inflammation of the Stomach generally in this disease, but were there symptoms present in inflammation of the Stomach?

A. Yes Sir. But they do often exist when there is no inflammation.
C. Give an instance of these symptoms when there is no Gastritis?
A. A minute dose of opium will produce these disturbing effects of fright to add to the same. They are frequent in many diseases when the Stomach is imperfectly Sound, as in malarial states.
C. What is said in relation to this by those who consider gastritis as the primary disease of P. T.?
A. They say fever is the last of these to inflammation.
D. But are there not some cases of remittent fever which run their course without any nausea or vomiting?
A. Then the:
D. It has been said a part of the treat ment of remittent fever would be injurious in Gastritis? what is it?
D. What was given as the definition of remittent fever as related to its similarity with intermittent fever?
A. It is an intermittent remittent Perniopt潢 by some reason modifying circumstances.
D. What is that circumstance?
A. An irritation or inflammation of some organ or organ.
D. Does this local affection sometimes with previous to the development of fever?
A. It probably does. In a slight degree.
D. What is the fact concerning the intensity of this local inflammation and the remission?
A. The more intense the inflammation generally the life will be the remission.
Q. What is there concerning the chill as to there being no local inflammation existing or not?
A. Where there is inflammation in some of the organs there will be no chill; perhaps no chill will be.
Q. Are there not cases of remittent Fever in which there is no local inflammation?
A. Yes, Sir.
Q. What then renders it remittent?
A. An increased degree of spinal irritation.
Q. That organs after the stomach are more frequent in affected?
A. Twin Brains Suggest...
Q. Upon what are the periodicity of this disease depend?
A. An affection of the nervous centres.
Q. Why do you think so?
A. The functions over which the cerebro spinal ganglia are exercised more immediately in health are intermittence or remitting.
Q. If it departs on disease in the nervous centres why can it not be discovered by post mortem examination?
A. Because it is very difficult to detect slight changes that do exist in the nervous centres, but might have existed in the beginning of the fever but afterwards disappear.
Q. What is the ground for the latter statement?
A. During a Case of Fever that is sometimes well marked gaittosis which will be suddenly relieved in the subservency of Bronchitis.
Q. What would favor this theory of Remittent Fever as regards the fatal termination?
A. If it does Cases that the local inflammation...
Now is most intense which generally terminates fatally therefore rendering it probable that the spinal affection has ceased to exist in its own locality.

Q. What was said of the treatment by Dr. Ford?
A. He would give us the treatment experience had

Q. When a physician iscommencing or proceeding on the treatment of any disease what should he at all times propose to himself?
A. Some distinct object to be accomplished. Some indication to be fulfilled.

Q. How may the treatment of intermittent fevers be varied?
A. That which is proper during the remission as during the paroxysms including the treatment for loco disease.

Q. What is the primary indication in the treatment of intermittent fevers?
A. To prevent the recurrence of the paroxysms.

Q. So you could prevent intermittent fevers may be lasting checked?
A. The return of the paroxysms may be prevented as well as an intermittent fever.

Q. How would you attempt to prevent the return of either the paroxysms or stop the progress of the fever?
A. By the use of Saltpetre Quinine.

Q. Would you give Quinine before or after the paroxysms?
A. The later. I would give it after the first paroxysm was over.
Q. What is the result of experience for the correctness of the treatment?
A. Our sin.
B. What is there to justify this treatment by experience?
A. The analogy of this to intermittent fever.
B. In what kind of doses should Quinine begin?
A. In large doses.
B. If you failed to prevent the paroxysms would the symptoms be increased in violence?
A. No sir. They would be much diminished by the influence of Quinine.
B. Should Quinine begin when there is evidence of gastric inflammation?
A. Char sin.
B. Why?
A. Because such cases are of great danger and rapid progress, therefore it is better to check the fever as soon as possible.
B. Would you not expect to increase the gastric inflammation?
A. No sir, but should such a thing occur it would certainly be easier to treat single gastric than when complicated with fever.
B. Why may not the local inflammation first and then revert to use of Quinine if it be necessary?
A. Every paroxysm would have the effect of increasing the gastric inflammation, without doubt of your most vigorous treatment.
B. Rush you would use in the case of P. if some other means besides Quinine?
A. Sir, Do you think of Enetia?  
B. They are very good.  
C. How would you use them?  
D. By simple means. During the regression.  
E. May they not be beneficial when local inflammation exists?  
F. They may excel in gastritis.  
G. How do they act beneficially?  
H. By removing any thing from the stomach, they may irritate it. Be regulation. Relieving the internal organs of congestion.  
I. What appearance of the tongue would prohibit their use?  
J. Red, dry, pointed.  
K. Cathartics are beneficial to what part of the disease should acute Cathartics be confined?  
L. The first part.  
M. How will they act beneficially?  
N. By removing irritating matter by nebulin.  
O. Have some Cathartics you would refer to use in the early stage of this disease?  
B. Colonel 0. E. Gas.  
C. Mar. Cathartic saline.  
D. May they be used in gastritis. Artistic or both combined exist?  
E. No sir.  
F. It has been said that large doses of quinine should be given to prevent the far worse. How much would you give? How often?
A. How to do you every hour.
B. Would you confine the cure of it to the resolution
A. Which is true to used before the fever you had
actually subsided.
C. What is another important measure in the Cure
of Plantain Fever?
D. Pouching the Freeing or the spine.
C. Say they are all during the resolution or far
off from?
A. The Dis.
D. What are the ways in which Comin irritation
may be produced on the specific Column?
A. By leaking, Cupping, Ibsione & Stetters
D. Which should be used first?
A. Cupping & Cupping?
D. Why Do?
A. Because the first do notcleave. The other
may then be used. Where Cupping is broken
cannot follow Stetters.
C. Which is the most applicable during the Cold
Stage?
A. Cupping & Cupping?
D. What should you observe in applying Stetters
in allating the resolution?
A. They should when practicable be retained
as it occur during the resolution.
D. What was said about losing without the
means of Cupping & Seaching?
A. That it was a reproach to a disgrace.
C. At what part of the spine of Columns would
you make these observations?
A. On the parts that is tender to feel and
Q. Was there another application to the
Prince asked as you mentioned it?
A. Yes.
Q. If it was impossible to obtain one what
would you use then?
A. Cold water, affidated to George A.
Q. Are any Cirin generally necessary?
A. Cold, if there be much febrile action.
Q. Are the properties sometimes beneficial.
A. They are.
Q. Are they more useful?
A. After the depleting & resolute means
have been used. The 5th or 6th day. Of
Q. Is there much difference in the action
of medicines of this class?
A. Some are refrigerating. Others stimulating.
Q. Which is preferable?
A. Refrigerating. And stimulating kind.
Q. What is a very important medicine of the
latter kind.
A. Castor oil. Which
Q. How is it generally given?
A. With water or some fluid tea.
Q. Is there any objection to uniting it with
Kehr
A. Yes. Air. They are chemically incompatible.
Q. What else would you give?
A. Castor Oil, 1 part & 50% of Alcohol. given in 1 oz. Hour.
Q. What is another important depurative?
A. Sper. Muriato.
Q. How is this article prepared?
A. Put in a bottle acetic acid, & then put
in by small portions, such ammonia as long as it is dissolved. Cork tightly to put it by for use.

2. What is the object in preparing in this way?
   A. To obtain Castor's Oil &c.

3. What application to the Part and Case was recommend'd to relieve the Headache that is generally present?
   A. The warm pack, as before presented.

4. What application to the Head?
   B. Cold water,founded on,
   D. Cold water, poured on.

5. Tell me how you would use the effusion of cold water, on the head, to relieve it.
   A. Here an empty cal'd placed on a stool at the Head of the bed, and another tub filled with water; convenient, place the patient upon with the face down on the first tub, &c. forhead in the hand of an assistant, then with a pichute continue to pour from some distance a small stream in the back of the head.

6. What is the principal good effect of Emmata in Remittent Fevers?
   A. They remove fever and cast revulsive.

7. What would you use generally?
   A. Cold water, 2 cals of water on 1. Tablespoon
   B. Cold water, 1. Tablespoon of Soaps to 1. Cal. warm water.

8. Cold blisters in R. Fever be successfully treated by the plan of the Medical Doctor.

9. The Sin.

10. But in cases of R. Fever after the 1st stage, other principal remedies having been used, if there be no remission, sub nausea & vomiting the cordial of spirits. There's no 6. could you then the face of the Doctor?
A. Yes, Sir.

B. How would you proceed using it?

C. Confined with Throat or Golden Buckle, or of Antimony. With this in doses of 'go Sec. 3 to 5 Colonels. I say three or four times until 6 or 8 doses are Taked.

D. How would it act beneficially?

E. By relieving Congestion of mucous membrane of the Liver.

F. Are the affections of the Liver generally Primary or Secondary?

G. Secondary, the result of a previous Ferrocyanid.

H. Do you think there is generally inflammation of the Liver?

I. Yes, Sir. Congestion?

J. Would you be a case when large quantities of bile of a yellow healthy color discharged both by vomiting & stools? Colonel.

K. Yes, Sir.

L. What would be the proper remedy in such a Case?

M. Large draughts of warm water to promote flux & easy vomiting. Magnesia & Scarbals to move the bile from the bowels.

N. In the removal & vomiting, owing to the accession of bile in the Stomach.

O. Yes, Sir, but this is the result of an over excitation of aid by previous Ferrocyanid of Siver.

P. Why do you say it is not the Ideas of Siver, but produced by it?

Q. Scurvy is not accompanied with fever, but an opposite state of the system, and the
discharge of bile do not generally exist in the country cement.

3. If there be proper excitement of the liver, would not bleeding be beneficial?

B. It would probably.

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3. "What symptoms denote a great degree of congestion of the liver in Putrid intestinal fever?"

B. Bowels displaced: motions diminished... Yellow color of the surface and especially of the eyes, conjunctiva covered with a grey hood.

3. An extreme congestion is there much bile present.

A. No sir. There is none.

3. What is the most appropriate remedy to remove the congestion of the liver?

A. Colonel given alone, or combined with wine or alone, as follows:

Colonel 5 parts. Wine 1 part. Aims 1 part.

Every 3 hours, 1/4 part from 4 to 6 portions altogether.

C. What do you think of bleeding in this stage?

A. False. Should be the guide.

3. What do you think of Western & Elder?

A. They are important means applied to the disease after the region of the liver.

3. What is usually the appearance of the condition described after the use of Colonel?

A. Black, or dark green, tourments of natural consistence, at little very fluid.

C. Do you suppose the greatest portion of these discharges to be vitiated bile or intestinal mucus?

A. Vitiated or defecated bile
D. Why not suppose that it is an intestinal affection rendered black by the action of the Colonel?

A. Because the black color of Mercury which it is supposed to be is indoluble. Besides the quantity is too small to color so much fluid where its solubility, it again the same black colored discharges are due to indoluble the termination of cases the Colonel has not been used. And if the same appearance has been found in the galls bladders the bilious ducts of the liver.

B. What is another important external remedy for congestion of the liver?

A. Nitre emetic foot bath.

D. If galls exist with congestion of the liverColonel an appropriate remedy?

A. Yes.

D. Will it decrease the inflammation?

A. To be it may prove beneficial.

B. When inflammation does exist is the universal colic of the stomach what would be your treatment?

A. Vigor obstinacy cold water, ice, pomegranate, acid (peach leaf tea), leeches, pulp linseed oil, rhubarb in the syrup, and opium and quicklime.
A. As Sir. For irritants are the best remedies for inflammation. 

Q. Do they not quuddle to produce salivation in fever? 

A. As Sir. it is useless to use irritants. 

Q. Are fevers sometimes cured by producing salivation? 

A. As Sir. They would probably have got well without it, you cannot produce salivation during inflammatory fever, it is after the fever is over that the salivation is cured. 

Q. Now would you use Calomel without the danger of salivation? 

A. Too laxatives to remove it from the bowels, if it does not pass of itself. 

Q. When the fever is high and lasts by great tension or inflammation will both the blood become vitiated and impure? 

A. It will because the material for the production of bile is left in the blood. 

Q. How would you attempt to purify the blood before operating on the fever? 

A. By exciting all the secretory organs, as the skin, kidneys, intestines &c. 

Q. Is it possible to prevent a patient who is suffering from epilepsy to drink cold water? 

A. If there be a great degree of fever existing it will be proper to let the patient drink cold water, if there be not much feverish action it will be the safer plan to inhibit the use of cold water to some degree Soaring the cathartic action of the medicines and to
1. What symptoms will allow the brain to be considered affected in Remittent Fever?
   A. This will be extreme pain of delirium, or alternations of rancid substances of sight, the bowels generally tetanic - the head hotter than other parts of the surface.
   B. One hastens to enter it frequently with together in R. Fever.

Q. Sir.
   Q. What would be the treatment to relieve the head?
   A. If the pulse is strong & hard or full. Cold, generally, or locally.

Q. If not to eat anything by
   B. Baking it in the lamp shade, vegetables & fruit in the extremities. Active Cathartics, affusion of cold water on the face. Simulated feet bath.

Q. If distresses exist at the same time would you add medicina, the above treatment?
   A. Active Cathartics should not be used, but

Q. About what Period is Remittent Fever most apt to change into what is called the typhoid state, or Epidemic Fever where not treated or insufficiently treated?
   A. From the 7th to the 10th Day.

Q. What are the symptoms, manifesting this typhoid state to have ensued?
   A. The remittancy will be destroyed. Great prostration will be established - a most frequent

- Palpitations, Slack Tongue, tooth & gum - increased.
with black spots, a drugged state of the mental functions, low muttering delusions of etheic visions.

Q. What prognosis would you generally form of a case of this kind?
A. Most unfavourable, but not hopeless.

Q. What did Mr. Ford request you to do particularly in treating rubbald fever?
A. To give the treatment he had advised a few significant doses; i.e., quinine with sulphuric acid, hot mustard, and oil of pepper.

Q. Will quinine often produce headache?
A. About as often as sulphuric acid.

January 11. 4 3.

Q. What do you wish to what is termed Infantile Remittent Fever?
A. All persons under 12 years of age.

Q. What do the first symptoms of this disease always indicate?
A. Haemorrhage.

Q. By what is this fever most frequently induced?
A. By food of improper quantity and quality.

Q. What are the characteristic symptoms of this disease?
A. Extreme irritability of the stomach, frequent vomiting, discharges from the bowel, tendency to precocence, and regional lymphatic atrophy, dry and cold tongue, moisture, occurring daily.
Q. What kind of weather do you regard as most favorable to the production of this kind of fever.
A. After winter.
Q. When does it usually occur? This disease.
A. After winter.
Q. Are it injurious to practice upon such a supposition?
A. Yes. Particularly in the early stage.
Q. By what is the latter stage marked.
A. Symptoms, indication of the existence of hydrocephalus.
Q. After the occurrence of these symptoms are then denoting the diseased state of the calvarial canal affected?
A. Maternally and mitigated.
Q. Is hydropcephalus dangerous?
A. Yes.
Q. What then would be your treatment in this case?
A. To combat the inflammation of the calvarial canal by proper remedies.
Q. Name some appropriate remedies?
A. Emetics of opium, or warm water. Calomel 1 gr. and 1 gr. of saltpetre over sixty. Still lard or soft pottings are taken.
Q. Would you use drastic cathartics?
A. No, Sir.
D. What is another mild cathartic that may be used?
A. Castor oil.

Q. Do warm baths a proper remedy?
A. Very beneficial indeed.

Q. If the brain becomes affected what will be the condition of the bowels?
A. Constipated.

Q. What is the treatment of hydrocephalus supervening in this fever?
A. Active cathartics cool affusions to the head, blister to the extremities, etc., to the temperature.

Q. Is there danger of the cold affusion producing any other disease?
A. Sometimes it will produce bronchitis.

Q. Does not bronchitis sometimes occur when the cold affusion has not been used?
A. It does, but infrequently.

Q. How may a knowledge of these facts prove serviceable?
A. By noticing closely for the first symptoms of that disease and using the appropriate remedies.

Q. What is the unnatural sound called which is heard at the commencement of bronchitis?

A. Ribber notes.

Q. When does Yellow Fever most frequently occur?
A. In many cities that climate.

Q. Is it called by a variety of names?
A. The Sir.
Q. Have this fever usually commenced suddenly?
A. Yes, I think so.

Q. Give the most prominent symptoms of the first stage of a paroxysm?
A. Pain in the back, dry, burning mouth, intense headache, dry, hot skin, flushed face, tormented, thirst, nausea, vomiting, heat of extremities, intense delirium, violent bowel movements, fetid, extemely cold, pulse varied, nearly natural; frequent strong, hard, frequent, fetid, with undulating strength not much

Q. How long does this paroxysm continue?
A. Months, 4 to 72 hours.

Q. Does a marked remission then occur?
A. Yes, sir, there is an abatement of all the symptoms.

Q. How long does this continue?
A. Months, 6 to 10 hours.

Q. What became of this remission?
A. Most violent paroxysm.

Q. Give some characteristic symptoms of this?
A. Skin becomes yellow, black albumen discharged, vomiting or gulping up black mucus, albumin, disagreeable breath, extemities clammy, and cold. Bile caught.

Q. By what is the matter vomited compared?
A. Coffee ground buckwheat in a yellow fluid.

Q. Is the black matter discharged from the bowels of the same character as the munitent fever?
A. Yes, sir. The black mucus is perhaps of the same nature as the vomited.

Q. Do you think this fever contagious?
A. Sir

B. What is meant by the contagion of yellow fever?

A. That patients laboring under yellow fever communicate a morbid principle by which the air is also communicated to another either by contact or by coming within the sphere to which the poison is diffused in the atmosphere.

B. Is it a fact that persons of yellow fever patients generally take the disease?

A. If the patient remain in the situation where he took the disease, the attendants or such as the patient does frequently become attacked but if the patient be removed to a pure air moist, persons are not affected.

B. Why do those who are much nearer the sick place as an attack when in a pure air and later the disease when in a contaminated air?

A. Because in the latter case the matter is exposed to the same original cause but in the first they are safe.

B. Was not the non-contagious character of this disease fully established during its prevalence in this City?

A. Yes Sir.

B. In what way?

A. By the numerous families in the City, who removed the yellow fever patients in other houses new, of whom not one except those who visited the City.
disease depends.


3. Is this opinion thus different from that which produces Intermittent & Remittent Fever?

A. It is.

B. What proof for that opinion is there?

A. The inhabitants of localities whose cases are almost free from this, but they are often affected by remittent fever.

B. What predisposes to Yellow Fever?

A. Residence in temperate climates. The same cause. Persons who are accustomed to the climate in which they reside, generally become predisposed to attacks by temporary residence in a more temperate climate & then almost recovered.

B. Is there any difference in the predisposition or liability to attack in regard to age or sex?

A. Females. Children & infants are not so liable.

B. What organs are principally affected in this disease?

A. Stomach, Liver & sometimes the intestines.

B. Why do you think these organs more affected?

A. From the symptoms & post mortem examination.

B. What is found in the Liver & gall bladder.
of persons who die from yellow fever.
A. Black osscrid bile.
B. Do you consider this a constituent of black vomit?
A. No, Sir.
C. What forms the black matter vomited?
A. It is (in its appearance) blood discharged which is the consequence of an active inflammation of the mucous coat of the stomach.
B. What other circumstances must assume this appearance under any other circumstances?
A. Or does it lose its vitality, did it confined by in the tissue surrounding, as in cachexy produced by a blow, or a part yielding from accessional inflammation to gangrene.
C. How did Isidore produce black vomit from a dog?
A. By injecting into the veins water which had been in contact with fluid vast.
B. If blood letting an appropriate remedy in this disease.
A. It is.
C. What would you apply object in bleeding?
A. To direct the blood from the inflamed parts and thereby lessen the risk a tumor on the overdistended and diseased abdomen.
B. How would you bleed for this purpose?
A. Place the patient in an erect posture, it makes a free orifice.
C. Would you use local bleeding?
A. Cut on the inflamed part.
D. Would you use medicine to the spine?
Yellow Fever

A. By all means.

D. If you think Emetics advisable

A. They have been used with advantage in the early stage of the disease.

D. What circumstances render them more practicable, desirable.

A. When a patient has eaten a full meal or the disease is of the congestive form.

D. Would you use salts or lac for an Emetic.

A. No sir, but they are said to have been used beneficially.

D. Would you use Vomiting Cathartics?

A. If the tongue be not contracted, they will probably prove injurious. If the tongue be puffed or broken, they may be used without much risk.

D. Is it proper to use Senna as a Cathartic if you use any.

A. Yes, sir, it is the best.

D. At what time would you use Stimulants.

A. When the work of disorganization is about to commence. That is when the Capillaries are overstretched and have lost their contractile power. Upon this same principle I feel that a Blister is applied to a part about to enter into gangrene.

D. What are some of the Stimulants that may be used with advantage at this time.

Continued Fever

Q. How frequently occur in this Country that are Continued
A. Very rarely.

Q. How is continued Fever defined? (Continued)
A. A Fever in which there is a regular increase of intensity in the violence of the symptoms with a tendency to remission but in its hour.

Q. If these also usually, an increase in the violence of the symptoms of all Fevers during the after part of the day.
A. There is.

Q. How would you explain that fact?
A. That the system was acting in consequence of the various exciting agents that had been acting upon it during the day.

Q. How are continued Fevers divided
A. Pyrhotic. Pyrhotnic & Typhoid.

Q. What is meant by pyrhotic fever?
A. An inflammatory Fever in which there does not necessarily exist a local inflammation.

Q. Give the most prominent symptoms of this Fever?

Q. So these symptoms increase & decrease in...
regularly in the Hour
A. There is a tendency to a remission in the morning until an exacerbation in the evening.
B. This is called an idiopathic fever, but are not the local phlegmata generally attended by the same symptoms?
A. Yes Sir.
B. How are these caused producing these fever divided?
A. Into Internal & External.
B. What are some of the External Causes?
A. Intensity, Prolonged mutual or sudden change from one to the other. Intemperance.
B. What are some Internal Causes?
A. Mental, Emotional, Muscular exercises.
B. What is the treatment for this form of fever?
A. The regular use of the delphic logistic treat. Deficit.
B. What is necessary to constitute this local deficit?
A. Blood letting, Cathartics, refrigerants, diaphoretics.
B. What are some of the other named by which lethargy from it proceeds?
A. Generalmost authorities. Their Cause.
B. Say of fever. Acridular follicular
Enteritis.
B. How long is the torpiditory stage of Lethargy Fever?
A. From 3 to 6 days.
B. What are the effects in making this stage.
A. Measures in the stomach, no appetite, giddiness, nausea, pale, emaciated, depilated, Countenance.

B. Motor of the hands, universally Muscular debility, urinary perspiration in the limbs.

C. What are these symptoms?

D. A chill alternating, through the course with pleurisy of joint, attended with a cold moist skin, foul tongue, nausea, vomit

E. How long will this stage continue?

F. From 1/4 to 12 hours

G. What then comes on?

H. The stage of prostration, or reaction?

I. What are the symptoms of this stage?

J. Surface become hot, Pulse now in strength, bulkless, thirst, tongue, sound of glissir.

K. Liver of the spleen during this night, sleepless,

L. Pulse small, frequent, irregular, /of violent

M. How is Erythema divided?

N. I suction two gravies

O. What are the symptoms named applicable to this form?

P. They will belong more or less violent.

Q. What course does the usual form take after the presence of the last named symptom?

R. These symptoms after continuing from 3 to 6 days become mitigated, and the patient recover.

S. What are the symptoms of Erythema gravis?
maligant form.

A. Unde symptoms last appear, it indicates there is a pointing or ooze in the Epiplag
triangle. Extreme chausa & vomiting, a flock
of red along the middle of the tongue, the
litter is covered, the other portion be covered
with a black or black fur, with squares brown
vexated by black-brown. Ateal prostration,
pulse more frequent & full. Constant
delirium. Subulata. Tenderness, Calor
morbosus, Symptoms the abdomen, a black
sudation which does not diminish the heat of
the skin. Yeast think. tongue covered with
black thick crust, interrupted by lesions
exposing ulcerated surfaces. Soreth on any
lymph nodes, Scoleous, bowels. Dicolation
on the surface. Pantes the effusion of blood.
Putride. Cadaverous, odor.

Q. How long are the forms of Typhus?

Continues

A. From 14 to 57 days.
B. The local inflammation occur which and
ye these symptoms?
C. Frequent.
D. In the Carrier of Typhus, Visible or can
it be insulated?
A. For 10
D. Where does the Disease most frequent occurs?
A. In cold climates, in Hospitals, Tents, Camps.
D. Among what Classal does it occur most
frequently?

The laty, to intermediate fever.
Q. How do you estimate our hero.
A. He is, but rarely in reality generally in many
Q. Do you suppose the cause of this great to be of
animal origin?
A. I do.
Q. Is it necessary that the virus should emanate
from one having the disease to produce it in as
other?
A. No Sir.

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Q. Do you believe the exciting cause of Typhoid,
exists in germs forms?
A. I do.
Q. Through what surface does it gain admission
into the system?
A. Through the skin. Pulmonary & digestive
membranes.
Q. How are you at present upon what tissue or
organ is acts primarily?
A. By an observation of the effects produced.
Q. Do you suppose the poison producing by
Phlegm & blood is introduced suddenly or gradual
ly into the system.
A. Gradually.
Q. What are the consequences first observed
by the gradual introduction of this poison
into the system.
A. Staggers use of the mind. Confusion of idea
wastes for study, dulness of perception.
mental turbidity, dulness, sleep. a decline
in the organ of sense. An indifference
to objects that was before pleasant. The guery.
Section, vanishing restlessly. Thin comes a
stimulus in the action of the brain, 

Q. How long do these symptomatics Continue?
A. From 3 to 5 days.
Q. One would suppose from these that the
effects of the poison began to be manifested
when it was mixed with the system?
A. Did die.
Q. Considering the symptomatic symptoms
that have been just mentioned, on what
themes organ or organs would you be in-vec-
ded to believe the deleterious action of the off
the poison was first exercised.
A. Affected the Brain, Spinal Marrow
Q. Rickets; Typhus fever always proceeded
by these symptoms, symptomatic symptoms a
few days.
A. When not recovering on a fever of ano-
other form.
Q. What is that fever called which has all
the symptomatic symptoms of pure Typhus
which sometimes recurs during Rebellious or
Intermittent fever?
A. Syphilitic fever.
Q. Must not it be presumed that the poison fur-
ing inserted into the blood that it will be re-
nacted and produce other disorders in the
system besides those of the brain & spine.
A. Certainly. The Brain & Spinal quells do
being primarily affected, and strictly unable
to supply the proper quantity and quality,
of severe influence the different tissues the
sminister of the System is disturbed, or the
various tissues rendered liable to be acted upon
by the blood in a vitiated state.
1. Not only the circulatory System is deranged
but local inflammation would likely occur
would it?

Q. Yes Sir.

D. In what organs do inflammation most
frequently take place in Dysphonia?

R. Lungs, Throat, in particular, the
small intestines.

Q. Is it believed by some that the primary seat
of this disease is in the small intestines?

R. Yes, in the small quantity bags or cysts
which exist in the mucous membrane of
the small intestines. It more abundantly in
the bladder.

D. How are these cysts arranged in the liver?

R. In plethoric plates.

Q. Do these plates generally indicate disease
when examined in sections dead of Typhus?

R. They frequently do. Some pathologists
say they are the ulcers
of Typhoid to not be Typhus Fever.

Q. What is the appearance of these plates
when diseased?

R. Plied, sunken, or enlarged, or ulcerated
D. Are anatomical lesions usually discovered
in the Brain, Spinal marrow.

Q. Sir

Q. Note that fact prove that the Primary
seat of the disease is in the epithelium of the small follicles?

A. By no means.

Q. Why not?

A. The symptoms do not indicate that there is any disease of the follicles, the change that is ordinarily discovered in them are not sufficient to produce the symptoms which are seen. In the acute form, the tendency towards central crops of leprous in hospitals being symptoms of leprous is present oftentimes, yet no change is ever discovered in the follicles. No one would regard the continuous surface of the primary spot of small pox, scarletina, or measles as cause there are eruptions in the skin. Again, it is an inexcusable fact that while in the first stage of infantile remittent fever there exists inflammation of the skin beneath the cutis, yet in the latter stage of the disease all trace of disease in these organs are erased by the occurrence of hydrocephalus.

2. How can we easily account for the prostration in which exists Typhus Fever which is the consequence of disease of the nervous membrane and follicles of the lumbar plexus as any other continued fever that appears in Dyptheria?

A. As far as prostration proceeds the nervous system. B. How then would Typhus Fever?

C. By the continuance of fever in the organs which perform involuntary
a change in the current in their action.

1. They go. They will become weary and exhausted from an unnatural action as well as the voluntary muscles.

2. Do not the heart always leap in action?

3. As for each portion of the heart rests half the time.

4. What is the number of systoles and diastoles of the heart in a minute?

A. About 60.
B. What number is it, such as from 120 to 160.

5. How would you suppose that in the latter case the heart's action was continuous and that it must become wearied? Would you not?

6. This is for

7. Will this deranged action produce a danger in the heart's action?

B. Certainly.

C. Will not this that leads to establish as a rule just described?

A. These particles may be retained in the blood which should have been abstracted from it by the coronary appendix of the heart.

D. How accounts for the purpuric spots which appear on the surface of the heart's valves?

B. In the blood, the blood the red blood cells having been irritated by the injured blood, take an inorganic action which is still kept up by the blood becoming more vitiated. Every sound vessel, they at length become worn out, exhausted, have at length to submit to the
The destruction of their coils in the blood.

3. What do you think of a treatment being made by blood letting?

A. It is sometimes an appropriate process.
B. What should be the treatment in the period of the fever?

A. The patient should freely of Atlantic brisk warm for the face and for producing coughing diaphoresis.

B. It has been said that the brain and spinal marrow are affected. What is the nature of the affection?

A. Inflammation of a peculiar kind.

B. How would you abstract blood during the stage of excitement?

A. Resection should be practiced according to the age, sex, and condition of the patient. Blood letting by Causse and Clarke's to the upper portion of the spine and behind the ears.

B. Would you think Cauterization serviceable?

A. Yes, Sir. I prefer it the best dried بزیار (Camomile tea).

D. Would you use Cauterization?

A. The Sir. Salts & Cauterize Snake Pois.

D. Why not the snake root?

A. To produce diaphoresis. The treatment of Virginia snake root should be continued throughout the county unless said to be made by Cauterization. These the most reliable diaphoresis should be used.

D. What do you think of extending Blisters to the spine?
A. They are objectionable, the shot they cause should be reserved for sickness & captivity only.

B. Would you use Calomel?
A. The Sin. It may be used for its cathartic effect for the specific alternating effects. Does it generally cause difficulty in producing effect in that case?

B. Exceedingly;
A. In cases in which it is produced generally recover?
A. Usually do.

B. What medicine would you use in a state of collapse?
Particularly Quinine 2 grs. per hour.
A. Would you employ mustard in these cases?
B. If the temperature is paleness the not great they may be beneficial.

B. What medicines he recommend when there is a tendency to paleness?
A. Chloride of Soda & Lime
B. How do some decide Syphilis Fever?
A. Into 3 varieties. Simple, Inflammatory & Longevity.

B. What are symptoms of the Congestive?
A. An entire want of vital reaction after the stage of consumption, the vital powers collapse overwhelmed it depressed the whole thus the surface pale. The Pulse string, small and feeble.
B. Light your feet in these cases.
A. Do Sir. The debility 1approaches an aff
parent and real
B. What else would you do to call the blood
in the surface?
A. Use the hot bath, the balsamized bath or a stimulating application to whole surface
consisting of salt & vinegar. Emetics are also
valuable in this form. Jan 30, 1855

B. What do you understand by Phlegmatics?
A. Local inflammation with general fever
B. How are the different Phlegmatics distin
guished
A. By the organ affected.
B. What was the classification made by Putnall?
A. The made five. Cutaneous, mucous, serous
mucous & lymphatic.
B. Are the symptoms manifested by these different
tissues when distinctly different one from the other?
A. Each tissue manifests its own peculiar sym
ptomology.
B. What are the circumstances characteristic of an
inflammation of the skin?
A. The pain is keen, the inflammation irregular
blisters, suppuration, redness & lumps, pain
suppurating or phlegmatism or ulceration
B. Do you consider the tumors enlarges a model
of inflammations of the skin?
A. I do.
B. How do you distinguish necrotic tissue
from the others?
A. The pain is not very severe & in a burning
character. Generalization of the symptoms of
towards the quantity is increased. This is
some times followed by terminates generally in

1. But is this not sometimes severe pain in inflammation of the serous membranes?

Thus is, as in dysentery, enteritis or enteritis of intestine, it is always owing to the abscesses less constant;

3. What the symptoms that attend inflammation of the serous tissues

A. Vexing, choking pain, slight or no tumefaction terminates in evulsion of the bursa or a gelatinous

B. Violent, aching pain, little or no tumefacions, terminus in evulsion of the bursa or a gelatinous

2. By what is inflammation of the serous or fibrous or synovial tissue marked?

C. What is inflammation of the muscles or parasymptomatic tissue marked?

A. What is that disease slight pain but throbbing

2. What is that disease.

A. The acute phlegmatism

2. Is the diagnosis of the case in the brain and

Optical marrow generally be clear and definite all the parts of the system.

A. Yes, sir.

2. Why not?

A. Because these organs being surrounded by
Many patients the most certain means of checking the nature of disease cannot be used.

2. What are those means certain mean?

3. The exercise of the student

4. Are not the sources of the student alike let nated?

5. As sin. The functions exercised by the brain in organs given to us are not changeable. The brain, not be with the brain or effaced without.

6. Upon what basis are you desirous for a contract knowledge of the diseases of the brain

7. Physiology principally, aided by patho

8. To understand the physiology will you need. First understand the anatomy of the part. Should now?


10. Do you suppose that it requires all the central mass to perform one function?

11. No sin.

12. No different parts of this mass differ in appearance or anatomical time order.


14. Is this not a strong argument in favor of the opinion that different parts perform different functions?

15. Yes sin.

16. What other proof is there of this fact?

17. Sense and auditory nerves originate in the brain and yet they perform functions at different]], at 1st and 1st and 1st.
Dictionary of the Brain & Spinal Marrow at

3. How are the functions of the nervous system divided?
   Q. What anatomical divisions are there in the spinal
      medulla?

   A. It is divided into two anterior columns and
      each anterior column is divided into anterior and
      posterior columns by lines which exist latterly.
   Q. Are the ventral horns of nerves coming from the
      anterior and posterior different in their functions?
   A. Those of the anterior are nerves of sensation—of the
      posterior are nerves of motion.
   Q. Into what part of the contents of the Cranium
      may the anterior columns of the spinal man
      now be traced?
   A. Into the Thalamus, medulla oblongata, crus
      cerebri, pyramis, and corpus striata
   Q. Into what may the posterior be traced?
   A. Corpus callosum & crus cerebri.

   Q. What occurs in regard to the two anterior
      columns just as they enter the Cranium?
   A. They divide. The right supplies to the left twin
      twister.

   Q. Show what occurs in diseases go to prove the
      anatomical facts
   A. (Ser Len.)
   Q. What are the functions of the nervous system?
   A. They are the means of communication between
      the parts which give sensation, and to that
      necessity.
   Q. What part exercises the function of giving...
Determination and the will of man.

Q. Some part of the contents of the brain.

 Probably these parts with which the autonomic nerves are connected produce our emotion & those with the voluntary or free emotion.

Q. Where are the intellectual functions performed?

A. Within the brain.

Q. By what instrument.

A. Perhaps the different intellectual functions by different parts of the brain.

Q. How can you conclude whether a particular function is performed in imagination or not.

A. It is the certain and distinct sensation than that the optic nerve has the power of receiving the impression of light or acoustic sense, observed.

Now this is the little difference between them, it is not the volume of the brain found to be in direct ratio with the exercise of these functions.

A. In infancy & old age, when these functions are not in much exercise, it is not the brain smaller than in the adult.

Q. Will not an injury of the sensitive portion of the brain produce the order in the intellectual powers or functions?

A. Yes, Sir.

Q. Well may you rest upon the same principle, that you consider a certain state of the brain, depends upon an abnormal condition of the brain, and that the preserved intellectual functions depend upon an unnatural condition of the brain.
of The Brain & Spirit of Murder

10. Certainty

11. It is not reasonable to infer that the same relation exists between the intellectual functions of the brain that does between the body & liver.

12. That the relations are similar in disease is evident. Why they should not be in health I am not able to say.

13. What is the probable cause of epilepsy?

14. Diminished quantity of fluid in the brain which is exerted from the effect of placing a patient in the recumbent position or with the head downward.

15. What is meant by Contusion?

16. A singular malformation of which the most remarkable example is one at the base of the skull to which some of the unhealthy arteries of the brain.

17. What deformity to them in the cranium of the existing?

18. The forehead is flattened & protruding giving the cranium round shaped & oblong.


20. The size corresponding with the idiot.

21. In an instance of a physical cause producing a species of Contusion.

22. A spark from Spirit produces a species of Contusion.

23. In madness is this not found in the brain?

24. Perhaps uniformly when the examination is made by the observer, and with good reason.

25. Are these not frequently very conspicuous changes.
in theeminious portions of the brain
in persons who were examined.

C. Sometimes there is the appearance of\n    peculiar inflammation, at other times they\nmay be discovered.

D. What method now is advised to prac-
tice in diagnosing diseases of the brain or its\nmembranes?

A. The method of Exclusion.

Q. What is meant by that?

A. It is the act of examining each organ sep-
   arately, when one is found to be free from
   it is to be excluded from consideration.

D. Why are the diseases of organ within the\n    cranium divided?

A. Into Acute and Chronic.

D. What is the term applied to inflammation\n    of the membranes of the brain?

A. Meningitis sometimes Phrenitis.

D. How is meningitis divided?

A. Acute and Chronic.

D. Are the membranes charged with the secre-
   tions of nervous functions.

A. They are not.

D. Are not nervous symptoms present in\n    meningitis?

A. Yes; but they are caused by the inflamma-
    tion extending to the brain, or by pressure.

D. How many stages are there in acute meningi-
   tis?

A. The forming, or irritative; Inflammatory;\n     terminal linger appearance of affection.
1. At the former stage generally with a chill
2. The grip as in other phlegmonasal
3. A few much vascular erection at the
4. chills
5. Yet in the pulse is frequently full & strong
6. Give the symptoms that make up this stage
7. Violent pain to the head, face flushed, eyes injected bright, intolerance of light and sound, quick and rapid victory of the intellectual
8.functions & motions, Malaise & vomiting.
9. In what part of the head is the located
10. Generally in the frontal region.
11. How long this stage continues
12. From one to 4 days
13. What are the symptoms of the second
14. Severe delirious, eyes been injected
15. Face convulsed, the mind out, restless attire
16. The epilepsy is in a continued state of red
17. Head and agitation
18. What are the symptoms of the third stage
19. Coma, depressed features, pupils dilated, sign
20. dity of tone of the muscles, a snarling and
21. chattering appearance of the features, agitated.
22. It is not important to understand the char
23. acteristic and diagnostic symptoms of this
disease.
24. It is. In order that it can be determined
25. between its & other fevers affections which are of
26. frequent occurrence particularly in India.
27. Are the diagnostic symptoms confined to the
28. functions of animal or organic life?
29. B. Animal. & to the functions of emotion, motion.
the intellectual functions.

2. Is there anything peculiar in the frame of
this disease that would serve as a diagnostic
symptom?

A. It is of a violent and intense character.
The physician, attention will be directed to it
by the continual expressions of the patient.
Who will tell you this head first as if an
immense weight rested upon it or as if
bound tightly by a cord. It will not be relin-
quished either by bandage or previous orby
motion.

B. Is it confined to the head?

A. It is.

C. Is the pain continuous?

A. It is generally of a continued form, though
becoming increasing in violence. It also
sometimes intermissions.

D. Can you depend on this as a diagnostic?

A. As Sir. The pain is constant, when express-
ed by the patient because of early contin-
ued delirium.

3. What is true about the eye that will con-
side forming a diagnostic?

B. In the early stage the pupil will be contract-
ed in the latter dilated, & dilatation fre-
quently occurs which must be taken in connec-
tion with other symptoms in diagnosing.

2. What disorder of sensation of voluntary mni-
This is characteristic of meningitis.

A. Here is a question in the limbs. Particularly
the upper extremities. Unusually venticul...
incisant rolling of the head. Convulsions also
in severe of the muscles. The hand clutched
frightened to the breast or chin. The head is
thrown back forcibly. There is sometimes extro
of motion to one or both eyes. Sometimes hemiplegia
or paraplegia occur.
Q. What disorder with the intellectual functions
upon which you can rely in the cases you
neglect?
A. Delirium is a uniform occurrence when it
is continued. It abates if removed that does not go
off. It differs from delirium occurring in
fever being preceded sporadically from three to
4 days by violent pain. Cough, pyrexia invari-
ably occurs in the latter stage of the disease.
Q. Is not the Delirium lasting and intermittent
A. Not Sir.
Q. Is there generally loss of appetite in acute M.
A. No Sir.
Q. Is the tongue always changed in appearance
A. No, but it is frequently?
Q. Is not a red dry tongue frequently present?
A. It is in some cases.
Q. Is it indication of inflammation of the
Stomach when present?
A. No Sir.
Q. Are not nausea and vomiting invariable symp-
toms
A. No Sir, they are sometimes absent.
Q. Ill causes of vomiting sometimes exist with a
natural appearance of the tongue?
A. Not Sir.
D. Is tenderness to pressure on the chest of the patient always present when nausea is present? -

16. May 44.

D. Are the intestines usually torpid or are they generally involved?
A. They are generally indolent, not caused by ordinary causes of indigestion.
B. Do they generally cause pain while relieved by the absence of pressure?
A. No.

D. Is the function of the circulation regularly disturbed?
A. No.

D. But it generally is, is it not?
A. Since it generally is common to frequent pulsation, flush and face, it indicates a heat but sometimes the pulse is natural of either the face and the conjunctiva white.

D. Is the cellular tissue which exists between the dura mater and arachnoid generally found reorganized?
A. Yes. -

B. What an unnatural separation usually found in this layer of cellular tissue?
A. There may be third, dura and brainy.
B. Is it not a layer of cellular tissue which is more the arachnoid to the pia mater generally destroyed by pus, tumor or blood?
A. Yes.
B. Is the pia mater generally altered?
A. If it is.
Meningitis - Treatment

B. It more frequently an effusion in the
membranes of the brain.
A. The idea. Effusion of clear, serous, or bloody.
B. Of the whole of substance of
the Brain.
A. The alteration may frequently, but not al
may be detected.
D. That is the condition in which the substance
of the brain is frequently found.

C. Softened. The blood vessels congested or
blood spouts out in numerous parts.

C. What is the treatment of acute Meningitis?
A. Antitoxicious.

C. Measuring by general way the suppresser.
B. Bloodletting Cathartic Emetics. Autotoxides.
Electro. Pouring cold water to different
Positions of Halt.

D. Would you blood of the galen in more
face pale, and the Conjugatives white?
B. Cold air. The circulation will increase by putting
B. Would you use local Bloodletting?
A. Capses to the Sunphlege. Coughs in now the
Influenza behind the ear.

D. Hence what circumstances would you
see Empties.
A. If the Stomach contain a much food, it would
be prudent to empty it by Empties. They are not
inadmissible by itself there be gastric insupport
B. What could your object in using Cathartics
A. To produce Revolution.
D. What Cathartic would you prefer (oil
B. Colonel & Calaph, Gran Van & Calaph, or Cottin)
...
6. Would you subject the patient to abstinence from food?
A. I would.
B. What term is applied to inflammation of the brain?
A. Encephalitis or Encephalitic.
B. What are the principal marks of difference between Cerebritis & Meningitis?
A. The delirium occurs earlier and is preceded by the violent acute pains and there is more marked disorder in the voluntary muscles than in Meningitis.
B. Are both the membranes and brain generally diseased in either Meningitis or Encephalitis?
A. Yes, but perhaps it is more in a state of inflammation without its extending to the other.
B. What is the most common change observed in post mortem examinations as the consequence of inflammation of the brain?
A. A pathological reflexion.
B. What is the treatment for Cerebritis?
A. Vigorous Antiphlogistic.
B. Should it be Gabriell to a greater extent than in Meningitis?
A. See Sec. The same means may be used in a greater degree.
B. What is meant by hydrocephalus?
A. It is an effusion in the ventricles of the brain.
Hydrocephalus

A condition where fluid accumulates in the ventricles of the brain, causing pressure on the brain tissue and leading to symptoms like headaches, irritability, and vomiting.

1. What is the object to be accomplished in the treatment of acute hydrocephalus?
   A. Reducing the inflammation on which the effusion depends.

2. Would your treatment be the same in this as in meningitis or cephalgia without equal involvement?
   A. Yes, sir.

3. Is there not another form of hydrocephalus?
   A. Yes, sir.

4. What is it called?
   A. Chronic hydrocephalus, which is supposed to have the same relation to meningitis as they do to angina.

5. What are the most characteristic symptoms of chronic hydrocephalus?
   A. An accumulation of excess fluid in the ventricles or cerebral fluid, causing an enlargement of the head and a flattening of the frontal bones, by forcing the curvatures.

I would now like to propose a solution of carbonic acid as an appropriate remedy for chronic hydrocephalus.

A. Yes, sir.

D. Does softening of the brain ever occur without inflammation?
A. It is probable it does in old persons with an ossification of the arteries.

I have the appearance of a softened brain.
Differ in different persons under different circumstances.
A. The color differs from a pale red to a milky white.
B. Is the deep color generally observed in cases which have terminated early or late?
A. Only, but it is greater in the cementous for Nobs.
B. What does the white color depend.
A. Von Bred.
B. How the is softened if it be cut through. How does it differ from the natural Brain?
A. It will not produce a smooth polished surface, but will be rough or ragged.
B. Does softening of the Brain occur more frequently in young or old persons.
A. In the former.
B. By what symptoms is the acute or inflammatory softening of the Brain proceeded.
A. A sudden dull heavy pain, depending on a termination of blood to the brain.
B. What is the Treatment?
A. Antiphlogistic.
B. By apoplexy as inflammatory disease of the Brain.
A. It is not.
B. Is the Pathology of Apoplexy still understood.
A. Yes, Sir.
B. How is Apoplexy divided.
A. Congestive and hemorrhagic.
B. What are the symptoms of Central Paralysis.
B. Total or partial loss of an attack of Disturbance Apoplexy.
And thus I sought in the head, A dull, deep, sickly, vertigo, paper vision, sparks of flashes appear before the eye, ringing in the ears. Cerebral states. They proceeded with a spasmodic contraction of the uncles; tingling sensations in the limbs; exceeding dizziness or makelessness.

Q. What time are the symptoms which denote a determination to the head apt to occur in females?

Q. At time of labor. They almost invariably precede what is called the umbilicus (purpura).

Q. What is the treatment of for relieving this state of the system occurring under and concomitant A. Complete hissing, particularly when he is and during parturition. In a little while the face of these symptoms by quieting the abdomen.

Q. How would you advise the patient, 12 Jan.

Q. A sudden rise of the show of voluntary motion 12 Jan. in motion with the sensations of organic life much changed.

Q. Does conjunctive apoplexy occur equal and without the preliminary symptoms that have been mentioned Q.

Q. The fire

Q. What are the most prominent symptoms?

Q. The fever that I cannot be unless to contract the skin is in a state insensible, these are in general or partial paralysis, entire loss of speech, no sensations. Labored, unable to sleep, take intermittent. the temperature of the skin not altered frequently. Nausea, vomiting.
5. May the equimenes all disappear and the patient be entirely restored to health.

6. Yes, and as frequently the case in a fever, after they have continued from one to fifteen days, the cases tends to a fatal termination.

7. May not a similar suffer frequent attacks of congestion of the brain, without any apparent organic change?

A. Yes Sir, but they will generally be disorders in the intellectual and mental faculties.

8. Is not congestion of the brain frequently complicated with inflammatory processes?

A. Inflammation frequently occurs as a sequel of congestion of the brain.

9. What is observed when the fluids of the brain are partially or completely exsanguinated?

A. The dura mater and membranes are congested with blood, in the substance of the brain and numerous bloody sinews, but the blood does not escape from the vessels, there is generally an increased quantity of serum in the ventricles.

10. Does their naturally exist an actual serum in the ventricles?

A. About a Table Spoonful.

C. What is the treatment of congestion of the brain?

A. Copious stimulants, antiperspirants, and diuretics, stimulating cathartics & injections not prejudicial.

D. What varieties of hemorrhages does pleurisy and chorea?
A. 3. Which are first founded on the degree of the symptoms and now are confirmed by anatomical changes observed by dissection.

D. Ditto that are the symptoms of the first to most vital disease which have manifested in auxiliary signs.

A. The patient is generally seized quickly by the lungs, the heart, the brain of senseless, the intestines, the organs of sense, cannot by any means be subjected to action. The strong light will not cause the pupils to contract, nor will the loudest noise make any impression on the auditory nerve. Motion is completely lost.

D. Are the functions of organic life modified?

A. Yes Sir

D. What is the character of the Restoration?

A. Stomach gripping, the lips contorted

D. What is the character of the pulse?

A. Slow full, laboring, oppression sometimes intermittent

D. Is the face usually expectorated or flushed?

A. Usually

D. Is this usually effort to vomit?

A. Yes Sir

D. What of places? Am urine

A. They are frequently discharged involuntarily

D. Are the limbs in a rigid state?

A. No. They are placid obeying the laws of gravitation

D. Are the sentient faculties destroyed for time

A. Yes Sir
A. The proper knowledge of the cause, but very imperfect on the subject.

B. That the cause of this, as far as I can learn, is because of the ignorance of the subject.

C. Most of the causes, as far as I can learn, are because of the ignorance of the subject.

D. That the cause of this, as far as I can learn, is because of the ignorance of the subject.
ed. on the affected side.

Q. It will be manifest on the other side.

3. So all the unpleasant effects of an attack of this variety after being in a state of insensibility go off when the patient recovers his health.

A. The voluntary muscles, particularly those of the tongue and hands, recover their former action in a short time generally to a sufficient degree in the intellectual faculties.

Q. Well are the anatomical changes that occur in the brain of those who die of this variety of insensibility.

A. The vessels of the brain are contracted at these times generally by an extravasation of blood in the interior of one or both hemispheres in most it is left attacked the central point of an aneurysm.

Q. Suppose a patient while recovering from an attack of this variety should be liable to the action of some accidental cause which would prove fatal what alteration would you wish to have taken place in the extravasated blood?

A. It will be found no blood diminished in quantity, turned yellow, t amalgamated in a jacket of silk, t dressed, t denuded, t denuded t which are the symptoms of the third case.

Q. In what the person is not troubled down per

Q. He feels a sense of fulness of head. Vertigo, a confused mind, numbness in the fingers & lips, etc.
B. Are these symptoms sometimes disappear
now without treatment?
A. Yes, Sir.
B. Does an attack resemble to another?
A. Yes, Sir.
D. What changes are observed by dissection
A. A small quantity of blood extravasated in the
Rhinopharynx of the brain. There is generally but
little injury done to the substance of the brain.
B.ẫu. Some of the Causes of Flulency?
A. Excessive Heat. Excessive Cold. Intemperance in all
Lively ec.
B. Are the teeth chink short marked robust
constitutionally? Preceded to by Plookery?
A. No, Sir. It is a real error. The leeds are
more frequent to all age of.
C. Give the instrumental for Feverous or Plookery
A. Mixture. Cape, the rule that last both, which
relating Edward Cold mixture. Grounds on the head.
D. Name a very important means of practising
many which is that little used?
A. Application of the Youninecette to the extreme
B. Is what describes in this remedy usually used.
B. During the Cold stage of Intermitent Fever
D. Nor is it to be applied to the place of the cold
produce Wound in the mind.
A. It is to be applied near the body by covering
by tight to arrest the slow of blood through the
wounds, but not through the arteries.
B. Does the Youninecette act by the same prin-
ciple as the Cucumber? Cape it not the same
D. Precisely.
D. What change occurs in the lungs to which
has been applied?
A. It turns red & becomes heated.
B. In what way will retaining the blood in the
arteries increase the influence on the
sphincters of the body organs?
A. It diminishes the quantity of blood in
the circulation, & provides a concretion
in organs of less importance which admits the
blood from interior organs & embeds thus
thickened or constricted.
B. Do you think this would be a good remedy in
Molar?
A. Yes sir.
B. What other affections did he mention in
which this remedy would prove of great utility?
A. Phlegm, Rheumatism, Inflammation, &c.
B. When disease hardening up was a great degree
so as to prostrate the patient. Is it yet continued
would you apply the Improved.
A. To be to arrest the flow of blood through the
arteries by this means keep up the action of
the heart, I believe benefited.
B. This was some affections mentioned, Which
were not regarded as being accompanied with
symptoms sufficient, Unaffected & regular & to ca
lculated you to distinguish with certainty one from
the other, Which alone the
A. Cancer, Tumors, Paramecles & long Simon's.
However Cancer of the brain may be distinguished
because the Cataracta distichica will be present
B. Is fatal to anythink more than a
Symptom of Disease

1. Mr. Scm. It is in more or less than sleeping.
2. What do you mean that an affection of the paralysis? A. To me more severe ever.
3. By feverly Fullon Clancy.
4. When the paralysis is general upon what do you suppose it depends?
5. Upon a Compression or change in both hemisphere of the Brain.
6. What way Plani Compression?
7. On blood infusion, serum, or put a great degree of conclusion of the vessels, or deprive view of the body.
8. What is that form of paralysis Called, when it resemble half the body, nature longitudinal to is body?
10. What do we denote transversely?
11. Paraplegia.
12. Will injuries of the spine produce paralysis?
13. Yes.
14. What is that variety of derelictus called which is produced by the use of Alcohole?
15. Wannid a poet in derelictus Tremend
16. What are the symptomes?
17. Commences with watchfulness, Tremor of the muscles, agitation throughout all the limbs, great tablets, fears approaching danger, commonly imaginary devils are about these. These symptomes increase the person might without sleeping.
18. What is Perceptious? Falls.
B. How is the Patient's Manager?
C. Probably natural

D. Does disorder occur in the functions of organic life?
A. No, there will be nausea & vomiting, the tongue's green & white, the pulse generally moderately full & strong, sometimes rapid: the skin cold & dewy with clammy Perspiration

D. How did the disease terminate? Fatally, what proceeded death?
B. Coma, sometimes Convulsions.
D. Does it generally 
B. No such

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D. What are your thoughts treating a Case of Delirium Tremens?
A. It may sometimes be used beneficially
B. What did Dr. Bladwin think of it?
A. A State of torpid insensibility, it seems to indicate some excitement of the Stomach.
D. Is it known positively what is the pathol.

A. Hallucin, it is believed to be an affection of the Brain.
B. What do you think of bleeding in this Disease?
B. It is not an appropriate remedy.

D. Would you use Cathartick?
A. Yes Sir. Colored, dose of 15 or 20 gr
D. Upon what do Remedies in most relieve the end in treating this Disease?
A. Cold water & Opiates.
Why would you use the cold bath?
Experiments have proved its great utility
in mitigating the effects of cold when
followed by perspiration.
Is threadligature used for it?
To decide, the quantity is to be determined
by the effects produced.
Why is combination with other medicines in effect
less imprudent?
Campbell's RedPersinon. Five grains or 1/30
of China 2 and each.
What other anaesthetic remedies are recommended
in this affection?
Valerian. As for who. Must be
What is the appropriate moral treatment?
He should be treated tenderly. Corrective
measures should not be used to harden him.
He should not be positively contradicted.
Is there epilepsy?
I declare suspension of the sensorium, with
convulsions & froth issuing from the mouth, ex-
minating in deep, occurring at intervals
Is there great regularity as regards the
occurrence of Epilepsy.
Infringity, e.g. It frequently occurs in
January at the end of the fall. Sometimes,
the interval is much shorter. Sometimes longer.
After the first paroxysm is there a great
lindency to the occurrence of another?
With is the primary affection Stated.
In the Brain or Spinal Column.
What is found by dissection.
If the patient dies during the paroxysm, the vessels of the brain are congested. But if in the interval they are not physically changed uniformly, found.

D. Sometimes attacks sometimes come on sudden without any premonitory signs.

B. What generally precedes an attack?
B. Pain in the head. sickness, dizziness of vision a peculiar tingling of the edges of some part of the body as a finger, a toe, the edge of the chest, which all may be progressed towards the center of the system. This is termed aura epileptica.

A. Disturbance in the intellectual faculties.
A. What are the symptoms during an attack or paroxysm?
A. The patient falls down in a state of insensibility and immediately becomes convulsed, the mouth is open, the tongue protruded with much discharge of froth. As the convulsions reduce the patient falls into a deep sleep. Sometimes breathing from the mouth and a pale color. As the arcuate images inside the mind.

D. A faint pulse was sometimes in which is occurred the 24 hour.

D. To what disease do these fits probably refer?
A. Apoplexy.

D. How is the treatment divided?
A. Into remedies used during the attacks and those during the intervals.
3. What would be the treatment during the paroxysm?
2. If the patient be prone to it & frequent attacks you should do nothing more than prevent the patient from supposing that he will have some new eadiges to prevent a relapse of an affection of the teeth.
1. The shoes of Lead, and Carotic, Electricity, Bleeding, Bloodletting, & Osmium. 
1. Before what medicines would you place the next in confidence?
2. Vomiting and the exercise of Opium. The latter should be given in large doses, commencing sometimes previous to the epileptic fit.
2. By what name is this generally known?
2. Who are most frequently attacked with it?
2. Persons under the age of puberty, oftentimes juveniles.
1. What kind of disease is it?
2. Nervous, characterized by a continual motion of some part of the body. The intellect is not impaired.
2. In what part of the nervous system is the disease probably situated?
2. Pudendal Division.
2. What are the exciting causes?
2. Violent passions, in abstinence. It is frequently produced by sympathy, or from a principle of imitation. And other causes.
1. Is the disease continued with or without

by at. Peumex.

Vonna
A. Old Sir
B. Please the symptoms of this disease
C. After a manifestiation of bad health for some time there occur lassitude action in the muscles at first slight, but they become more evident until almost every voluntary muscle is in a state of involuntary action. When the patient attempts to walk his legs are irregularly adducted and extended motionless.
D. Etc this disease ever occur in pregnant females
E. It does, particularly in those who had before they declined puberty.
F. How they generally receive by declining
G. They are, but are oftentimes addicted to other nervous affections.
H. What is the treatment of Convul.
I. Remore if practicable the exciting cause by mild tincture; the Cold bath, the Cold sulphur bath; the most important remittant are applications to the spine.

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2. How an disease of the chest, divided
3. First disease of the lungs, 1st. Disease of the affinidades of the lungs.
4. If the diagnosis of the disease of the chest, generally more easily corrected obtained than the diagnosis of the disease of the head.
5. An irremediable affection of the chest, the dual operation is practicable.
6. On distinguish diseases of the abdomen with certainty, for the said reason.
7. Old Sir. Have the sense of touch is principal the
Placed

D. Is it not for the same reason that the intrinsic vital diseases of the cutaneous surface can be so readily, so correctly distinguished?

A. The but for the cases of oleum, the experienced are able to distinguish diseases of the skin with great accuracy of distinguishing those between which there exists but very little difference.

D. Why may I employ the sense of audition in determining the diseases of the chest, what is it called?

A. Audition

D. What is the difference between sign and symptom?

A. Signs are symptoms evaluated and interpreted.

B. Have the sensation of percussion aided you in diagnosing disease of the chest? Yes.

A. The have thought the diagnosis of these diseases to a state of perfected art. 

D. What does this fact suggest to you in regard to the study of medicine?

A. That it should be studied as a physical science that we should cease to talk of the vital forces of the body, it being bound to a scientific consideration.

D. What is audition?

A. The act of hearing or catching or auditory sounds which exist within the thorax while the organs are carrying on their functions.

D. Was the profession say that audition is of no importance?

A. Those who object to any innovation in the science. Why do we have neither studied nor practiced
B. What is auscultation divided into?

A. Into immediate and general.

B. What is meant by immediate?

A. When the ear is applied directly to the surface of the thorax.

B. Through the membranes of what muscles is immediate auscultation generally performed?

A. The pectoral muscles.

B. How could you use the stethoscope?

A. In examining exposed eroded parts.

B. Parts to which the ear cannot be applied.

B. To examine females.

A. Upon the fact that the air, which the thorax is alternately diminishing or enlarging yields certain audible sounds.

B. Are the lungs actively in this dilatation?

A. So do, by an enlargement of the thorax, a tendency to form a vacuum occur, which causes the air to rush in through the air tubes with considerable momentum.

B. Do it necessary to hear the health sound?  

A. The exact to the standard by which medical sounds are learned.

B. In health can more than one sound be heard by applying your ear to different parts of the chest.

A. His Lun. Too.

B. What air thus called.

A. The blowing, or bronchial, or the respiratory, or vesicular murmurs.

B. How is the loud blowing sound formed?
A. By the air passing through the lung, &c.
B. How is it least most distinctly?
A. In the intercostal space, immediately below the clavicle.
B. How is the respiratory murmur produced?
A. By the air impinging with some considerable force on the particles of the air we expire.
B. Where can this be heard most distinctly?
A. At the anterior middle part of the chest.
B. In whom is this sound heard most.
A. In Children.
B. On which side of the median line is the bronchial?
A. On the right because the tube on that side is larger.
B. Is the exact situation of the lung accurately delineated by the bony parts of the thorax?
A. No, it is not. They extend above the inferior margin but do not reach the inferior margin, forming the anterior to middle part of the base of the lung.
B. Tell me how you would draw a line around the body to indicate the attachments of the diaphragm.
A. Commence at the inferior extremity of the sternum or the anterior extremity of the first rib, running obliquely backward & downward to terminating at the posterior extremity of the 11th rib.
B. What occupies the lower thorax in the right lower part?
A. The diaphragm.
B. What is generally the site of the space
to the left of the mediastinal line and only between the 5 to 6 inchs at which the sounds may not be heard.
A. About 3 inches Square sometimes more at other
less. And when the lungs cover the Heart anteriorly no such exists.
A. That variations in these sounds mark the most
simple departure from the natural state.
A. An increase, diminution or abolition.
A. Do the sounds vary in degree in different
individuals in health?
A. Yes Sir.
A. How would you know whether to regard these
variations as indication of disease or a peculi
arity of the individual.
A. If the increase or diminution existed in very
part of both lungs, then it is to be regarded as a
peculiarity, but if it is in one lung only or a part
of one lung, then it is a mark of disease.
A. Suppose the respiratory humor is about in
the upper portion of the right lung, but increas
ed in the lower part of the whole of the other
what would be the conclusion?
A. That the upper portion of the right lung is
diseased, perhaps by the existence of
sounds between those of the portion of the lung and
the other lung are healthy but increased its action.
A. When the respiratory humor is increased what
is it called?
A. Parietal Respiration.
E. Suppose there is an absence of the respira
tory humor in the left lung or the parietal pleuris
rations in the right. What be the condition of the case?
Q. The pleura on the left would be filled with
serum from pleurisy.
Q. When the bronchial sound is increased but not to
such an extent, that you can hear the respira-
tory murmur? What is it called?
Q. Rude or rough bronchial respiration. This is ob-
erved in almost all cases of the lungs when Com-
mon cold.
Q. What is meant by the Tubal sound.
Q. A bronchial cough louder than the Rude. It
is like the sound heard by blowing the ear of a
metal tube while a current of air is passing through it.
Q. What causes it?
Q. The mucous membrane lining the bronchial tubes is con-
sidered as the tuba. Also, the tissue of the laryn-
geal cartilages and the tissue surrounding the bronchial tubes.
Q. In what disease is the Tubal sound almost always
present.
A. Phrenic neuritis.
Q. Can the respiration murmur be heard where the
Tubal sound exists?
Q. No
Q. What is meant by the Cavernous sound?
Q. A coarse, loud, resonating sound.
Q. How is it produced?
Q. By the air passing from a large bronchial
tube into a dry cavity, formed in the lungs, perhaps
by Tuberculosis of the lungs.
Q. Are there not some other varieties of increased or
diminished sound?
Q. Yes, Sir.
Q. What is meant by Roucheur or rolling sound?
A. The sound produced by the air passing over or through moving fluids in the pulmonary space.

Q. How is this sound divided?
A. According to moist.

Q. What do you understand by Roucheurs?
A. When the fluid, such as blood, flows in the bronchial tube it is considered that the air passes over it, but does not enter it, but passing by or over it gives it a vibratory motion.

Q. What is an Roucheur divided?
A. Rouleurs is divided or rolling sound?

Q. How may the Rouleurs sound be made to disappear?
A. By coughing or forcible expiration

Q. How is this sound generally heard most actually?
A. At places near the root of the lungs.

Q. Does the sublimate sound frequently exist?
A. Yes, sometimes in the child of both lungs.

Q. May it be heard during inspiration or expiration?
A. The physician often the expiration is finished.

Q. When is produced?
A. On the small tubes.

Q. In what disease is unevenly produces?
A. Pneumonia bronchitis.

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Q. Are there varieties of the moist Roucheur?
A. They differ in regard to the degree or intensity of the sound. Thus they are divided.

Q. What is the greatest or lowest sound called?
A. The bubbling, gurgling, expiration, or enormous Roucheur.

Q. How is it produced?
Q. Is air passing through a large bronchial tube into a cavity in the lungs contain'd? Fluid is in the air; is the air escaping from the fluid in large bubbles?

Q. Where is the sound most frequently heard?

Q. At the apex of the lungs, the heart, being formed by the connection of tubules, this sound is the lungs.

Q. What is the most sounds called?

Q. Tracheal ronchus, called also the Rattle.

Q. What kind of a sound is it?

Q. A large rattling sound, generally present in approaching death, produced in the trachea.

Q. What sound next in degree to the tracheal?

Q. Mucous bronchial ronchus.

Q. In what disease is it frequently heard?

Q. Bronchononia, forced into the large bronchial tubes.

Q. What is the next sound called?

Q. Tracheal Emphysema.

Q. What is the best.

Q. Single Emphysema or Bronchial Ronehous.

Q. When is it formed?

Q. In the muscular trachea.

Q. What does it most resemble?

Q. The crackling of flint and fire, or the sound of the respiration of boiling fat.

Q. Can the bronchial ronchus be made to disappear by an expectorant effort of the patient?

Q. Go on.

Q. In what disease is it most uniformly present.

Q. Bronchononia.

Q. Is it heard during inspiration?
Q. Is it so.
A. What is that sound called which is heard by placing the ear near the trachea or large bronchi while the person is speaking, the sounds being increased?
Q. Bronchosphygmy.
A. What is Bronchosphygmy called? Can you hear the vesicular murmur.
Q. Is it the vesicular or perisyringe sound.
A. What is Percussion?
Q. Is it the vesicular or perisyringe sound while the person is speaking the voice seems to come from the lungs.
A. What is percussion to the vesicular or perisyringe sound?
Q. A case of some drop in the lungs near the pleura that there should be in it no fluid.
A. Does it frequently occur.
Q. If it important in performing auscultation that the observer should have any easy position.
A. Sit and. They the examination may be prolonged, the observer should on the side that has is examining.
Q. What position is best for the patient?
A. The erect, but His Conceivable comfort must always be observed.
Q. Is it necessary to examine various parts of the chest. Is similar parts in the processes.
A. What is Percussion.
Q. Is modification of auscultation. It is done by changing or communication of an incision to the body by which to judge of the cavity.
A. What is the art of auscultation, practiced?
A. When the fact that bodies of different densities will when struck yield different sounds.
B. In what way is percussion performed?
A. Instantly and immediately.
B. Why is instant percussion preferable?
A. Instantaneous is painful.
B. What is generally used as an intervening body, on which to strike?
B. Percussion plate.
B. At a distance shall the plate be accurately applied to the surface?
A. It is.
B. If the percussion is to be made on an uneven surface what would you use instead of the plate?
A. The forefinger of the left hand.
B. With what should you strike?
A. The end of the middle finger. The nail should not touch the plate, or its substitute when one is used.
B. When the finger is used as a translator upon what shall the stroke be?
A. The middle.
B. There are two sounds an internal and an exterior of those organs, by percussion what are they called?
A. The clear, or concussing, the other dull or indistinct.
B. From what organ with the clear resounding sound is heard, when struck?
A. The stomach, when it contains no food.
B. What next to the stomach?
A. The intestine.
C. What next the intestine?
A. The lungs, then the heart, then the liver, muscles, and bones.
D. Can the situation of the Liver be marked by its pulsation?
A. It can be done by one who is experienced with great accuracy.
B. By the method there you may know daily if any change increases or diminishes its size?
C. By the size.
D. To ascertain the condition of the Apex of the Lung, where would make percussion?
A. Above the clavicle.  
B. Name some other surfaces for percussion, which may be used beside the quieting desire of the chest?
A. In disease of the abdominal organs, the brain, fractured bone, if you hear the pulsation of the great heart.  
B. Is Pleurisy dislocated?
A. Yes sir. it is local inflammation attended with fever.
B. It is an inflammation of what?
A. The Pleura.
B. What term would be more in accordance with the common nature?
A. Pleurisy.
B. What was said of the mode in which Pleurisy would be treated if it related to the disease of other serous membranes?
A. The anatomical changes, the character of treatment of Pleurisy would be taken as a model for inflammations of all sorts too.  
B. Can the circumstances attending Pleurisy be made strictly to apply to all inflammations?
of all serous membranes.

Q. With the exception of location & function of

"parts in the cavity.

Q. Are the physical changes which occur in

"pleurisy well understood?

A. They are.

Q. Is the pleura generally red in cases of

"pleurisy?

A. It has the appearance generally of being red,

but exerting, extremely violent lateral tension in

always constant throbbing of the injected vessels of the

adjacent tissue.

Q. Is the pleura found elevated?

A. Very rarely.

Q. Do the secretions from the pleura always

increase?

A. It is. The quantity varying with degree of

inflammation.

Q. In what direction are the lungs generally

compressed by the fluid?

A. Toward the vertebral column.

Q. Are they not sometimes forced against the

anterior & lateral parts of the chest?

A. They are. Other adhesions exist at these parts

which are the result of previous inflammation.

Q. Are there any changes in the chest which

are the consequences of the increased secretion

from the pleura which may be discovered during

the life of the patient.

A. The diaphragm is depressed which causes

the liver to descend below the margins of

the thorax the ribs are more widely separated.
and the intercostal spaces are more prominent.

A. Does the fluid annoy or disturb the pleura very little in quality, as well as quantity?

A. Yes Sir. It is sometimes hæmorrhagic, sometimes turbid & fluctuating - frequent - membranes

B. What are the causes of pleurisy?

A. External violence, as blows, falls, severe burns on the chest. Variations of atmospheric temperature, moisture. Two attacks immediate to another. It often exists with pneumonia & with other pleural maladies.

B. What is the most characteristic sign of pleurisy?

A. Pain.

B. Are the pain either localised or通用 to other symptoms on the commencement.

A. Did Sir.

B. In the part in which the exists circumstances

A. The pain. It generally exists only in side but sometimes in both.

B. What is the character of the pain?

A. Violent cutting pain, increased by the motions of the thoæus. By respiration, straining, a gently wave.

B. Is there generally inability to lie on one side.

A. Often the patient cannot lie on the side of affected.

B. Does pain always exist?

A. In Sir. There have been States where these symptoms never occurred.

B. If not pain resembling the pain of pleurisy
continued. Present when there is no inflammation of the pleura.

A. Yes in pleurisy.

2. How may the pain of pleurisy be distinguished from pulmonary ?

B. In pulmonary the pain is intermittent, in pleurisy it is continued, there is no atelectasis by immediate means or until the disease has run its course. If a diaphragnm is applied to the dorsal erodepneum, pleurisy will be relieved, but pulmonary will not.

D. Have such cases occur a very great increase of pain sometime without any appreciable cause ?

B. Yes Sir, which fact should be remembered in forming the prognosis.

C. What is the character of the respiration ?

A. It is difficult, the patient being afraid to fully dilate the chest, therefore the respiration and shot is imperfect.

D. There is some silence in the respiration with respect to the portion of the pleura inflamed. What is it ?

A. Sometimes respiration is performed almost entirely by the diaphragm and abdominal muscles as it is called abdominal respiration, then again the diaphragm remains steady and respiration is performed by the alternals increase and diminution of the horizontal diameter of the chest, it is called Thoracic respiration.

D. What is inflammation when abdominal respiration exists ?

A. The costal or Pulmonary Pleura.
Q. When thoracic irritation what portion of the pleura is affected?
A. Pleuro-pneumonic pleura.

Q. What is the character of the cough?
A. A short inspiratory, expiratory cough, six to eight times repeated after taking a deep inspiratory.
B. A change takes place toward the termination of the disease:
A. Is it more loud and accompanied with the expectoration of mucus?
B. Is it cough sometimes absent?
A. It is, above all cannot be considered diagnostic.
C. Does there not sometimes occur an approachable deformity in the contour of the chest?
B. The last is consequence of the affected fluid within.
C. How would you ascertain if there be an enlargement of the sides? 
A. By measuring from a median line antero-superior to the posterior, both sides of the chest.
B. What other changes occur in the parts of the chest that might be easily discovered?
A. The sides are elevated, more separated, the intercostal muscles are palpitant.
B. How now for anything by shaking the chest of the patient?
A. A gurgling sound will be produced.
B. Is not the position of the shoulder frequently changed?
A. There is a perceptible elevation.
B. Does permanent deformity result even from pleurisy?
A. Yes, the when the affected fluid keeps the
hugs compressed for some time, the air cells be
cause obstructed by adhesions & when the fluid is
absorb dehydration of the portions of the chest occur
I. Can yow as certain the quantity of fluid in the

Chee by Percussion.

2. Can the by examining the patient in an erect positi
now you can as certain how thick the fluid estan
D. What is the character of the respiratory sounds
in pleuritis ?

A. It is diminished in the part affected but increas
ed in the healthy. When there is permanent desorption
on one side there is great respiration in the heal
thy lung.

D. What are some of the general symptoms of
pleurisy ?

A. The pulse is full strong hard, headache, hoarse
and dryness in the larynx; cough, or diminished
lungs, feverish sneeze violent which become brownish
then dropsy sometimes dry.

B. Does some effusion occur in all cases ?

A. Very Sir.

B. Does it generally disappear with the other
symptoms ?

A. Very Sir.

B. How long is pleurisy generally running the
course ?

A. From 7 to 10 days.

B. Does it frequently terminate by increased
mention from some of the depuratory organs.

A. Very Sir.

B. What is the prognosis

A. Generally Favourable.
Q. Would you practise blood letting in pleuritis?
   A. Certainly.
   Q. How would you bleed.
   A. Place the patient in the erect position, dis-  
   mit the blood to flow into the ileum, repeat  
   the operation of the pain returned.
   Q. In a case of pleuritis, when there is no  
   pain would bleed.
   Q. As a rule a tendency to dyspepsia supposed.  
   Q. As local bleeding of much importance in pleuritis.
   A. Yes Sir.
   Q. Are Emetics derivable.
   A. They are. After one severe bleeding give an ac-  
   tive Enema, cathartic. It generally, will cut short  
   the disease by the patient both relieved by this  
   method.
   Q. Would apply a blister to the chest if the  
   pain continued.
   A. Yes Sir. They are in no case more valuable than  
   in inflammation of the closed membrane after  
   operation.
Q. What is Pneumonia?
   A. An inflammatory affection of the lungs, com-  
   menced in the interstitial cellular structure of  
   the mucous membrane of the trachea.
   Q. How many grades of Pneumonia are there?
   A. Three. Founded on anatomical changes but only  
   two can be distinguished by auscultation and percussion.
Q. What are these different grades called?
   A. 1. Simple, 2. Kid Inflations, 3. White Infla-
O. What is the condition of the lung when examined after death in diphtheria?

A. They are often when spread between the fingers, constipated though small, and manifest. They twist, as it were, on off a brown vermilion color, when cut a mixture of blood and foaming mucous is discharged in the vesicular structure.

Q. What is the condition of the lung in end
dissection?

A. They are of a deep red color, because charged with blood, much previous. Nor, no constipation, moderate increase destroys the structure, when cut its surface is

B. What is the condition of the lung in the white.

A. Of an ash color, which depends upon the exsudation of pus in the vesicles, the left of History February 7 12.

D. Is not the pus in grey dissection some kind collected in different.

A. Tesser sometimes gangrene occurred.
B. No patients even recover after partial gangrene in the lungs.

Q. What part of the lung is most frequently affected with pneumonia?

A. The lower lobe, it being unlike pulmonary cons

C. May Pneumonia be simple or double?

A. It may be in one or both lungs.
B. During what season does Pneumonia most frequently occur

C. Winter
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B. Does it frequently occur during the existence of other diseases?

A. Yes Sir. With Fever. Thefe is Pneumonia.

Q. Are Persons of all ages liable to it?

A. Yes Sir. At most common in Middle Age.

Q. How does Pneumonia generally commence?

A. With a chill, followed by fever. Sometimes known as an attack of Pneumonia is incident in it.

Q. What is the character of the Pulse of Pneumonia?

A. An obscure dull heavy pulse. It is more general. Not Circumscript as in pleurisy, there is there an increase of the pain by motion, by purposive slow or by ordinary respiration, the same as great an extent as in pleurisy.

Q. But is not the pain sometimes shining? or

A. Yes Sir, it is an evidence that the pleura is also affixed.

Q. What is the character of the respiration?

A. It is uncorrelated. There is great oppression in the chest. The patient seems to feel the want of vital air, makes frequent efforts to procure it, and labors much harder than natural.

Q. What is the character of the Cough?

A. It is generally more free than that in pleurisy, but may be called thickened.

Q. Is the Cough infebrile, of presents

A. It is very rarely absent.

Q. If it accompanied with expectoration,

A. As the Commencement the Cough is dry, but in two or three days matter consisting of blood
1. How would you distinguish the expectoration of pneumonia from that of catarhna?
A. In catarhna the blood is mucous and not intimate; in pneumonia it is not.
B. The matter expectorated in pneumonia is virous.
C. In catarhna, the patient can expectorate by opening the mouth from it; the frequency of the matter expectorated is in direct ratio with the intensity of the inflammation.
D. As a case of pneumonia advances to a fatal termination the expectoration increases or diminishes.
E. If it diminishes, either because the patient is too weak to bring it up when secreted or the vesicular respiration is so augmented that there is no secretion.
F. What is the character of the expectoration when a case progresses towards a favorable termination?
A. If not thick, the color is less deep, and resembles to the expectate matter expectorated in chronic bronchitis.
G. What position is generally assumed by the patient?
A. On the back or affected side with the head elevated.
H. What can you learn by inspection in pneumonia?
A. A dullness of sound over the diseased part which may be distinguished from that of pleurisy by observing the patient in the erect and horizontal position.
3. What can you learn by auscultation?

A. It appears early in the disease the expectant

mucus, which depends upon the air mixing

with the bloody mucus in the vessels. In other

expectoration, & bronchophony are also present.

Q. Are these sounds heard in atypical pneumonia

as well as simplex?

A. In the red spary, the expectating mucus can

not be heard, because the air is carried on to

congested. The air cannot escape there, therefore, the

respiratory quavres cannot be heard. The tubular

of bronchophony are more distinct than in Simple

Q. In the red spary, if the whole lung be not diseased,

can you hear the expectating mucus in some part of it?

A. Sir, it may be heard at the lung that sep

arates healthy from the diseased part.

Q. In the examination of atypical pneumonia during

the course of other diseases, can you not ascertain

the fact by auscultation before the ordinary symp

tom make them appear?

A. Sir, Sir.

Q. Is pneumonia always accompanied with

Fevers?

A. Sir, in the pulse is uniformly; fall & frequent

not generally true. The tongue is often Time

while, which becomes ulcers, there is generally a

cilia. Slight one or both cheeks, which is kept

noted by some to indicate which they are infected

Q. Are the functions of the stomach disturbed?

A. Not necessarily, but sometimes it is the case,

particularly in what is called pneumonia followed
2. What is the condition of the intellectual functions
A. There is dizziness and confusion in their performance.
B. Would you bleed seriously in Pneumonia?
A. At first I would, but afterwards the quantity taken should be less.
B. In some cases there is great depression; cold extremities would you bleed then?
A. Yes, Sir. In these cases and in all other conditions, will tell you of the existence of inflammation of the lungs.
B. Are cutaneous turpitudes in Pneumonia?
A. Yes. The castor emetic is
B. Would you keep the bowels open with laxatives?
A. Yes, Sir. Active purgatives are not to be used.
B. What do you think of the contras emetic plan of practice in Pneumonia?
A. I do not like it much.
B. What is the contra emetic method?
A. By commencing the use of castor emetic in small doses and generally increasing the quantity as the system tolerated it.
B. Is Calomel an important remedy in Pneumonia?
A. In the bilious variety, it is very important, and not much less important in any form of P.
B. With what would you combine the Calomel?
A. With minute portions of urine or the golden sulphur of Antimony.
B. What do you think of blisters in Pneumonia?
A. They are beneficial, but not much so as in febricula.
B. What is meant by the expectant and method of treating this disease?
Q. Give us medicine but merely & regulate the diet, air & of the patient.
A. Who found the disease as successfully treated in this as any other way?
A. Could.
A. You would rely upon it in treating this disease, would you?
A. No: but a method of treatment maybe attend with success in hospitals where the inmates have their constitutions broken down, but in this case the antiphlogistic treatment is superior.
Q. The true doubts as to the propriety of Carrying Deflection further, do it not then Propen to Adhere in the expectation method?
A. Yes Sir
Q. What is bronchiitis?
A. Inflammation of the mucous membrane lining bronchial tubes.
Q. What are the changes that occur in this mucous membrane in bronchitis?
A. Pus in the bronchial tubes which may be confined to or spread over one or both bronchial membranes. Sometimes a false membrane exists, generally the mucous membrane is covered with mucous & mixed with blood.
Q. What are the most common causes of bronchitis?
A. Variations in the temperature & moisture of the atmosphere. It exists frequently during the course of the winter about diseases are chronic both theoretically and actually.
Q. What are the Common Symptoms?
A. The cough is violent, it is effected by taking
in a deep inspiration, the coughing produced a
constant headache. The cough is at first dry, it is
accompanied with a mucous expectoration varying in
tendency & quantity with the degree of inflammation.
It is sometimes intermixed by mixture with blood.
There is a sensation of heat & dryness felt in the
trachea. The expectoration is not generally much embar
rassed.

Q. What will percussion give you?
A. Negative symptoms only, but they are valuable

Q. What can you learn by auscultation?
A. The rude respirations & stilted ronchus may be had
the small congestion generally present in Pneumonia is
absent.

Q. What is generally the character of the pulse?
A. Not much excited, more frequent than natural.

Q. Where is the pain in the head located?
A. In the frontal region or temples.

Q. Do they frequent shaving?
A. Yes, but it is sympathetic & not dependent
on gastric disease.

Q. What is the prognosis?
A. In simple bronchitis, it is favorable generally.

Q. When bronchitis occurs in old & debilitated persons
What is it then called?
A. Catarrhical, coryza. The termination of this not gen-
erally favorable.

Q. When bronchitis occurs endemically what is it
called?
A. Influenza. This is not considered favorable,
its termination as in phthisis pulmonalis cases. Bronchitis,
occurring during convalescence from febrile chills.
in children, in adults it is a serious affection. 

True the extreme value of auscultation in these cases as the distinct rattle thus may be heard before the patient begins to cough.

Q. What is the treatment of bronchitis?
A. Emetics, respiration, cathartics, sometimes resuscitation of ozonis are necessary.

Q. What is Haemoptysis?
A. An exudation of blood from the mucous membrane lining the air passages.
B. Does it more frequently occur in early life?

Q. What are the symptoms which generally precede the discharge of blood?
A. A feeling of Redness of the pharynx, pain more or less felt in the skin of the chest.

Q. What is the appearance of the blood when brought up?
A. It is a florid color more or less intermixed with air. Its may be distinguished from Haemorrhage by the blood in the latter being coagulated, of a dark red color that moved with air also by the vacancy in which it is brought up.

Q. What are the Causes of Haemoptysis?
A. Atmospheric irritations, inhalation of irritating particles in the air, or irritating gas, crude atole of acety. Mechanical injuries. It frequently occurs as a morbus discharge. The most frequent Cause is the existence of Tubercles in the Lungs.

Q. Is it said by some that Tubercles always exist when Haemoptysis occurs.
Hoping Cough
Hoping Cough
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1. Does dyspnoea. Natural deep abs.
2. At what time in the course four persons does the most distress most frequently occur?
3. Last begin day tight
4. What is the treatment of the condition?

A. Practice respiration. Keep the mouth open by saliva. Gargle with spirits of wine, strychnine, aromatic spirits of ammonia, combined with strychnine, or given alone. Sal. Sapa in the mouth of parotid, there told it is dissolved, sometimes acts beneficially.

D. Would you give sugar of lead & of boric powder in combination?

A. Not without the interior Cabbage to meet instead of the Saltpetre, in preparing the process.

D. Of the patient become moderate from the loss of blood, what remedy would you then use?

B. Action resembling to the Anodyne

D. What is Pulmonary Collapse?

A. It is an effusion of blood in the interstitial tissues of the lungs which obliterate the air cavities and causes respiration to finally collapse the patient.

E. Would your treatment be in this as in Typhoid?

B. Yes Sir.

D. Is it well known what is the pathology of Hoping Cough or pestilence?

A. So do. But it is most probably an inflammation of the mucous gastro-intestinal tract.

D. How long is it in becoming its course?

A. Generally about six months.

Now does generally Commence.
136 Phthisis Pulmonalis

A. With symptoms of Bronchitis.
B. What is the character of Cough?

A. The cough is affected by first taking in a full deep inspiration, which is expired by a succession of short interrupted exhalations, during the inspiration the breathing becomes forced and produced during the expiration the cough is affected.

B. Is anything brought up by the cough?

A. Red Sir. Yellow mucous, a phlegmous of coughing is frequently most annoying.

B. What is the effect in a phlegmous coughing has a free breathing?

A. The blood is not properly annexed, the four edges are of a lead appearance.

B. Is it a dangerous disease?

A. It is not within uncomplicated.

B. How would you treat tuberculosis?

A. In the first stage it should be treated as a case of bronchitis, that is with expectorant, mild cathartic etc. The airs is free the lead blood abnormal is recommend as a valuable article.

B. In what part of the lungs do anatomical changes take place in Phthisis Pulmonalis?

A. In the alveol.

B. In what does the musical part of the disease consists?

A. In tubercles which exist in the numerous new leaves of the bronchial tubes, or in cells or interstitial situation of the lungs.

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B. What are the three states in which tubercles are formed?
in the lungs?
A. 1. Crude or involunt State, small whitish opaque
Mass. 2. A state of ulceration or softening. 3. Autolysis
of ulceration affecting the surrounding tissue.
B. Into how many stages is pulmonary consumption
Now divided?
A. Three.
C. What are the symptoms of the first?
A. Cough. Fever beginning in the palmer of the
Hand & toes of the feet.
D. What is the symptom of the second?
A. Constitutional fever, Cough, Varied respiration,
Irregularity of respiration.
B. What are the symptoms of the third?
A. Plastic fever. Fever recurring occurring in 24 hours
The first commencing about 9 o'clock A.M., terminat-Ing
In colocation about 3 or 4 P.M., the other commencing
About 9 o'clock P.M. terminating
By colocation about before day light.
C. Is it necessary to pay attention to the expectoration in
order in all cases to give a correct diagnosis in Cough?
A. Yes, Sir, but it is not to be neglected?
B. How would you distinguish mucus from痰?
A. Mucous floats in water, and sinks if not mixed with
Air. If you disorder these in sulphuric acid, and then
Add water a permanent precipitate will be formed by the said not the
Mucous. Lactic precipitate will do the same. Corrosion sub-
limates will coagulate mucous but not痰
C. Can you instantly discover if Tubercles exist in
The lungs by Auscultation? Mucorrhoea?
A. No, Sir.
B. When can you detect Tubercles in the case state?
6. If a number of these are collected together, forming a muce that exudes in the cavity, that in any way be ascertained otherwise, you cannot be certain of their existence.

7. What will be found when tubercle exist in a mace by auscultation of percussion?

8. You cannot hear the vesicular respiration in the part affected, but it will be increased in the sound parts by percussion will be found more dull over the parts where tubercle exist.

9. What will be found is exist in the patient, be examined by auscultation whether the tubercle and surrounding parts are undergoing the ulcerative process.

10. The vesicular respiration if there be a large excavation the resonant sound will be heard.

11. What can you hear by auscultation after a sound has been found, the ulcerated portions become.

12. Vesicular respiration is pathology. They for auscultate a resonant sound over the cavities but over the surrounding part a dull unnatural one.

13. What is the treatment for Consumption?

14. It is an incurable disease. The right nutritional diet, inducing medicine or regimen in the treatment.

15. What is the most characteristic feature for Cough?


17. What taking occurs in the voice?

18. Tuberculous hoarse dry grating, it is a first symptom.

19. What is the character of the Cough?

3. What is the character of the respiration?
A. Laboured, hurried, and strangled.

2. Name some other symptoms of strumpet:
A. The patient desires to be in the erect position; is much laboured; there is great restlessness and agitation; the head is extended backwards; there is a swelling of the chest, an elevation of the shoulders; the face has a livid appearance.

2. What are generally difficulty in swallowing in membranous laryngitis?
A. No sir.
B. Do they local pains?
D. Are there constricted pains
B. Do they headaches?
A. Yes sir. It is described as dyspnoea.
B. At what time does an attack most frequently come on?
A. At night or suddenly
B. An attack does not always come on suddenly, but is it frequently preceded by symptoms of brachitis?
B. Is it generally rapid in its progress?
A. Red lid for 3 to 5 days?
B. Is it a fatal disease?
A. It is unlike any other known disease.
B. Does alarming history of this disease make you advised to read
B. Referred:
C. Would treat a slowly all cases of consumptive cough
A. Yes Sir, for though many cases of what is
called Croup do turn well favorably, yet you cannot
distinguish those cases in the commencement from
true Membranous Croupes.
B. What are the Auscultos Changes which take
place?
A. Inflammation of the mucous membrane of the Ear
nay sometimes extending into the Tracheal tubes
there is a false membrane covering the mucous sur-
face of various consistencies & extent.
B. Is this membrane organized?
A. Yes Sir. Red vessels may frequently be seen
failing into it. 5th Feb 1844
B. Upon does the difficult respiration Cresuial voice
through depend, in the early stage.
A. When the false membrane
B. What is the copus Croup?
A. A form of the disease coming on in hurry and
commencing & abating suddenly. It is caused by a
Medical contraction of the muscles of the Larynx
B. Upon what is the Medical action dependant?
A. An Extinction of the inflammation to them or they
are by sympathy induced to act. It may be
said to be induced to the muscular action of the
muscles of the intestines in Aygument
B. What are the Caused of Croup?
A. Rhinocleria visceralis. It is very common in
moist situations especially near the Sea Shore
there is perhaps a Family predisposition. It is an
individual predisposition by hyposis attack, it
frequently occurs during the prevalence of
disease at Longilete. Premiered. 1844
Q. At what age does croup most frequently occur?
A. From 1 to 7 years. Common in adults.

Q. What would you use in the first stage to prevent the development of the disease?
A. Spirits Turpentine.
B. How amnestidt?

Q. Take from 10 to 30 c.c. Spirits Turpentine with some brown sugar. Mix these up together then add gradually a miscella/nal of water to give a teaspoonful very 5 to 6 minutes.

Q. What other means would you use for the same end?
A. Resolving von the Toothache & Bronchic.

Q. Would you employ mustardting?
A. Would I use some of it & add mustard.
B. No. So not generally. Must be a pH of if you use Secked a woman's voice to the cough.

Q. What would you use to produce an external resolute effect?
A. Eucalyptus, alcohol, chininum, Tincture Pepper (unknown)

Q. What was spoken of as a grand remedy in Croup?
A. Emetic.

Q. As a general rule would you use Emetic Fever?
A. Ectad produce a full & extension vomiting, the desecrative effect produced by carbolic & other drugs the operation of Emetic very well.

Q. What medicines would you use to produce emetics?
A. Tartar Emetic.

Q. Why not use a similar medicine?
A. Because Tartar Emetic may be given large doses without vomiting owing to the high state of inflammation in lungs that might tend to the sensibility of the surface which is less in the patient.
What would you use to aid the medicine?

A. Warm bath.

B. Are there any objections to the warm bath?

A. The most important is it leads to too much exposure.

B. Then use the local applications mentioned above?

A. Yes. The patient is always told to keep the warm bath. It is therapeutic.

B. Was the patient ever using the enuff plaster?

A. Yes. Each effect would be closely watched, and no

prelimination noted.

B. Le Lobelia appropriate in this case?

A. As Ford remarked his experience with the article in cases was limited, but he believed it to be a val

cable remedy in this together disease.

B. Which was the cathartic?

A. Not the first step.

B. When an attack of cholera comes on at night is

then an attention in the symptoms in the day fol

lowing?

A. Not so, but if not prevented then will be a great

increase in these illnesses the next day.

B. Keep the patient under the influence of cool water.

Would you prevent the attack?

B. Red lead.

D. Would you give Calomel in Malarious Pancyte

A. Yes, but it is an important remedy.

D. Then and how would you give it?

A. On the day following the second attack, in the

morning in medicine of the symptomatic indications of

From 2 to 5 grains every 2 or 3 hours.
Q. Will it favor beneficial results at a wound?
A. It is about 3-557-1. in the first instance.

Q. Would you generally apply a blister?
A. As far The character of the operation & its interferes its entries to the performance of deodorizing
are worthy objects.

Q. What medicines would you use if the false membrane had formed or was forming?
A. Chlorinating solutions to the surface as parlor
1st alum alone or mixed with sugar. A solution of
Ethereal Ether. Ethanol. (Eyebath) & (Eye) paper
Eye drops. Q. How would you use the alum?
A. Attract a change to a piece of wire. Moisture the sponge
than roll it in the alum & thrust it in the passages.

Q. What kind of Ethers would you at this stage
of the disease?
A. The vitriolic. As Sulph. Zinc. in doses of 2 lbs.
How would you use the Cancer Caustic?
A. Make a solution of 50 to 17 to 17. Take the sponge attached to the bowl
(whick should be bent near the end to which the sponge
is attached) the patient must be extended. Mouth
widely opened. Tongue depressed. The Euphobic brought
in so. then dip the sponge up the position & carry
it into the nine gladii then hold it a short time.
A. Hemoglobin action of the muscles there will occur &
thenly force out the solution from the sponge into
the gladius.

Q. Would you place much reliance on this remedy in
preventing the formation of the membrane or re-
moving after it is formed? A. Certainly.
144 Laryngeal Phthisis

Q. What do you think of making of opening in the larynx or trachea?
A. It is the operation easy & successful, when properly performed.
Q. Would you employ it when by physical signs you discovered the first instance of Phthisis or Bronchitis?
A. No sir. But the objection that false membrane frequently extend into the bronchial tubes should not prevent you from performing the operation for the false membrane invariably becomes more or less difficult as its extends for the larynx. It is much better that this operation be performed unnecessarily than that it should not be performed when necessary, therefore it should be, as is generally done, post haste till the patient is in the extreme articled moment.
D. Is it not probable that in using the nitrate of ammonia silver in treating cough that some of it will be swallowed?
A. Red unavoidable.
Q. What substance would you use to decompose
a. In it can it be included?
A. The Chloride of Sodium.
Q. What will be formed by the Nitrate Silver & Salt acting on each other?
A. Nitrate Silver
D. What is Laryngeal Phthisis?
A. A chronic inflammation of the mucous membrane of the larynx. Commonly called chronic Bronchitis.
Q. Name the most prominent symptoms of this disease.
A. There is cough, difficult respiration, alteration in the voice, sometimes complete asphyxia, mucous expectoration, thought left with coughing, some difficulty in swallowing, slight dryness in the throat, in advanced stage hectic fever.

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C. What do you perceive by examining the mucous membrane of the pharynx when the patient has red hot mouth and red spots on cheeks?

B. If appears, tell me young is it intercalated?

C. What is the most common cause of this disease?

A. Dyspnea. Frequent cough loud breathing.

B. With what is the most commonly complicated?

A. Phthisis Pulmonalis.

B. What is the treatment?

A. The constitutional treatment should be antipyretic, bloodletting generally, and purgation.

The local treatment includes the ablation of blood by leeches, blisters, and the use of antiseptics directly applied to the mucous membrane.

B. In what stage would you prefer using the stimulating powders or solutions?

A. In the early stage.

B. Would you use the nitrate of silver as in Cough?

A. Yes sir.

C. What is the composition of the powders used in this disease?

146. Diseases of the Heart

Q. How are the powders to be applied?
A. They are to be instilled to a small nose-powder and
can be inhaled through a glass tube about twelve
inches long. The patient should make
a forcible inspiration then receive one end of the tube
in the nostrum. That is, blowing to the distal end, the
other being in the powder. It is now to be fired through
the tube.

Q. Suppose the muons membrane is so undermined that
the patient is in actual danger of suffocation?
A. Perform Paracentesis.

Q. What do you understand by Tonsilitis?
A. An inflammation of the Tonsils, called of this Disease.

Q. What is the Treatment?
A. In the early stage, the Minutest of Obliterations at the slightest sign, for the Constitution in this Antiphlogistic stage. If the Tonsils are to
enlarge as to endanger life by suffocation, perform
Paracentesis.

Q. What are the reasons given why you should study
well the diseases of the Heart?
A. The heart is one of the most important organs. Its
action is essential to life. A healthy or normal action
is healthy. Some diseases of it are incurable. you should
be able to distinguish between those that are and those
that are not. Diseases of the Heart are of frequent
occurrence. Asklepios expresses it so concisely that
the unlearned cannot understand its Health.

Q. Name some circumstances which modify the ac-
tion of the Heart.
A. Muscular exertion voluntary or involuntary, laug
Continued, unmoderate exercise, mental emotions, eating or digesting food.

Q. What is the foundation of the study of the diseased of the Heart?
A. Anatomy of Physiology of the organ.

Q. What are the functions of the Heart?
A. In the anterior mediastinum, behind the sternum, binds more to the left side. The aorta about of the space, under the sternum, the lateral parts covered by the lungs, leaving uncover 2. shades of 12 or 12 inches above.

Q. What are the tissues entering into the construction of the heart?
A. Muscular, fibrous, serous, cellular, adipose, vascular, nerves.

Q. How many sounds produced by the action of the heart?
A. Two, the first 2 second sound.

Q. At what is the first produced?
A. During the contraction of the ventricle.

Q. Can the right ventricle with the beat of the apex against the pericardium of the chest, the left of the flaccid? Can the portion of the thoracic wall against which the apex is struck be seen or felt more?
A. Old six.

Q. What is the character of the first compared with the second sound?
A. More dull and prolonged.

Q. What causes this second sound?
A. By the tension and contraction of the auricle ventricular valves, the apex of the heart striking the wall of the chest.
O. What caused the second?
B. The tincture of the second year was.
O. What indication is there for you to study
the abnormal sounds of the heart?
A. They are in number produced by the
physical actions of solids and fluids.
O. The abnormal sounds are divided into 2
classes. In what does the first consist?
A. Sounds which differ from the natural only
in degree, that is greater or less.
O. Is there any difference of duration in the
natural sounds of different individuals?
A. There is, in some that individuals the ac-
tivity of the heart can scarcely be heard. In some
violent action is subject it beats violently.
O. When the sounds are increased do they
become clearer or dulled?
A. Clearer, more resonant. But diminished,
they become duller.
O. Can an increase or diminution of the
natural sounds of the heart be taken as
certain indications of that organ?
O. To see,
O. Does the force with which the aorta of the
heart strikes the walls of the chest vary in
different individuals in health?
A. Red Lin to Sounds.
O. Does it vary indifferently from many circumstances?
B. Red Lin. It is by the continuance of the var-
ation of the sounds of impacted of the heart.
A consideration whether the vibrations grow.
is natural for a great deal of the individual that you are able to determine in respect to the existence of disease.

Q. What is the sound of the heart against the pa
tient? The sound is violent. So much so as to raise the head of the observer, or to be heard at a considerable distance. What is that sound which may then generally be heard? That is

A. Metaphor, or ticking sound.

Q. Does not refer to an acoustical sound? A. If you place the elbow of your hand on your ear, it strikes it on the back with the end of your finger. The same kind of sound may be heard.

Q. What decision was made of the second
class of sounds?
A. Physical, it is termed.
B. Orders the surgeon to proceed.
C. By the rubbing of the opposite surfaces of the pericardium.
D. If there any appreciable product in this way less restless?
A. No in the smooth and polished surface of each other with any sound.

Q. What was the first sound called which is produced by the rubbing of the rough sur
faces of the pericardium?
A. In a rougher sound is pericardiac sound.

Q. What kinds of a sound is it?
A. Like the sound produced by rubbing together two surfaces of a raw beef all or the palmar
Our few of one hand with the Palmer's paper
of a finger of the other.
1. What is the second sound called?
2. The crackling sound.
3. A tingling sound?
4. What sound is the third or last?
5. It is quoting more harsh than the others.
6. Caused by rubbing the surface of the peri.
7. Cardium where this exists on thyroid cartilage
or cartilage impacted?
8. If these be inflammation which of these
sound will be heard?
9. If it be not include the first or rough, but
10. Intensities of the sound or crack on second
11. In these sounds influenced by respiration
12. They can be won that really third among respiration
13. In they influenced by the action of
the Heart?
14. They can heard more distinctly, during the
contraction of viscera which enable
you to distinguish them from those of the
Earth when it is influenced.
15. May all the deep seated sounds or those which
are produced in the cavity of the heart be
16. All included under one generic term?
17. The sin, the bellows or blowing sounds analogous
to the sound produced by the air passing through
the mouth of a bellows or that produced by
the mouth in blowing out a candle.
18. How many species of this sound are there?
Pneumonia

1. The cause. 1. from blowing round. 2. like the sound of running. 3. like rasping wood with a coarse file. 4. a sudden on articulating sound. How are these sounds produced?

2. By the action of the blood against the heart. While the latter is in an abnormal state, it is true a thickening of the valve, from this an insufficiency to form a complete suction, from the existence of tumors of polypi's on the cavity of the heart.

3. What is pneumonia?

4. Inflammation of the Pleurae.

5. When the membrane is examined in those who die in the early stage of this disease, what is observed?

6. It will be found by a section which consists of two parts. The first is a pale or white fluid, varying in quantity from to oz. to several ounces. The other is a brownish Leigh or albumen of the colour of appearance of the bulky body of blood. As before the surface of this membrane in the lungs, it presents no calculated difference. It is very similar to what occurs when paries which have been smeared with oil and placed in con-

7. Is this effusion an early symptom?

8. It is. It's mistake to say that it occurs only at the termination of the disease.

9. Will the membranous coating become organied if the disease continue? (with lead.

10. It's still to be, but it is the labours resisted.
To now are the symptoms of periarticular divided.

Q. Into functional or Physical?

Q. In simple Pericarditis of the passive kind?

Q. It is not only the inflammation be in time, but there is an uneasy sensation in the Pericardial region of suddenness this region is more intense and lasts in coughing, perspiration, and so on.

Q. Can you generally easily detect the existence of the elevation of pericardium?

Q. Waldeyer.

Q. What are now born by auscultation?

Q. The pericardial sound may be heard varying according to the degree of inflammation. When there is effusion the valvular sounds will not be of distinct, it will appear to be at a greater distance than usual. Very frequently, I believe sounds an

Q. There is fever, is there?

Q. Yes, the temperature of the surface is increase, the pulse full, strong and regular. These indications are considerable to consider, it.

Q. All these last named, by asthenia invasibly, pro

Q. It is sometimes the heat of the surface is unequal, the face pale, pulse bronze tends irregular with the appearance of great contraction.

Q. As you think this disease frequent occurrence.

Q. Yes, it is, may exist without feeling Know.
Q. What is it most frequently complicated with A. Fever, Midriff, Inflammation, sweats, etc.
Q. What are the most common causes of paralytic constipation? A. Pneumonia, inflammation, etc.
Q. Describe the nodules, bursae, and tions of the atmosphere. Most affecting to C. What is the treatment? A. If it should Weigh, could it be...
Q. Would you perform local bleeding? A. The Siris, apply Calpe, in the 1st degree, putting over the inflamed membrane.
Q. How would you administer Cortis, etc.? A. 1/4 oz every 3d day, fit. D. Would you apply a blister to the parietal region? A. Esin, after performing local bleeding.
Q. What do you think of digitation? A. I recommend by high Authority, but for that little confidence in it.
Q. What would you use to quiet the convulsions in the case of the heart if it existed? A. Phell's Acid.
Q. In what case, where the pulse is small, rising, near the face, etc., the face crowned with a cold perspiration, the pains worse in the cardiac region, would you bleed? A. Siris, if it is however difficult to get the blood to flow, a diffusible stimulant may be used: the sulphuric or Chloric Ether, etc. if not.
Endocarditis

of which we were only in time Cured in 1855

19th century, in the cardiac region.

4. We refer to Endocarditis contracted above a chronic form?

A Reg. Soc.

7. What symptoms thus began?

8. The local symptoms of the acute form are minimized but continue. There occurs a great salutation, with a bluish appearance of the contained of the Phevidle of the left chamber of the heart's left face.

C. What would be your treatment for this form of the disease?

9. The chilchlogistic hot pulse vigorously, than in the acute form.

D. What is Endocarditis?

10. In disarrangement of the membrane which lines the cavities of the Heart.

E. What changes take place in this membrane which is similar to occur in broad membrane sections, gelatin membrane wounds, thickening, roughness.

F. Are not the valves sometimes adherent to their structures?

G. Us. hen. They become thickened, tuberculated, cartilaginous, altered, sometimes adherent to the ridgling of the ventricle.

H. Do the pains very distinct?

I. Not generally. It is rather an uneasiness than a distinct pain. The physician who does not discover this disease before the attention is called to it by the pains will likely be too late in his diagnosis.
O. What are the liquids which you obtain by perenn kind?

A. They are of a negitive character.

Q. What would be best by acculturation?

A. The first blood, the coloring or regis;

Q. Is the disease frequently complicated?

A. It is with Pericarditis, Rheumatic Disease, Pleurisy.

Q. What is the treatment?

A. The same as Pneumonia, only more general.

Q. What is the hypertrophy of the heart?

A. An increase of the muscular tissue of the organ.

Q. Do these alterations in this nutritive matter appear?

A. No that the natural contraction is not changed.

Q. May it be altered in the heart second by injury? A. No, the ventricular figures are more frequently affected, especially the Lungs.

B. How is hypertrophy of the heart divided?

A. Into 3 characters.

Q. What are they?

B. Simple, occurring without any increase of size, in the case of the Constrictor. 2. Concentric, occurring with a diminution in the size of the heart.

Q. What is the immediate cause of hypertrophy of the heart?

A. An usual action of that organ.

Q. What are some causes which excite the heart to unusual action?

A. Fatigue, exercise, occupation requiring
156. (Deposition of the Heart)

much muscular effort; moral emotions; phrenic phlebitis; stimulating drug or drink; mechanical obstructions in the vicinity of the heart, or large arteries.

Q. Is the authority of the heart dangerous when not consulted?
A. No! But it is most commonly consulted with desire of the body.

Q. Can the sleep of the heart be discovered in life?
A. Yes. By percussion.

Q. Who could describe the exact sleep of the heart by immediate percussion?
A. Corpse.

Q. What is the best mode for ascertaining the sleep of the heart, i.e., the life?
A. By the surface percussion.

Q. What is meant by the mode of performing percussion?
A. How are a solid rubber to transmit the sound to the ear, the objective end should be forcibly pressed against the walls of the chest, as it bring it by against the heart.

Q. What is the weight of the heart in a healthy state?
A. About 3 lbs.

Q. Is the weight sometimes much increased by disease?
A. This — weighing 220 lbs.

Q. In the force with which the heart strikes generally increased, as proportion to the increase of life?
A. Yes. In refection, the head to hand from the chest.

Q. Is there generally a difference in the size of the chest?
Palpitation

A. The left side is the largest, the intercostal space more delicate.
B. Does the vascular sounds of the heart be heard.
A. The dim, palpitating than natural.
B. What is the character of the pulse?
A. Full & vibrating.
B. What is the appearance of the skin?
A. If dry a peculiar brillian tint also redness of the face.
B. What of the eyes?
A. Remarkable bright.
B. In hyposthiamy complicated does the pulse be taken as a guide?
B. No sooner for instance if they excited an obliques at the vireo of the mouth, the action of the heart might be tumultuous, & yet the pulse feeble.
B. What is the treatment?
A. Preventive, rest, diet, sedatives.
B. What sedatives would you use?
A. Digitalis & prussic acid.
B. What is meant by palpitation of the heart?
A. It is one of the symptoms of that organ that is detrigued by by intervals of unusual force & rapidity of beating accompanied with the bellum sound.
B. Which of the impediements is most liable to palpitation of the heart?
A. The nervous
B. What are the most common Caused
A. Physical shocks, mental emotions, dyspepsia. I find that a remarkable effect. All nervous, long also heart, late sitting, late eating, masturbation, use of tobac in any form.
Q. What is the use of tobacco, the effect of smoking irregularly and steadily on the surface of the volun-
tary and muscular muscles?
A. The use of tobacco is not necessarily the cause of the volun-
tary and muscular muscles.
Q. The use of tobacco is not necessarily the cause of the stimu-
lation of the involuntary muscles?
A. What class of muscles is frequently affected with palpitation?
A. Chlorotic palpitation.
Q. Is it not a great inducement to study the structure of the heart, that you may be able to inform the fem-
ales, that though the heart palpitated forcibly, there is no incurable organic disease?
A. Certainly. It is a common that there is an organic disease of the heart, or uterus is to destroy the
health.
Q. In the palpitation of the heart occurring in chlorotic patients, what can you hear by placing
the stethoscope over the large arteries?
A. A musical, diastolic sound.
Q. More palpitation sometimes depend upon a plethoric state of the system?
A. Yes sir.
Q. What is the indication in the treatment?
A. To improve the general health or arouse the
state of the system upon which it depends.
Q. That is the proper treatment when depending
upon a chlorotic state of the system.
A. Tonics, incorporating diet, exercise to be
Q. Is not define phthisis of the spinal column
found to be tender to percussion in most cases of
"Palpitations"?
A. The vision, external relief obtained by an applica
Syncope

tow to the sudden passage.
2. Do not the heart principally suspended with nervous influence by the cerebral and ventricles?  
A. Yes, sir.
3. Is it not regarded as a suspension of nervous influence different from & a great degree independent of the cranial & spinal nerves?
A. It is so regarded by some but anatomy shows its ultimate connection with the spinal nerves.
4. What do you suppose nervous & spinal & psychical factors dependent?
A. Nervous origin generally.
  5. What is then of this?
A. The numerous recorded cases from different sources of the sudden & permanent relief afforded by a lubrication to the spine place the question beyond dispute.
  6. What is syncope?
A. A sudden suspension of the action of the heart intellectual, muscular & voluntary motion.
  7. What is the proximate cause?
A. Suspension of the action of the heart.
8. Do you regard syncope as a trivial occurrence?
A. It should not be so regarded though generally lasts but a short time & is not considered fatal.
  9. What are the causes of syncope?
A. Strong physical exertion, insufficiency in the general system or on the cerebro spinal emotional reflexes of blood, violent strain sometimes.
10. What is the principal remedy for relieving syncope?
A. Place the patient in the horizontal position.
160 Diseases of Abdomen

Q. How you had a diarrhoea in the each position that generally occur?
A. In the terminal stage of Contalence or Fevers.

Q. What the most frequent position relive the submodic state of the system?
A. The supine.

Q. On the diseases of the abdomen various +
A. See Sir.

Q. You recollect the regional divisions of the abdomen the situation of the organs? do you?
A. Yes Sir.

Q. What are the modes by which physical investigations of the abdomen are made?
A. Inspection, palpation, percussion.

Q. What do you ascertain by inspection?
A. How can judge of the fullness or emptiness or the prominence of any organ. E. See palpation are insufficient means in judging of diseases of the abdomen.

Q. Yes sir, more valuable than inspection?

Q. How do you examine a patient by palpation?
A. By placing them on the back, shoulders raised, hips elevated, thighs flexed, the abdomen in the air upward.

Q. Can you by percussion ascertain the different conditions of the organs that you can by palpation.
A. Yes Sir, they aid greatly each other and should both be practiced.
Gastro-itis

1. What is Gastritis?
2. Inflammation of the mucous membrane of the stomach.
3. By some this affection is supposed to give rise to nearly all fever. Is it not so?
   1. This is the doctrine taught by that great genius and reformer of the medical science, Boerhaave, though his principles as regards the local origin of all diseases were correct, had a perpetuation of the same erroneous ideas.

4. But you regard acute Gastritis as a very important disease, do you not?
   1. Yes, sir. There is not a fever but what is now popular with it. It exists as an idiopathic diseases very often and thus it is even a dangerous malady.
   2. Was the mucous membrane a high state of organization.
   3. It is very vascular and well supplied with nerves from a consideration of this fact that it is extremely nervous and subject to which it is subject it is astonishing that it is not more frequently diseased.

5. Comparing the relative exposure to the influence of externals. Cause of the skin, I presume as that of the stomach. Considering the numerous diseases to which the skin is liable, would you not infer that the diseases of the mucous membrane are more numerous than any?
6. Yes, sir. The diseases of the skin of the skin can be distinguished by inspection, but not so with the mucous membrane of the stomach. We are left to infer the existence of disease varying
in character from analogy to the functional symptoms.
2. What are the anatomical changes that take place in inflammation of this membrane?
3. What is the natural color of this membrane?
4. What are the most frequent changes of color?
5. Sometimes the white surface presents a uniform red appearance, sometimes as before said, sometimes circumscribed as spots, sometimes the color verges to black or then away to an effusion of blood covering the membrane.
6. Which of these is the most certain indication that inflammation has existed?
7. The red punctuated spots.
8. Is the membrane sometimes considerably thickened?
9. It may be scraped away with the back of the scalpel in virulent cases, but the membrane will become detached by putrefaction or the action of the gastric juices and is therefore to be considered an equivocal sign of inflammation.
10. What author considers all the symptoms of intermittent fever dependent on acute gastritis, therefore treats of it as fever under acute gastritis?
11. Audrad.
12. Give the symptoms of intussusception, young females of this habit at a young age.
13. The febrile symptoms and the
A. The
B. The febrile symptoms and the
Pain in the head, loss of appetite, a general feeling of unsteadiness, pain in the back and limbs, and irritability in the circulation of respiration: an astringent state of the tongue, tenderness on palpitation.

B. What is the situation of the pain?
A. It is generally in the epigastric region, but extends into the umbilical, the right or left hypochondrium region according to the part of the stomach affected.

C. What is the character of the pain?
A. A heavy burning pain, if the peritoneum be too much in flamed. The pain will then be violent, the pain is increased by the weight of the bed clothes or a bed-reef. It is also increased by food or drink. Frequently it is alert if the drink be warm, pain is always present.

B. Is the nausea and vomiting generally present?
A. The pain, distressing nausea, is almost always present, being relieved only temporarily by the process of vomiting.

D. Does the vomiting return without taking anything into the stomach?
A. Vomiting sometimes bile is vomited which leads to the administration of bilious remedies which increase the disease.

D. Sex thirst generally present?
A. It is.

D. Is there usually loss of appetite?
A. This Man is very hungry, persons who live to eat. They are sometimes subject to some amazing irritation which attribute to hunger, but if food be taken it will increase the disease.
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Q. Are the bowels continually loose? A. No; for the sensibility of their surface is
diminished by the inflammation in the
stomach from the principles of miasma.
Q. What is the condition of the face and mouth?
A. Dry and red.
Q. What is the appearance of the tongue? A. Generally dry, and contracted, the papil-
las at the end enlarged, if there be fur on
the tongue, the papillae will rise through it.
If the fur will be rough. Sometimes the ton-
gue will be swollen and covered with a
yellow brown or dark crust. The tongue is
never found in its natural state.
Q. Is the breath of the patient offensive?
A. Yes, sir.
Q. What is the condition of the abdominal
muscle? A. Rigged, contracted to permit any motion
in the stomach.
Q. What symptoms was that mentioned as be-
ing almost uniformly present to which
must be regarded as cause or effect?
A. Tenderness of the upper 
middle dorsal vertebra. For parasthesis.
Q. Will there anything more than tenderness
manifested by feeling arow the sections of
the spinal marrow that is affected?
A. There will be an increase of the symptoms
during the time the produce is made, the
patient will sick, have cramps, etc.
Q. Is there cough in acute asthma?
A. Generally, there is a dry hacking cough.

B. What is the character of the respiration?
A. Frequent and full.
B. What of the skin?
A. Stay.
166.

Q. How long would you Restrict a Patient?
A. To what it termed an absolute Diet, from 24 to 72 Hours.
Q. Would you generally perform an operation in Acute Stomachy:
A. Yes Sir, when there is great Fever, there is generally no resistance in the Digestion, and the patient is less in the early part of the disease. The use of the lower is injudiciously removed.
Q. How would you proceed?
A. Place the Patient in the ERECT position, make a large large orifices, for purposes of inducing Euphoria.

Q. What is the advantage of inducing Euphoria?
A. The stomach is known to be affected after the collection of the action of the Heart, at times it gives to the distended Stomach the power of acting.
Q. Its local bleeding preferred.
A. Yes Sir, important, there are two occasions where it should be drawn, the Euphoria of the Spinal Column.
Q. Would you use Cupping to bleed at each place?
A. I do, if used upon the Euphoria they should have no place, that the exhaustion may be gradual, any fluid may be used along the spine.
Q. Would you allow any Food or Drink?
A. Food should be provoke in a little Gastric, and little drinks taken as the patient will be content with, it should be charged with moisture.
Q. Would you use Medicine?
A. Not by any means.
Q. When diseases with vomiting is troublesome would
you not attempt to relieve it?
A. A very small quantity of some diffuseable stimulant, may be given, as a teaspoonful of Camphorated Water, a small quantity of chlor'd Ether, Peppermint water etc.
B. Other medicines are recommended, what as they
C. A small quantity of lime-water & oxymur, Peach leaf tea etc.

2. What do you think of giving the patient large draughts of warm water?
A. Very good. He should be often repeated, to produce freer vomiting. Look from the stools
and find secretion.
B. What other good effect has warm water?
A. It dilutes the vitiated blood, which is known to exist by a uniform symptom almost, Strangury.
B. Would you use injections?
A. Use triturating injections. It conduces
injections to quiet the stomach, give relief first to the patient

2. If the disease continued unabated, what application would you make to the Epigastric?
A. The mustard plaster, of fresh leaves, if this
will not do, apply a blister
B. If the disease continues many days what
you not use the blue pills?
C. Yes I'd for 3 or 4 every 4 or 6 Hours
D. What did Lord Ray in regard to this curcus in
trating a case Eustis by the remedies mentioned?
A. The man had a cold of Congestion, gestated to
terminate fatally, excepts those caused by pio
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Q. How would you treat chronic gastritis?
A. With a moderate antiphlogistic treatment, the
blue pills or calomel, should be preserved in the
the least remnant of the disease is eradicated.
B. What is meant by the nervous affections of
the stomach?
A. Those diseases in which there are disordered func-
tions without any appreciable organic alteration.
The seat of the affection is the glandular parts
of the spinal column.
C. Do they depend upon an excess or deficiency
of nervous action?
A. Not one or the other.
B. What are the symptoms of the nervous affections of
the stomach which frequently occur in the body?
A. There is a sense of fullness feeling, particularly
after eating, loss of appetite, pain in the region of the
stomach, nausea, vomiting, headache, etc.

D. What is its treatment?
A. Two distinct stimulants if this does not re-
cover, like Cathartics.
B. How would you distinguish the pains of gas-
tritis from that of gastralgia?
A. Gastralgia the pains is more intense. It is in-
termittent, it is generally accompanied with neuralgic
sensations in other parts, it is relieved by stimulants
whether it is increased by them. When violent then oc-
curs a violent effusion or contraction muscular.

C. How would you relieve the violent cramp in
the stomach?

A. Two or three dramms or portions of warm water, repeating it as often as it is rejected by the patient until relieved.

B. Then a portion is retained: what will you then do?

A. as soon as he is relieved give him large draughts of warm water to produce vomiting, by which the Laudanum may be rejected.

B. Suppose the pain is caused by the return after being relieved by the Laudanum: what would you then do?

A. first lead a warm sitz bath, to the abdomen, give 200 drops of calomel followed by a dose of caustic alkali, or the Sulphate Barytis, or Alum of Lye.

C. What are the organic changes from a acute constipation?

A. The smooth Membrane of that portion of the caecum which is inflamed, is for torturously inserted, thickened & softened. Sometimes all the coats of the intestines are elevated, they are very rarely mortified.

D. What are the Caused?

A. Morosephic visceritida, cold & applied to the pud. Hetakes for goods, properties.

E. What is the character of the pain?

A. Adults heavy. Pain increased by pressure.

B. Well, the location of the pain vary depending to the portion of the intestinal tract inflamed.

A. The bowel disturbances in the umbilical, sometimes in the right hypochondriac or the right iliac region.

B. If the pain be felt chiefly in the right hypochondriac region what portion of the caecum is affected?

A. The caecum.

C. What then occurs?
A. A person died skin because of the taint of the mucous coat of the intestines, possibly, in 1874. Would it be
B. Le thôr fluo in acute anuslor enteritis?
A. Yes, but a frequent palpable pulse. Sudden longer
B. What is the treatment?
A. Bleeding generally, ideally, blisters, a laxa-
tive dose of castor oil, emulsifying spirits, or
Colombian coffee or two drops. If the condition
be expected qid the Colombian combined with Hemoph-
A. Do you consider diarrhoea a disease uniformly
depending on a certain organic condition of the intestine?
A. To Sib. It is a symptom which is a consequence
of various states of the intestinal canal. It is caused
by inflammations by a variety of the mucous inner
B. What is diarrhoea?
A. An increased number of chloride excretions varying
from what is natural in quantity & quality.
B. Of what does the discharge consist?
A. At first the feces thin a liquid or mucous, or
a hemorrhoidal fluid, frequently mixed with blood,
more or less intimately according to the portion of the
intestines from which it comes.
B. Does diarrhoea exhaust the system rapidly?
A. Yes, sir. as must all hemorrhage
B. Is the plan of treatment appropriate in all cases?
A. No, sir. The colliquative diarrhoea is certainly
not to be treated as diarrhoea occurring in mucus
intestines. Diarrhoea is sometimes caused by accidents
of castor oil, or by imperforate food. In these cases blood letting would be as injudicious as the discharges proceeding from it.

2. If the discharge is at present dependent upon a laxity of the vessels, what mode could you give?

3. Bills of omission to desiccate 1 gr. each evening.

2. How much sugar of lead 3 grs.;phia 1 gr.; elixir nitric 8 th. 3.2. gills; phial 1 gr.; sulphuret coffee 1/2 qrs. phial 1 gr.; sulphite zinc 1 gr.

2. What is cholera morbus?

A. Dysentery.

2. What is the disease in which there is excessive vomiting and fever?

2. At what time does the disease commence?

B. At night.

2. What are the symptoms?

A. There is nausea, vomiting, pains, in the bowels, the evacuation of the feces is less frequent, there are no movements, increased pain in the abdominal and intestinal muscles. Rapid evaporation is necessary.

2. What are the causes?

A. Meat is pre disposed to it. Cold exterior. Ingested food. Large quantity of food to.

2. What is the thirst.

A. Give large draughts of warm water to cleanse the stomach. A warm blanket. Aniseed tea. Blood, sugar, seabid water, aromatics, mustard etc. When vomiting becomes excessive apply a cold and to the skin. Administer laudum in the mouth. In severe cases continue sulphuric ether, peppermint, chloro ether etc. This latter
is unfavorable to the sulphuric, because it
it risk so not its it can therefore be more easily
disallowed.

1. On these various opinions respecting the
nature of Asiatic Cholera.

2. Very various.

3. What are the changes that have been most
frequently observed in those who have died
of Cholera?

A. The stomach & intestines an inflamed, loose
swelling. Fluid congestion of the abdominal vis-
cera. The large vessels incline are distended.
the changes of the blood in its physical and
chemical properties, it is depurated of its
valine ingredients, the bladders void of
urine.

B. Does an attack generally come on suddenly
A. seldom

C. What are the symptoms?

A. Excepting something of the watery mucus
fluid, griping pain, thin pale & emaciated
flesh, shaggy & frequent, tongue covered with
intelect "absent-mindedness", desire to eat,
respiration hurried. Fades imperceptibly, &
if the patient recover, fever will be developed.

B. What is the cause?

A. A microscopical of specific character.

B. How is the Treatment divided?

A. That proper during the early stage, the
stage of Collapse, & the Fever which supervenes
when the patient recovers.
Q. What is the treatment for the first stage?
A. If the pulse be strong, bleed, give galvanic & electric stimulation in repeated doses.

Q. What remedy in the stage of collapse?
A. Nitrous oxide & ether, & the use of all wounding means made with Tincture of Ether & B. To give a weak solution of aperients & purgatives to the stomach, & the frequent giving of the extract of cinchona.
Q. Will bleeding be productive of the fever which supervenes while the patient recovers from the primary attack?
A. Red in general, in the sine salines catheter & calomel injection & c.

Q. What is dysentery?
A. An inflammation of the mucous membrane of the large intestines, characterized by griping, tenesmus, & the stools being in a liquid state, but being only degluta. mucous & blood discharged.

Q. What changes occur in the mucous membrane?
A. It is thickened, swollen, tenesmus frequently relieved by frequent copious stools, which is sometimes accompanied during the life of the patient. It is regarded by many as the Muscular membrane.

Q. What are the symptoms of dysentery?
A. Fever rather than dysentery, which is frequent, small hard, tongue furred, sometimes hand in & vomiting, pain griping pains, there is a hemorrhagic contusion of the hemorrhagic muscles which keep force an upon the feeble face. Which bow occasionally discharged mixed mucous & blood, giving temporary tincture.
time of the dysphiric. She continued an art and
D. What is the Cause?
A Viscid tمعد of the atmosphere, an unnatural in-
digestible & unwholesome food etc.
D. What are the three indications in treating dys-
phiric?
A. 1. Moderate or subdue the general fever. 2 Re-
ston the action of the 6 P.M. action. 3. Relieve the con-
traction of the muscular muscles by opening the
bowels.
D. Is fluid sitting generally necessary?
A. Yes Sir, it diminishes the fever, the local in-
flammation, it produced relaxation, inducing
diaphoresis & an altemation in the spasmomile
contraction of the muscles.
D. Would you use an urine?
A. Yes Sir, urine of yarrow aided by warm water Tartar
Euritic should not be added.
D. What medicine would you use at a Cathartic?
A. Calomel in saline dose with 1gr of yarrow
injected every 6 hours. Which restored the motion
of the bowels, promoting salina evacuation, vary-
ing colour. Castor oil may be advantageously used
if the calomel does not act. If the quelling to Lewis
Combine 10grs Sallary distilled with the calomel. I leave
out the yarrow.
D. Would you generally use fluids?
A. They are indispensable. Use a teaspoonful lanolin
in 1oz thin starch or gruel or some diluent fluids
fluid as an injection, it should be injected with
a small syringe, a short syringe introduced very grad-
ually. Injected, Repeat it; if its will not be
What would you do to restore the secretion of the skin?

A. The warm bath, gauze for 120. every hour.
B. Influenza to the extremities.
C. Would you use Local Bleeding?

A. Yes Sir, over the inflamed intestine then if the disease continues apply a blister.
B. In the case of inflammation fail would you do?

A. Use stimulating articles such as Fomenta. Tea.

If the disease will persist, a strong solution of coal tar injected into rectum is believed to be more beneficial.

What is Colic?

A. Profuse griping pain usually about the umbilical region occurring in persons who are relieved by stools. The coating state of the bowel.

C. Do you think there is any need for dividing it into kinds of flatulent Colic, etc.?

A. Sir, they should be regarded as grades or degrees of the disease.

What persons are most disposed to Colic in the first degree or in the mild & simple form.

A. Persons of persons: Mythical females.

What are the exciting causes?

A. It is frequently produced by improper mental treatment or some article of diet.

What are the symptoms?

A. Intermittent griping pain relieved by passing gas and the small bowel on press.
Q. How is this relieved?
A. By some diffused stimulant as camphor, atropine, &c. &c.

Q. What name is given to colic from the fact that it is a nervous affection or an affection of the nervous system?
A. Enteralgia.

Q. What is the pathology of colic?
A. An affection of the spinal marrow or ganglions or both, with a spasmodic contraction of the peritoneal muscles.

Q. What are the symptoms of a more violent degree?
A. There is violent intermittent pain in the umbilical region, contraction of the abdomen, the patient bends his thighs forward on his abdomen, foreshow in with his hands, vomiting; their pallid, with cold sweat, the pulse frequent, small and irregular, during the paroxysm. A frequent desire to evacuate the bowels, the abdomen and unavailing, a frequent swallowing of air, which passes from the bowels, to the relief of the patient, after the paroxysm, the patient enjoys comparative ease.

Q. Is there tenderness by pressing on the spinal column?
A. Yes for generally it the pain in the abdomen alternate with pain in the extrametatarsal particularly the lower.

Q. Does vomiting of fecal matter sometimes occur?
A. Yes, which is dependent on gangrene or great nerve definition.
Q. What are the symptoms indicating that gangrene has occurred?
A. There is a cessation of violent pain, great exhilaration of the spirits, Estremity and expelling of Delight. The pulse is intermittent, small & Agitated. Extremity Cold &c.

Q. Would you employ Bloodletting in Colic?
A. In Dr. White's &c. a strong impression with the hope of a little blood as possible, though not an influence to my opinion the shedding is important because it will relieve the pain & relax the muscles.

Q. What do you think of Enemides?
A. They should be used in the early Stage, You are aided by warm water or Colledia.

Q. How would you administer the Colledia?
A. The Tincture 1. Half a scruple every 15 minutes until vomiting is produced.

Q. Do you consider this a safe medicine?
A. If it were not think and would I ammonia

Q. What would you use as a Cathartic?
A. Syrup 47, Epsom Salts 16, by means of a 3 gr. Bill boiling water. I am to be given every hour at Colledia 4 or 40 gr. doses, by Colomel 30 grs. Dover Powder 16 gr. or Octon Oil or Castor Oil or Pepsin & Starch of Tarter.

Q. What is the objection to giving Colomel in Colic?
A. Can not use the hot  which render the patient liable to delirium, it give in large doses.

Q. Would you employ Stimulating Infections?
A. Fed Sir. Dist Tincture &

Q. Then is an article that may be in regard for its relieving effect what is it?
178.

A. Procure 14, warm water, water 1 pt. Half
used at first, the other in 20 or 3 hours.

B. What applications would you make to the
abdomen and spine?

C. Enamelled applications to the abdomen may
be tried, place a flint 8 by 10 inches, applied to
the lumbar and dorsal regions.

D. Who are most liable to colic, men or
women?

E. Composed of white lead, painters. Painters, &c.
who use water impregnated with lead.

F. What are the symptoms?

G. In addition to the symptoms attending other
forms of colic, there is burning of a dark green
bilious matter, expectoration of blood, &c.

H. Where is the location of the disease?

I. In the spinal marrow.

J. Will the treatment given for the last
attacks be adaptable in this?

K. Yes, sir.

L. What medicine would you give to me
tracing the lead?

M. Sulphuric acid.

N. Are there many lesions of the liver?

O. Yes sir.

P. Do not some sulphuric the liver to be
the seat of all diseases?

Q. Yes sir, but erroneously.

R. What name is given to the development
of the Peritoneum over the liver

S. Ateo Hepatita.

T. Is this form objectionable?

U. It is because they may be an infla
mation of the Tarmemato, structure
which is acute, and this would like
wise be acute Hepatitis
3. What are the anatomical appearance
A. Redness, turbidous deposits, adhesions
B. What are the symptoms?
2. The same as the inflammation of the
various membranes. teaches pain in the
right side, chills, vomits, the breathing
is choked, without expectorating-cough;
report the pleurisy, and the
lethargism. The patient may be in different
ways. Voice is high, colored,
and this is a paunelled appearance
3. How would you form a clear notion of
this disease and when there are symp-
toms of pleurisy and jaundiced
fevers?
2. By auscultation—percussion
3. What is the Treatment?
A. Strictly and vigorously antifeb
B. What do you understand by common
use of the term Chronic Hepatitis?
A. The inflammation of the Tarmemato
structure of the liver
4. How is it affected?
A. It may be softened, abscess formed in
2. What lies the cause?
A. Injuried, blow, falls, blow on skin
upon the head may affect the lives
gastritis or inflammation of the

duodenum only refer to the liver:
—mental and moral emotions—
What are the local symptoms?
1. A dull pain in the right hypochondium— which is increased by forced respiration—
Pain in the right shoulder this nurse
is not always present. Pain increas
ed by leaning on the left side—liver
area of the right side.
What is the treatment?
A. Antiphlogistic. Bloodletting gen
eral and local.
What are some of the general symp
toms?
A. Pale. Frequent to feel—face flushed
blue. Weakness, bowels lax or constipated accor
ding to the quantity of bile secreted.
Yellow. Stool, discolored,
What does it terminate in?
A. Fat resolution, jaundice, and
Chronic Hepatitis.
How is Chronic Hepatitis to be
What after depletion use Calomel in small
doses to produce slight evacuation. So
Cal bleeding and Wisteria, and low
Chai.
Disease of the Skin

1. Are these diseases numerous?
2. They are.
3. What classification did Dr. Ford adopt?
4. Millard's
5. Very many orders does he make
6. What is Rubola?
7. Measles
8. What are the symptoms?
9. Where is the read of the disease?
10. What is the prognosis?
11. How is measles distinguished from Scarletina?
12. What is the treatment?
Nature of Medicine

1. What is medicine in general?
2. The science that treats of medicines
3. What is Pharmacy?
4. The art of preparing them for use
5. What are medicines?
6. Articles which are used in the cure of diseases, and which are an ordinary result produce modification of the vital powers.
7. What influence may modify the action of medicines?
8. Age, sex, disease, climate, mode of life, habit, idiosyncrasies, and mental operations.
9. In what forms are medicines used?
10. In powders, pills, troches, electuaries and confections. In mixtures with solutions, in liniments, in ointments, in lotions, in compresses, in plasters, cataplasm and vapours.
11. What are the active forces of medicines?
12. The production of effects in the application of medicines to the living body depends on two principal classes of forces: one residing in the medicine, the other in the organism.
13. In how many ways do bodies act on each other?
14. Three.
15. Name them?
16. Mechanical, Chemical, Dynamical.
A. What are the mechanical effects?
B. The alterations of cohesion, of form, relative position, etc., caused by medicine are denominated their mechanical effects.

A. What are the chemical effects?
B. They are substances having strong affinity for organic matter when applied to the living tissue. They overcome the vitality of the part and enter into combination with one or more of the constituents of the tissue. The cures of ecchymoses ororrhagia.

A. What are the dynamical effects?
B. Substances which exercise a most potent influence over the organism without producing any obvious mechanical or chemical change in the organic tissue.

A. How are the physiological effects of medicine divided?
B. Into Local and Remote.

A. What do you mean by Local?
B. When a medicine is applied directly to the part.

1. How are local remedies divided?
2. Three kinds, Mechanical, chemical, and vital.

A. What are the remote effects of medicines?
B. Those which operate in parts more or less distant from that part to which the medicine...
2. Through what medium are their remote effects produced.

3. By absorption and Sympathy.

4. The medicines absorb into the lymph.

5. Most of these are.

6. How do you know this.

7. Kidney has been found in the bones as well as the various bony structures.

8. Nervous Lymph Lymph may be an absorbed in the respiration.

9. How is absorption carried on.

10. Some by through the medium of the various lymphatic tissues through the medium of the absorbed lymph.

11. Which is said to be the most correct.

12. The lymph.

13. After.

14. Peculiar substances can be detected as soon after they are taken into the lymphatic system.

15. What is said of the facts affected by the mere action of medicines.

16. The various effects of medicines consist of alterations in the nervous or in the function of one or more organs more or less distinct from the facts to which they are applied.

17. What did Dr. Parrott say relative to the Bryonia Lycop.

18. That the Laurel-Branyly bottle would not alter in their day.

19. What circumstances modify the effects of medicines.

20. Two, that relating to the medicine and vehicle.
relating to the organism

1. What are those relating to the organism
2. What are those relating to the organism

1. Age, sex, occupation, habit, disease conditions of the body or acts
2. What are the therapeutic effects of medicines divided

1. Into two ways
2. What are they

1. 1st. By the influence of a medicine over the causes of the disease, 2d. By modifying the actions of one or more faults of the system

1. Give an illustration of the first
2. The oil of turpentine or flour root when given for worms

1. Give an illustration of the second
2. Debt arising for inflammation of the lungs or emetics for hemic hemmorhages

1. To what faults are medicines applied
2. To the skin, means for mumbane wounds, ulcers or abscesses

1. By what methods are medicines of the skin
2. Emulsion, Salve, Emetic, Emulsion
3. What is Emulsion
4. Method of application

1. Such medicines as an applicant without
1. What is the Inhalation method of application?

It is that method by which we introduce medicines into the system after having dissolves them in their appropriate liquid.

2. What parts facilitate the absorption of these medicines the most easily?

The spaces of the hand, sole of the foot, neck, joints, chest, back, these parts of the limbs are to be preferred.

3. In what any objections to this method of employing medicines.

A specific, on account of the uncertainty of results, time required to effect the apparent local action produced by friction.

4. What is the Endocrine method of employing medicines?

A. The application of medicinal agents to the affected portion.

B. In no example.

C. By which we safely employ them to administer subcutaneous and its constitutional effects.

5. To what means membranes are medicines applied.

A. To the fastidious common surface gentle membranes.
1. Give an example of medicines applied to the nasal membranes.
2. Corrosive sublimate with the view of causing inflammation with the view to excite local effects.

2. What did Dr. Janin say of the transfusion of medicinal substances.
   a. That they were unsafe and utterly hazardous with the worst results.

3. What classification?
   1. What did Dr. Janin say in relation to the classification of medicine?
      a. He rejected them as imperfect.
   2. Is there any objection to the alphabetical order?
      a. Only in the facility of acquiring the knowledge of the properties of medicines.

4. What classification did Dr. Janin adopt?
   a. Words
Joseph. A. Dr. M. D.
Joseph - B. E. - Inf of
Abstincta + disease of
Orthograpy
Our Father which art in heaven


Pr. C. H. Bap.
Pr. P. H. Bap.

Dr. C. H. Bap.
One day after clad.

D. August 23
S. August 23

There were was a doctor yet
that could stand the tooth ache
patiently.

Shak.
What is Meningitis
The inflammation of the membranes of the Brain.
Dear Mr. Black,

Did you strike the right track in pumping and medicine?

Dear Mr. Black,

Did you strike the right track in pumping and medicine?

Robert Black
Near right were caused by too little convexity.

Alexander Mead
What is chemistry

A - It is that science which investigates all changes which take place in the constitution of bodies, whether

affected by heat, mixture or otherwise.

2. Explain the difference between Natural Philosophy and Chemistry.

A - Natural Philosophy investigates bodies in masses at sensible distance, and Chemistry the molecules of bodies at insensible distances.
How many kinds of force exist in nature?
A. Two. Physical & Chemical.
B. What science investigate forcest?
A. Natural Philosophy.

1. How in the physical properties divided?
A. Heat and Secondary.

2. What are the general properties of matter?
A. Persistence, impermeability, solidity, extensity, divisibility, gravitation, separability & indistinguishability.

2. What are some of the secondary properties of
matter.
A. Color, fluidity, solidity, density etc.

3. Define Chemistry.
A. If investigated all the changes that take
place in the constitution of bodies whether
that mixture or otherwise.
B. By what means an investigation carried out?
A. By observation, analogy & Experiment.

2. What is Cohesive attraction?
A. The attraction of homogeneous fractile.
B. What is Chemical attraction?
A. The affinity which exists among heterogeneous fractile.

2. What does the form of bodies depend?
A. On cohesive attraction & repulsion depend
ent on the induction of heat.
B. And chemical attraction operates at great
distance.
A. Only at inconsiderable distances.
B. How an fractile of matter divided?
A. All side and integrant.
2. What is heat?
3. Ladation produced by calories?
4. 2. Conductive?
5. Is it.
6. Now is heat communicated?
7. By contact and radiation.
8. What two circumstances are necessary to perfect conduction?
9. Continuity, and the conducting power of the body itself.
10. What is conduction?
11. The passage of heat along the particles of a body.
12. Are all bodies alike good conductors?
13. No Sir.
14. Do fluids conduct heat?
15. Hardly, downwards hardly at all.
16. Do gases conduct heat?
17. The particles are too mobile that it is not at all easy, and besides heat is transmitted through them.
18. How is heat disposed of when it falls on a body?
19. It is reflected, absorbed, or transmitted.
20. What kind of bodies reflect heat?
22. What absorb?
23. Rough black bodies.
24. Are good radiators, absorbers?
25. Old Sir.
26. Are reflectors good reflectors?
27. They are.
28. In reflection is the angle of incidence equal to the angle of refraction?
29. Red Sir.
30. That was obtained with respect to intensity?
1. If diminished with the square of the distance.
2. How many theories of radiation of Caloric are there?
   A. Two.
   B. By those who say
   C. D. What is Proctor?
   A. That body at all temperatures radiates caloric.
   D. How do they form this?
   A. That earth or bodies on the earth radiate or send off heat so that the temperature is reduced and then by the moisture of the atmosphere is condensed on the earth or the bodies we or near the surface.
   B. Why is there no dew when they are closed?
   A. The clouds reflect back the heat and prevent the cooling process.
   D. What is the degree of heat 35 miles from the surface of the earth.
   A. Sufficient to fuse iron.
   D. Is that transmitted?
   A. Yes, Sir.
   B. What are bodies called which transmit heat.
   A. Distant.
   B. Do they expand bodies?
   A. It does in all directions.
   B. What rule have you for ascertaining the amount of expansion?
   A. Multiply the expansion in length by 3, you will have it nearly.
6. Do solids and fluids expand equally under the same degree of heat?
A. No. Sir. Fluids expand more than solids.
B. Do fluids and gases expand equally under the same heat?
A. No. Sir. Gases expand more than fluids.
C. Do all fluids expand equally under the same heat?
A. No Sir. Ether more than alcohol, alcohol more than water, more than mercury.
D. What is the ratio of expansions between Alum and Platinum?
A. Alum, ten times as much as much as Platinum.
B. What instrument is constructed on this principle?
A. The grid iron, pendulum, or compensating fun pendulum.
C. In the expansion of Mercury, uniform?
A. More so than other fluids.
D. What is Freezing Point?
A. 32° of Fahrenheit generally.
B. And an increase of volume takes place when water frozen?
A. Yes. Yes.
C. At what angles do particles of water arrange themselves in commencement of freezing?
A. 60° and 120°.
D. Do all gases expand equally under the same heat?
A. They do.
B. What is the increase of volume of all gases for each degree of heat of Fahrenheit above 32°?
B. 150 of the whole volume.

2. Can you then tell the amount of expansion of volume if the degree of heat is known?

A. The air.

D. How is air pressure affected by heat?
A. It expands, its specific gravity becomes less and consequently it ascends.

D. Why does air ascends when there occurs?
A. The cold air rushes to replace it as it flows.

D. Is this the cause of winds?
A. Yes, sir.

B. How you account for this land and sea breezes?
A. The air. During the day the sun heats the land more than the sea. Consequently, the atmosphere of the land ascends being rarified, and the air comes in from the sea. During the night or after the sun begins to set the effect the earth thus radiates heat faster than the water becomes of a lower temperature, and that air forced off to the sea.

D. Should a chimney be high or low?
A. Low.

D. How should a chimney be built?
A. - - - - -

D. What are thermometers?
A. Instruments that measure the temperature degree of sensible heat.

D. Of what was the first constructed?
A. A glass tube with a bulb. Sir.

D. What is generally used for constructing this instrument?
A. A wax or tube with a bulb of mercury, wax, etc.
B. What is the object of the self-registering thermometer?

A. To indicate the greatest degree of heat in a given time, or the opposite.

B. What is the object of a pyrometer?

A. To measure high degree of heat.

B. What is the heat?

A. Professor Daniels.

1st December 1843.

B. What is the difference between the capacity of heat and specific heat?

A. The capacity of heat is the capability to contain a certain amount of heat. Specific heat is the amount of the body to contain heat.

B. What is latent heat?

A. The invisible heat of a body.

B. When a substance passed from a solid state to a fluid state, is the latent or the specific heat increased?

A. It is.

B. How do the surrounding temperature effect?

A. It is diminished in account of the diffusion of heat.

B. Is the same effect when a fluid becomes a gas?

A. Yes Sir.

B. Or all bodies there have different amounts of specific heat?

A. Yes Sir.

B. How do you account for that fact?

A. It may be on account of the various
also arrangement of the particles or molecules composing different bodies.
B. How is the temperature of a body when it is forming?
A. It is incandescent.
B. Why?
A. Because the heat that is lost in the form of vapor is now driven out by condensation.
3. What does liquefaction depend on or what is produced from a solid?
A. The evaporation power. Heat, must be far over come tension as to permit the particles to move freely on each other.
B. What amount of heat does it require to liquify ice?
A. One hundred forty degrees.
B. What is that heat called?
A. The Heat of Fluidity.
B. How is liquefaction generally produced?
A. By the introduction of heat immediately.
B. May it be produced otherwise?
A. It may be in freezing mixtures, owing to the body affinitive and substituting for another.
1. How is refrigeration divided for study?
A. Evaporation, Sublimation, and Condensation.
2. What is the boiling point of water?
A. 102° of Fahrenheit when the Barometer is at 29.5.
B. What different substances boil at different
Tentamen
A. What is it?
B. Did the presence of the atmosphere have any influence on the point of ebullition?
A. Yes sir.
B. If the presence be diminished, what if heat does it produce?
A. Water will boil at a much lower temperature, and so will any other fluid.
B. Is the evaporating process a cooling one?
A. It is.
B. Why?
A. Because when a fluid is reduced to the form of vapor for its capacity, for Caloric is increased consequently it absorbs heat from surrounding bodies.
B. Upon what does evaporation depend?
A. Generally upon heat.
B. Is there an exception to this generally law?
A. It would seem that sheets of substance formed are exceptions. For its boiling point is much higher than that of water but yet evaporate much more rapidly under the same circumstances.
B. What an indefinite rate for the production of Evaporation?
A. Heat and moisture.
B. What are some of the practical benefits of Evaporation?
A. The formation of rains,繇which of course it depends on by it. The planet Venus is freed from the effect...
two effects of intense heat.
D. What temperature has been born by individuals in a dry room.
A. 260° of Fahrenheit, and it said the外包 gets of wane any instant for
3 minutes more than 300° of heat.
B. Which is distillation.
A. A species of evaporation.
B. How may it occur be illustrated.
A. Put in Florence flask alcohol by
much in its mouth a flask tube which
contains with another similar
flask surround by a cold fluid, then
apply gentle heat to the first and
the alcohol will pass off and be collected
in the second flask.
B. Is motion a common phenomenon
in nature.
A. Yes for it is observed everywhere.
B. How does atmosphere forces with
respect to direction.
A. It forces in all directions with
equal force.
B. How can you illustrate this fact.
A. If vessels of any shape be used it
is observed that all fluids will be main
traced at the same height.
B. To steam employed for effecting any prac
He ends.
A. If is
B. Same some one.
A. It is the great agent in propelling the
Steam engine, in its various connections
2. How is steam made useful or how does it operate upon machinery?
A. By its condensability and expansion.
B. Who was the first that applied steam to machinery?
A. Hero, 26 B.C.
B. Who was the first that discovered the condensation of steam?
A. Robert Boyle.
B. How many sources of heat are there?
A. Heat, light, friction.
B. Name them?
A. The Sun, combustion, and chemical action.
D. Is light material?
A. It is. says Prof. Mead.
B. How many theories are there?
A. Two.
B. By whom are they?
A. Old Cartesian & Sir Isaac Newton.
D. Which is the oldest?
A. The Cartesian.
D. What is the Cartesian theory?
A. It is. light is immaterial. and it is manifested by the oscillations of a lumin-
Light

serves other natural processes, exist throughout the universe and these vibrations are produced by luminous bodies.

B. What is the other:
A. The astronomical. It holds that light is material. And it consists of constituents or particles thrown off from the sun and other luminous bodies in all heavens.

B. Which is the more simple?
A. The astronomical.

B. Does it account for all the phenomena?
A. It does, and for many more extra factors than the other.

B. What are the manners in which light is disposed?
A. It is reflected, transmitted, or absorbed etc.

B. What kinds of surfaces reflect light?
A. Bright, polished surfaces.

B. What kind transmit light?
A. Those that let the rays pass in such a manner as to give a clear view of objects on the opposite side from the observer.

B. What kind of bodies absorb light?
A. Those that do not reflect into transmission.

B. Can a body that absorbs light be seen?
A. No, sir.

B. Is black a color?
A. It is not.
Light

D. What are transparent bodies?

A. Show that transparent light enough to distinguish the presence of a body without a distinct view of the outline.

B. What is a ray of light?

A. The line a long which the path of light falls.

D. What is a beam?

A. A number of parallel rays.

B. What is a Flux?

A. A number of Converging or diverging rays.

D. All light intermingled in its direction in passing through different media.

A. It is.

B. And is that called?

A. Refraction.

B. Do all bodies refract equally?

A. No sir.

B. What else is observed in the refraction of light?

A. The kind of the angle of incidence holds a strict form proportion to the kind of the angle of refraction.

B. Has density influence over refraction?

A. Generally the most dense bodies put the greatest refraction toward.

B. But if there not an extension to this law?

A. Yea, sir.

B. What is?

A. The most inflammable substance.
Lectures on Chemistry

15

Question on Light - Electricity

What are the best refractors?
A. Glass
B. Air
C. Water
D. None

Is this perfect light any thing to do with vision?
A. Yes
B. No

The luminous and the ecliping line are for refracting the image of light to form a focus on the retina.

What is the reason some persons are near sighted?
A. The crystalline lens is too convex
B. Myopia cannot be overcome.
C. The double convex lens
D. How the opposite obtain in aged persons.
A. It does
B. How many colors are there in the spectrum?
A. Red, Orange, Yellow, Green, Blue, Indigo, Violet

Electricity

From what is the term derived?
A. From a Greek word elektrone.
B. What substances first exhibited electric phenomena.
A. Flint
B. How many theories are there?
A. 1
B. By whom are they?
A. Drayton, Franklin
B. What is electricity?
A. That there are fluids, a positive and negative, or ions or electrons.
16. Electricity

2. Why is the distinction of receive
and resist made?
3. Because the electric upon glass and
the other upon wax needs to.
5. "That it is Franklin's
4. That now it has been found, and the
two phenomena, when the quantity is
in equally.
6. Does he employ the term resistible?
7. "No sir. He expressed the condition
of bodies by the term frication and
8. Can electricity be excited in all
substances?
10. What are those substances called upon
which it may be excited?
A. Electric.
1. Name some electric.
2. Glass. Resin. Tart. etc
3. Are electric? Conductors.
A. They are not.
B. Are non electric. Conductors.
A. They are.
12. Then can electricity be excited upon
a conductor?
A. No sir.
B. Describe a Leyden Jar
A. It is generally a glass vesel. Cover
with a hollow metallic wire, about two inches of the top
Electricity

When the glass is left free or coated with resin and varnished and then are a trace of glass' packing down and continue to the inner coating.

D. How did you charge this box?
A. By inserting the brass very near to the inside conductor of the machine.

D. Would you expect to charge such a can if it were insulated?
A. No, for there must be a communication with the ground, the earth.

D. Is electricity like Caloric in figures?
A. Bodies in like conditions that is two in a gaseous state, or two in a vegetative state, repel each other.

D. Will bodies in unlike states repel or attract each other?
A. They attract.

D. What is an electroscope?
A. An instrument that detects the presence of Electricity.

D. What is an electrometer?
A. An instrument that measures the force of Electricity.

D. Name the Causes of Electricity?
A. Friction, change of temperature, chemical action, contact, change of form. Induction.

D. Upon which of these is the legatees for charged.
A. Induction.

D. Lord Professor Marx thanks Franklin.
Electricity

theory the simplest, and hence for the

A. Red lamp.
B. Who first identified the lightning
of the heavens to be the same with
the electricity excited on the machine
A. Sir Joseph Priestle.
B. Why is a spark seen when electricity
flashed from the furine conductor to a pe
linted conductor?
A. Because the sudden passage of the fluid
condensed the atmosphere before it
the spark is manifest as in the Con
A. 200 feet.
B. How far will the spark leap?
A. Generally not more than twelve or two.
B. May electricity be conducted off silent

A. It may if a point be presented
B. What distance will the fluid spark
be a point.
A. From one to two or three or even four fet
under certain circumstances.
B. Will the front be luminous?
A. Red lamp. Having a t Streets appearance
B. Why did Professor Arndt fail
in some of the experiments?
A. The machine would generate a suf-
gicent quantity of electricity.
B. And upon what did that depend?
A. Upon the imperfecting of the machine
and the moisture of the room.
Electricity - Magnetism

Q. How do you account for thunder?
A. The electricity in falling from one cloud to another or to come into contact is separated by the atmosphere and the sudden rush of the atoms of atmosphere together, produces the sound of thunder and the difference of sound depends upon the direction of the lightning track.

Q. What is the reason that there is some time lightning without thunder?
A. The bodies from which the fluid passes not so much excited above the other is against the atmosphere is far more rare when this phenomenon begins.

Q. Of the Cause of Aurora Borealis found in the same.
A. Nothing more satisfactory is yet known.

Magnetism

Q. Are all magnets natural?
A. No sir they may be made artificially.

Q. What is a magnet?
A. A body is said to be magnetic when freely suspended one pole points north while the other points south and when in contact with another metal in contact with it.

Q. In magnetism produced by induction.
A. Obedient to a large magnet is suspended by the north extremity, its will hold in contact a soft piece of soft iron if the ends in contact will magnetize or both.
30. **Magnetism**

and the other north and the same south may be in a number of pieces.

Q. Are there currents which make round all magnets?

A. Yes, there are.

Q. Are there currents that make the earth round the earth?

A. There are and the currents which refer to each other as two cylinders when rolling together.

Q. May the direction of the needle be changed by a circuit of a magnet?

A. Yes, it will advance with position as to make the currents parallel.

Q. From what does it take its name?

A. From Salvinari, the discoverer.

Q. How many are there?

A. Four.

Q. What are they?

A. One by volta, that is produced by contact of metals and the fluid only due to the galvanism. One by volta alone that it is produced by chemical action. One by using that it is done by contact and is set up by chemical action. The last is the battery, polar theory dependent upon induction.

Q. Whose battery is generally used?

A. That of Italiano with Dr. Ward's modification.

Q. What materials are employed?
Salvinius — Specific Grav.

a. True Copper and an acid diluted.

2. What acid of battery has the greatest
   fusing power.

A. Naphthalen.

b. What metals add to the and fuse?

A. Gold and Silver.

2. What is specific gravity?

A. It is the weight of a body compared with
   some other body as a standard.

B. What is the standard for solids & liquids?

A. Water.

2. How would you ascertain the specific grav
   ity of a solid?

A. Weigh it in the air then weigh it in water
   and divide the weight in the air by
   the loss in water.

B. What instrument is employed?

A. Metallurgic gravimeter.

B. What instrument is generally used to
   ascertain the specific gravity of
   fluids?

A. Hydrometer.

B. What is the standard for gases?

A. Atmospheric air.

2. What is the rule?

A. The weight of any quantity of air is to
   the weight of the same quantity of a gas
   as one is to the specific gravity of that gas.
22. *Nomina clausae*

D. What formed the present nomenclature?
A. Cauliarius, Bolitho, Raynor-Morvan of Fitzroy.

2. From what does oxygen take its name?
A. From acid, acidum oxiurum, 4.

3. What is an oxide?
A. A combination of oxygen with a base.

B. What termination signifies the least degree of acidity?
A. Ox-.

D. What the highest commonly?
A. /o/.

D. What term is prefixed to express a little higher or lower degree.
A. Hyper, hypo.

D. What does sulfate signify?
A. A salt formed by an acid in one end of a base, from e.g.
B. What does water signify?
A. A salt formed by a non-metallic radical with a base.
B. What does acid signify?
A. Two proportions of a base.

D. What is bitter? Alkaline.

D. How many degrees of oxidation?
A. A number of the first order. Bi-terp.

B. The ferrous is the highest and then are suxoxides.
1. Can you define it?
A. No sir.

3. How does affinity act?
A. It attracts heterogeneous atoms at in
ensible distances.

5. Is attraction equal between the particles
of all bodies?
A. No sir.

2. How many kinds of affinity are there?
A. Two simple & double.

4. How does simple affinity act?
A. Attract the particles of simple substances
or upon the particles of one simple & one
compound.

6. Have an instance of each?
A. 1. Sulphuric acid & water. 2. Sulphate
of magnesia & lead. The acid lets go the
magnesia and takes the chlorine.

8. What circumstances destroy mechanical
mixture?
B. Diffusion, Heat, & Agitation.

10. Is the power of attraction the same un-
der all circumstances?
A. It is not. Substances in powder unite
more readily than large masses. & solutions
more than powders.

12. Are changes produced by chemical
action?
A. Yes Sir. Change is proportional to

14. What has to be overcome by chemical
attraction?
A. Cohesion. But in this attraction is counteracted by mechanical action, heat, and other forces; elasticity, quantity of motion, gravity, the unponderable agents.

B. Are an instance of double affinity?

C. Combination of compounds under like action.

Carbonic acid and Ammonia

Hydrochloric acid.

 Lime

D. Do substances unite in definite proportions?

A. Not always.

B. How is the division made with respect to proportions?

A. Bodies that unite in few and those that unite in many proportions.

C. Do not some unite indefinitely?

A. Yes, and they are included in the latter class.

D. When substances unite in certain proportions are these invariable?

A. They are.

B. Give an instance of an ionic compound.

A. Etherine.

B. How is it formed?

A. 400 of Hydrogen + 400 of Carbon, which is the same proportion that formula CO2 exhibits gas. 200 of each.

C. Upon what does the law of equivalents depend?

A. Upon the atomic theory.

D. Do substances unite by volume?

A. They do. And this law is invariable.
Oxygen.

Q. By whom was Oxygen discovered?
A. Dr. Priestly 1774. By Scheele 1775.
Q. Give its physical properties?
Q. From what is it obtained generally?
A. Any compound that contains its large quantity. Nitrate of soda, Chloride of lead.
Q. What is its specific gravity?
A. 1.111.
B. Its equivalent?
A. 1.
Q. Is it generally diffused and of much importance?
A. If it.
Q. Is it inflammable?
A. So far that a large portion of combustion.
Q. What effect has it on the human system?
A. Acts through the lungs on the circulation exciting it.
Q. Is it ever applied as a remedy?
A. Yes. And in some instances palliatory, alleviated.

Hydrogen.

Q. Discourged by whom?
A. Cavendish 1766.
Q. What are its properties?
A. Colorless. Transparant. Refracts light six times as much as air. It is the lightest body known.
Hydrogen.

1. From what is it generated?
2. Generally by the action of dilute salt-phosphoric acid on the gum of comminuted.
3. What is the strength of the acid?
   A. The part acid in 8 of water.
   B. What is the arrangement by which it may be obtained from the materials mentioned?
   A. Take a common jug with a cork through which pass a tube to reach the bottom of the vessel by which the acid is introduced; have another tube fixed which communicates with the vats from which the gas passes into a receiver.

B. What is the specific gravity of hydrogen?
1. About 0.7
2. Is it combustible?
   A. More than any substance known.
   B. Is hydrogen a light substance?
   A. Very the lightest known.

D. How is it formed?
1. By the bubbles formed by decomposed water.
2. Does the dry hydrogen blow itself give great heat?
   A. Yes sir.

B. Will it fuse the metals?
1. It will even platinums.
2. By whom was this instrument constructed first?
   A. D'Arca.
   B. What is the common light.
Hydrogen and Water

A. Nothing more than the Dry Hydrogen flow pipe. Acting upon the Carbonate of Lime.
B. Are various sounds produced by burning Hydrogen in telling?
C. Is the Hydrogen Combustible?
D. Is Water Formed by the Combustion of Oxygen and Hydrogen?
E. What is the Philosopher’s Lamp?
A. An arrangement by which the Hydrogen is generated and burnt contrivance.
2. How did Professor Morel prove the difficulty of that gas with Oxygen?
A. By setting free Hydrogen in a vessel with a small orifice through which the gas escaped and then ignited it, burned quietly till the oxygen extended in sufficient quantity to produce an explosion, which was considerable instead of water made.
B. What is water?
A. An oxide of Hydrogen, or a compound of Oxygen and Hydrogen.
C. In what proportion?
A. 2 of Hydrogen to 1 of Oxygen.
C. Is water of much importance?
A. It is.
C. Name some of its uses?
A. It is the great solvent, by which cleansing is effected — produce steam —
B. Hot water be Compressed?
A. Yes at all perhaps.
Nitrogen

C. How much does water expand to
produce steam?
A. 1755 or 1760, say 1800.

Nitrogen

H. From what is it most commonly obtained?
A. Atmospheric air.
B. How.
C. By burning phlogiston in a confining vessel of air.
D. What proportion of nitrogen is it in

A. 4/5
E. When was nitrogen discovered?
A. 1772.

F. Why there?
A. Rutherford.
B. What is its proportion?
A. They are little known.
C. What was formerly called
A. Azote.
D. Does it enter into the formation of
Plants?
A. No.

Air

C. What is atmospheric air?
D. How high does it extend?
A. About forty-five miles.
B. Can it exist?
A. Yes.
B. Have air any color?
A. In large bodies it presents a bleich
Postoxide of Nitrogen.

appearance, owing perhaps to the vapor is the air.

Q. What is the weight of a column of air 60 pounds 15 square feet.

Q. Is what height into a column of air, and just a column of water, as mercury?

A. Water is 32.7. Mercury is in inches.

Q. Do the pressure of the air withstand?

A. It is not.

Q. Which are the denser portions?

A. The lower.

Q. What is the proportion of the density.

A. The density decreases in geometrical progression as the distance from the earth increases arithmetically.

Postoxide of Nitrogen.

Q. By whom was the postoxide of Nitro gas discovered?

A. Mr. Priestley.

Q. What do they call it?

A. Nitrous oxide gas.

Q. From what is it produced?

A. Nitrate of Ammonium Most commonly.

Q. What is produced by the gas which it is obtained from Sir Humphrey?

A. Water.

Q. Is it absorbed in recently boiled water?

A. About its own bulk. at 0°.

Q. Does it support combustion?

A. It does.

Q. Does it affect the depth when breathes, sniffed from which our circumstances.
36. Nitrosochloride

It has been called the laughing or intoxicating gas. By whom was the nitrosochloride discovered?

$B$. By Pettenkofer, but B. Proust first investigated it.

$D$. How was obtained?

$B$. By the action of nitric acid on the dehydrated copper or mercury.

$D$. What effect had oxygen gas on this gas when mixed with it?

$A$. Forms it orange colored nitrogen acid fume, or vapor.

$D$. Does it displace copper sulfate?

$B$. Absolutely.

$D$. Is it poisonous?

$A$. Yes.

$D$. What is its specific gravity?

$A$. 1.8376.

$D$. How may the hypochlorous acid be formed?

$B$. Add to 4.00 measured of benzoate of nitrosochloride 100 of oxygen, both being quite dry, and expose the fume of chloroform to cold at 0°.

$D$. Does it exist in a natural state?

$A$. Not under ordinary circumstances.

$D$. In what condition does nitrosobromide exist and react?

$A$. In liquid or solid form.

$D$. How does it affect the body?

$A$. Produces a yellowish fluid, it is corrosive.
Nitric Acid

1. When was it discovered?
   A. In the 13th century by Cely.
   B. Afterwards investigated its properties.

2. Does nitric acid exist in an iced state?
   A. It does not.

3. What is its common name?
   A. Aqua fortis.

4. How is it prepared?
   A. The action of sulphuric acid upon common salt petro. aided by heat.

5. What is left in the vessel?
   A. A white salt of footage.

6. What is the specific gravity?
   A. It varies from 1.3 to 1.6 according to manner in which it is obtained.

7. What may be said with respect to its color?
   A. When pure it is colorless, generally it is tinged with the yellowish-brown head.

8. At what temperature does it boil?
   A. 448° of Fahrenheit, the strongest acid freezes at 50° below zero.

9. What is the strength of the common aqua fortis of the shops?
   A. 3/4 of the pure acid.

10. What is the double?
    A. Twice the pure.

11. Does it oxidize metals rapidly?
    A. It does.

12. How does it affect vegetable matter?
    A. Decomposes plant and other animal matter.
Carbon 6 July

3.
D. Is it employed as a test?
A. In many instances, as for gold
B. Not always in a pure state.
C. Rarely.
D. How does it exist?
A. In gas, in the form of Coke, Plumbago, Charcoal, &c.
B. In crystals, and these gas combines with a number of bases, forming Carbonates.
C. How is its absorbing power?
A. Very great.
B. How much Ammoniacal gas will it absorb?
A. 90 times its volume.
B. What gas does it absorb most readily?
A. The least elastic.
B. What is the specific gravity of the diamond?
A. 3.52.
D. What is it? Find Carbon of a crystal
If it be then any lead, or what is call 
Blende lead?
A. It is sir.
D. What are some of the properties of Carbon
A. It is Combustible. & bad Conductor
Of Heat. a good Conductor of electricity.
Dry, does not support respiration. It
is indestructible. It destroys vegetable Materia
B. With A & B, what does it form?
A. Carbonic Oxide & Carbonic Acid.
3. By whom was the Carbuncle acid discovered?
2. By Dr. Black, in 1757.
1. How can it be prepared?
   a. By the action of dilute hydrochloric acid on marcasite.
   b. Specific gravity is what?
      a. About 1.57.
3. Is this gas extensively diffused?
4. From what is the Carbuncle oxide gas obtained?
   a. From the action of sulphuric acid on oleic acid.
5. In what proportions?
   a. One of Oleic acid to 5 or 6 of Sulphuric acid.
6. How is the gas freed from the Carbuncle acid?
   a. By means of water.
7. What is the specific gravity?
   a. 1.7.
   b. If it is miscible?
      a. It is.
   c. With what kind of flame does it burn?
      a. A blue flame.
   d. Is it explosive with Hydrogen? Yes.
   e. Blightly.
3. By whom was it discovered?
   a. By Priestley, and examined by Chevreul.
Sulphur.

1. Where is sulphur found in largest quantities?
2. In the neighborhood of volcanoes.
3. Is it a conductor of electricity?
4. If so, a non-conductor.
5. What is its specific gravity?
6. 1.99.
7. What is the point of fusion?
   a. 216°F.
8. What is its condition at about 425°F?
   a. Becomes thick and turgid.
9. Does it become fluid again at a higher heat?
   a. Becomes fluid again.
10. Is it volatile?
    a. It is.
11. What is its brown stone?
    a. Common sulphur found ground in earth.
12. What is the flavor of sulphur?
    a. The sulphur sublimes.
13. What is the equivalent volume?
    a. 16.
14. Does the vapor unite with other substances?
    a. It does not with alcohol.
    b. Sulphuric acid.
15. Know what is it obtained and how.
   a. By the action of sulphuric acid on Mercury.
16. What is the result?
   a. Mercury takes up a portion of the
Sulphuric Acid

Origin of the Sulphuric Acid.

Sulphuric Acid

1. From what is it obtained in Germany?
2. From the Sulphate of the Protoside of Iron by the action of fire and heat.
3. From what tin the U. States?
4. Sulphur and Nitrate of Potassium.
5. How is the process conducted?

A. These articles are thrown into a furnace so arranged as to supply air for the flame and enough of oxygen to the substances on the flames to form the nitrous acid and sulphurous acids, which are conducted into a chamber the floor of which is covered with water, which generates as soon as the chamber where these gases exist. Now the nitrous acid gives up one portion of oxygen which forms sulphuric from the sulphurous acid through the nitrous acid, the sulphuric acid and a portion of water from a crystalline compound which falls down and gives the sulphuric acid to the water. Leaving the hydrosulphuric acid free. But as it will not in the state it is there be another form of the same they will form one or more of the nitrous gases of nitrous acid, 1. 2. 2. one of the benzoate of nitrous acid, and its specific gravity like that of air. The water and water and oxygen from the air forming nitrous acid which gives oxygen to the sulphurous acid as above mentioned acid, thus the process is continued till the water is saturated.
36. **Phosphorus**

1. How is the acid obtained?
   A. By distillation in a platinum vessel.
   B. What is equivalent to a pound?
   C. 40.

2. The specific gravity?
   A. 1.842. B. 1.830.

3. At what temperature does it boil?
   A. 620°.

4. Does sulphuric acid unite with many substances?
   A. Yes, with phosphorus.

5. When discovered by whom?
   A. 1669. B. By Brandt.

6. From what is it commonly obtained?
   A. From bones.
   B. What degree of heat fused it?
   A. 108°.

7. Is it inflammable?
   A. Very.

8. How does it behave in contact with iodine?
   A. Produces rapid combustion.
   B. Does phosphorus unite with anything of its own kind?
   A. It unites with sulphur.

9. Does it unite with hydrogen?
   A. It does.
   B. What are some of its compounds formed with oxygen?
   A. Oxide of phosphorus, phosphorus acid.
Chlorine

1. When was discovered it by whom?
   a. 1774 by Scheele.
   b. From what obtained?

2. Action of hydrochloric acid on the
   Oxide of Manganese

3. What is its physical properties?
   a. It is a green, yellowish color. Burning
      combustion changes the flame to a bluish color.
   b. Changes vegetable colors. Produces con
      strictions with the metals, as gold, with
      many to arsenic.

4. Is this gas respirable?
   a. Not at all.

5. What is the specific gravity of Chlorine?
   a. 1.54

6. What compound does it form with
   Hydrogen?
   a. Chloro-hydric acid.

7. What term does it have used?
   a. Chloro-hydric Acid.

8. How is the gas obtained?
   a. By a dry heat to the fumes.
   b. In the gale described.

9. Water will absorb 480 times its
   volume.

10. What is its specific gravity?
    a. 1.38.

11. Who discovered it?
    a. 1774.
    b. By Scheele?
    c. No.
3. What does it form when Ammonia is present?
A. Hydrotchloric of Ammonia
B. How and from what Chemical is obtained?
A. Chloride of Sodium & Sulfuric acid
B. Does this acid when flown act upon gold?
A. No
B. Does it Corrode the metals generally
A. It does.
B. Combinations of Oxygen & Chlorine
B. What is the first?
A. Hydrochloric Acid or Hydrochloric
B. How & by whom discovered
A. 1811. By Davy
B. Formel what obtained
A. Chlorate of Potassa geted on by Sulphuric acid & gentle heat applied
B. What is its specific gravity?
A. 3.02
B. What is the next combination?
A. Chlorous acid
B. How is made?
A. Take 50 or 60 gr. Chlorate potassa mix
B. it up into a paste with Sulfuric acid. Heat it in a closed glass tube
B. & gently heat. which be kept below 250°
B. On its Prothetical densilus to the foot
B. They draw both as far as possible.
B. Be sure a Perchlorious acid
A. The In B. &c.
I. Whse discovered?
A. 1812.
I. How produced?
A. From an impure Carbonate of Soda Called Wack.
I. What is its form.
A. Crystalline.
I. What is its colour?
A. Metallic.
I. How does it behave under heat?
A. A heavy vapor is formed which afterward crystallizes.
I. What is its specific gravity?
A. 4.79.
I. What is the sp. gr. of its vapor?
A. 1.7.
I. Is the vapor produced by the action of water benzoic acid after it?
A. Yes.
I. Where is it generally found?
A. In several marine substances.
I. How does it affect metals?
A. Corrodes them.
I. Under certain circumstances does it give a great variety of color?
A. It does.
I. What is the test of Iodine?
A. Slight.
I. What is the color of the precipitate?
A. Blu.
1. Take the Iodate of Potassa in water. 
2. How much would it mix with lead? 
3. What with Mercury? 
4. What is the nitrate of Silver? 
5. How does iodine unite with mercury? 
6. What is red silic? 
7. If iodine and phosphorus be placed together, what? 
8. What is the combustion of phosphorus? 
9. What is phosphoric acid? 
10. Are the oxides of iodine and iodine the same? 
11. Are the iodous acids contained more oxygen? 
12. Name some other combinations of iodine and oxygen.
1. When and where discovered?

2. 1825 by Robard.

3. What substance does it resemble most?

4. Chlorine.

5. In what form does it exist in sea water?


7. At common temperature what is its form?

8. Liquid.

9. What is its g.p.?

10. 3.

11. What kind of vapour does it give off?

12. Like nitrous oxide.

13. Does it conduct electricity?


15. Does the vapour explode with any combustible?

16. Nitrogen and Phosphorus. At the snow is greenish or green.

17. Hexas Fluoride was never obtained in a gaseous state.

18. It has not.

19. What does it form with the hydrogen?


21. From what is it obtained?

22. By the action of Sulphuric acid on Muriated Silver Salt. The process should be carried on in leaders or jars.

23. What are some of its properties?

24. Powerfully acid – fluorescent to the touch – acts vigorously on glass, forming the fluoride of boric acid – acts on metals (except) and the alkalies – forming salts. or Become...
42. Borax = Ammoniacal gas.

2. From what is fluoric acid made?
A. From the action of sulphuric acid on fluorine gas. 
B. From the action of salpeter upon phosphoric acid. 
C. From the action of phosphoric acid on phosphoric acid.
D. Fluoric acid is a gas.

3. How does it resemble water? 
B. Sulfuric acid.
C. Ammoniacal gas.
D. What did Priestley call it?
A. Alkaline air.

4. What are the constituents of this gas?
A. Nitrogen & hydrogen.
B. Is it absorbable?
A. Very.
B. What gas is absorbed by distilled water as long as the water will take it up? What is it called?
A. Aqua ammonia.

5. How is it obtained commonly?
A. By applying heat to aqua ammonia.
B. With what gas does it form a solid.
A. Hypo chloric acid gas.
B. What is the compound?
A. Hypochlorate of ammonia.
B. Is it alkaliic properties?
A. It is not.
B. What is its use?
Hydroquin and Sulphur

A. 587

Sulphuric Acid.

1. What is its chemical name?
2. How is it formed?
3. From what is it derived?

B. 4.54.5

A. How is it formed?
B. From what is it derived?

C. This word is...
Carbon and Hydrogen

1. Of Hydrogen and 1. Carbon
2. What are its properties?
   A. Colorless, absorbable by water, 1/8 of its volume extinguished flame, inflammable, and detonated with oxygen by the electric spark.
3. In what locality is this gas generated in large quantities?
   A. Gas mines.
4. What is it called in the mines?
   A. Fire damp.
5. Who examined this gas first thoroughly?
   A. Navy.
6. What instruments did he invent to prevent the explosion of this gas when flame is carried in mines?
   A. Navy's safety lamp.

8. What are the proportions of its constituents?

9. When discovered?
   A. 1796. By a Dutch Chemist.
10. How was it prepared?
    A. From part of Alcohol and concentrated sulphuric acid heating preferably.
11. What are its properties?
    A. Colorless, inflammable, iridescent, Flammable in odorous, explodes with oxygen when burning gives a bright white light. The flame may be kept up with a stream of water passed through it.
2. What is deposited in this last in Utah?
3. In Kansas. The by some being taken up by oxygen or carbonic acid.
4. What is its SP gr.?

A. 1.97 or .98


2. Is this gas used for lighting Cities?
A. It is.

2. From what is obtained for that purpose?
A. Bituminous Coal. Ale. & Spirit.

3. Is there any other gases formed in procuring this Coal gas?
A. Some 8 or 10.

2. What arrangements are made to rid the gas of the impurities?
A. Several washers through which the gas is conducted.

2. What is the proportionate value of Coal oil gas?
A. The oil is doubles

Phosphorus & Hydrogen.

2. What is proportion of the Constituents of Phosphoric Acid Hydrogen?
A. 2 of Phosphorus & 1 of Hydrogen.

2. What are some of its Properties?
A. It is transparent, colorless, of subtle odors, bitter taste.

2. What is its SP gr.?
A. 1.85.

2. Does its agree with and Caution in its preparation?


Q. Why.
A. Because it explodes when it comes in contact with atmospheric air.

Q. What is put in the retort to prevent that?
A. Sul. Ettion.

Q. From what is it obtained?
A. Pure hydroxide of phosphoric acid and strong hydrosulphuric acid. Phosphorus of calcined apple seeds.

Oxidized, cal.

Q. What are its constituents?
A. First portion of Carbon, 7 one of Nitrogen.
B. By whom and when discovered.
A. Gay Lussac 1810.

Q. What is it according to the present nomenclature?
A. A base which is Nitrogen.
B. How is it obtained?
A. From the biceps of Mercury by the application of heat.

Q. Is important that the material be dry?
A. Yes.

Q. Why.
A. Because it readily unites with hydrogienes of the moisture.

Q. What are some of its properties?
A. It is colorless. Subcutent 1000, inflammable, burns with a purple flame.

Q. What is its sp. gr.?
A. 1.85.
How do combine readily with elemen
tary substances?

Acid and

Pressic Acid

What is it?

Hyphenide acid, a combination of
acids and Hydrogen.

What materials are used in its forma
tion?

Preparation of Mercury 3. Hyposchlo
ride acid.

By what and the unfixed removed.

Powdered marble and the Chloride of
Calcium.

What are some of its properties?

When condensed it is colorless and
smell odor resembles that of
et. A fluid with a cooling
action to the tongue with, afterwards
burns. It a compound soon after it is
formed.

What effect has water upon it?

Water promotes the decomposition
for some time.

What is the antidote for Pressic Acid?

Aqua Ammoniac, for better, a solution
of Chlorine gas in water.

It is then only dangerous in preparing the
substance. For a small quantity will
influence of large doses, and cause
allergy in that manner.
What are the properties of metals?

A. A peculiar lustre, good conductors of heat & electricity. Make under all circumstances. Reflect light. They are separated from their combinares by a blowpipe.

B. Which is the heaviest metal?

A. Platinum

B. Which are the richest?

A. Sodium & Potassium

B. Which are the metallic ores of the alkali metals?

A. Potassium, Sodium & Lithium

B. Of the alkaline earths?

A. Potassium, Sodium & Calcium

B. Which are the commonest?

A. Magnesium & Potassium

B. When and by whose aid to on?

A. 1807, by Davy

B. From what may it be obtained?

A. The Carbonate of Potassium with 1/3 its weight of powdered charcoal, being exposed to the strong heat, in an open bottle.

B. What is its form at ordinary temperatures?

A. Solid, but varies with its degree of heat to which it is subjected.

B. What is the atomic weight of potassium?

A. An oxide of potassium.

B. What is the Caustic Potash of?
Potassa

1. It is a hydrate of Potassa.
2. What is salt of Tartar.
3. Carbonate of Potassa.
4. What is its antidote.
5. Common vinegar.
6. What is sal volatile.
7. An impure bicarbonate of Potassa.
8. How is the bicarbonate prepared.
9. Pass a current of Carbonic acid through a solution of the Common Car-

b. What should be used with it when it is employed in bread?
2. How may the sulphate of Potassa be prepared?
3. From the Carbonate by the action of
   Saltpetre’s acid.
4. What are some of its properties?
5. Salt saline and bitter - it crystallizes
   deposites under that.
6. In what preparation of medicine is it
   used?
7. Powdered.
8. Is it preferable to the carbonate?
9. Why?
10. The sodium is its dehydrated as chloride
    more perfectly.
11. How is the nitrate prepared.
12. It is prepared differently in other
Potasa — Sodium

1. Where does some of it come from? A. China B. Florida C. Germany D. Southern States

2. What is the composition of Potasa? A. Potassium Dioxide B. Potassium Sulfate C. Potassium Nitrate

3. What are the other constituents of Potasa? A. Salt B. Charcoal C. Sand D. Water

4. How is the Alkoxide of Potasa formed? A. By boiling potassium with water B. By combining potassium with a base C. By mixing potassium with a metallic compound

5. For what is it sometimes used? A. Making saltpeter powder B. Making gunpowder C. Making gunpowder D. Making saltpeter powder

Sodium... Feb. 13, 1845

6. What is called among the Germans? A. Natrium B. Phosphorus C. Sodium D. Potassium

7. When was it discovered? A. 1792 B. 1807 C. 1837 D. 1847

8. What is it like to touch? A. Soft B. Hard C. Fleshy D. Crystalline

9. What is its color? A. Silver B. Yellow C. Red D. Blue

10. What is its atomic weight? A. 22.99 B. 23.00 C. 23.01 D. 23.02

11. What is its melting point? A. 97.8 degrees C. 107 degrees D. 117 degrees

12. What can it absorb? A. Air B. Water C. Oxygen D. Carbon Dioxide

13. How is it used? A. As a fertilizer B. As a poison C. As a reagent D. As a disinfectant

14. What is its symbol? A. Na B. K C. Ca D. Mg
cold water?

A. It does not rise.

B. Does it go on hot water?

C. The fire.

D. What is the color of the flame?

E. Yellow.

F. What is the first combination with any gas?

A. The Protovide.

G. What is it called?

A. Soda.

H. Is it similar to potash?

I. It is, in its properties and combination.

J. What is the soda of commerce?

A. A Carbonate or Bicarbonate.

B. Are its salts soluble?

A. They are.

C. What is the liquefiable formed?

A. When sodium is heated in an excess of oxygen.

Cl 

D. What is its common name?

A. Salt.

E. What are the constituents of salt?

A. Chlorine and Sodium.

F. How is obtained?

A. From salt water—Ocean and springs and lakes.

G. What is the carbonate of soda?

A. Carbonate salts.
3. Is it abundant in nature?
A. It is.
B. How does it occur mostly? Under the name of Red and Brown Hematite.

3. What is the difference between the Red and Brown Hematite?
A. The Red is anhydrate, but the Brown is hydrate.
B. What is the fe. go of each?
B. What are its combinations with oxygen?
A. The protoxide of the protoxide.
B. What is the dextrose oxide?
A. Iron 3, oxygen 3, with or without water.
B. What is the dehydrated oxide?
B. Black oxide composed of the protoxide of the peroxide of iron.
C. How much iron in the carbonate?
A. 5 to 16 per centum.
B. What is Cast iron?
A. Iron & charcoal.
C. What is the iron active?
A. The iron sulfmate of iron. Coffered.
B. For what is the sulfmate of the peroxide of iron in an extract of the bicarbonate of soda, and salt at little s.
A. Arrow
B. What is the test for iron?
A. The fire-ignite of Potassa.
B. Is the carbonate of much importance?
A. It is used in medicine. But it was not described particularly.
What is the sulphur of lead called?
A. Calamine
B. Is it found in nature?
C. What metal is almost always combined with it?
D. Silver
E. What is its gr. wt.
F. Is it readily oxidized?
G. Acid.
H. What is it used for?
I. Product of lead.
J. How unadulterated is partially fused what is it chemically called?
K. Litharge.
L. What is the best of lead?
M. Self-protected by process.
N. What effect has heat of the product of lead?
O. It turns red and cooled again as it turns a lemon-yellow.
P. How is the nitrate of lead formed?
Q. By the action of nitric acid on telluric oxide.
R. What is white lead?
S. A carbonate.
T. How is sugar of lead formed?
U. By the action of nitric acid on telluric oxide.
V. What is its antidote?
W. Chaulmoogra. This forms sulphate of lead which is inadvisable.
Lead. — Copper.

Q. For what is the iodide of lead used?
A. To give yellow teeth.

Q. With the what does it form?
A. Poison.
B. What is the color of its flame?
A. Green.

Q. Does it exist in many forms?
A. Yes.
B. What is the nature of copper?
A. At close of month, enclosed in tin foil, its metal a spark containing the metal.
B. What is the basis of the sulphate?
A. Ammonia.
B. What is the sulphate of copper?
A. The Blue tincture of verdadero.

Mercury.

Q. What is its form?
A. Fluid.
B. At temperature does it become solid?
A. At 40° F. long. 2 in.
B. Where is it mostly obtained?
A. Orinrobe in the sulphurstone.
B. What effect has it on salt and sugar?
A. Produced saltpeter.

Q. What is its constitution with oxygen?
A. Peroxyde.
B. How is it formed?
A. By rubbing Carbonel and Potassa.
What is it called?
A. Carbonate of Lime, Milk of Egg, Church, or Flour.
B. What is its chemical name?
C. Chloride, or Dute Chloride.
D. What is Carbon?
A. Commonly Considered a Proto-Chloride?
B. What is it most properly?
C. A Dute Chloride of Mercury?
D. Are there not some Combination of Lodine & Mercury?
A. Red Sir.
B. Name some that were mentioned?
A. Persode & Bimodide.

What is the first Test of Arsenic?
A. The garlic odor when heated.
B. How may it be detected in any article suspected to contain it.
C. Take 1/2 to 1 oz. of the suspected article, put them in a small glass tube and heat about the sides of the tube.
D. Tie another test.
A. Take two Copper Slipets, make them Conceive, place both ends where the matter is suspected, bind them together and then expose them to a heat, and the arsenic will be separated.
Q. What does the sulphurated hydroque form with arsenic?  
A. Bisulphurated arsenic is yellow.

Q. What does the Ammoniacal sulphate of Copper form with arsenic?  
A. Bichromated arsenic.

Q. What with the Ammoniacal Sulphate of Silver?  
A. The Arsenite of Silver.

Q. What is the wet and last test?  
A. The arsenate of Hydroque gas.

Q. How is this Conducted?  
A. Take a vessel with a tube placed in it, zinc, and dilute sulphuric acid by which hydroque gas be generated. Let this vessel be suspended, matter is placed, and the arsenic traced out with the hydroque and burned if the arsenic is deposited on a plate held over the flame. And beside the tube is a small guard flame below in the centre of the flame of the hydroque gas.

Q. What is the Arsenite of Hydroque?  
A. Hydrated Peroxide of Arsenic.

Q. What Preparation of arsenic is used to medicine?  
A. Concentrated Solutions.
Thomas Burdell
Thos Burdell
Chapter 13 - Discussed of the Brain - Magnets
Syringes &c. &c.