MEDICAL SOCIETY OF THE A

# MEDICAL AND SUZ

FOR 1



# EXPLANATIONS AND DIRECTIONS.

According to the arrangement of the accompanying blanks, it is intended that they shall be a faithful monthly record of the Diseases, Accidents, &c., occurring in the practice of the Physician and Surgeon in whose hands they may be placed.

In the registration of observations which may be made in reference to medical or surgical cases, it is recommended that the various items of information, as soon as they are obtained, be immediately noted down, in order to secure accuracy in the statistics, in the appropriate columns of the blanks, according as they are designated by their headings. The name of the disease, character of the accident, &c., must be written as distinctly as possible, and it is requested that the classified nomenclature herewith appended, be consulted as a guide in the registrations. It is desirable that they should be accompanied by remarks or explanatory notes from each individual observer, stating in particular the pathological indications afforded by post-mortem examinations; also, any peculiarities that may have manifested themselves during the progress of the disease, either in respect to epidemical or endemical influences, or the marked effects of remedial agents. Accurate diagnosis should characterize every registration. The column assigned to the "Initials of Patient," has been added merely for the convenience of the Physician keeping the registration as a guide in recalling the circumstances of the case. In recording the age of the patient attach simply the letters Y. M. or D. for years, months or days, to the figure designating the age, omitting fractional portions of each, whenever they occur; and under the headings Sex, Color, Civil Condition, Temperate, Intemperate, Termination, Result of Accidents, Result of Anaesthesia, the simple insertion of the figure 1 will be all that is necessary. The columns devoted to the registration of Occupation, Place of Birth, &c., sufficiently explain themselves. In the "Obstetrical Record," under the head of Presentations, it is requested that the subjoined abreviations be employed.\* It is expected that the blank spaces left for registration of cases, will be amply sufficient as a general rule; but if in any case they should fall short, an extra copy of these blanks may be obtained by application to the Chairman of the undersigned Committee.

The monthly registrations for the year ending on the 31st of December, must be transmitted to the Committee on Medical and Surgical Statistics, who will arrange an accurate digest of all the registrations sent them, and present the same at the annual meeting of the State Medical Society. Every statistical table received, will be carefully preserved and deposited with the Secretary of the State Society, from whom it may be obtained by the respective Registrar. It will be observed that the system of registration adopted for 1858, has been somewhat modified in the present blanks, and it is to be hoped that it will be more acceptable to the profession and effective in its operation.

J. G. ORTON, BINGHAMTON, N. Y. C. B. COVENTRY, UTICA, N. Y. M. F. COGSWELL, ALBANY, N. Y. Com. on Medical and Surgical Statistics.

# NOMENCLATURE OF DISEASES, CLASSIFIED FOR SATISTICAL PURPOSES.

Endemic and Contagious Diseases.	IV. ORGANS OF RESPIRATION.	73. Hip, diseases of
I. Zymotic or Epidemic.	35. Asthma.	74. Spine, diseases of.
1. Cholera.	36. Bronchitis.	X. INTEGUMENTARY SYSTEM
2. Cholera Infantum.	37. Tuberculosis.	75. Purpura.
3. Croup—Spasmodic.	38. Hydrothorax.	76. Skin, diseases of.
Membranous.	39. Laryngitis.	10. Skill, diseases of.
4. Diarrhea.	40. Pleurisy.	XI. OLD AGE.
5. Dysentery.	41. Pneumonia.	77. Old 'Age, death from.
6. Erysipelas.	42. Quinsy.	XII. EXTERNAL CAUSES.
7. Fever—Intermittent.	43. Organs, &c., diseases of.	
Remittent.		78. Drowned.
Enteric or Typhoid.	V. ORGANS OF CIRCULATION.	79. Burns and Scalds, death from.
Typhus.	44. Aneurism.	80. Frozen, death from.
8. Whooping Cough.	45. Pericarditis.	81. Glanders.
9. Influenza.	46. Organs, &c., diseases of.	82. Heat, death from.
10. Measles.	VI. OF THE DIGESTIVE ORGANS.	83. Hydrophobia.
11. Scarlatina—Simplex.		84. Intemperance.
	47. Ascites.	85. Lightning.
Anginosa. Maligna.	48. Dyspepsia.	86. Malpractice.
12. Small Pox.	49. Enteritis. 50. Gastritis.	87. Poisoned.
13. Syphilis.	51. Hernia.	88. Strangulated.
14. Thrush.	52. Intussusception.	89. Starvation.
14. Intush.	53. Peritonitis.	90. Suicide.
Of Uncertain or General List.		91. Still Born.
II. SPORADIC DISEASES.	54. Teething.	92. Wounds—Gun Shot, &c.
15. Atrophy.	55. Ulceration. 56. Worms.	93. Amputations—
16. Cancer.	57. Organs, &c., diseases of.	Upper Extremity.
17. Debility.	58. Pancreas, diseases of.	Lower Extremity.
18. Dropsy.	59. Hepatitis.	At the Joint.
19. Gout.	60. Jaundice.	Beyond the Joint.
20. Hemorrhage.	61. Liver, diseases of.	94. Fractures—
21. Malformation.	62. Spleen, diseases of.	Upper Extremity.
22. Scrofula.	oz. Spreen, diseases of.	Lower Extremity.
23. Sudden Death, cause unknown.	VII. OF THE URINARY ORGANS.	Deformed.
	63. Diabetes.	Not Deformed.
III. OF THE NERVOUS SYSTEM.	64. Systitis.	95. Dislocations-
24. Apoplexy.	65. Calculi.	Upper Extremity.
25. Cephalitis.	66. Nephritis.	Lower Extremity.
26. Chorea.	67. Organs, &c., diseases of.	Reduced.
27. Convulsions.	VIII. ORGANS OF GENERATION.	Unreduced.
28. Delirium Tremens.	68. Puerperal Fever.	
29. Epilepsy.	69. Rupture of Uterus.	96. Anaesthesia—
30. Hydrocephalus.	70. Organs, &c., diseases of.	By Chloroform.
31. Insanity.		By Ether.
32. Paralysis.	IX. ORGANS OF LOCOMOTION.	By Amylene.
33. Tetanus.	71. Rheumatism.	Ill effects from.
34. Brain, diseases of.	72. Joints, &c., diseases of.	Death caused by.

#### \*OBSTETRICAL RECORD.—Under the head of Presentations use the following Abbreviations:—

'or the Vertex Left Occipito-Iliac,	L. O. I.
Right Occipito-Iliac,	R. O. I.
Occipito-Pubic,	O. P.
Occipito-Sacral,	
Face.—To the Right Side,	
Left Side,	F. L.
Shoulder.—Right Shoulder, Back Anterior,	R. S. B. A.
Left Shoulder, Back Anterior,	L. S. B. A.
Right Shoulder, Back Posterior,	R. S. B. P.
Left Shoulder, Back Posterior,	L. S. B. P.
Pelvis.—Back to the Left,	P. B. L.
Back to the Right,	P. B. R.
Back to the Anterior,	P. B. A.
Back to the Posterior,	P. B. P.

From the County of\_

\_\_for the Month of\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

| CIVIL CONDITION. | CIVIL CONDITION. | CIVIL CONDITION. | PLACE OF BIRTH. | CIVIL CONDITION. |

Registered by...

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	RES	SULT OF	ACCIDEN	ITS.	RESULT	OF ANAES	STHESIA.			ОВ	STETRICA	AL RECOI	RD.	Major		734	Comments of the second
	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen- tation.	Sex of Child.	Hours in Labor.	Natural.	Artificial	Ergot Used?		REMARKS AND EXPLANATORY NOTES.
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Registered by

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	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen- tation.	Sex of Child.	Hours in Labor.	Natural.	Artificial	Ergot Used?		REMARKS AND EXPLANATORY NOTES.
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From the County of\_

for the Month of\_\_

\_\_\_\_\_1859.

DISEASES, ACCIDENTS, &c. DATE OF ATTACK.

AGE.

SEX.

COLOR.

CIVIL CONDITION.

Male.

SEX.

COLOR.

CIVIL CONDITION.

Male.

Single:

Married.

Widowed

OCCUPATION.

PLACE OF BIRTH.

DATE OF BIRTH.

Average Direction of Disease.

Recovid.

Died.

Registered by....

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		SULT OF			RESULT					-		L RECO		30300		734			
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From the County of\_

for the Month of\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT AGE. | SEX. | COLOR. | CIVIL CONDITION. | Male. | Female. | White. | Black. | Single! | Married. | Widowed | OCCUPATION. | PLACE OF BIRTH. | Disease. | Disease. | Average | Duration of Disease. | Recovid. | Died. | Died.

Registered by

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From the County of\_

\_\_for the Month of\_\_

...1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT. AGE. Male. Female. White. Black. Single. Married. Widowed OCCUPATION. PLACE OF BIRTII. The part of Disease. Recov'd. Died.

Registered by

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From the County of\_

for the Month of \_\_\_\_\_\_1859.

	DATE OF	INITIALS		SE	X.	COL	OR.	CIVI	L CONDITION.		AMERICA AND ADDRESS OF THE	-00.	-bc-	Average	TERMIN	NATION.	
DISEASES, ACCIDENTS, &c.	ATTACK.	PATIENT.	AGE.	Male.	Female.	White.	Black.	Single!	Married. Widowed	OCCUPATION.	PLACE OF BIRTH.	Temp	Intem	Duration of Disease.	Recov'd.	Died.	

Registered by

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From the County of\_

\_\_for the Month of\_\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT AGE. Male. Female. White. Black. Singlet Married. Widowed CCUPATION. PLACE OF BIRTIL BEACH DURATION DISEASE.

Registered by

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	RESULT OF ACCIDENTS.	RESULT OF ANAESTHESIA.	OBSTETRICAL RECORD.	
	Deform'd Not Reduced. Reduced.	Success- Ill Effects. Death.	No. of Pregn'ey Patient, tation. Child. Hours in Child. Labor. Natural. Artificial. Ergot Used?	
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From the County of\_

for the Month of \_\_\_\_\_\_1859.

	DATE OF	INITIALS		SE	х.	COL	OR.	CIVI	L CONDI	TION.			-ac-	pc-	Average	TERMIN	ATION.	
DISEASES, ACCIDENTS, &c.	ATTACK.	PATIENT.	AGE.	Male.	Female.	White.	Black.	Single/.	Married.	Widowed	OCCUPATION.	PLACE OF BIRTH.	Temp	Intem	Duration of Disease.	Recov'd.	Died.	

Registered by

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From the County of\_

\_\_for the Month of\_\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Singlet Married. Widowed OCCUPATION.

DATE OF PATIENT.

AGE. Male. Female. White. Black. Singlet Married. Widowed OCCUPATION.

DATE OF BIRTIL. Sec. Average Duration of Disease. Recov'd. Died.

Registered by

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From the County of\_

\_\_for the Month of\_

\_\_1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Single. Married. Widowed OCCUPATION.

PLACE OF BIRTH.

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AVERAGE DURATION.

Died. Married. Widowed Disease.

Recov'd. Died.

Registered by...

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From the County of\_

for the Month of \_\_\_\_\_\_1859.

	DATE OF	INITIALS		SE	x.	COL	OR.	CIVI	L CONDI	TION.		AMBRICANAMA	- oc -	pc-	Average	TERMIN	ATION.	
DISEASES, ACCIDENTS, &c.	ATTACK.	PATIENT.	AGE.	Male.	Female.	White.	Black.	Single!	Married.	Widowed	OCCUPATION.	PLACE OF BIRTH.	Temp	Intem	Duration of Disease.	Recov'd.	Died.	

Registered by...

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	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success-	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen-	Sex of Child.	Hours in Labor.	Natural.	Artificial.	Ergot Used?		REMARKS AND EXPLANATORY NOTES.
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From the County of\_

\_\_for the Month of\_\_\_

1859.

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DISEASES, ACCIDENTS, &c.	DATE OF ATTACK.	ENITIALS OF PATIENT.	AGE.	Male.	Female.	White.		L CONDIT	OCCUPATION.	PLACE OF BIRTH.	Tempe-	Intempe- rate.	Average Duration of Disease.	TERMIN Recov'd.	
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Registered by....

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	Deform'd Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen- tation.	Sex of Child.	Hours in Labor.	Natural.	Artificial.	Ergot Used?		REMARKS AND EXPLANATORY NOTES.
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From the County of\_

\_\_for the Month of\_

...1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Single. Married. Widowed OCCUPATION.

PLACE OF BIRTH. Average Direction of Disease. Record. Record. Died.

Registered by

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	RES	SULT OF	ACCIDEN	TS.	RESULT	of ANAE	STHESIA.	1		OB	STETRIC	AL RECO	RD.	30.110		734	A La Course La C
	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen-	Sex of Child.	Hours in Labor.	Natural.	Artificial.	Ergot Used?		REMARKS AND EXPLANATORY NOTES:
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From the County of\_

\_\_for the Month of\_\_

\_1859.

DISEASES, ACCIDENTS, &c. DATE OF ATTACK.

DATE OF ATTACK.

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DATE OF DATE OF BIRTI.

SEX. COLOR. CIVIL CONDITION.

Male. Female. White. Black. Single: Married. Widowed Disease. Recov'd. Died.

Registered by

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	RESULT OF ACCIDENTS.	RESULT OF ANAESTHESIA.	OBSTETRICAL RECORD.	Company of the second
	Deform'd Not Reduced. Not Reduced.	Success- Ill Effects. Death.	No. of Pregn'ey Patient. tation. Sex of Child. Labor. Natural. Artificial. Ergot. Used?	REMARKS AND EXPLANATORY NOTES.
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From the County of\_

\_for the Month of\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF ATTACK.

DATE OF ATTACK.

DATE OF ATTACK.

DATE OF BIRTIL.

SEX. COLOR. CIVIL CONDITION.

Male. Female. White. Black. Single Married. Widowed Widowed Disease.

Recov'd. Died.

Registered by

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	RES	ULT OF	ACCIDEN	TS.	RESULT	of ANAES	STHESIA.			OBS	STETRICA	L RECOI	RD.	120200			Contract Contract
	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success-	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen- tation.	Sex of Child.	Hours in Labor.	Natural.	Artificial	Ergot Used?	pint main	REMARKS AND EXPLANATORY NOTES.
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From the County of\_

\_\_for the Month of\_

\_\_1859.

DISEASES, ACCIDENTS, &c. DATE OF RATTACK.

AGE. SEX. COLOR. CIVIL CONDITION.

Male. Female. White. Black. Singlet Married. Widowed Disease. Record. Died.

Registered by

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1	RE	SULT OF	ACCIDEN	ITS.	RESULT	OF ANAE	STHESIA.			OB	STETRIC.	AL RECO.	RD.	10117		724	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW
	Deform?d	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen- tation.	Sex of Child.	Hours in Labor.	Natural.	Artificial	Ergot Used?		REMARKS AND EXPLANATORY NOTES:
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From the County of\_

\_\_for the Month of\_

...1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Single: Married. Widowed OCCUPATION.

PLACE OF BIRTH. DESCRIPTION.

PLACE OF BIRTH. DESCRIPTION.

PLACE OF BIRTH. DESCRIPTION.

AVERAGE DURATION.

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Registered by

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From the County of\_

\_\_for the Month of\_

\_\_1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Single. Married. Widowed OCCUPATION.

PLACE OF BIRTH. Discussion of Discussion of Discussion of Records. Records. Died.

TERMINATION. Died. Died.

Registered by

RESULT OF ACCIDENTS.	RESULT OF ANAESTHESIA.	OBSTETRICAL RECORD.	2000 Control C
Deform'd Reduced, Not Reduced.	Success- Ill Effects. Death.	No. of Presentation. Sex of Hours in Labor. Natural. Artificial. Ergot Used?	REMARKS AND EXPLANATORY NOTES.

From the County of\_

for the Month of 1859.

		INITIALS		SE	X.	COL	OR.	CIVI	L CONDI	TION.		ANGERTARAMETER	-oc-	be-	Average	TERMIN	ATION.	
DISEASES, ACCIDENTS, &c.	ATTACK.	PATIENT.	AGE.	Male.	Female.	White.	Black.	Single!	Married.	Widowed	OCCUPATION.	PLACE OF BIRTH.	Temp	Intem	Duration of Disease.	Recov'd.	Died.	

Registered by...

		SULT OF					STHESIA.					L RECO		30300		7738	KIATON AND THE STATE OF THE STA
	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen-	Sex of Child.	Hours in Labor.	Natural.	Artificial.	Ergot Used?		REMARKS AND EXPLANATORY NOTES.
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From the County of\_

\_\_for the Month of\_\_

1859.

DISEANES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. SEX. COLOR. CIVIL CONDITION.

Male. Female. White. Black. Single: Married. Widowed OCCUPATION. PLACE OF BIRTH. DESCRIPTION. PLACE OF BIRTH. DESCRIPTION. PLACE OF BIRTH. DESCRIPTION. PLACE OF BIRTH. DESCRIPTION. DESCRIPTION. PLACE OF BIRTH. DESCRIPTION. PLACE

Registered by

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	Deform?d	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen-	Sex of Child.	Hours in Labor.	Natural.	Artificial.	Ergot Used?		REMARKS AND EXPLANATORY NOTES.
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From the County of\_

\_\_for the Month of\_

\_\_1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. SEX. COLOR. CIVIL CONDITION.

White. Black. Single. Married. Widowed OCCUPATION.

PLACE OF BIRTH. Date of Duration of Disease. Record. Died.

Registered by

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	RE	SULT OF	ACCIDEN	TS.	RESULT	of ANAES	STHESIA.			OB	STETRIC.	AL RECO	RD.	30,00		234	- Carrery
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From the County of\_

\_\_for the Month of\_\_

1859.

DISEANES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Singlet Married. Widowed OCCUPATION.

DATE OF PATIENT.

AGE. Male. Female. White. Black. Singlet Married. Widowed Disease. Record. Died.

Registered by

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	RESULT OF ACCIDENTS.	RESULT OF ANAESTHESIA.	OBSTETRICAL RECORD.	
	Deform'd Not Reduced. Reduced.	Success- Ill Effects. Death.	No. of Pregn'cy Patient, tation. Child. Labor. Natural, Artificial. Ergot. Used?	
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From the County of\_

\_for the Month of\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF ATTACK. PATIENT. AGE. Male. Female. White. Black. Single: Married. Widowed OCCUPATION. PLACE OF BIRTH. SEX. Average Duration of Disease. Recovid. Died.

Registered by

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	Deform'd Not Reduced. Reduced.	Success- Ill Effects. Death.	No. of Pregn'ey Patient tation. Child. Labor. Natural. Artificial. Ergot Used?	
-	The state of the s			-

From the County of\_

\_\_for the Month of\_

\_\_1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. Male. Female. White. Black. Single. Married. Widowed OCCUPATION.

PLACE OF BIRTII. DATE OF BIRTII. Disease. Recov'd. Died.

Registered by...

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	Deform'd	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen-	Sex of Child.	Hours in Labor.	Natural.	Artificial.	Ergot Used?	pint state	REMARKS AND EXPLANATORY NOTES:
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From the County of\_

\_\_for the Month of\_

1859.

DISEASES, ACCIDENTS, &c. DATE OF PATIENT.

AGE. SEX. COLOR. CIVIL CONDITION.

Male. Female. White. Black. Singlet Married. Widowed COCUPATION. PLACE OF BIRTIL.

DATE OF BIRTIL. DATE OF BIRTIL. DECLEDED COCUPATION. PLACE DECLEDED COCUPATION

Registered by

-				_
	RESULT OF ACCIDENTS.	RESULT OF ANAESTHESIA.	OBSTETRICAL RECORD.	
	Deform'd Not Reduced. Reduced.	Success- Ill Effects. Death.	No. of Pregu'cy Patient, tation. Child. Labor. Natural. Artificial. Ergot. Used?	
1000				-

From the County of\_

for the Month of \_\_\_\_\_\_1859.

	DAME OF	INITIALS		SE	X.	COL	OR.	CIVI	L CONDIT	TION.			5.	- oc -	Average	TERMIN	ATION.	
DISEASES, ACCIDENTS, &c. DA	ATTACK.	PATIENT.	AGE.	Male.	Female.	White.	Black.	Single!	Married.	Widowed	OCCUPATION.	PLACE OF BIRTH.	Temp	Intemp	Duration of	Recov'd.	Died.	

Registered by

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	RE	RESULT OF ACCIDENTS.			RESULT OF ANAESTHESIA.			OBSTETRICAL RECORD.							720		
	Deform?d	Not Deform'd	Reduced.	Not Reduced.	Success- ful.	Ill Effects.	Death.	No. of Pregn'cy	Age of Patient.	Presen- tation.	Sex of Child.	Hours in Labor.	Natural.	Artificial	Ergot Used?		REMARKS AND EXPLANATORY NOTES:
-	TO SHARE SHA	-														-	



