SY-12 What the library could not find: gaps, contradictions and the second round

HEALING after the FALL, research library, SY-12

Researched 10 October 2026 by Claude Opus agent for THRIVING after the FALL, Book Four. Library document, unverified.

Findings by section

1. What was read, and the warning that comes first

The ground of this report is the library itself: the 159 accepted reports in the THRIVING library for Book Four, one per prompt, from FO-01 to WO-16 and the synthesis reports SY-01 to SY-07 and SY-10. SY-11 (the book's structure) is being written at the same time and is referred to here only as forthcoming. Together the reports run to about 1.7 million words. I did not read them all end to end. I read every report's title, its 10-line summary, its open questions and its list of sources to read in full, which together come to about 84,000 words. I then searched every file for the phrases "could not find", "not found", "not read", "[VERIFY]" and "[OWNER]", and read in full the passages where the known and suspected contradictions sit. No web search was run, because this report is a review of the library and not of the world. Where I say a result is better supported, I mean better supported by what the library itself read and cited. Where neither report read the primary source, I say so and send the question to the second round.

The brief names two traps and both apply. A tool reviewing its own results is generous to them: every report in this library was written by the same kind of agent, and the synthesis reports (SY-06, SY-07, SY-10) already carried many of the disagreements forward with a reading attached. I checked those readings rather than copying them, and I disagree with two. The second trap is that a gap in the evidence is not a gap in the library. Many open questions are open because nobody in the world has measured the thing (the potency of tetanus toxoid ten years past its date, the untreated survival of a well-fed type 1 diabetic). A second round of research cannot close those. It can only confirm that they are closed to everyone and tell the book to say so. I separate the two kinds throughout.

The size of what remains open.

Domain	Reports	[VERIFY] marks	Heaviest report
Chronic illness (CH)	13	520	CH-09, 71
Infection (IN)	16	531	IN-10, 74
Wounds and surgery (WO)	16	505	WO-11, 60
Plants by region (PH)	10	493	PH-06, 84
Traditions (TR)	16	435	
Hygiene and prevention (HY)	12	407	HY-06, 66
Dispensary (ME)	14	398	
Foundations (FO)	11	379	FO-11, 67
Mothers and children (MA)	11	340	

Domain	Reports	[VERIFY] marks	Heaviest report
Organisation (OR)	10	317	OR-02, 73
Mind (MI)	13	282	
Nursing (NU)	9	206	
Synthesis (SY)	8	148	
All	**159**	**4,961**	

Of the 4,961 marks, 3,042 are bare "[VERIFY]" and the rest carry a reason ("[VERIFY: my arithmetic]", "[VERIFY, gap]"). The library also holds 655 "[OWNER]" marks, 114 places where a report says it could not find or did not find something, and about 770 uses of "not read". Many marks measure care rather than weakness. A [VERIFY] mark is not a fault to be cleared at any cost. Most mark a figure the agent derived by arithmetic or took from a secondary summary, and most of those are minor. What matters is the small set that sits on a dose, a time limit or a threshold the reader will act on. Section 7 sorts them.

2. The contradictions, and which side is better supported

The table gives every contradiction the brief named and the further ones the search turned up. "Better supported" means one side read a primary source or a fuller one, or the other side's own text undermines it. "Present both" means the evidence does not choose and the book must say so. "[OWNER]" means the evidence is adequate but the choice is a village rule.

#	Question	Position A	Position B	Verdict
C1	Foxglove at the village	One locked bed, one named healer, Withering's titration by pulse (ME-07)	Never gather for any purpose (PH-10). Grow potent plants only where a district can assay them (OR-03)	Present both, decide by rung (OR-02, SY-06): none at the household, at most one bed at the village [OWNER]
C2	Garden area for 300 people	About 70 m² in four beds (PH-01)	About 700 m² (OR-02)	OR-02: it shows its arithmetic, PH-01 marks its figure as inference
C3	Overharvest of wild stands	Take no more than 70% (ME-04, after FAO)	Bark and root: one plant in five a year, and replant (OR-02)	Present both. No field data on either side. Use the stricter for anything the harvest kills [OWNER]
C4	Oxytocin past its date	Discard, hold no unrefrigerated stock (FO-11)	Loses 3 to 7% a year at 21 to 25 °C, usable cool for 2 to 3 years (OR-06)	OR-06 for salvage, both rest on one review (Torloni 2016, via OR-06), misoprostol second
C5	Opioid breath line	12 a minute (NU-06, ME-14, TR-15)	10 (ME-05, MI-06), naloxone below 8 (WO-11)	Not a true conflict: three lines for three acts. Print the ladder [OWNER]

#	Question	Position A	Position B	Verdict
C6	Magnesium breath line	16 (MA-04, ME-08, WO-14, WHO)	12 (Hesperian, via SY-10)	MA-04: hold below 16, emergency below 12
C7	Ephedra daily dose	600 mg a dose, 1.8 g a day (UK limit, CH-03)	3 to 9 g a day (Chinese practice, PH-08)	The UK figure for lay use, both printed (see below)
C8	Lidocaine ceiling	Lesser of 3 mg/kg and 200 mg (WO-11, CH-07)	7 mg/kg, maximum 500 mg with adrenaline (ME-09)	WO-11 for the book. ME-09 must be corrected
C9	ORS salt	WHO "one level teaspoon" of 3 g	Half a level 5 ml teaspoon (UNICEF, IFRC, Hesperian)	HY-03, adopted by IN-11. Present the adult cholera sodium question as open
C10	Tourniquets	Refuse to teach (SY-01)	Teach the windlass, convert by 2 h (WO-01)	WO-01 [OWNER]
C11	Restraint	Deaths in prone holds and long restraint (MI-05)	Causal link unproven (de Boer 2023, via MI-05)	Present both, floor rule fixed, the rest [OWNER]
C12	Pereira 1996 técnico caesareans	958 of 2,071 (MA-03)	978, against 1,113 (WO-08)	MA-03 (arithmetic below)
C13	Caesarean need for 3,000	About 6 a year from the 5% floor (FO-11)	1 to 2 a year from absolute indications (OR-07)	OR-07 on reasoning. Both give a similar upper number
C14	Dog culling for rabies	Unresolved, [VERIFY] (WO-13, IN-15)	Fails as control: Flores, Korea, Israel, Bali (OR-10)	OR-10
C15	Anthrax carcass burial	No source for a 2 m depth (IN-16)	FAO 1994 gives a 2 m pit (OR-10)	OR-10
C16	Washington State 1977	The couple died (PH-01, SY-02)	The wife died (ME-07)	ME-07, and PH-01's own text agrees with it
C17	Cinchona quinine content	Plan on about 1% (PH-04, one assay, mean 0.66%)	5% for known bark, 3% for unknown (IN-09)	PH-04 on the data. Unknown bark cannot be dosed at either figure
C18	Guava leaf and berberine	B for adult watery diarrhoea, with ORS (PH-05, PH-04, PH-08)	Do not cure, C or D (IN-11)	Present both: B for fewer stools in adults, never a cure, never instead of ORS
C19	Kava	B for anxiety, contested (PH-09)	Largest recent trial null (MI-11)	MI-11 on effect. Liver safety of the water drink open

#	Question	Position A	Position B	Verdict
C20	Meningitis alert	2 suspected cases a week in under 30,000 (OR-05, UNHCR)	No other library source	Not a conflict but a scaling gap: in 300 people one case is the alert
C21	Heat stroke mortality	About 5% (FO-09, secondary)	About 10%, 33% with low pressure (HY-11, guideline read in full)	HY-11
C22	Magnesium urine line	25 ml an hour (ME-08)	30 ml an hour (MA-04, WO-14)	30, the stricter
C23	Salicylate age	None under 12 (ME-02)	No aspirin under 16, no willow under 18 (IN-02, ME-06, WO-11)	The stricter
C24	Boiling instruments	10 minutes (WO-03, FO-11)	20 minutes (WO-12)	WO-12 for instruments
C25	Aconite	Processed root at the district (TR-03)	X for all internal use (TR-11, TR-15, PH-08)	X. Processing cannot be checked
C26	Kava water drink grade	D (TR-15)	C (TR-10)	[OWNER], with C19
C27	Splint checks	Hourly for 24 h (FO-09)	48 h, on rising pain (WO-05)	Hourly for 48 h (SY-10)

C1, foxglove. The disagreement is real but it is not a disagreement about the plant. All five reports agree on the pharmacology: the leaf works for dropsy from heart failure (grade B for the leaf, A for the glycoside), the margin between dose and poison is about two, digitoxin lingers for a week, and comfrey is the lookalike that kills (ME-07, SY-06). They disagree on whether a village without an assay can be trusted to titrate it. ME-07 says yes, under Withering's rules, a logbook, a counted pulse and a locked chest, and calls it the only narrow-margin plant to pass its one-in-a-village test. OR-03 says the British wartime foxglove harvest worked only because factories assayed the leaf, and so a village without assay "has a poison, not a medicine". PH-10 is a field guide and its "never gather" rule is about the wild, which does not forbid a cultivated bed. OR-02's reconciliation by rung, accepted by SY-06 and SY-10, is sound: the evidence supports titration by response (Withering titrated by pulse and nausea, not by assay), and the case against is about error rates nobody has measured. This is a village rule, not a research question. The second round cannot settle it. The owner must [OWNER].

C2 and C3, garden and overharvest. OR-02 derives its 700 m^2 from per-course needs and yields halved from trial figures, while PH-01 marks its 70 m^2 as an estimate. The tenfold gap comes from chamomile and thyme, which yield little per square metre. A second-round brief can firm up the yields (R2-09) but the order of magnitude is OR-02's. On overharvest, neither 70% nor one in five rests on field data (SY-06 open questions). They also answer different questions: ME-04's FAO figure is about wild stands where regeneration is in doubt, and OR-02's is about plants killed by the harvest. The book can print both with their scopes.

C4, oxytocin. Both reports draw on the same review of oxytocin stability (Torloni 2016, read through OR-06). FO-11 states the agency rule for a supply chain that can replace stock. OR-06 states what the data show about loss by temperature, and the post-Fall question is whether weak oxytocin is better than none, which it is when the alternative is massage alone. SY-06 also found that OR-06 attributes to FO-11 a cellar figure of two to four years that does not

appear in FO-11's text, so that citation needs correcting. The village's real test is clinical: a uterus that firms within minutes (MA-02). I side with OR-06, with misoprostol as the second line, and send the cellar-temperature curve (10 to 15 °C, between the measured bands) to R2-06.

C5 and C6, breath lines. The opioid lines are three actions, not three rival thresholds: hold the next dose below 12 breaths a minute, wake and breathe for the patient below 10 or if unrousable, and give naloxone below 8 if any is held (SY-10's proposal). The book should print them as a ladder and say which number belongs to which act [OWNER] [VERIFY: no report read a primary source that sets 12 for palliative opioid holding]. Magnesium is the same: WHO's 16 is the hold line in MA-04, and Hesperian's 12 is the emergency line at which calcium gluconate is given. MA-04 read WHO directly, so 16 is better supported as the hold line.

C7, ephedra. The fivefold gap is between a UK regulatory ceiling for a lay-sold herb (600 mg a dose, 1.8 g a day, CH-03) and Chinese practice (3 to 9 g a day in decoction, PH-08). SY-06 gives the stroke risk as rising above 32 mg of ephedrine a day. If the stem carries about 1.5% alkaloid, 1.8 g gives roughly 27 mg and 9 g gives roughly 135 mg [VERIFY: my arithmetic, and CH-03 found no measure of how much alkaloid passes into a decoction]. So the UK figure is the one that keeps a lay user under the risk line, and the Chinese figure assumes a practitioner and, in PH-08, a blood pressure cuff. Print the UK ceiling for the village, both figures in the text, adults only.

C8, lidocaine. ME-09's 7 mg/kg and 500 mg is the textbook ceiling for lidocaine with adrenaline in a hospital that can treat toxicity. WO-11 and CH-07 set the lesser of 3 mg/kg and 200 mg because a village cannot treat a fit or a cardiac arrest from overdose, and WO-11 sides with the ICRC against adrenaline in fingers. The book should print WO-11's ceiling and ME-09's salvage table should be corrected before print, because a reader who opens the salvage chapter first will find the higher number.

C9, ORS salt. HY-03's arithmetic settles the household recipe: a level 5 ml teaspoon holds about 5.9 g of salt, so WHO's "one level teaspoon" of 3 g fits only a 2.5 ml spoon, and half a level 5 ml teaspoon a litre is the safe household reading. IN-11 adopts it. What remains open, and must be presented as open, is whether adults with cholera need more sodium than the half teaspoon gives (51 against 75 or 90 mmol/L, Nalin against WHO, HY-03). That is R2-05's question.

C12, Pereira. MA-03's figures are internally consistent: 958 of 2,071 is 46.3%, the share it reports, and 2,071 less 958 leaves 1,113 caesareans by obstetricians, which is WO-08's own figure for the obstetric arm. WO-08's 978 and 1,113 sum to 2,091, which matches nothing. WO-08's 978 is therefore the slip [VERIFY: neither report read the full paper, only the abstract]. OR-07 noticed the conflict and could not settle it. The arithmetic does.

C13, caesarean need. FO-11 and OR-07 reach similar numbers (about 6 a year against 1 to 7) but OR-07's reasoning is better. The 5% to 15% range is a UN process indicator for whole countries with referral, not a measured need, and absolute maternal indications run at 1% to 2% of births (OR-07, citing Ronsmans 2002 and a Tanga series through summaries). The difference matters for training: an operator doing one to two caesareans a year cannot keep the skill (OR-07, CH-08), so the district must decide whether to train one at all [OWNER].

C14 and C15, rabies and anthrax. OR-10 read what WO-13 and IN-15 marked as unresearched. A review of dog culling (Morters 2013, via OR-10) and the Bali record after 2008 show that culling without vaccination did not control rabies: Flores killed nearly 300,000 dogs over four years and rabies persisted, and in Bali human deaths fell from about 4.3 a month to 1.1 only when vaccination coverage passed 70%. The book should keep confinement and killing of dogs with signs, which protect the bitten, and drop any suggestion that culling controls the disease. On anthrax, OR-10 found the 2 m pit in the FAO manual for primary animal health workers (FAO 1994), which IN-16 had not reached. Both agree on the more important rule: never open the carcass.

C16, the 1977 case. PH-01 says "an elderly couple ... died", then in the same paragraph says the husband found the foxglove in the refrigerator after symptoms began and his wife was dead when the ambulance arrived. ME-07 says the wife died. SY-02 repeats "the couple died" from a search summary. The better reading is that the wife died and

the husband survived [VERIFY: no report read the 1977 MMWR itself, PH-01 read it through a 2002 secondary citation]. SY-06 noticed the conflict and left it. The fix is a one-line correction to PH-01 and SY-02 before print.

C17, cinchona. IN-09's Protocol 4 assumes 5% quinine for known bark and 3% for unknown bark. PH-04 found the one modern assay of wild *Cinchona calisaya*: mean 0.66% quinine, with almost half the trees well below. PH-04 is better supported on the data. But the safety arithmetic runs both ways. Dosing by IN-09's figure from weak bark underdoses sevenfold and the malaria recrudesces. Dosing by PH-04's figure from a rich Ledger bark overdoses fivefold and gives cinchonism. Unknown bark cannot be dosed safely at either figure, and SY-06 notes that tinnitus as a titration end point is untested. The book must present both and say plainly that bark from an unassayed tree is a gamble (R2-08).

C18 and C19, guava, berberine and kava. These are not contradictions of fact but of framing. PH-05 and PH-08 grade an effect on stool volume in small adult trials, and IN-11 grades the cure of the disease. Both are right. The book should print "fewer stools in adults, grade B, never a cure, never instead of ORS". Kava is harder. PH-09's grade rests on older pooled analyses of extracts and MI-11 cites a larger, more recent null trial, so on effect MI-11 is better supported. Whether the Pacific water drink harms the liver is open in four reports (PH-09, MI-11, TR-10, TR-15) and is a genuine evidence gap, not a library gap.

C20, meningitis. OR-05 gives one threshold from UNHCR: two suspected cases a week in a population under 30,000. For a village of 300 that is equivalent to a rate far above any epidemic line, so the threshold cannot be scaled down. No report in the library covers meningitis as its subject, although 29 mention it. The honest rule for a village is that one case of fever with a stiff neck or a non-blanching rash is the alert. This is a gap, sent to R2-03.

C21, heat stroke. HY-11 read the 2019 wilderness guidelines in full and FO-09 used a 2025 secondary summary. HY-11's 10%, rising to 33% with low blood pressure, is better supported.

3. Errors of citation and cross-reference

The search found a class of fault that is cheap to fix and dangerous to leave: a pointer to the wrong place. A lay reader who follows the pointer acts on the wrong page.

- **ME-06's dosing card points to the wrong protocol.** Its paracetamol rows for infants under 8 kg read "15 mg/kg, IN-02 Protocol 4". IN-02's Protocol 4 is aspirin, for those aged 16 and over only. Paracetamol by weight is IN-02 Protocol 3. A reader who turns to Protocol 4 for an infant finds aspirin, which can cause Reye's syndrome in children (IN-02, ME-06). This is the most dangerous single error the search found. Correct to Protocol 3.
- **WO-05's penicillin question is labelled for the wrong report.** WO-05 holds the ICRC open-fracture regimen (benzylpenicillin 5 million units intravenously four times a day for 48 hours, then penicillin V 500 mg by mouth four times a day until delayed primary closure) and asks for a second primary source to confirm it, then labels the question "for WO-06", which covers dislocations and sprains and holds no penicillin regimen. The question belongs with WO-05 and IN-05.
- **FO-09 sends fresh whole blood to WO-13,** which covers bites and envenomation. No report in the library covers transfusion. OR-07 noticed this and treats a walking donor panel briefly. The gap is real (R2-02).
- **OR-06 attributes to FO-11 a cellar figure for oxytocin** that FO-11 does not contain (SY-06).
- **PH-01 and SY-02 on 1977** (C16) and **WO-08 on Pereira** (C12), above.
- **ME-09's open questions list OR-06, SY-09 and ME-10 as "not yet in the library".** OR-06 and ME-10 now exist and SY-09 has been commissioned. ME-09's salvage list was written before OR-06 and does not include an antipsychotic, thiamine or phenobarbital for alcohol withdrawal, which MI-05 and MI-06 both ask it to add. ME-09 needs a revision pass, not a new brief.

A mechanical check would find more. Every "(THRIVING library, XX-NN)" pointer and every "Protocol N" reference should be tested against the report it names before drafting begins (Protocol 2 below).

4. What no report covers

These are gaps in the library, topics that fell between prompts. Each can be closed by research, because the evidence exists in the world.

- **Transfusion.** Forty-three reports mention it and none holds it: donor selection, bedside grouping and crossmatch, the walking blood bank, collection into salvaged bags or bottles, what a district can screen for without a laboratory, and autotransfusion beyond WO-07's chest blood. OR-07 finds that half the mothers who died at caesarean in Malawi had a deficit of two or more units (Fenton 2003, via OR-07). King's bedside crossmatch in *Primary Surgery* was not read (OR-04).
- **Anti-D and Rhesus disease.** Only MA-09 raises it, as an open question. Without anti-D, Rhesus-negative mothers sensitised by a first birth or miscarriage will lose later babies to haemolytic disease. The library has no figure for its scale and no plan for grouping mothers.
- **The bleeding ulcer, the perforated ulcer and the gallbladder.** CH-09 covers ulcers and gallstones medically and WO-08 covers when to open the belly, but no report gives the natural history and the surgical decision for a bleeding or perforated ulcer or acute cholecystitis at the district. CH-09's own question, what share of ulcer bleeds stopped by themselves before endoscopy, is unanswered.
- **Postpartum psychosis.** MI-04 names it as a red flag "[VERIFY: not researched here]" and MI-05 gives it one paragraph. Its incidence, its onset, the risk to the baby and the care of a psychotic breastfeeding mother without drugs need their own brief.
- **Antipsychotics in the salvage list.** ME-09's priority list carries no haloperidol or chlorpromazine, while MI-05 builds its district rung on injectable haloperidol and a stock for 25 patients and asks how long the tablets keep. The two must be reconciled (R2-04).
- **The healer's own access to care.** MI-12 covers burnout and moral injury. No report asks who treats the healer, the midwife or the district nurse when she is ill, injured or pregnant, how the village keeps a second trained person, or what happens to the dispensary when its keeper dies.
- **Meningitis.** No report takes it as its subject (C20).
- **Hours to competence.** OR-01 states the problem exactly: the record gives course lengths, not learning curves. No report gives the supervised hours or number of cases after which a lay healer is safe at breath counting, bimanual compression, a digital block, an extraction, a hernia repair or a caesarean. CH-11, NU-05, WO-16, MA-02 and OR-07 each ask the same question for their own skill. This is the most cited single gap in the library.
- **Untreated case fatality where the book must give odds.** No report found a figure for severe postpartum haemorrhage without any treatment (MA-02), for ruptured ectopic pregnancy without surgery (MA-09, SY-07), for neonatal sepsis before antibiotics (MA-05), for status asthmaticus before steroids (CH-03), for untreated appendicitis (WO-08, SY-03, about 20% unverified) or for type 1 diabetes in a well-fed household (CH-01, FO-01). Some are evidence gaps (no modern series can exist), but each has a pre-1950 or pre-surgery literature that no report reached.
- **A base rate for epidemics.** SY-05 builds two of its ranked rows on the expectation that cholera, dysentery or a haemorrhagic fever will reach a village of 300, and says the expectation "has no measured base". IN-13 and OR-05 give thresholds for noticing an outbreak but no frequency for its arrival. Parish registers (Wrigley and Schofield's crisis definitions, OR-05) are the obvious ground.
- **Hand ventilation.** ME-14 calls the number of people a village can keep alive by hand ventilation, and for how long, "the most important question left open". It governs curare darts (PH-05), Guillain-Barré and bulbar polio (NU-09) and opioid overdose.

5. Conditions with no remedy above grade D, and protocols that assume a drug

SY-06 lists the killers for which no plant in the library reaches grade B for the cure: dehydration (ORS is the treatment), pneumonia, newborn and puerperal sepsis, measles, tuberculosis, bleeding after birth, eclampsia, anaphylaxis, type

1 diabetes and dementia. That list is correct and must be printed plainly. It is an evidence gap, not a library gap. No second round will find a plant for sepsis (IN-04 searched and found none).

A sharper problem for the book is the set of protocols that only work with a salvaged drug the village will lose within years. The library's own stability answers are thin. ME-09 lists as unknown past expiry: magnesium, tranexamic acid, ketamine, morphine, prednisolone, artemisinins, tuberculosis drugs, antiretrovirals, albendazole, praziquantel, zinc and 50% glucose, and adds insulin beyond six months, oxytocin over years, IV bag water loss and the primary Cantrell 2012 paper. IN-05, HY-10, WO-10, WO-11, WO-14, WO-15, MA-08, CH-13 and MI-05 each repeat the question for their own drug (amoxicillin and co-trimoxazole at 10 and 20 years, tetanus toxoid, ketamine at 25 and 35 °C, lidocaine, sutures, latex, adrenaline that has turned pink, haloperidol). This cluster is the largest single subject the second round should take on (R2-06), because it sets how many years each protocol in the book holds. Where nobody has measured it, the book must say so and give a rule for testing by effect (ME-13).

The protocols most exposed are: eclampsia (magnesium sulfate only, MA-04), postpartum haemorrhage (oxytocin, misoprostol, tranexamic acid, MA-02), anaphylaxis (adrenaline, CH-13), sepsis and pneumonia in children (amoxicillin, gentamicin, IN-03, IN-04, MA-07), malaria (artemisinin combinations, IN-09), type 1 diabetes (insulin, CH-01, ME-10), surgery (ketamine, lidocaine, WO-10, WO-11), tetanus prevention (toxoid, WO-14), epilepsy (phenobarbital, CH-04) and psychosis (haloperidol, MI-05). For each, the book needs a second protocol for the year the drug runs out, and several reports already supply one (CH-04's ketogenic diet, IN-09's cinchona, WO-10's open-drop ether). The ones with no fallback above "comfort" are type 1 diabetes, anaphylaxis, eclampsia without magnesium, and tetanus once toxoid is gone.

Plants named without a lookalike. SY-06's 156 plant rows each carry a harms and lookalike column. A scan of that column finds rows that state harms but no lookalike, among them cloudberry, valerian, carob, baobab, tamarind and bael, mostly cultivated or unmistakable plants. That is defensible for a tree like baobab and not for valerian, whose leaf rosette can be confused with other plants of damp ground [VERIFY: not checked in PH-10]. PH-10 ranks the recurring fatal pairs (foxglove and comfrey, autumn crocus and wild garlic, hemlock and wild carrot, white hellebore and gentian) and the regional reports carry their own. The second round does not need a new prompt for this, only a pass in which every plant the book names is matched to a PH-10 entry or to an explicit "no dangerous lookalike in this region" (Protocol 3).

6. Regions, climates and traditions underrepresented

The ten PH reports cover temperate Europe, the Mediterranean and Middle East, North America, Mesoamerica and the Andes, the Amazon, sub-Saharan Africa, South and Southeast Asia, East Asia, and Australia with the Pacific and the Arctic. What falls between them:

- **Central Asia and the steppe**, the Iranian plateau and the Caucasus. Mentioned in 15 reports, the subject of none. Ephedra, *Peganum harmala* and the Unani-Persian materia medica sit here.
- **The arid zone**: the Sahel, the Sahara's edge, the Arabian peninsula and Australian desert. Water, heat and the plants that survive drought appear in HY-02 and HY-11 but no PH report is built around a dry climate.
- **The cold continental interior**: Russia, Ukraine, Belarus and Siberia beyond TR-11's Arctic. The Soviet and post-Soviet record of medicine under shortage (OR-03 found nothing for Japan in 1944 and 1945, and Russia is similarly thin) is the closest modern analogue to the Fall in a cold climate.
- **The temperate southern hemisphere**: Patagonia, southern Chile, New Zealand's lowland flora outside rongoā, and South Africa's Cape.
- **High altitude** beyond the Andes: the Himalaya appears through Sowa Rigpa (TR-11) only.

Traditions covered mainly by their advocates or by outsiders without consent. TR-10 records no outcome study of ngangkari or rongoā since 2023. TR-11 notes that 227 Chinese-language trials of Tibetan medicine have not been read in the West. TR-08 states that it did not ask Lakota, Diné or Anishinaabe leaders what the book should say,

which SY-04's Protocol A requires. PH-05 asks what the Asháninka say about cat's claw "in a source they control". Homeopathy and anthroposophic medicine, which many European readers will meet, appear in only seven reports and are the subject of none. The book's "on their own terms, with evidence attached" rule (owner's instruction of 12 October 2026) cannot be met for a tradition whose holders have not been asked. That is not a research brief. It is a consent task for the owner and SY-04 [OWNER].

7. Which [VERIFY] marks matter

I sorted the marks the search surfaced into four kinds.

1. **On a dose, a time limit or an alarm threshold.** These must be cleared or carried with both values printed before a chapter is drafted. Examples: the opioid and magnesium lines (C5, C6), ephedra (C7), the lidocaine ceiling (C8), the Datura seed figures, 0.1 mg atropine a seed against about 6 mg per 100 seeds (WO-11), the safe starting energy for a famine adult, WHO's 40 kcal/kg against NICE's 5 to 10 (HY-09), "no urine for 12 hours", the dysreflexia 30 minutes and the delirium recheck intervals (SY-07), the hypodermoclysis rate in a child (NU-02), the 3.8 cm minimum tourniquet width (WO-01), and the honey-on-the-cord botulism claim (MA-05). I estimate 150 to 250 marks of this kind across the library [VERIFY: my estimate from the sample, not a count].
2. **On a historical claim that carries an argument.** Larrey's 200 amputations in 24 hours at Borodino (WO-09, no primary source), the untraced 90% noma mortality (HY-12, CH-07, WO-16), the over-50% Ludwig's angina mortality (WO-16), Osler's 15% nursing effect (NU-01), the 25% untreated cholera case fatality (IN-11), the 25% measles case fatality in camps (IN-12), Kerridge and Lowe 1995 which TR-13 could not locate at all, and the "6 per cent screened" statistic (FO-03). The book should drop any such figure it cannot trace, or print it as "said to be".
3. **On the agent's own arithmetic.** The majority. Most are correct and should be checked once by a second reader, not researched.
4. **On a lead from the brief that could not be found.** These are settled by the report's own text: the lead was not confirmed and the report says so. They need no further work.

8. The second-round briefs

Each brief follows the workbook's format and should be pasted into the Research Prompts sheet with the standard preamble. The IDs continue the series under a new domain code, R2, so that no first-round number is reused (BOOK BRIEFING, section 7). Priorities: P1 changes a protocol the reader acts on in the first hour, P2 changes a chapter's honest odds, P3 improves a chapter.

R2-01 Contradiction settlement: the doses and lines the library gives twice. *Domain:* Synthesis. *Brief:* For each of C5 to C9, C17 and C22 to C24, find the primary source behind each side, read it in full and state which figure the book prints, with the reason. Add the Datura seed atropine figure (WO-11) and the famine refeeding start (HY-09). Two independent primary sources for every printed number. *Why:* These are numbers the reader will act on. *Key questions:* What do WHO, the ICRC and the primary pharmacology say for each line? Which is a hold line and which an emergency line? *Starting points:* MA-04, SY-10 section 4, WO-11, ME-09, HY-03, CH-03, PH-08, IN-09, PH-04, HY-09. *Pitfalls:* Hospital ceilings assume rescue. Regulatory limits are not pharmacology. *Related:* SY-10, SY-07, ME-02. *Priority:* P1. *Phase:* 6.

R2-02 Blood: transfusion, grouping, the walking blood bank and anti-D. *Domain:* Wounds and surgery, Mothers. *Brief:* Cover donor selection and screening without a laboratory, bedside ABO and Rhesus grouping, the crossmatch in King's *Primary Surgery*, collection into salvaged bags or bottles, the military and mission walking blood bank record, autotransfusion in haemothorax and ruptured ectopic, and Rhesus disease without anti-D (its incidence, what grouping mothers achieves, and what the district does). *Why:* Half of caesarean deaths in one audit had a deficit of two units or more (OR-07). No report holds transfusion. *Key questions:* What is the reaction and

infection rate of fresh whole blood in austere settings? Can a lay district group blood reliably with salvaged sera, and for how long do they keep? How much does Rhesus disease cost a population with no anti-D? *Starting points:* OR-07, OR-04, WO-07, MA-02, MA-09, FO-09. *Pitfalls:* Military data come from screened young men. Autotransfusion of contaminated blood. *Related:* OR-07, OR-04, MA-02, MA-09, WO-07, FO-09. *Priority:* P1. *Phase:* 6.

R2-03 Meningitis and the fever with a stiff neck. *Domain:* Infection. *Brief:* The natural history and untreated case fatality of bacterial meningitis by organism and age, pre-antibiotic serum therapy, the bedside signs and their accuracy, the epidemic meningitis belt record, what a village does with one case, and the salvaged antibiotic choice. *Why:* No report covers it, and OR-05's threshold does not scale to 300. *Key questions:* What is the alert rule for a village? Which signs are reliable in infants? Does early oral antibiotic change outcome when nothing can be injected? *Starting points:* OR-05, IN-02, IN-04, MA-05, FO-07. *Pitfalls:* Hospital series select the sick. Meningococcal rash on dark skin. *Related:* IN-02, IN-04, OR-05, IN-13. *Priority:* P1. *Phase:* 6.

R2-04 Psychosis after birth and the antipsychotic stock. *Domain:* Mind, Dispensary. *Brief:* Incidence, onset, risk to mother and baby, and care without drugs for postpartum psychosis. Reconcile ME-09 with MI-05: which antipsychotic the salvage list carries, how much, how long it keeps, and who may start it. Add thiamine and phenobarbital for alcohol withdrawal (MI-06). *Why:* Postpartum psychosis is a red flag in MI-04 marked unresearched, and ME-09 lacks the drug MI-05 assumes. *Key questions:* What did the pre-drug asylum record show for puerperal insanity? Is lay initiation of haloperidol safe? *Starting points:* MI-04, MI-05, MI-06, ME-09, MA-04. *Pitfalls:* Exclude puerperal sepsis and eclampsia first. Separation of mother and baby. *Related:* MI-05, ME-09, MA-04, MA-06. *Priority:* P1. *Phase:* 6.

R2-05 The adult cholera recipe and the untreated odds of diarrhoeal death. *Domain:* Hygiene. *Brief:* Settle whether adults with cholera need more sodium than the half-teaspoon household solution, and what the untreated case fatality of cholera and Shigella type 1 was in whole populations rather than hospitals. *Why:* HY-03 and IN-11 leave the adult dose and the odds open. *Key questions:* What did Nalin's 48,511 patients show, and WHO's reasoning? What does the population record before ORS show? *Starting points:* HY-03, IN-11, FO-02, IN-01. *Pitfalls:* Hypernatraemia in infants from a stronger recipe. Hospital denominators. *Related:* HY-03, IN-11, MA-07. *Priority:* P1. *Phase:* 6.

R2-06 How long the salvaged drugs last. *Domain:* Dispensary. *Brief:* For the drugs in section 5, gather every stability study past expiry, at 10 to 15 °C, 25 °C and 35 °C, and the US Shelf Life Extension Program data (Cantrell 2012 in the primary). State for each drug what is known, what is inferred and what is unknown, and give the field test by effect. *Why:* Every protocol that assumes a salvaged drug holds only as long as the drug. *Key questions:* Which drugs keep most potency at 10 and 20 years sealed? Which degrade to something toxic? *Starting points:* ME-09, IN-05, OR-06, HY-10, WO-10, CH-13, ME-13. *Pitfalls:* Military storage is not a cellar. Content is not dissolution. *Related:* ME-09, OR-06, IN-05, SY-09. *Priority:* P1. *Phase:* 6.

R2-07 Hours to competence. *Domain:* Organisation. *Brief:* For the twenty skills in SY-05, find learning-curve and skill-decay data: supervised cases to safety, error rates after training, and the refresher interval that holds the skill. *Why:* The library gives course lengths, not learning curves (OR-01). *Key questions:* How many cases for breath counting, bimanual compression, a digital block, an extraction, a hernia repair, a caesarean? How fast does each decay? *Starting points:* OR-01, SY-05, FO-04, FO-06, WO-01, MA-02, OR-07, WO-16. *Pitfalls:* Simulation scores are not outcomes. Survivor bias in training programmes. *Related:* OR-01, SY-05, FO-04. *Priority:* P1. *Phase:* 6.

R2-08 The odds without treatment, for the conditions the book must give odds on. *Domain:* Foundations. *Brief:* Untreated or pre-modern case fatality for severe postpartum haemorrhage, ruptured ectopic pregnancy, neonatal sepsis, status asthmaticus, appendicitis, obstructed labour by parity, and type 1 diabetes in a fed household. Use the pre-1950 hospital and community literature, Loudon's maternal mortality record and the pre-insulin clinics. *Why:* SY-07's red flags need honest odds, and five reports could not find them. *Key questions:* What did the pre-transfusion, pre-surgery and pre-antibiotic series record, and how biased were they? *Starting points:* FO-02, MA-02,

MA-03, MA-05, MA-09, CH-01, CH-03, WO-08, SY-07. *Pitfalls:* Hospital series select the sick. Diagnosis before imaging. *Related:* FO-02, SY-07. *Priority:* P2. *Phase:* 6.

R2-09 Epidemics reaching a village, and the village's tolerance. *Domain:* Infection, Organisation. *Brief:* From parish registers, mission records and isolated communities, estimate how often a village of about 300 met cholera, typhus, plague, measles, dysentery or influenza per decade, and how long communities kept up a measure. *Why:* SY-05's ranking and IN-13's controls rest on an expectation with no base. *Key questions:* What did Wrigley and Schofield's crisis definition flag? What is the tolerance curve (IN-13)? *Starting points:* OR-05, IN-13, HY-07, SY-05. *Pitfalls:* Registers miss the poor. Pre-vaccine rates overstate a partly immune population. *Related:* IN-13, OR-05, SY-05. *Priority:* P2. *Phase:* 6.

R2-10 The belly at the district: bleeding ulcer, perforation and gallbladder. *Domain:* Chronic illness, Surgery. *Brief:* Natural history and conservative management of bleeding and perforated peptic ulcer (including the conservative nasogastric method [VERIFY]) and acute cholecystitis, and when a district operates. *Why:* CH-09 and WO-08 meet here without covering it. *Starting points:* CH-09, WO-08, OR-07. *Pitfalls:* Conservative series were selected. *Related:* CH-09, WO-08. *Priority:* P2. *Phase:* 6.

R2-11 Who heals the healer. *Domain:* Organisation, Mind. *Brief:* How lay health systems covered the healer's own illness, pregnancy and death: succession, the second trained person, the sealed spare key, and care across villages. *Why:* No report asks it, and the whole dispensary rests on one person (MI-12, OR-08). *Starting points:* MI-12, OR-08, OR-06, FO-04. *Related:* MI-12, OR-08. *Priority:* P2. *Phase:* 6.

R2-12 Hand ventilation, and the village's endurance. *Domain:* Nursing. *Brief:* Copenhagen 1952 from Lassen's primary paper, bag and improvised ventilation, how many people a village can rota, and for how long. *Why:* ME-14's most important open question. *Starting points:* ME-14, NU-09, PH-05. *Related:* ME-14, NU-09. *Priority:* P2. *Phase:* 6.

R2-13 The missing regions. *Domain:* Plants. *Brief:* One report on the arid zone and Central Asia, with the same frame as PH-02 and PH-06, and a note on the cold continental interior. *Why:* Section 6. *Starting points:* PH-02, PH-06, TR-04, TR-11, OR-03. *Pitfalls:* Consent and attribution under SY-04. *Related:* PH-02, PH-06, SY-04, SY-06. *Priority:* P3. *Phase:* 6.

9. The size and order of the second round

Thirteen briefs, of which seven are P1. R2-01 is not a research prompt in the usual sense but a settlement task, and it should run first and alone, because its answers change protocols in at least eight reports and the drafting of chapters cannot start on the dose tables until it is done. Then R2-06 and R2-02, which set the life of every salvaged-drug protocol and fill the largest clinical hole. Then R2-03, R2-04 and R2-05 in parallel, then R2-07. The P2 briefs can run while drafting begins, since they change odds and framing rather than doses. R2-13 runs last, or is cut. Alongside the briefs, three tasks need no research agent: the cross-reference corrections of section 3 (an afternoon), the lookalike pass of section 5, and the owner's decisions listed under Open questions. At about 10,000 words each, the round is 13 reports and 130,000 words, under a tenth of the first round, which keeps it small enough to run. I did not write a brief for every open question, because most are evidence gaps no prompt can close.

Evidence grades

This report grades the library's answers, not remedies.

Kind of finding	Grade of the library's answer	Example
Contradiction settled by internal arithmetic or a report's own text	B	Pereira (C12), 1977 (C16), ME-06's card

Kind of finding	Grade of the library's answer	Example
Contradiction settled because one side read the primary source	B	Rabies culling (C14), anthrax pit (C15), heat stroke (C21)
Contradiction where both sides rest on one review	C	Oxytocin (C4)
Contradiction where the evidence does not choose	D, present both	Overharvest (C3), cinchona (C17), kava (C19)
Contradiction that is a village rule	Not graded, [OWNER]	Foxglove (C1), tourniquets (C10), restraint (C11)
Gap in the library, evidence exists	Closable	Transfusion, meningitis, postpartum psychosis
Gap in the evidence, nobody has measured it	Not closable	Toxoid potency at ten years, kava water drink and the liver

Means ledger

The gaps fall unevenly on the rungs. **Hands and knowledge** lose most from the missing hours-to-competence figures, because the reader cannot tell how much practice makes a skill safe. **The hearth** is best served: ORS, boiled water, soap and nursing are the library's strongest chapters, and the one open dose (C9's adult cholera sodium) sits here. **The garden and still** carry the plant contradictions (C1 to C3, C7, C17 to C19) and the missing alkaloid storage curve (ME-04). **The village dispensary** carries the salvaged-drug cluster (R2-06), the lidocaine and opioid lines (C5, C8) and the missing antipsychotic (R2-04). **The district infirmary** carries transfusion, anti-D, the abdomen and the caesarean volume problem (R2-02, R2-10, C13). **The hospital before the Fall** is the reference throughout, and the library's commonest unread sources are hospital-era primaries it could not reach (section on sources).

Harm test

How the library's own faults could kill a reader, in order of danger.

1. **A pointer to the wrong protocol.** ME-06 sends an infant's paracetamol dose to aspirin. A wrong cross-reference is invisible to a lay reader and acts at the bedside. Who must never meet it: infants and children. Sign it is going wrong: none until harm. What to do: Protocol 2 before drafting.
2. **The higher of two numbers printed in the less-read chapter.** ME-09's lidocaine ceiling, a 5% bark figure for unknown cinchona, the Chinese ephedra dose. The reader who reaches that chapter first takes the larger dose. Fix: one number per drug, printed once, and every other chapter points to it.
3. **A threshold that does not scale.** A camp threshold applied to 300 people (C20) delays the alert.
4. **An untraced historical figure** that carries an argument (90% noma mortality, Larrey's 200) teaches the reader to trust numbers the book cannot defend.
5. **A protocol whose drug has quietly expired.** The book's greatest structural harm: protocols that read as permanent but hold only while the stock lasts.

Red flags

For the book rather than the patient, these signs mean a chapter must not be drafted yet:

- It prints a dose, time limit or alarm line that another report gives differently (section 2), and R2-01 has not settled it.
- It points to a protocol or report by number that has not been checked (section 3).
- It names a plant without a lookalike entry (section 5).

- It gives odds of death without a source the library read (section 7, kind 2).
- It assumes a salvaged drug without saying how long it lasts and what replaces it.
- It presents a living tradition whose holders have not been asked (section 6).

What to do anyway: where a chapter must be drafted before its brief returns, it prints both figures, the stricter as the rule, and says plainly that the book does not know.

The case against

The strongest case against this report is the one the brief names. It was written by the same kind of tool that wrote the library, from the library, without a single new primary source, and it agrees with the earlier synthesis reports on most points. Its verdicts are judgements about which agent read more, not about which figure is true. FEASTING's experience was that confident library figures were often wrong by factors of two to ten (BOOK BRIEFING, section 7). A second case is against the second round itself: thirteen more machine reports add volume without the human verification the series briefing assigns to phase six, and the real cure for a doubtful dose is a pharmacist or clinician reading the primary source, not another agent. A third is that ranking gaps by the library's own open questions hides the gaps in reports that asked few. I accept all three. The answer is that R2-01 should be done by a human reader where possible, that every P1 brief must read its primary sources in full and not through summaries, and that the owner's decisions cost nothing to make now.

10-line summary

1. The library holds 159 reports, about 1.7 million words, 4,961 [VERIFY] marks and 655 [OWNER] marks.
2. Twenty-seven contradictions were found, most already carried by SY-06 and SY-10.
3. Seven are settled by arithmetic or by one side's own text: Pereira (958, not 978), 1977 (the wife died), rabies culling (it fails), the anthrax pit (2 m), heat stroke (10%), caesarean need (1% to 2%), meningitis scaling.
4. Seven are dose or alarm lines that R2-01 must settle with primary sources before drafting.
5. Four are village rules: foxglove, tourniquets, restraint and the opioid ladder [OWNER].
6. The most dangerous single error is ME-06's infant paracetamol card pointing to aspirin.
7. No report covers transfusion, anti-D, meningitis, postpartum psychosis, the surgical belly or the healer's own care.
8. The library cannot say how many hours make any village skill safe, or how long most salvaged drugs last.
9. Central Asia, the arid zone and the cold continental interior are missing, and several traditions were not asked.
10. Thirteen second-round briefs, seven P1, about 130,000 words, R2-01 first.

Open questions

Owner decisions that need no research [OWNER]:

1. Does the village keep a foxglove bed, an opium poppy bed or ephedra (C1, SY-10)?
2. Which opioid breath ladder does the book print (C5)?
3. Does the book teach the windlass tourniquet (C10)?
4. What restraint is allowed, by whom, for how long (C11)?
5. Does the district train a caesarean operator at one to seven operations a year (C13)?
6. Which overharvest rule and which garden size does the book plan on (C2, C3)?
7. Which traditions will be asked for consent before their chapter is drafted (section 6)?

Questions the evidence cannot answer, which the book must state as unknown: the potency of toxoid, ketamine and most drugs decades past expiry where no study exists, whether the Pacific kava water drink harms the liver, whether any convergent remedy helps its named illness at the rate its laboratory screens suggest (FO-03, TR-01), and how long a village tolerates a quarantine (IN-13).

Sources to read in full

The primary sources most often named as unread across the library, whose reading would clear the most marks:

1. King M, *Primary Surgery*, volumes 1 and 2 (unread by FO-06, OR-04, WO-12, WO-14, MA-03).
2. Connolly MA (ed.), *Communicable Disease Control in Emergencies*, WHO 2005 (OR-05, refused by the server).
3. Pereira C and others 1996, BJOG, the full paper (C12).
4. Torloni MR and others 2016 on oxytocin stability (C4).
5. Morters MK and others 2013 on dog culling (C14).
6. CDC 1977 MMWR, foxglove tea in Washington State (C16).
7. Lassen HCA 1953 on the Copenhagen polio epidemic (R2-12).
8. McGee S, *Evidence-Based Physical Diagnosis*, 2018 (FO-07).
9. WHO 2003 guidelines on good agricultural and collection practices (ME-04).
10. Cantrell L and others 2012 on drug potency past expiry (ME-09, R2-06).

At the bedside after the Fall

For a household. Nothing in this report changes what a household does. The hearth chapters are the library's strongest. The one change is the salt: half a level 5 ml teaspoon a litre, never a full teaspoon (C9). First failure to expect: a household that reads a dose in one chapter and a different one in another, and takes the larger.

For a village of 300. The dispensary holds one dose table, printed once, with the stricter figure wherever the library disagrees, and every protocol card is checked against the protocol it names. It needs: the corrected ME-06 card, WO-11's lidocaine ceiling, the opioid ladder once the owner decides it, and a rule that one case of fever with a stiff neck or a non-blanching rash is an alert. First failure to expect: a salvaged drug used past the year it stopped working, with nobody noticing because the patient was going to die anyway.

For a district of 3,000. The infirmary needs what the library does not yet hold: a transfusion plan, a Rhesus plan, a decision on caesarean training, and a dated stability table for its stock. It also needs to keep the register that will answer, in the years after the Fall, the questions no research can (OR-05). First failure to expect: a chapter drafted from the library before its contradiction was settled.

Protocols

Protocol 1. Settling a contradiction before drafting

- ☐ Write both figures, both reports and both sources.
- ☐ Check each report's own text and arithmetic first. About a third of the contradictions in section 2 end here.
- ☐ Find whether either side read the primary source in full. If one did, it wins unless its reading is wrong.
- ☐ If neither did, read the primary source. If it cannot be reached, print both figures and adopt the stricter as the rule.
- ☐ If the figures are two lines for two actions (hold, rescue, antidote), print them as a ladder.
- ☐ If the evidence is adequate and the choice is a value, mark [OWNER] and write the options in one sentence each.
- ☐ Record the decision with its date in the handover and correct the losing report's chapter note.

Protocol 2. Checking cross-references (one afternoon)

- ☐ List every "(THRIVING library, XX-NN)" and every "Protocol N" pointer in the chapter's sources.
- ☐ Open the named report and confirm the pointer lands on the claim. Tolerance: zero.
- ☐ For dosing cards, confirm drug name, age band and unit at the target.

☐ Mark every broken pointer and fix it before drafting.

Protocol 3. The lookalike pass

☐ For every plant the chapter names, find its PH-10 or regional PH entry.
☐ Record its dangerous lookalike, or write "no dangerous lookalike in this region" with the source.
☐ If none can be found, the plant is grown, not gathered, until one is.

Protocol 4. Running a second-round brief

☐ Paste the brief with the standard preamble and the agent instructions.
☐ Attach the related reports named, no more than eight.
☐ Require every printed dose or line from two primary sources read in full.
☐ On return, run Protocol 1 for every number that differs from the first round.
☐ Update the workbook row (status, result file, notes) and the handover.

Numbers to carry

1. 159 reports in the first round, 13 briefs in the second, 7 of them P1.
2. 4,961 [VERIFY] marks, of which perhaps 150 to 250 sit on a dose or a line.
3. 655 [OWNER] marks, of which seven decisions block drafting.
4. 27 contradictions, 7 settled, 7 for R2-01, 4 for the owner.
5. Half a level 5 ml teaspoon of salt a litre (HY-03).
6. Lidocaine: the lesser of 3 mg/kg and 200 mg below the district (WO-11).
7. Magnesium: hold below 16 breaths, emergency below 12 (MA-04).
8. Caesarean need: about 1% to 2% of births, one to seven a year for 3,000 people (OR-07).
9. One case of fever with a stiff neck or a non-blanching rash is the village's meningitis alert.

References

1. THRIVING library (2026). CH-01. Diabetes after the Fall: type 1's honest prognosis, type 2's diet cure and the pre-insulin regimens. THRIVING after the FALL, Book Four research library, unpublished agent report CH-01.md (summary, open questions and sources sections read, full text searched).
2. THRIVING library (2026). CH-03. Asthma and the lungs: ephedra, Datura, steam, breathing and the salvage inhaler. THRIVING after the FALL, Book Four research library, unpublished agent report CH-03.md (summary, open questions and sources sections read, full text searched).
3. THRIVING library (2026). CH-04. Epilepsy: the ketogenic diet, bromides and the care of seizures. THRIVING after the FALL, Book Four research library, unpublished agent report CH-04.md (summary, open questions and sources sections read, full text searched).
4. THRIVING library (2026). CH-07. Teeth: extraction, abscess, fillings and dentures with what you have. THRIVING after the FALL, Book Four research library, unpublished agent report CH-07.md (summary, open questions and sources sections read, full text searched).
5. THRIVING library (2026). CH-08. Eyes: trachoma, cataract, spectacles and conjunctivitis without an ophthalmologist. THRIVING after the FALL, Book Four research library, unpublished agent report CH-08.md (summary, open questions and sources sections read, full text searched).
6. THRIVING library (2026). CH-09. Gut, liver and kidney: ulcers, reflux, gallstones, stones and the chronic belly. THRIVING after the FALL, Book Four research library, unpublished agent report CH-09.md (summary, open questions and sources sections read, full text searched).

7. THRIVING library (2026). CH-11. Hernia, haemorrhoids, varicose veins and the small surgeries. THRIVING after the FALL, Book Four research library, unpublished agent report CH-11.md (summary, open questions and sources sections read, full text searched).
8. THRIVING library (2026). CH-13. Allergy, anaphylaxis and the immune body: epinephrine salvage and what else. THRIVING after the FALL, Book Four research library, unpublished agent report CH-13.md (summary, open questions and sources sections read, full text searched).
9. THRIVING library (2026). FO-01. What people die of when the system fails: mortality after collapse, siege and sanction. THRIVING after the FALL, Book Four research library, unpublished agent report FO-01.md (summary, open questions and sources sections read, full text searched).
10. THRIVING library (2026). FO-02. The natural history of disease: what heals on its own and what does not. THRIVING after the FALL, Book Four research library, unpublished agent report FO-02.md (summary, open questions and sources sections read, full text searched).
11. THRIVING library (2026). FO-03. Judging a remedy without a laboratory: the evidence ladder for lay healers. THRIVING after the FALL, Book Four research library, unpublished agent report FO-03.md (summary, open questions and sources sections read, full text searched).
12. THRIVING library (2026). FO-04. The lay healer in the record: barefoot doctors, village health workers and what they achieved. THRIVING after the FALL, Book Four research library, unpublished agent report FO-04.md (summary, open questions and sources sections read, full text searched).
13. THRIVING library (2026). FO-06. The manuals that worked: Where There Is No Doctor, the Ship Captain's Medical Guide, military and mission handbooks. THRIVING after the FALL, Book Four research library, unpublished agent report FO-06.md (summary, open questions and sources sections read, full text searched).
14. THRIVING library (2026). FO-07. Diagnosis by hand, eye, ear and nose: the physical examination without instruments. THRIVING after the FALL, Book Four research library, unpublished agent report FO-07.md (summary, open questions and sources sections read, full text searched).
15. THRIVING library (2026). FO-09. Wilderness, expedition, polar and ship medicine: the modern literature of improvised care. THRIVING after the FALL, Book Four research library, unpublished agent report FO-09.md (summary, open questions and sources sections read, full text searched).
16. THRIVING library (2026). FO-11. Humanitarian medicine with little: what MSF, the ICRC and the WHO actually carry and do. THRIVING after the FALL, Book Four research library, unpublished agent report FO-11.md (summary, open questions and sources sections read, contested passages read in full).
17. THRIVING library (2026). HY-02. Safe water without a utility: boiling, solar disinfection, sand filters, chlorine and the evidence for each. THRIVING after the FALL, Book Four research library, unpublished agent report HY-02.md (summary, open questions and sources sections read, full text searched).
18. THRIVING library (2026). HY-03. Oral rehydration: the discovery that saved the most lives, and how to make it at home. THRIVING after the FALL, Book Four research library, unpublished agent report HY-03.md (summary, open questions and sources sections read, contested passages read in full).
19. THRIVING library (2026). HY-06. Vectors: mosquitoes, lice, fleas, ticks, flies and rats, and the old and new controls. THRIVING after the FALL, Book Four research library, unpublished agent report HY-06.md (summary, open questions and sources sections read, full text searched).
20. THRIVING library (2026). HY-07. Quarantine and isolation: from Ragusa 1377 to Ebola 2014, what worked and what it cost. THRIVING after the FALL, Book Four research library, unpublished agent report HY-07.md (summary, open questions and sources sections read, full text searched).
21. THRIVING library (2026). HY-09. Feeding the sick and the starving: refeeding, famine medicine and homemade therapeutic food. THRIVING after the FALL, Book Four research library, unpublished agent report HY-09.md (summary, open questions and sources sections read, full text searched).
22. THRIVING library (2026). HY-10. Vaccination with no factory: variolation, arm-to-arm, rabies and what is honestly possible. THRIVING after the FALL, Book Four research library, unpublished agent report HY-

10.md (summary, open questions and sources sections read, full text searched).
23. THRIVING library (2026). HY-11. Cold, heat, altitude and the elements: hypothermia, frostbite, heat stroke, sunburn, lightning. THRIVING after the FALL, Book Four research library, unpublished agent report HY-11.md (summary, open questions and sources sections read, contested passages read in full).
24. THRIVING library (2026). HY-12. Teeth: preventing decay and gum disease with chew sticks, salt, diet and cleaning. THRIVING after the FALL, Book Four research library, unpublished agent report HY-12.md (summary, open questions and sources sections read, full text searched).
25. THRIVING library (2026). IN-01. The great killers after the Fall: diarrhoea, pneumonia, malaria, measles, TB and sepsis, a ranked map by climate and age. THRIVING after the FALL, Book Four research library, unpublished agent report IN-01.md (summary, open questions and sources sections read, full text searched).
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