SYLLABUS OF LECTURES TO NURSES & ATTENDANTS, FIRST YEAR.

Introductory Lecture, by a Visitor.

1. General Principles & Historical Survey,
   Superstitipn and Demoniacal Possession.
   Reform - Pinel and William Tuke 1792. Slow progress.
   Lunacy Act 1845.
   Outline of modern methods of treatment.

2. Restoration & Maintenance of Bodily Health,
   Fresh air, Cleanliness, Regular hours, Abundant yet simple Dietary, Rest and Exercise, Sleep, Attention to Bodily Ailments.

3. The Treatment & Observation of Mental Symptoms,
   Straightforwardness, Suitable Occupation and Amusement.
   Diverting the mind from Morbid Ideas, Sympathy and Encouragement.
   Newly admitted cases. Need for careful Observation.
   Qualities required for Mental Nursing.

4. Bones & Bodily Framework,
   Structure and Uses of Bones, Varieties of Bones.
   General Outline of Skeleton, Movement, Muscles, Joints.

5. Injuries to Bodily Framework,
   Fractures, Dislocations, Sprains, Displaced Cartilage.
   Principles of First Aid treatment.

6. Circulation of the Blood: ~~Kxxxinxxxx~~ Anatomy,
   Structure of the Heart, Arteries, Veins, Capillaries & Lymphatics.

7. Circulation of the Blood: Physiology,
   Structure of the Blood, Pulmonary and Portal Circulation.
   Haemorrhage and the Principles of its treatment.

8. Anatomy & Mechanism of Respiration,
   Structure of the Lungs and Air-cells, Movements of the Chest.
   Artificial Respiration.

9. Physiology of Respiration,
   Respiratory exchanges affecting Blood and Air.
   Principles of Ventilation.

10. Anatomy of the Alimentary Canal,
    Mouth, Œsophagus, Stomach, Intestines, Liver, Pancreas.

11. Digestion & Dietetics,
    Salivary, Gastric, Pancreatic, Intestinal Digestion.
    Varieties of Food, Diet in Disease.

12. Disorders of Digestion,
    Dyspepsia, Gastric Ulcer, Vomiting, Haematemesis, Diarrhoea, Constipation, Hernia, Intestinal Obstruction.
    First Aid treatment in each of the above.

13. Removal of Waste Products,
    Structure and Functions of the Skin, Kidneys, Excretion by the Lungs and Alimentary Canal.

DEMONSTRATIONS.

In the course of the first year,
Bed-making; attention to the sick room.
Bathing; including washing the sick and infirm.
Bones; splints.
Bandaging; triangular, roller.
Haemorrhage and its treatment; surface marking of blood vessels.
Pulse; respiration, temperature, clinical thermometer, charts.
Feeding the sick and insane.

1. q. 33

Lectures to be given to the Nurses and Attendants.

i. Introductory. Dr Pierce

ii. Framework of the Body Mr Stanwell

Various constituents of the body. Bones; nature of bone; the bony framework; description of the bones. (demonstrated by skeleton)

iii. Organs of locomotion Mr Stanwell

Joints, muscles etc. Voluntary & involuntary muscles.

iv. Fractures Mr Stanwell

Varieties; how recognized; what to do if surgical aid is not available; improvised splints & bandages. Sprains. Dislocations.

v. The Heart Dr Pierce

Description of the heart & its valves; the course of the circulation through the heart; the great vessels in the chest. (demonstration of the structure of a sheep's heart)

vi. The Lungs & Respiration Dr Pierce

structure & use of lungs; mechanism of respiration; removal of waste products in the breath; exchange of gases between the blood & air cells. (demonstration, artificial respiration)

vii. Circulation Dr Pierce

Bleeding; description of circulation; arteries; veins; capillaries; the lines of the principal blood vessels in the limbs & neck; bleeding, whether arterial or venous; methods of arresting severe bleeding.

viii. Digestion Dr Mackenzie

Abdominal organs; liver, spleen, pancreas, kidneys & bladder (urine, quantity, retention) stomach (vomiting). Intestines (rupture, signs & symptoms, risks). General account of position & function of each.

ix. Digestion Dr Mackenzie

General description of the course of food through the alimentary canal.

x. Digestion. Dr Mackenzie

General account of digestion. Foods. Diets suitable in some of the more important disorders.

xi. Nervous system Mr Stanwell

Brain, spinal cord, nerves, sympathetic nervous system.

Organs of special sense, eye, ear, nose, tongue, skin.

over

1. Outline of

2. Scope of

3. Time.

4. Remo

Introductory lectures to nurses –

1. Outline of object of lectures –
   give increased interest in work –
   greater usefulness –
   (a) In the Retreat
   (b) At home.
   Attainment of certificate –
2. Scope of the lectures –
   (a) Body
   (b). Nursing
   (c) Mental Nursing –

3. Time.
   Attendance must be punctual & regular –

4. Remarks on the history of the insane

The word 'lunatic' is founded on ignorance –
It was only this century that the insane were humanely treated
Geo. III – Duke. History. 105.
Sir Thomas More – 1557 – Duke. " 95.

Work done – two names most famous – independent –
D. Pinel – Studies lunacy, ~~&c~~ saw the harm of cruelty – stopped –
W. Duke – does not study – but decides to try what other methods do –
– See plan – picture – – Com. P. Kitchen
95. Office. Dairy. Pantry Larder. p. 95
Appeal – 225.
Length of time before good resulted –
1845. Royal Com. – Bedlam –
Conclude – with p. 162. Duke description –

xii. Insensibility Mr. Stanwell

Chief causes. Examination of person found insensible. Symptoms & indications:- Apoplexy, epilepsy, alcohol, blood poisoning, opium poisoning, shock or collapse, concussion of brain, compression of brain.

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1. Nursing. Mr. Stanwell

Conduct in the sick room. General qualities of a nurse.

2. Treatment of bed-ridden patients. Dr. Mackenzie

3. Use of the clinical thermometer Mr. Stanwell

Fever etc.

4. Special duties of a nurse Dr. Mackenzie

Poultices, fomentations, baths, enema etc.

5. Bleeding & bandaging Dr. Pierce

Bleeding from nose, lungs & stomach, wound of head & neck & limbs.

Bandaging, varieties, dangers of careless bandaging (demonstration of how to bandage different parts: this to be continued after the remaining lectures until each nurse has had personal teaching)

6. Poisoning & Burns Dr. Mackenzie

Immediate treatment.

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i. General qualities required for a nurse of the Insane. Dr. Pierce

an outline of the principal forms of mental disease.

ii. The care of suicidal patients Mr. Stanwell

iii. The care of violent patients Dr. Mackenzie

Opening Lecture. Dec. 7. 1894.

Before Mr Stanwell gives his lecture upon the General Duties of a nurse, I propose to give a ~~gen~~ ~~schd~~ outline of the ~~proposed~~ course of lectures during the coming winter.

We ~~propose~~ intend to give 15 lectures - to nurses & attendants together & an equal number of demonstrations: the latter for obvious reasons will be more conveniently given separately. The attendants demonstrations will immediately follow the lectures but the demonstrations to nurses will be given at any time found convenient: possibly on another evening. The preparation of these lectures will involve a great deal of trouble to the medical officers, & we shall expect that those who come will give us careful attention: ~~but~~ I ~~feel~~ am ~~sure~~ however that we shall be more than repaid for the trouble if ~~our~~ our staff becomes more efficient & any ~~one of them~~ member of it takes a higher place in life in consequence.

It may be worth a moment consideration ~~to ask the~~ to ask the question why is it worth ~~our~~ a nurse's while to give up some of the little time ~~we~~ she may have, to study & ~~the~~ to attend ~~ance at~~ lectures & classes. The principal reason is that a trained & educated man or woman is decidedly more useful than one untrained & uneducated. It may readily happen that a knowledge of the bones of the arm will prove of little direct use to some present: still there is much that we should all know * in order ~~to~~ fit us for the duties of life that may ~~not~~ never be actually wanted. There is no doubt that the general public & the medical profession will have more respect & have more confidence in nurses & attendants as they become better informed upon all ~~these~~ things pertaining to their duties. Some may say that the salaries paid are small that it is not worth our while to ~~have~~ ~~go~~ undertake all this work at the price. To such I can give a ready answer: so soon as nurses become better trained ~~& are more highly educated in their~~ their worth will be more fully recognised.

* The reason why we find it needful to give the lectures to the nurses & attendants at one time ~~is that if we are to~~ is the impossibility of finding time ~~to~~ to give them separately. We shall frequently postpone ~~a~~ certain parts of the work until the subsequent demonstration.

As a broad general principle people are paid what they are worth. I am sure that so soon as the Committee of the Retreat find that they are dependent upon trained nurses & that such a nurse will do work more satisfactorily than an untrained one the salaries are bound to rise: & the Com.ee will offer no obstacle. In nursing the sick Sarey Gamps & Betsy Prigs are almost gone: I have little doubt that the wages of ~~either of~~ those estimable ladies were (if we but knew) decidedly less than that readily given to the trained nurse of the present day — I see no reason why ~~the~~ mental nurses properly trained should not only receive as high or even higher salaries that sick nurses, ~~but~~ and that ~~socially~~ in every other respect they should be at least their equals. Hence in endeavouring to help you to our utmost to acquire the ~~ne~~ knowledge that a good nurse should possess we are endeavouring to help on your best interests.

These grounds alone should, I think, be enough to make it the wish of every nurse & attendant here to attend the lectures & to work up the subjects as they ~~come before you~~ are dealt with: ~~but these grounds are not the p~~ They should not be the only reason of your doing so. Nurses like Medical men undertake to spend their lives in the relief of suffering: in order to do their duty in this respect medical men have many years of labour as medical students, ~~in in~~ similarly in order the Nurses & Attendants should ~~to their~~ the best of their powers help those who are in need of help they should leave no stone unturned to ~~do the~~ render themselves as capable as possible. Hence it is your duty to your patients as well as your duty to yourselves that you should do your best to learn all that you can connected with the profession you have undertaken.

As regards the Examination ~~of the~~ which takes place next May, all nurses & attendants of two years standing are eligible.

In order that those who ~~which~~ wish to enter may have every opportunity ~~to succ~~ of succeeding, Mr. Stanwell & Dr Mackenzie will give instruction to classes of ~~a~~ nurses & attendants respectively near the time of the exam^n. These classes will probably held at some time during the afternoon.

Also in order that each may have practice in writing out papers I propose occasionally to hold an examination upon the work already done. With the opportunity of preparation I am sure that almost every nurse or attendant who offers themselves for examination will not be disappointed at the result.

With reference to Books.

1st. The Hand-book.

2nd. Dr. Lawton Roberts two books. Ambulance & Nursing.

So that no one may have difficulty. I will arrange that every nurse or attendant ~~to~~ who intends to prepare shall have copies of these books lent to them: but as I expect many would prefer to have the books for themselves I am prepared on behalf of the Retreat to sell copies at half price.

~~I hope that these arrangements will help anyone who wishes to learn for more fully than they now do that~~

~~I hope that these arrangements will have the result we hope viz that~~

In conclusion, I have only to say that I hope these lectures & demonstrations will prove successful; successful in advancing the best interests of those who attend them & successful in furthering ~~also~~ the welfare ~~of~~ of the patients under our care.

Opening lecture – Oct 2 99 –

Our Failures and Successes –

T. Tuke + Chronic Melancholic case –

Mr E. – + progressive decline – – failures –

failed to cure – fail to make happy – or useful –

Causes of failure.

1. Insufficient knowledge of mental disease

Repair of watch requires knowledge of construction –

Mental science backward – Some advance recently, but not great.

Illustrate treatment of heart disease – Before + after Harvey –

We cannot repair the damaged valves but our knowledge really

assists in indicating treatment –

In Brain diseases – we do not know the seat or the nature of thought + action –

Time could be some of it, we cannot correct its faults or defects.

But though Hearts ~~could not be~~ were not understood before Harvey still heart disease was treated

Digitalis was known – rest prescribed

So now we are not so helpless as one might expect.

2. Inability to stop ~~sinks~~ inevitable decay.

Survival of fittest – survival of weak. Family History of Spanish Kings –

So much of the insanity + idiocy is ~~but~~ inevitable –

But this does not excuse us from helping – Chivalry.

3. Adverse circumstance over which we have no control

Relatives interference, Financial straights, ~~too much money~~, ~~bereavement~~.

Are these failures which might have been avoided ?

Jaw poisoning, Phosphorous poisoning – young women likely to recover –

Here no blame – former barely avoidable accident, latter due to medical

officer relaxing supervision – Unavoidable accidents – Some risks

must be run for the general welfare.

We cannot give a satisfactory answer ~~until~~ since we do not

know what we have missed – Some prejudices not cleared away,

failure to gain confidence of patient, or find suitable employment.

Conclusion – is creditable to our nursing – but think we must go further

especially in the direction of devising employment, amusement, interest

Successes –

What promotes recovery. ?

Improved health – due to.

Regular meals, Regular hours, exercise medical care, & improved nutrition

Restrictions as to conduct.

The shielding from worry.

Influence of nurses & officers –

sympathy – ~~of~~ of considering others feelings –

candour – plain speaking –

Some successes are very disappointing – Mart –

Some recoveries very surprising –

In an asylum one is never surprised –

1. at strange conduct
2. at sudden recovery – Mr Wallace, Miss Clarke. Mr J Smith –
3. at relapses – Miss Crowen, Miss Cassidi
4. at delayed recovery –

Miss Maclaren, Mr Olton.

Mulandrie & Bethlem . Mr Wright.

Satisfactory cases

E R Light.	Alice M Bruce	May – Novem. 1895
~~J McPare.~~	A M Van Ostalle	
~~Mr Maclagan~~	Miss Yates	
J. J. Marsh.	Miss M C Williams	Mar. Aug. 1896.
Mart.	Mr Mayon	ap. Aug. 96.
	Mr How.	Feb. Ap. 1896.
	Mr McLagan	
	Mr Abrahams.	Feb. July '95
	Miss Murrell	July. 90. Jan. 95
	Mr Reed.	May 90 – Jan 94.
	Mr Pare. –	

Opening ~~of~~ remarks. B.P. Oct. 20. 1902.

Nurses to take full advantage of opportunities --

Training given as good as anywhere, better than many.

Staff here very large, so as to allow of training under favourable conditions

Only hosp.l of pr insane with 4 yrs training.

Lectures, demonstrations + classes - more extensive

Medical Gymnastic - cost P.P. £3 per week.

We expect attention -

Write out lectures copies to Dr Kemp by Sat.y eve.

What does training consist of -

1 Ward discipline - orderly habits, quickness at work.

prompt obedience, self control, patience, thoughtfulness for patient:

Totally different to Hospital work.

2. Lectures + demonstrations - by medical officers + matron

3. Knowledge of sick nursing essential - . Training two fold.

10 years ago - but one or two capable to nurse the sick -

Few capable of teaching.

Now. There are many who can teach - We have on the

staff ~~[illegible]~~ a number of Hospital nurses -

4. ~~There is now a tendency to~~ Hospital nursing + separate branch of

the professione - requiring separate training.

A year's hospital training a valuable assistance to the mental nurse

but ~~[illegible]~~ not essential.

Training ineffective if it does not + turn out better nurses -

Reproach if the patients are not better nursed - or happier -

The classes, the holidays, the extra leave, breaks into the time -

Trust that each will determine to make up for this as far as possible

with industry -

Medical officers - give up much time, to benefit the staff.

Nurses will do their part to learn, + to remember that the

chief thing to learn is to treat ~~as~~ their patients wisely - kindly.

Training.

extends over a period of ~~three~~ four years.

Ordinary discipline of the wards.

Order, punctuality, method
Gospel of cleanliness
Self control.
Observation, watchfulness.
Patient perseverance.
Obedience
Thoughtfulness. sympathy.

Special Training.

Practical teaching of nursing.
e.g. bed-makers, ~~&c~~ waiting on the sick

Lectures & Demonstrations

1 year. Outline of anatomy & physiology.

2 year. Nervous system. Mental disease

3 year. Selected subjects ~~fr~~ more fully dealt with.

Additional subjects required for the certificate

Invalid cookery
Massage.
Swedish ~~&~~ medical gymnastics.

Accessories to treatment.

Art needle work.
Hockey.
Choral society.
Dancing & games.
Miscellaneous Entertainments.

Scheme of Lectures, (contd).

	First Year.	Second Year.	Third Year.
February.	8. Anatomy & Mechanism of Respiration. 9. Physiology of Respiration.	8. General Psychology.	8. Respiratory Diseases, (from a nursing point of view). 9. Relations between Mental & Bodily Disease.
March	10. Anatomy of the Alimentary Canal. 11. Digestion and Dietetics.	9. Causes of Mental Disease. 10. Symptoms of Mental Disease.	10. Neuroses allied to Insanity. 11. Methods of Classifying Insanity.
April.	12. Disorders of Digestion. 13. Removal of Waste Products.	11. Forms of Mental Disease: I 12. Forms of Mental Disease: II. (Intoxicants).	12. Insanity in Relation to periods of Life, Sex, etc. 13. Private Nursing; Legal Care.
May.		13. Forms of Mental Disease: III. 14. Special Points in Nursing.	
	EXAM.	EXAM.	RETREAT CERTIF. EXAM.

SCHEME of LECTURES.

	First Year.	Second Year.	Third Year.
October.	1. Historical Survey. 2. Restoration & Maintenance of Bodily Health.	1. General Nutrition. 2. Micro-organisms and Disease.	1. Muscular System. 2. Muscular System.
November.	3. Treatment and Observation of Mental Symptoms. 4. Bones & Bodily Framework.	3. Peripheral Nerves. 4. Spinal Cord.	3. Fever. 4. Acute Symptoms of Bodily Disease.
December.	5. Injuries to Bodily Framework.	5. Anatomy of Brain.	5. Special Senses.
	EXAM.	EXAM.	EXAM.
January.	6. Circulation of the Blood; Anatomy. 7. Circulation of the Blood; Physiology.	6. Injury and Disease of Brain. 7. Unconsciousness.	6. Localisation of Cerebral Function. 7. Cardiac Disease.

Nerves.

Bones & Bodily Framework.

Injuries to Bodily Framework.

Anatomy of Brain.

EXAM.

EXAM.

EXAM.

Circulation of the Blood; Anatomy.

Injury and Disease Nerves.

Localization of Cerebral Function.

Circulation of the Blood; Physiology.

Cardiac Disease

Course of Study –

Theoretical. Further discussion of

1. Varieties of Insanity –
2. Allied nervous diseases –
3. Causes & prevention of disease

Practical. Baths & their application

Massage, shampooing,

Calisthenics & muscular exercises

Handicraft pursuits – Art needlework.

Carving, hammered iron, basket.

Music & singing. – Choir

Games –

Gardening.

} To be selected according to taste.

Third year nurses only to attend & to have special opportunities of using their experience in treatment.

Blood. about $\frac{1}{14}$th the weight of the body

Corpuscles - red - number enormous $\frac{1}{25}$th - cubic. 4 million.

white. nucleated - can move $\frac{1}{2}''$ a minute

Coagulation of blood -

Fluid clear. serum. Clot of fibrin with corpuscles in it.

Blood plasma. 67%. of bulk of blood -

Water, albumens, small quantity of fat, salts etc.

Colouring matter is hæmoglobin - contains iron -

takes up Oxygen is then bright red. more than its own bulk.

Manufactory of blood corpuscles - bone marrow. spleen,

lymphatic glands.

Oxygen from Lungs -
Fats from Lymphatics
Sugars } Liver
Peptones }
Urea + CO_2 from muscles.

} Blood

CO_2 by Lungs
Urea + Uric Acid by Kidneys
Water + salts skin -

Sugar Peptones used up by muscles + tissues as food.

Ductless glands - Thyroid, Spleen, Supra-renals, etc.

Diseases of the blood -

Anæmia - deficiency of hoemoglobin.

Pernicious anæmia - destruction of red blood cells - increase of white

Infection by micro-organisms -

Fevers - typhoid, relapsing

Ague - malaria, glanders etc.

Surgical fever -

Ventilation

20 x 20. 146. 23.

Rooms become stuffy for two reasons -

(1) insufficient Oxygen - (2) too much CO_2 + organic impurities

Carbonic Acid - in air 4 parts in 10.000. if above 6 parts stuffy.

A man breathes 6 cu feet in 10 hours -

∴ He should have 30.000 cu feet in 10 hrs - or 3000. in an hour.

{Remember also a gas burner. uses up every hour the oxygen in 200 cu feet of air + also produces 6 cu feet of CO_2.}

Conclusions - 1 CO_2 must not exceed 6 parts in 10 000.

2. 3000 cu feet per hour required

3 ordinary ventilation each person 1000 cu ft of space -

This is higher than most buildings - it depends upon air entry.

Ordinary room. window, fire-place, between doors + floor,

Dangers of overcrowding - Black Hole of Calcutta 20 x 20 - 146 persons
Too small window. 23 survived

General debility - Rickets, anaemia,

Greater facility of acquiring diseases - Consumptive - Colds in the head.

Farm-houses. Norway.

Open air treatment -

Sep. Diphtheria -

Tuberculosis -

Conclusion - Keep windows open as long as possible --

Especially open bed room windows + doors when patients are out.

Draughts are of much less importance than we think - windows well open are less likely to produce draughts.

(so also is getting wet.)

Heart lies - in pericardium -

Arteries - coats.

Branches - of the arteries

Veins - coats - valves -

Branches of veins -

- differences - sup. & inf. cava

two innominate veins.

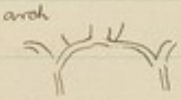
Portal Circulation -

To the liver - Portal vein - & Hepatic artery

from the liver - Hepatic vein -

Capillaries - branches of arteries & veins unite -

palmar & plantar arch



Ligs of femoral artery

Rate of circulation - 20-30 seconds rapidity of heart.

~~curiodat~~ Auricular 1
Ventricular 4
Repose 6

Injuries to arteries - Arterial Hæmorrhage - bright red, spurts.

Hæmorrhage.

& Veins. Venous — dark purple steady flow.

What to do -? Finger on bleeding spot - pressure - successful if against bone.

Fails in soft parts - stabs - or where bleeding point cannot be touched -

Consider general principles -

Horizontal position - Raise limb - Quiet - No stimulants.

Arterial - pressure above - nearer heart, in limb where there is one bone -

Site of artery - Brachial, femoral, common carotid. handkerchief - Tourniquet - Elastic bandage.

Venous - pressure on spot - raise limb - bandage & pad.

Diseases of arteries. Aneurism -

Diseases of veins. Varicose veins - Clotting of blood in veins - white leg -

Diseases of heart.

Muscle walls weaken - fatty degeneration -

Walls - thicken - hypertrophy - or give way - dilated.

Valves - incompetent - on left side -

pallor - short of breath.

Aortic - valves - allow blood to fall back into heart -

Mitral ~~Hab~~ efficiency of left ventricle lost - blood does not pass on - Blue lips, short of breath, dropsy.

Diseases affecting circulation.

Heart disease.

Valves - particularly - mitral + aortic. - often after Rh. f.

If Pulmonary veins ~~engor~~ fail to empty.

Breathlessness - Blue lips -

Dropsy - of legs -

Muscular walls - weaken - + thin out dilated heart.

Muscular walls thicken - - to compensate various defects.

Physician - by percussion - finds out how large the heart is

by auscultation - whether the sounds are altered.

Arteries Walls - may contract - esp. in Brain -

Cause of stroke - Peace.

Walls may weaken - + bulge - Aneurism -

Veins Walls may weaken + valves fail - varicose veins.

Blood may clot in a vein and block it. Thrombosis.

A small clot may be carried in the blood current Embolism.

Haemorhage. note character of bleeding -

Venous. purple, steady continuous,

Arterial bright red, spurting -

Capillary bright red oozing. - latter stops of itself.

Treatment of venous - pressure, raise the limb.

- of arterial pressure raise the limb. except.

large vessel divided - press on the artery nearer the heart.

where know. line of carotid, brachial, femoral. -

how tourniquet - fingers -

small vessel deeply seated - as by stab, or deep cut in wrist.

hand. (1) pressure radial + ulnar. (2) bend of elbow.

(3) tourniquet on brachial.

foot (1). ~~pop~~ bend knee, or press femoral.

Haemoptysis - frothy bright red -

Haematemesis - dark - coffee grounds - mixed with food.

Haemorhage from Bowell - if low down - clots bright.

if high up - dark - ~~tremulously~~ tremly.

Circulation necessary to maintain life of tissues.

Blood carries to every part, food, oxygen etc., returns with waste products.

Oxigen: determines the colour of the blood.

Only aerated blood from lungs is red. venous blood purple.

Mechanism of circulation.

Heart & elastic tubes. which are connected by capillaries.

Closed circuit, volume does not change, except slightly after meals.

Heart a pump. with valves.

one set prevents blood going backwards out of heart.

another . . . . into heart from vessels.

Arteries. are full & their walls elastic. blood is under pressure.

at each beat more blood is forced in. sudden expansion. runs along like a wave. pulse.

arterial pressure sufficient to force thro' the capillaries.

Venous pressure very slight. but sufficient to cause return of blood to heart.

Accessory agents to circulation.

1. Muscular action. ~~with~~ pressing on veins. Valves in veins.

2. Suction. (negative pressure) during inspiration

Common results from defect of apparatus.

Valvular disease of heart. } circulation defective
Weakened walls from disease } circulation defective

1. Blue colour
2. Breathlessness
3. Quicked heart.
4. Dropsy.

Systemic
Pulmonary
Portal
~~[illegible]~~.

Rapidity of circulation ½m Pressure.

Colour of blood.

Heart diseases.
Walls dilate.
— thicken
Valves. Vegetations.

Arterial diseases. Atheroma.
Aneurism.

Veins
Phlebitis. Varicosis
Thrombosis.

Haemorrhage . A very important matter : everyone should know what to do.

Arterial	bright red	jerks	from the Heart	often very serious.
Venous	purple	flows	do - -	rarely -
Capillary.	red	oozes	on both sides	not serious.

Arterial Haemorrhage. Can always be controlled if the wound be of a limb, & the artery within reach. Pressure.

Limbs. points where pressure may be applied.

Leg - Thigh, Ham -, the Groin -

Arm. Armpit, Arm, bend of Elbow, & to both arteries at the wrist

Methods of applying pressure

Fingers - Handkerchief - or strap -

Tourniquets. Elastic Screw.

Surgical treatment is to tie the artery. with catgut or silk.

Artery forceps. pressure forceps -

This applies in all cases of arterial bleeding not controlled by pressure locally -

Neck mouth & face. Carotid artery - - line of artery.

Scalp Front of Ear - or below the wound. or upon the wound.

Venous bleeding only serious if large veins be injured or in disease veins - varicose veins - Pad upon bleeding ~~stop~~ spot, pressure by bandage. raise the limb.

Jugular vein - in neck - hold with fingers above & below wound.

Capillary Bleeding. rarely important. cold water & pressure.

Wounds of the trunk, ~~smooth~~

Let the patient lie down - apply ice.

Bleeding from Nose.

Patient to sit in chair, head back, arms raised,

If very obstinate syringe out with iced cold water

Other forms of bleeding from internal organs will be dealt with later.

Anatomy.

Larynx -

5 cartilages -

Two vocal cords. muscles to move them -

tight - brought together, separated.

Trachea. 4½ inches long - formed of horse shoe rings of cartilage

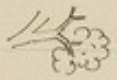
lined with mucous membrane with glands & ciliated epithelium

Bronchi. Left longer than Right. L passes under the arch of aorta
has plates of cartilage

mucous membrane & ciliated epith.m

Lungs - R 3. L 2 lobes. ~~each lobed~~

lobules are the termination of minute bronchus.



Air-cells about $\frac{1}{50}$ in. surrounded by capillary network.

nerves, lymphatics. Lined by flat celled epith.m

Blood supply of Lungs - Pulmonary artery - Bronchial arteries

returned by Pulmonary veins - Bronchial veins.

Blood separated from air by - (1) capillary wall, epithelium of cell.

Pleura The membrane covering the lungs -

Physiology.

Mechanism of respiration -

Inspiration - expanding chest cavity.

Larger in horizontal diameter by - raising ribs. & sternum forwards.

Larger in vertical d. by descent of diaphragm -

Normal Breathing. 17 times. Insp. expiration - pause.

Expiration in normal - ~~also~~ return by elasticity

Forced expiration - diaphragm pushed up by abdominal muscles

	Nitrogen Argon.	Oxygen	Carbonic Acid	Water vapour	Micro. organ. dust.
Pure Air.	79%	21%.	0·04%.	Traces.	some.
Expired air.	79%.	16·2%.	4·3%.	saturated.	none

Oxygen. needfull for living matter. analogy of fire. say boiler. fuel. O | ashes. CO_2.

Enters on inspiration. Diffuses ~~am~~ to all the air cells.

Passes thro' the walls of air cells + capillary walls

Absorbed by the red-blood ~~cells~~ corpuscles. - oxy haemoglobin. hydrated.

Carried to the heart thence to the body generally

To supply O necessary for life + growth.

Carbonic acid. a heavy gas. dissolves in water lemonade. product of burning Coal, + of animal life.

Cells give it off. muscles, glands + all cells.

Taken up in the venous blood. not in the red blood cells but dissolved in the blood.

Carried into veins. thence to heart

Thence to lungs to be excreted into air cells.

A man breathes out $\frac{6}{10}$ cu. foot every hour.

Respiratory Acts.

Coughing. Sneezing.

Laughing + crying

Sighing + yawning.

Hiccough.

Singing + speaking

Morbid Respiration

Dyspnoea. blue lips (3), alae nasi dilate (2), rapid breathing (1), dusky colour (4).

Causes of Dyspnoea.
Lung disease
Heart Disease
Asthma.
Obstruction of Passages.

Causes of Rapid Breathing
Lung.
Heart
Fevers.
Exercise.
Emotions

Asphyxia. suffocation. (heart beats for 4 minutes after breathing has stopped.)

Choking, pressure on windpipe. hanging. strangulation. drowning.

Poisonous gases. Disease or injury of windpipe

Drowning. (Patient a few seconds.)

1. Clear air passages. Turn patient face down. on rolls of clothing. head lower than body + squeeze chest 2 or 3 times 5 sec each time
2. Place patient in position. supine head hanging back a little draw tongue forwards. examine mouth if clear.
3. Artificial Respiration. (say for 1 hr).
4. Send assistants for hot flannels for friction of limbs
5. When breathing begins. keep patient warm + quiet for some time ~~[illegible]~~ before removal.

Chemistry -

Pure air . 21.% O. 79 of Nitrogen & Argon. ·04% CO_2.

Expired air 16·2%. N. & Argon - same. 4·4% CO_2 Water Vapor.

T. increased. - Some quantities organic matter NH_3 &c.

free from dust & germs.

Every hour breathes out $\frac{6}{10}$ cu. foot. CO_2. -

Oxygen - necessary for fires, for life.

gas, colourless, odourless, tasteless, weight much the same as air

Nitrogen - gas - will not burn - inert -

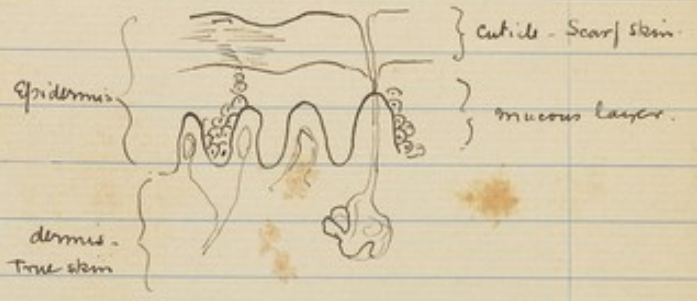
(Carbonic acid gas).

CO_2 gas - colourless, odourless, waste product of life - fires - will not burn -

Blood contains 60 vols of gas in every 100 vols -

Arterial - oxygen - Venous CO_2.

SKIN - anatomy.



Epidermis -

Cuticle. horny layer -

thick on palms & palms - &c.

separate in burns.

~~Dermis~~ Mucous layer - with nerve fibres.

crossed the papillae.

True skin. with papillae -

blood vessels, end organs.

Sweat glands. tubular. thin watery fluid.

Sebaceous glands. branching. usually connected with hair. - oily fluid.

Physiology.

Elastic protecting.

Assists in excretion - of waste products. 7 grs by lungs 11 grains by skin. story of gill ag angel in Papal entertainment.

Dry skin in kidney disease -

Organ of touch - other nerves distinguish heat, cold.

Considerable power of absorption - liniments, ointments.

Maintenance of bodily heat. normal. 98.4°. (Bat. 106° Lunat. 111° Whale 96°).

1. Blood vessels - under control by vaso-motor nerves. increase - or decrease.

Form a means of regulating amount of blood ~~lost~~ in skin. heat lost.

2. Excretion of sweat.

Evaporation ~~requires~~ means loss of heat. Ether spray. Shower bath.

T. 150 - of dry cools home.

If ~~extl~~ heat too great - blood must be heated unless sweating.

If internal heat too great - after exercise - or in fevers. sweating -

If external cold severe. contraction of blood vessels - goose flesh.

If deficient evolution of heat internally - T falls.

Effect of alcohol.

Pathology - ~~Corns~~ ; ~~Warts~~ :

Burns - Frost-bites.

Corns, Warts, Naevi, Acne, Boils, Intertrigo, Bed sores, Scratch marks,

Treatment of Syncope. - no haemorrhage.

1. Horizontal position - head low. Raise lower limb
2. Loosen tight articles. Stays sometimes
4. Restoratives. Sal volatile - Ether draught Smelling salts
3. Fresh air

Collapse. - Cold skin, shivering, yawning, feeble pulse, shallow breathing

Same as above.

Prevent fall of Temp°. Hot bottles, flannels, rubbing

Hot drinks. tea - coffee.

Alcohol. dilates blood vessels. increases bleeding.

Coma from apoplexy. - Probably stertorous breathing one sided weakness - Squint unequal pupils

Horizontal position.

Quiet. less movement the better.

Keep body warm.

Give no drugs - no fluids if whilst comatose.

Concussion. do do.

Watch for

Cessation of respiration - + begin artificial

Increasing collapse. Hot application pit of stomach, over heart limbs.

Take temperature. Doctor will give Injections - Sulphur - Ether -

Burns from Hot bottles.

Treatment. First aid - person unconscious.

Examine carefully. + systematically - General appearance. Colour of face

Injury to head - consider if bruise whether merely a result.
exam^n skull bones - esp. blood from ears or nose -

Mouth - Smell of poison stains - . Throat for foreign bodies

Lips - colour - if blue - Drawn to one side.

Eyes - If. conjunctival or corneal reflex -

Note squints. Pupils - contracted, unequal.

Respiration - shallow - stertorous -

Pulse - or listen to Heart.

Quality of heart beat - rapidity not so important, irregularity.

Limbs - one side more limp - rigidity, twitching.

Loss of Consciousness.

Syncope. brain circulation fails

Heart disease - Valv. - Degeneration of muscle.

Nervous - shock, fright, pain,

Interference with brain circulation - embolism, thrombosis.

Loss of blood - Internal Haemorrhage -

Collapse. + Shock. Severe injury or exhaustion. - Strangulated hernia

Irritant poisons.

Concussion + Compression

Injury to Head or neck - Knock out blow.

Apoplexy - Hge within brain - or on surface - Coma

Epilepsy -

Poisons. Narcotic - Op, Chloroform, Chloral. Alcohol.

Irritant - Carbolic. Yew leaves - aconite poison.

Choking Food - false teeth.

Electric discharge

Heat stroke

Internal Poisonings - Kidney disease - Diabetes

Mr Reginald Peters
3 Burdy Place
Darlington

Asphyxia. without pulsation -

Failure of respiration - (Apnoea - no need for breathing)

Causes. **Mechanical obstruction** -

Choking. Suffocation.

Strangulation - Hanging.

Drowning -

Inhalation of gases.

Coal gas, Sewer gas, After damp, CO, CO_2, Petrol, Ammonia,

Sulphuretted Hydrogen, Bank Vault, Smoke, Charcoal fumes.

Poisons. Chloroform - Ether.

Morphia -

Shock.

(1) Concussion - accident games. (2) Knockout blow, jaw or stomach

(3) Electrical.

Disease. Uremic convulsions -

Exhaustion after fits.

Mechanism of Respiration **Diaphragm** - of chief importance - Movements of ribs not essential.

5 rib left
4 - Right

Prone Pressure Method **Schaefer**

1. Prone - arms extended

The tongue falls forward Head to one side

2. Operator - astride - or one side - Locates lower ribs -

Thenar eminence over end of last two ribs. thumbs by the side

fingers almost out at right - Arms extended.

3 Slowly throw weight forward on body - for 3 sec.

Suddenly relax for 2 sec. Test result with feather or bit of wool

Principle - to push diaphragm up - by pressure on viscera -

Kidneys, liver & contents displaced upwards -

Sylvester Fasten tongue forwards -

1. At head of patient - catch arms by forearm near elbow raise till the elbows touch the ears

2 Return to side & press firmly - elbows 8 - 10 in apart

Chiefly - a question of chest movement - diaphragm less affected -

unless strong binder on.

Laborde If ribs broken - Body in back pulled out between the shoulder blades.

The Tongue seized and drawn forwards & kept allowed to drop back 15"

Special points.

Begin at once –

Send someone to get hot flannels, bottles, &c –

Get an assistant to examine mouth & tongue.

Drowning. – (Note on specific gravity of body.).

Raise patient by ~~[illegible]~~ feet to remove water.

Length of time one or two hours esp^l of recent case.

~~Suppo~~ Success recorded after 2½ hrs. – If the T° falls 15° hopeless

In Sylvester the p^t must be turned over first & pressure exerted to expel water. –

1 Follow my ordinary methods of resuscitation – Massage upwards

Warm bottles – not too hot – Ammonia to nose.

Hanging. Raise the patient carefully before cutting down

Choking. Remember a patient may be pale & seem to faint & fall forwards – Open mouth key – & hold forwards – do not push down

It may be pushed into larynx.

PRIVATE NURSING

Chief difficulties in Nursing patients ~~in their own homes or~~ in private houses

(2)

5 I. Skilled assistance cannot be quickly obtained {a Medical, b ~~nurses~~ Senior nurse, c assistance}

10 II Friends interfere or are injudicious

III Proper Control difficult – irregular hours etc – bad habits ~~unchecked~~ not easily checked e.g.

IV Rooms often unsuitable or unsafe

V Noise or disturbance ~~being~~ intolerable to neighbours

VI Exercise in open air ~~scarcely possible~~. often difficult to obtain

10 VII Games, amusements, ~~discussions~~ occupations fewer than in institution.

~~VIII~~

(3)

5 Advantages of nursing in private house

(2)

I. Avoidance of unpleasant associations

10 II ~~Shrinking~~ not the reproach of lunacy.

III Some patients greatly miss their relatives + are home-sick.

12/6 5/6 28

5 Points to remember in Private nursing (~~vide Rules~~)

Manner, dress, deportment to be quiet & inoffensive.

No undue familiarity with mistress or maid

No gossip & ~~quick to learn hear & learn~~ avoid talking 'shop'

Keep patients room spotlessly clean.

Personally ~~or give meals &~~ wait on patient & give meals.

"Remember absence of body ~~often~~ sometimes better than presence of mind"

Be ready to help anyone & give little trouble. (When the pt. wants to speak to D alone does not follow this to complain)

Entirely abstain from stimulants & sedatives.

Keep a diary. – one a private one – // the other report sheets.

~~Obs~~ Always get instructions from Medical attendant

c.f. Retreat Rules p. 16

Procedure in the case of Private patients

I. Procure the needful forms from asylum, (or lawyer)
viz - Magistrate's Order, 2 medical Certificates, Petition.

II. obtain the two medical Certificates from independent doctors. ?

III. Let relative fill up + sign petition + statement of particulars.

IV Take these to a Magistrate (specially appointed under the lunacy act) for the Order. (To find Magistrate ask ~~the~~ Clerk to the Justices)

Urgency Certificate + Order ~~can be~~ available ~~in~~ where the above cannot be obtained quickly enough - One medical certificate + order by relative or friend valid ~~available~~ for 7 days only.

Legal Care of the Insane

Persons of unsound mind are ~~legally~~ under care as

I. Ordinary certified patients ; in two classes private & pauper (rate aided)
II. Chancery patients ; found to be insane after an Inquisition
III. Voluntary Boarders : who by their own act place themselves under care.
but who are not legally insane.

~~Institutions for the care of~~ The insane ~~are in England are~~ are legally placed under care in

I County, borough, or City asylums managed by their respective councils
II Registered Hospitals managed by a voluntary Committee
III Licensed Houses the property of the licensees.
IV ~~Persons of unsound mind may also be placed~~ under 'single care' ie in the house of a person approved by the Commissioners.
V Idiots & imbeciles are detained under the Idiots Act. in special institutions

No one can receive an uncertified patient who is decidedly insane, into their house for profit ~~unless the patient be certified as of unsound mind~~ without danger of prosecution.

SYLLABUS of LECTURES to NURSES & ATTENDANTS, SECOND YEAR.

1. GENERAL NUTRITION.
   The physiology of the Cell. Supply of Food and Oxygen.
   Removal of Carbon Dioxide, Urea and other waste products.
   Production and maintenance of Bodily Heat.

2. MICRO-ORGANISMS and DISEASE.
   Infection. Principles of the Treatment of Wounds. Aseptic Surgery. Antiseptics

3. PERIPHERAL NERVES.
   Cerebro-spinal and sympathetic: structure.
   Motor, Sensory, Secretory, Vaso-motor, Trophic.
   Injuries and diseases of Nerves.
   Neuralgia, Hyperæsthesia, Anæsthesia, Paralysis.

4. SPINAL CORD.
   Tituation, membranes, structure.
   Injury, paraplegia; diseases, locomotor ataxy.

5. ANATOMY of BRAIN.
   Meninges; dura mater, pia-arachnoid.
   Divisions: Medulla, Pons, Cerebrum, Cerebellum.
   Structure: White and Grey matter.
   Motor and sensory areas and tracts.

6. INJURY and DISEASE of BRAIN.
   Pressure, concussion, meningitis.
   Cerebral hæmorrhage, (Apoplexy).
   Tumours. Jacksonian Epilepsy. General Paralysis.

7. UNCONSCIOUSNESS.
   Concussion; Syncope; Asphyxia.
   Coma: Epileptic, apoplectic, Uræmic, diabetic.
   " from Poisoning: Alcohol, Chloroform, Chloral, Opium, Carbolic Acid, etc.
   First Aid Treatment.

8. GENERAL PSYCHOLOGY.
   The brain the organ of the Mind.
   Knowing, willing, feeling; Memory, attention, orientation.
   Sleep: sleeplessness and its treatment.

9. CAUSES of MENTAL DISEASE.
   Heredity.
   Bodily stress or Disease, including effects of Poisons.
   Mental stress, worry, anxiety, bereavement.

10. SYMPTOMS of MENTAL DISEASE.
   Excitement, depression; Resistiveness, negativism.
   Homicide, suicide, impulsive actions; refusal of food, vicious habits.
   Delusions, hallucinations.
   Loss of orientation, memory, power of attention.

11. FORMS of MENTAL DISEASE; I.
   Difficulties of Classification.
   Mania, Melancholia, Dementia; their varieties.
   Associated physical conditions, and course and prognosis.

12. FORMS of MENTAL DISEASE; II (intoxications).
   Chronic Alcoholism. Dipsomania.
   Varieties of Alcoholic Insanity.
   Other Toxic forms: Lead, Carniabis Indica, Opium, Cocaine.

13. FORMS of MENTAL DISEASE; III.
   General Paralysis of the Insane.
   Epileptic Insanity: stages of a fit; automatic actions.

14. SPECIAL POINTS in NURSING.
   Precautions against Suicide and Homicide.
   Asylum Accidents; assaults; broken bones; choking; escapes.
   Care of the helpless; feeding; prevention of bed-sores.
   Treatment of special symptoms.

Nervous diseases. associated with Mental disorder

Apoplexy. Hæmorrhage
Thrombosis.

Aphasia. Sensory - Word blindness.
— deafness.
Motor -

Cerebral Tumour

Organic dementia

Injury

Where is the seat of the intelligence - ? prefrontal -

Neuritis - Lead -
alcohol.

Tabes & General Paralysis -

Other organic affects - Disseminated sclerosis -

Spinal cord
Myelitis.
Post.
Lat.
Prog. M. Atrophy

Epilepsy.

Neuroses.

Hysteria -
Neurasthenia. Psychasthenia --
Hypochondriasis.

{ Aboulia.
Obsession -
Doubt.
Phobias.

General diseases associated with Mental disorder

Myxoedema - Exophthalmic goitre -
Acromegaly -

Y. F. L. D. S.

A meeting of the above Society will be held, by kind invitation of Dr. & Mrs. Pierce, The Retreat, on Friday, March 24th.

Tea and Coffee - 6-30.

Meeting - - - - 7-30.

Mary S. W. Pollard,
Hon. Sec.

Those members who expect to be present are requested to inform Mrs. Pierce on or before Tuesday, March 21st.

. . Programme . .

THE ACTING

of

THREE SHORT PLAYS,

Kindly arranged by

Mrs. Arthur Rowntree.

Nervous system. provides.

The means of communication.

The part of the body that directs movement

The part that receives impression

The seat of intelligence, of thought, emotions.

Illustrate. finger on hot plate. finger moved away.

Brain, Spinal Cord, Cerebro-spinal nerves, Sympathetic nerves.

Peripheral nerves.

Say Sciatic. consist of a bundle of nerve fibres of all kinds.

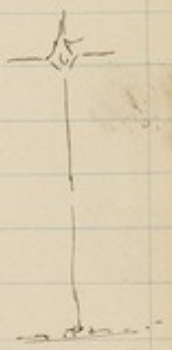
All fibres connected directly or indirectly with the brain.

Nerve fibre. filament of living matter.

often with a white fatty sheath.

Neuron. nerve cell. fibres + end organ.

Skin.



Neuroglia.

Protective.

Also probably deals with poisons. waste products.

Central portion consisting of Brain & Spinal cord - = Seat of motion, mind.
Peripheral portion - - cerebro-spinal nerves. = Lines of communication.
Collateral " sympathetic - = Controls viscera & blood vessels.

Cerebro-spinal nerves -

Cranial - from the brain - 12 pairs - - Some motor some sensory, some mixed.

1st Olfactory. 2nd Optic. 8th hearing.

3rd & 4th 6th - move the eyes.

5th - Sensation of the face.

7th - movements of the face.

Spinal nerves - correspond to each vertebra. 31 pairs.

8. pairs cervical, 12 p. dorsal, 5 p. lumbar, 5 p Sacral 1 p coccygeal

Each spinal nerve has two roots.

Anterior is motor

Posterior is ~~sent~~ sensory - ~~sent~~

motor | sensory -
efferent | afferent.
centrifugal | centrifugal

Nerves are mixed -

Those going to the arm join in a network. also those to the leg -

Diseases of nerves.

Motor only. Facial palsy. . .

Sensory only. Loss of feeling - anaesthesia. . { or other sense according to situation.

Mixed both - ~~A~~ Injury -

Neuritis - Sciatica. Pain, limping, wasting.

Alcoholic, Arsenical (lead) - wasting - drop foot

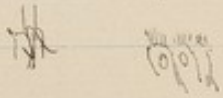
Diphtheria, Leprosy. - ~~drop~~ walking, deformities.

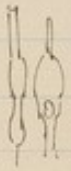
End organs of nerves.

Touch - End bulbs - Touch corpuscles.

Taste Taste buds.

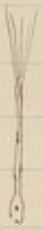
Hearing -





Sight.

Smell.



Nerve Cells -  Where found - cortex, nodules in brain, inside spinal cord.

Nerve Fibres. Two kinds - with & without sheaths. axis cylinder. White sheath. Neurilemma.

conduct impressions -

End organs - motor - muscle plates.

sensory - taste, touch, bulbs.

Nerve - a bundle of fibres - Function -

motor

Sensory

Trophic - nutritive.

Secretory

Vaso-motor.

1	Cortex.	Injury.
2	deeper layers. Mid brain. White matter. Pons. medulla.	Apoplexy. of or block of blood vessels.
3	Grey matter of Sp. Cord.	Injury.
4	nerve trunks.	Sciatica, infantile paralysis. Crutch palsy.
5	muscle.	Muscle disease.

Nerves - anatomical distribution

Cranial or Cerebral

Spinal.

Sympathetic

MOTOR - - concerned in movement -

Cortical nerve cell (1) - nerve fibre (2) - To origin of nerve trunk (3) - along nerve (4) - to muscle (5).

Paralysis occurs if either be interrupted - ie injury to

1. cortex 2. Certain parts of white matter 3 Spinal cord 4 Nerve trunk - 5 muscle disease

Convulsions occur if 1 is irritated.

SENSORY	Touch	Taste & Smell	Eye	Hearing.
End organ.	bulbs.	bulbs.	Retina.	Nerve Endings.
Nerve trunk	?		optic nerve.	Auditory nerve.
Spinal Cord.	Post. col.			
Brain. Cortex. Nerve Cell.			Post. Occip.	Temp. Sphen.

SECRETORY.

TROPHIC

VASO-MOTOR.

Disorders of the Nervous system -

Motor - 1 Palsy - loss of power to move. { one sided - one limb, or partial. lower limbs } due to dis^n or disease of nerve

2 Convulsions - uncontrolled spasms - Epilepsy - Brain dis - Poisons - Suffocation Sunstroke. -

3 Imperfectly controlled movements - St Vitus dance -

4 Tremors - shaking movements.

SENSORY. 1. Anaesthesia loss of sensation -

Common in insane -

3. Delayed sensation

4 Perverted sensations. crawling - itching, tingling, pricking. give rise to hallucinations. + delusions

2 Pain - of all kinds -

throbbing, lightning, girdle,

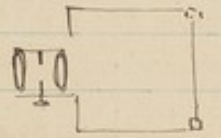
TROPHIC. Rashes, bedsores. Glossy. skin, swelling

SPECIAL SENSES

EYE. a series of magnifying lenses - like a camera.

The diaprgm - is the iris. The sensitive plate the retina.

One lens can be adjusted by accommodation.



Common disorders - opaque cornea -, cataract, disease of retina

wasting of optic nerve. Short sight - long eye.

Short-eye -

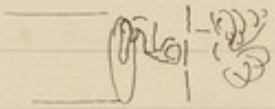
Irregular eyes.

EAR External ear.

drum.

Middle ear - connected

with the throat



Internal ear - and labyrinth. fluids in bony passages.

Common disorders - boils in external ear.

Middle ear disease - injury to drum.

Internal ear disease -

Spinal Cord - continuation of Brain.

Situation x , covering dura-mater. pia mater.

cerebro-spinal fluid. present passing with motion.

Gives off a pair of nerves corresponding to each vertebra.

Spinal cord shorter than the canal - nerves given off above the corresponding vertebra.

Structure - White matter - medullated nerve fibres, ascending or descending.

Grey matter - cells & non-medullated fibres.

Cement substance.

Injury to spinal cord - Fracture to vertebra.

All nerves below seat of injury paralysed - paraplegia

Loss of movement, loss of sensation - Failure of nutrition - { wasting / bed-sores.

Certain spinal reflexes injured - tho' concerned with { power of water - movement of bowels.

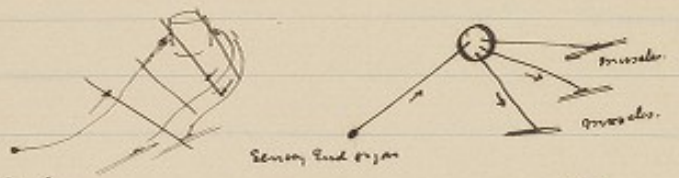
Diseases of Spinal cord.

Injury from Pressure - Spinal Caries -

Sensory Tracts alone - Locomotor ataxy.

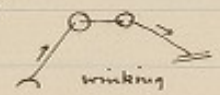
Motor Tracts - Motor nerve cells - Spastic gait - Wasting of muscle.

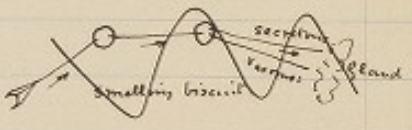
Reflex action



Spinal or cerebral

Simple.





Acquired.

Walking, cycling, Sara Knitting.

Actions performed unconsciously.

Other varieties of nerves -

Regulating secretions of glands -

Tears, saliva, peptic juice -, sweat.

Regulating circulation of blood.

Effect of cold - heat. Emotions - fear - blushing.

Illustrate by flood water on Ouse.

Regulating nutrition - growth.

Note the wasting of paralysed limbs -

When is the "exchange" - Central telephone office". Brain & spinal cord: but the brain includes more than mechanism -

The telephone & telegraph wires in London - complexity - perhaps correspond to the complex distribution of nerves - but the brain & spinal cord represent the countless operators & more the minds of those using the wires.

Reflex action.

inform & outgoing impulse -

Winking, } involuntary
Sneezing, }

Prick of pin - partly voluntary.

Dogs mouth & biscuit.

Acquired reflexes -

Skating -

Walking - to some extent &c.

Writing.

BRAIN. + Nervous system. Jan 29th 1900.

Situation – Note strength of ~~case~~ cranium

Organs near it – ① air spaces connected with nose. ② orbit

③ internal ear ④ Upper part of pharynx.

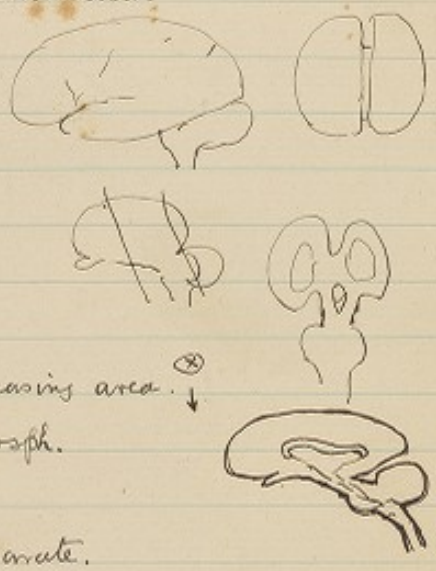
Membranes. Dura Mater. Pia-arachnoid & blood vessels.

Parts. Cerebrum – or great brain in 2 halves.

Pons or mid brain

Cerebellum or lesser brain.

Medulla – continuous with sp. Cord.



Cerebrum. Two halves join.

Each half joins the pons.

Convolutions all over surface – thus increasing area. ⊗

4 lobes. Frontal, Parietal, Occipital, Temporosph.

Pons. a bridge – a connecting part.

~~Cb~~ Cerebellum – Two halves not so decidedly separate.

convolutions very small – ribbed appearance.

Medulla – The link between brain + spinal cord.

Weight of Brain – 48–50 oz. Women a little less.

Comparative anatomy shows – principally

increasing size + complexity of cerebrum.

Cuvier 64 oz.
Dr Abercrombie 63 oz.
Sir J Simpson 54.
Patient at Pt. 38 oz.
Idiots less than 16 oz.

Functions of the Brain. ⊗

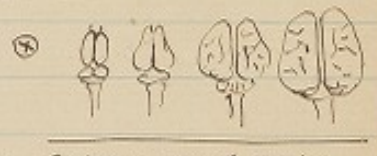
Mind – no intellectual power without brain, + cerebrum.

Motion + Sensation are dependent upon the cortex.

Structure – Cortex – of grey matter Interior mostly white

Grey matter – larger nerve cells.

White matter – nerve fibres – lines of communication



⊗ Cerebrum – over all conscious acts – thought – conscious feeling + perception.

⊗ Pons + Medulla – partly white matter – lines of communication – nerve centres for important reflexes – Heart, breathing.

Cerebellum – equilibrium

Circulation of the brain. – to. Internal Carotids + Basilar arteries – circle of Willis – Int. jugular vein veins. ~~Ext~~ accompanying arteries.

Recent investigations – dating about 25 yrs – localisation

Special duties directed from special areas.

Movement is directed from parietal region.

Sensation of sight – occipital, Smell Temporo-sphenoidal.

Illustrative case. ~~Disease of middle ear – abscess of brain.~~

Injury to head, fits followed, began in Rt. arm, Brain examined, &c.

Function of Frontal lobe largely unknown. American Crow-bar case.

Nervous system continued Feb. 11. 95.

Reflex action. Illustrations -

Coughing, sneezing, winking, swallowing,
Kicking, when foot is tickled. etc.

Acquired reflexes -

writing, walking, knitting, etc. driving, bicycling.

Characteristics of these -

Stimulus to sensory nerve - Muscular movement in consequence
not due to voluntary action -

Terms to make plain

Sensory, Motor, Consciousness, voluntary, involuntary.

Spinal cord. a solid mass of nervous matter - from Brain to small of back.

Grey matter | White matter.
Nerve cells - | Nerve fibres

Roots of nerves - from the side of the cord.

Brain. In the skull. - above a line over eyes - & ears -

Fore Brain - Mid brain - hind brain.

Mid-brain. size of walnut

Grey & white matter mixed.

Fore-brain. two halves - corrugated surface -

Grey matter outside - White inside -

Outside grey matter - called the Cortex or Rind.

Nerve cells in countless numbers -

Certain areas - concerned in certain movements

Cortex has been mapped out very accurately.

3 divisns Mid, for movements. motor area.

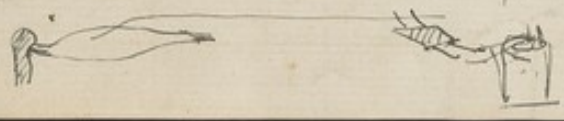
Hinder part of senses - sight & hearing.

Front part. unknown

Relate case of fits beginning in one thumb.

Hind-brain. Concerned in maintaining equilibrium - walking &c.

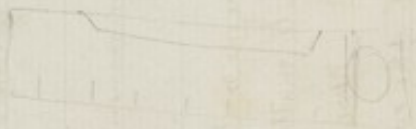
Muscle Nerve preparation - to show how movements are produced thro' nerves.



Hardy Aldgate

J. Pistone & Sons
Birmingham

Spirit level
with 10 in rule



? fine sight thro'
fine pin hole long tube

Signs of Nervous disease.

Sensory disturbance.

Pain. Neuralgia - Sciatica -
Various kinds - shooting, lightning.
loss of sensation - (Paralysis) -
To. pain, touch, heat etc.
perverted sensation - itching - crawling -

Motor disturbances.

Paralysis - loss of motion -
Pressure of division of motor nerve
Sunday morning - palsy, Bells palsy - etc -
Injury to fibres within the brain - motor fibres -
Hemiplegia - one sided palsy - Stroke - Apoplexy -
either broken blood vessel - or obstructed Blood.

Involuntary movements -
Simple twitchings.
Tremors - Shaking palsy -
Chorea-like movements. St. Vitus dance.
Convulsions -
Due to - irritation of surface of brain -
a. Disease of brain - visible - as tumour -
b Injury to - accident - or Haemorrhage.
c Epilepsy -
d Suffocation.
e Poisons -
f. Very high temperature - . Sunstroke -

Nutritive disorders -

Wasting - Bed sores -

Diseases of sympathetic nerves.

Morbid - blushing - pallor, sweating - fever

The absence of Reflex action a common sign - Knee jerk - Winking - swallowing - etc

What happens is a large nerve trunk is divided or injured –

1 Muscle supplied are paralysed – (Motor)

2 Skin has not any sensation, is anaesthetic – (Sensory)

neither touch, nor heat, nor pain –

3 Circulation begins to suffer – blue cold – (vaso-motor)

5 Nutrition will suffer – wasting of muscles – (Trophic)

Repair of injury slow.

4 Secretions – (secretory).

Nervous system

Consists of the Brain, spinal cord, nerves - (1) Cranial (2) Spinal : 3. Sympathetic -

Consider muscular activity. illustrate by muscle-nerve preparation -

Muscle cells & their function - they shorten themselves - this is work.

requisites - food supplied by blood, Removal of waste products - veins.

Stimulus. or exciting power. thro the nerves. motor nerves.

Nerves are everywhere - all are directly or indirectly connected with the brain

Consider sensation

Touch. pressure on skin, presses the bulbous ends of nerves.

Taste Sugar solution affects the fine fringe like ends of nerves of taste organs.

Smell. Particles touch the fringed ends of nerves in the nostril

Sight. Light affects the rod-like ends of the nerves in the retina

Hearing Sound causes the drum of the ear to vibrate, moving fluid, moving filament

Consider secretions. Sight of food makes mouth water. nerves to gland.

Consider blushing - or the pallor of fear. nerves alter size of blood vessels.

The whole body is regulated by nervous influence.

What is a nerve? The trunks visible such as the sciatic are bundles of all kinds

A nerve. is a filament of living matter, generally in a protecting sheath.

A means of communication between two parts - cells to end organ.

Analogy of telephone. transmitter, wire, receiver. { I want a cab / I want some bread }

What is it that passes down a nerve.? unknown. ? electrical.

Stimulus - may be caused in many ways -

electricity, chemical, injury, result is the same -

Illustrate. the funny bone,

Varieties of Nerves - Classified according to their function - roughly.

(1) Motor.

(2) Sensory. Nerves of touch, cold, heat, pain

Nerves of special senses, optic, Auditory, Olfactory, Gustatory -

(3) Regulating the secretions of glands -

Saliva, tears, digestive fluids, sweat.

(4) Regulating circulation - Amount of blood going to a part - { Illus. flood water on the Ouse.

blushing, regulating temperature

(5) Regulating nutrition & growth -

How to assist the healing of a wound?

Healing is an active effort of nature to repair injury –

Two kinds

Healing by first intention. Cut, is bound up, in a week quite sound – A linear scar is left

Healing by second intention takes place if the former is not attained –

The wound gapes – the edges will not adhere –

There is a slight discharge of pus. It is found to heal from the bottom – slowly taking weeks perhaps – a deep puckered scar is left.

To promote healing –

1. Cleanliness – absolute care – Clean water for washing. Scald the instruments used – use new or recently boiled dressings – Remove all foreign bodies – If hair is near cut off close all hair within 1½ inches of the wound.
2. Rest – If arm raise in slings: if leg rest in bed.
3. Bring the divided edges together. by strapping plaster: surgeon uses stitches.
4. Allow exit for discharge especially if the wound is ragged. torn or bruised – Do not cover with plaster Lint will allow discharge to escape.
5. Apply suitable dressings –

   Lint. bandaged on –

   Boracic Lint —— { Cold water dressing, some recommend: it is comforting }.

   To protect the wound, exclude dirt, give support

   Cotton wool absorbent to take up discharge –

   Various medicated forms of both these –
6. Use of antiseptics – are intended to render micro-organisms harmless – Cleanliness of the first importance –

   Carbolic Acid mush used $\frac{1}{60}$. Iodoform powder. POISON.

   Boric Acid.

On the treatment of Wounds. Dec. 17. 95

Contusions (not strictly speaking a wound) ~~tr~~ Bruises.

Consist of damage to skin, or parts below. ~~an~~ the skin being unbroken.

There is an effusion of blood beneath the skin, colour depending upon the age - red, purple, blue, green, yellow. brown -

Haematoma. a blood tumour - Kick on leg gives a soft baggy swelling - subsiding slowly -

In all cases rest of the part facilitates cure. cold bandages, Lead lotion constantly changed, spirit water (1 to 7) do.

Hæmatoma Auris. Insane ear - is a blood tumour occuring in the ear of the insane or others - The blood lifts the skin from the cartilage (griolte) of the ear. Causes violence of some kind - ~~Cause~~ Results in shrivelling up of the ear.

Treatment. D. advises - often blistering so as to cause the effused blood to clot & be absorbed -

Wounds.

~~Contused~~, Incised, Contused, Lacerated, Punctured, & Poisoned

The following points arise -

Hæmorhage. it arest.

Repair of injury & how to facilitate it.

Poisoned wounds. their cause - & treatment.

Aseptic & Antiseptic treatment.

Milk, Sugar, Meat } Exposed to air ordinary temperatures. Preserved by heat & cold. also by Vinegar, salt, sugar to a certain extent.

Tyndall showed it putrefaction was due to floating motes in the air; they could be strained off.

Pasteur that fermentation was due to a minute vegetable cell. killed by heat, growth retarded by cold.

Koch showed that Consumption was due to a rod-like cell, a Bacillus.

The following disease are due to micro-organisms of different kinds all quite distinct and only recently recognised.

Typhoid fever, ~~Ch~~ Tuberculosis, Diphtheria, Anthrax Wool sorter disease
Cholera, Leprosy, Tetanus. Glanders.
Ague & malaria

Treatment of wounds. extraordinary change in recent years.

When the skin was broken, ~~wound~~ wounds used to suppurate.

This is a compound fracture was very serious & mortification followed.

Lister found that by using certain chemicals the ~~wound~~ wounds did better. the foundation of modern surgery

The suppuration was shown to be due to micro-organisms & that wounds could be infected in various ways. leading to. Erysipelas, ~~or~~ or suppuration & surgical fever, & other diseases

An Abcess is due to micro-organisms.

Micro-organisms. minute dots. spherical bodies. = Cocci.
minute rods. = bacilli.
minute screw like bodies = spirilli.

Aseptic treatment the most perfect; exclude all micro-organisms

① Clean the skin around & the wound with the utmost care. If possible, turpentine, soap & water, strong antiseptic solution

② Bake the dressings. destroy organisms in the lint or wool or sponges

③ See that the hands of the operator & everything that reaches the wound is above suspicion. Then wounds will heal by first intention. & the Brain, abdomen, & any organ examined.

over.

Antiseptic treatment - most useful when wounds are not clean
cannot be ~~thrnt~~ thoroughly rendered aseptic -
Antiseptics assist in the healing of wound by rendering the growth
of micro-organisms less possible.

Micro - organisms -

Preservation of food.

1 Drying. currants, apple rings.

2 Freezing. Meat in ice chambers.

3 Adding preservatives - Salt, Spirit, Oil, Sugar, Vinegar..

4 Boiling + sealing up when hot. Bottling + tinning -

Prof. Tyndall. things kept in filtered air -

also in air free from dust.

Things do not decay of themselves.

Omne vivum e vivo -

Pasteur showed cause fermentation -

Yeast plant or fungus.

Sugar in the presence of Yeast, moisture, ~~warmth~~ warmth.

became - alcohol, and Carbonic acid gas.

Many other kinds fermentation - Vinegar, lactic acid.

Putrefaction due to micro-organisms.

The breaking up of dead animal or vegetable matter

Immense service - leaf mould turf mould -

Remove micro-organisms, things wont grow.

Micro-organisms everywhere -

In Mouth, Stomach, alimentary canal.

Characters - Minute rods (bacilli). often joined in a string.

round cells (micro-cocci).

Twisted rods (spirilli).

Fungi. most swim freely by hairs (called cilia).

Conditions of life.

① Moisture ③ Food.

② Warmth. ④ Removal of waste.

Many kinds of micro-organisms -

different foods - and living under different conditions.

To preserve food - ① exclude micro-organism

② Kill any present or prevent them multiplying

(a) By heat (b) cold (c) chemicals.

Micro-organisms in disease.

Number of disease known to be due to them increasing - Anthrax first.

Manner of Introduction -	Limited effect.	General disease
Skin.	Ringworm.	Anthrax - Ague - Tetanus
Mouth & Throat	Thrush	Diphtheria -
Lungs		Consumption.
Stomach & Intestines.	Fermentative.	Typhoid Cholera Dysentery.

Treatment of wounds.

Before Lister - Hospital gangrene - Secondary haemorrhage - Septic fever, etc.

Now - Wounds heal at once by first intention

Lister applied Pasteurs teaching to wounds.

Micro-organisms must be excluded.

1. Hands of operator - scrubbed - turpentine then Perchloride
2. Instruments - boiled - placed in strong carbolic.
3. Dressings. - baked for a long time.

This is aseptic surgery.

When wound is infected then antiseptic surgery needed.

To kill micro-organisms..

1. Heating to 212° - for a long time.
2. Treating with antiseptics.

Perchloride of Mercury -	best.	POISON.
Carbolic acid.	1 in 20 good.	POISON.
Iodoform	not irritating fair	
Boric acid	do. fair	
Permanganate of Potash	poor.	

Phthisis Pulmonalis.

Evening fever - ~~the similar t~~ 100° - 101°

Cough.

Sputum containing bacilli.

Loss of weight.

In advanced cases night sweats. } when lung is extensively
hectic temp. } destroyed -

Haemorrhage. Wasting

Earliest signs - Loss of weight - evening temp^{r} - slight cough -

D. Recognition - Solid lung at apex - with sounds made by air + mucus later - other signs rales - showing a cavity is formed.

Treatment now very successful -

Recovery by arrest of spreading tuberculosis -

Contraction + scarring of damaged parts of lung.

Tuberculosis. - Kills ⅐ mankind -

1882. Discovery of B. Tuberculosis by Koch.

Showed that it was always present

How it could be isolated + grown apart from Body.

~~On how when~~ or isolated if inoculated into guinea pigs they died

Bacillus killed by heat, by sunlight, by certain chemicals -

How it enters body -

(1) From sputum - dried into dust. or actual spray from a cough.

(2) In milk from Tuberculous cow.

(3) Tubercular meat.

What happens - Vast majority killed by glands or digestive fluids -

Enlarged glands in neck commonly tubercular

Reach lungs - + are absorbed by Bronchial glands -

Lecture on lymphatic system - needed to explain.

Foreign micro-organisms are strained off + destroyed by glands.

If not destroyed. produces inflammation + a tubercle.

A minute nodule - the results of the irritation of some Bacilli.

The foreign micro-organisms is mobbed by white blood cells.

Tubercle - dry up - + calcify.

break down into pus. hence gland in neck -

hence sputum of Phthisis.

If the micro-organism reaches the blood stream -

General Tuberculosis -

Tuberculosis may affect ~~skin~~ - almost any organ

Skin - lupus. Bones - Joint diseases { Hip disease - Knee - Ankle

Lungs - Phthisis Spine -

Pleura. Peritoneum.

Brain membranes - Meningitis

Nutrition – opening lecture. Oct 17. 98.

Nutrition involves the supplying of food to support life –
the ~~healthy~~ activity of the living tissues
the removal of waste matters –

Life demands supplies –

Analogous conditions – An ordinary fire – a chemical change.

Supplies – coal – air. oxygen.
Result – heat
Waste ash – Carbonic – acid

Human Body –

Supplies – food, meat + drink – air
Result life + heat
Waste Undigested residue, urea and other waste solids. CO_2

Muscle. Supplies – food liquid after preparation by liver. in the blood
Oxygen – in the red-blood cells –
Result – capacity for shortening – heat
Waste Urea + other waste solids – CO_2 – carried away by Vein Lymphatics

Brain. ~~sch~~ do – Result nervous energy – thought.

The nourishing is under nervous regulation. also temperature.
Chemistry different in different parts.
Much the same food suffices –
The living cell is bathed in a nutritive fluid + takes what it wants
+ what is taken out is supplied by the blood – more or less rapidly.
Fatigue – means that the cells have not had time to be restored.
The activity has gained on the supplies – or the waste has not been removed quickly enough –

Diseases affecting nutrition – and results –

Heart – blood circulates badly – swelled legs – Varicose Veins –
Stomach or intestines – wasting –
Fevers – Diseases of the blood – Burning up too fast of stores + of cells themselves.
Kidneys – Diabetes – dropsy –
Nerves + Brain – Bed-sores – Fragile bones. General Paralysis –

Opening Lecture - Nov. 8. 97.

Nutrition -

Consider the City of York -

70 000 people. require food -,

supplied by railway, roads, river,

connection with other cities -

Telegraph, telephone - Soldiers commanded by telegraph -

require waste removed -

drains, destructor, { Result Work - Soldiers - Cows. Railway carriages - etc

Consider an organ of the body -

Healthy state requires food -

oxygen - from the air brought by the blood -

nourishment from the food eated - - - thro' liver &c.

Connection with other organs

by the nerves -

Waste removed - by the blood & lymphatics. { Result Work according to the organ Movement. Sensation.

Consider an individual person - food, fresh air, necessary -

Consider individual cell of an organ -

Food is carried in the capillaries - also oxygen -

Waste is carried away by veins & lymphatics -

What is a cell - ?

The body is made up of cells & cell products - the cells are all living all require nourishment almost all require nervous control - Cells vary in function - division of labour -

Give illustrations of varieties of cells - -

Blood cell, Liver cell, Stomach cell, Nerve, Muscle, Skin,

Every cell arises from a previous one - the chick comes from a egg -

Virchow - omnis cellula e cellulâ.

If nourishment is stopped cells die - (e.g. finger cut off -)

Cells killed in many other ways, heat, cold, chemicals,

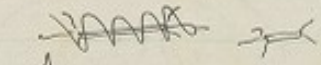
If waste products of life are not removed cells die - (veins tied)

If nervous connections are cut off, cells may die.

Life means constant change - the cells take up food & oxygen - give out urea & carbonic acid - The vitality depends upon blood supply in the first place usefulness depends of nerve connections.

Body made up of cells -

Living things are all cellular -

Unicellular - plants 

animals - 

Diseases affecting Brain -

Membranes.

Dura mater - injury - - rarely diseased

Pia-arachnoid - Meningitis - Brain fever ?.

due to infection - Tubercular - septic -

. Case of ear disease

Dependent upon circulation -

Haemorrhage - disease of arteries. } destroy part of brain. Hemiplegia

Embolism.

General disease of grey matter ...

General Paralysis.

Alcoholism other Poisons.

Old age -

Local injury - or disease -

depressed fracture, bleeding, Wounds.

Abscess. , Tumours ,

~~Local diseases~~

~~Tumours.~~

~~Degenerations etc.~~

Nerve Endings & Special Senses.

End organs.

Touch bulbs.

Taste Bulbs.

Smell. Olfactory membrane.

Hearing.

Waves of sound. pass thro' the external ear to the drum.

Communicated by minute bones thro' the middle ear to internal ear.

Middle ear connected to mouth by tube. Eustachian tube.

Internal ear complicated passages in the bone. containing fluid

Semicircular canals. (concerned in sense of position)

Shell shaped chamber directly connected with the drum.

This contains the ends of nerves of hearing.

Sight

Lenses. Cornea, Crystalline lens. {which can be automatically made stronger or weaker}

Diaphragm. Pupil. (which automatically expands & contracts)

Sensitive film Retina. the expanded end of the optic nerve. contains minute rods & cones. Reason to think a succession of photographs is taken.

Nervous disease as illustrated by Mr Woodhead -

Loss of power of movement -

Paralysis of R. side - arm - leg, face -

Loss of sensation on same side -

Loss of ~~sen~~ reflex from the cornea.

Contracted pupils.

Drowsiness, coma.

Temperature unequal on two sides

Repeated sickness -

Apr. 15 96.

Illustrative Cases.

		Men.	Women
Melan.ª	Simple acute - chronic	Mr Mason - Wright. Lees -	Miss Dell.
	hypochondriacal.	Hooper -	Miss Croft, Mr Chapman
	resistive		Mr. Dearden, Christy
	Agitated	Mr Richardson - ~~A~~ at one time Mr Clothier -	Mr. Vevers.
	delusional.		Mr. Hanshow. Miss Hardisty Mr. Cadbury -
	Suicidal	none -	none - Mr. Reed -
Mania.	Simple	~~Porter~~, Mr. Aurmack.	Miss Williams
	Acute	Purdie, Black, Ibbotson.	Mr. Player.
	Chronic -	Sewell. Chase.	McAllum, Barron, Berney.
	delusional.	= Delusional Insanity in many cases - = monomania -	
		Stapleton, Fox,	Mr. Milnes. Miss Dodd.
	Homicidal -	Uncontrollable impulses - -	
		Harpeare, Filliter -	Palmer, Champley -
Alternating Insanity -		Circular insanity -	S. Sanders -
Stupor.			Miss Morrell -
General Paralysis.			
		Dr Robertson, Mr Senior - Palmer.	Mr. Harker - Mr. Bernard?
Paralytic Insanity.		Jon. Grubb. Marten.	Mr. Bower.
Epileptic.		Beultey, Johnson,	Wood. Corder.
Senile Insanity.		Ringer, D'Andrew -	Mr Gorbut.
Traumatic -		Mr. Walker - Southall -	
~~A~~ Toxic.		Alcoholic Insanity.	
		Mr. Smith.	Mr. Patchett.

Adolescent -
Puerperal. } -
Climacteric

Dementia -
Idiocy - Imbecility -

Cases of Melancholia.

Simple. Miss Dugdale. Mr Wright. Mr Clothier. (at first).

Hypochondriacal. Miss Croft. Mr Doncaster

Agitated Mr. Clothier (later). Mr Sayner, ~~Dr Jones~~. Mr. Crutchley.

Resistive Mr Ubers.

Delusional. Mr Cadbury. Miss Cay. Mr Johns.

Mania simple Mr West. Miss Smith.

acute. Ibbotson, Black, Wrightsmith. Mr Player. Miss Cassidi.

delusional Mr Hargreave.

chronic. Mr McAllum, Dr Walker, Dr Sewell.

Homicidal - Fillitr

Monomania. Ed. Fox: Mr Milnes; Miss Todd;

Stupor. Miss Monell.

Paralytic Insanity. Jon. Grubb Mr Bower

What bones are there in the forearm-? ~~Wh~~ Give the names of the bones they are connected with & give

What bones are ~~united~~ in contact with the humerus? What kind of joint do they make with that bone?

How would you distinguish a dislocation from a fracture of the humerus?

What is the structure of the Spinal cord? Where does it lie? If seriously injured by accident what would be the result?

~~Wh~~ A patient is suddenly unconscious: pending the arrival of the doctor what would you do - & what would you look out for?

Convulsions.

Epileptic fit. Premonitory stage - { Disturbance of feeling -
— of motion
— of mind - fear etc.

Spasm

Convulsions usually general -

Coma - may be absent.

Automatic acts common in epilepsy -

Violence, Homicide

Minor epilepsy -

General Paralysis.

Any disease of the brain - affecting motor areas -

as pressure, or tumour, or injury) -

Commencement of illness in children

Poisonings in later stages.

States of Unconsciousness -

Sleep - The brain has less blood circulating during sleep.

The higher animals require more sleep.

Sleep - is rest to the higher centres - Rest a necessity to all life.

Work - means repair - Work persisted in means fatigue then exhaustion.

Sleeplessness. One of the commonest accomp.ⁿ of Insanity.

Often a sign of exhaustion - Individuals vary in their need for sleep.

Not so much a cause of Insanity - as an effect of the restless troubled brain.

Treatment of sleeplessness - means find cause if possible

Diet - too little, too much or unsuitable food.

Sufficient ~~to~~ clothing - + proper circulation

Regular hours - Ventilation of room -

Exercise in fresh air - Suitable occupation -

Lastly Drugs - dangerous in ~~pure~~ simple sleeplessness - Habits

Paraldehyd, Sulphonal, Bromides, + many others

Morbid states of sleep - Somnabulism, Hypnotism an induced state resembling sleep walking - a real thing surrounded ~~f~~ by fraud + deception -

Unconsciousness - Coma. - complete

Concussion of the Brain - Disease of the Brain, Tumours, meningitis

Apoplexy -

Epileptic -

Certain general diseases - Kidney disease, Diabetes

Certain poisons - Opium - + Morphia Chloral, Chloroform

Carbolic Acid -

Syncope - cardiac failure fainting -

due to Heart disease - Shock -

Partial loss of consciousness.

Mental Stupor -

Hysteria.

Disease of Heart. Valvular -

of Heart Muscle -

of Arteries supply heart.

Shock.

Mental disturbance - | Physical -

bad news - | Operation -

Painful sight. | Rupture poison

Injurys.

Pain.

Loss of Blood - External

Internal

Poverty of Blood -

Anaemia -

Bad arteries - loss of elasticity

Nervous disorder.

neurosis -

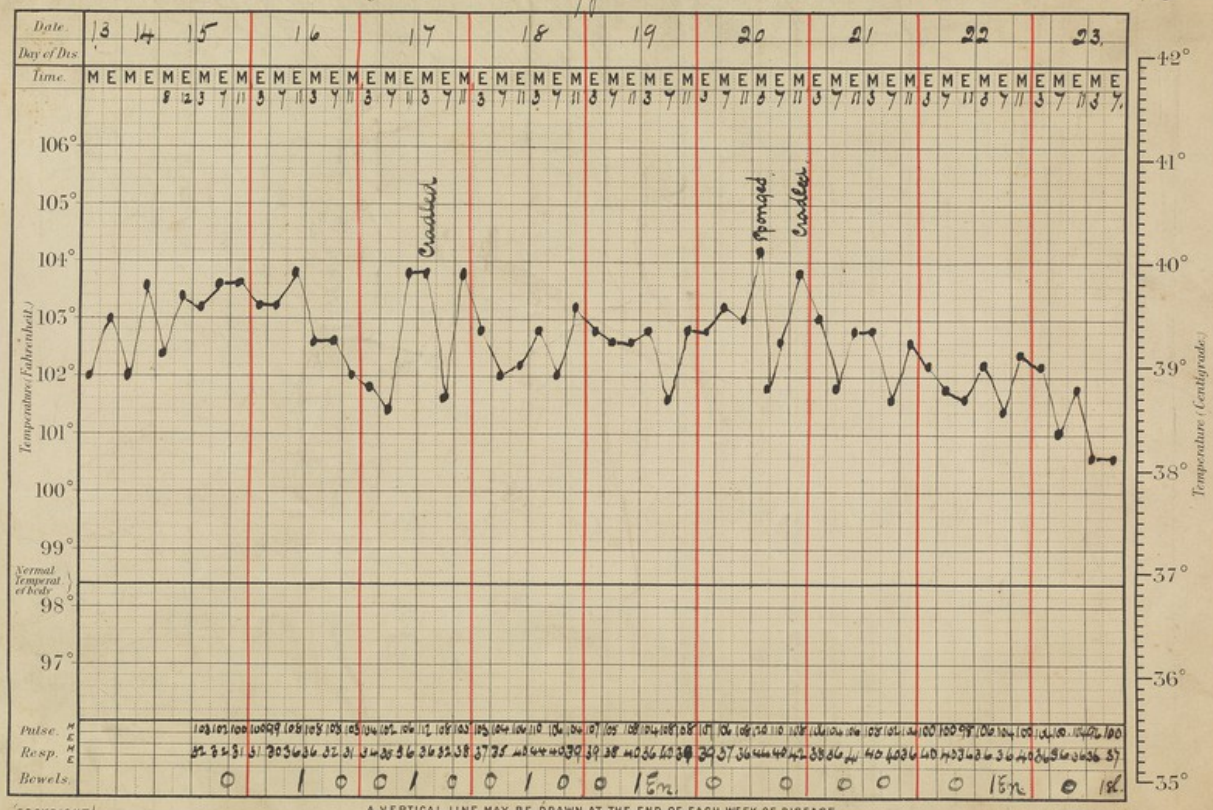
COMMON SPECIFIC FEVERS WITH RASHES

	Incubation	Early Symptoms	Leading Symptom	Duration of Fever	Common Complications
Measles	12 days	Fever Coryza	Mottled rash 4th day. Face first	About 4 days after rash	Bronchitis Ear trouble Enlarged glands
Scarlet	3 or 4 days	Sudden onset. Fever. Sore throat	Red rash 2nd day. Chest first: peeling later	About a week. 103-104°	Ear trouble. Heart. Kidney disease. Glands. Rheumatism
Chicken Pox	About 14 days	Malaise	Spots or Pustules 1st day	A few days, slight	None
Small Pox	About 12 days	Sudden headache. Backache. Fever	Red rash often 1st day. Spots after 48 hours	104°, falls when rash is out	Confluent spots. Haemorrhages. Eye disease
Typhoid	About 14 days	Insidious fever. Often diarrhoea	Rose spots. Discrete begin end of 1st week. Successive crops. Enlarged spleen	Usually 3 weeks. 103-104°	Haemorrhage. Perforation. Deafness. Delirium. Thrombosis.

ACUTE INFECTIOUS DISEASES WITHOUT RASHES

	Incubation.	Onset. Early symptoms.	Leading symptoms.	Course.	Complications.
Whooping cough.	About 14 days.	Feverish cold. Cough.	Peculiar spasmodic cough. Whoop.	Weeks.	Bronchitis.
Mumps.	3 weeks.	Fever. Malaise.	Enlarged parotid gland: first one, then the other.	About 10 days.	Mastitis. Orchitis.
Diphtheria.		Fever. Malaise.	Sore throat. False membrane may extend. Nasal larynx.		Kidneys. Paralysis. Throat. Legs. Heart.
Influenza.	2 or 3 days or less.	Fever. Backache. Prostration.	1.Fever. 2.Gastro-intestinal. 3.Nervous.	36 hours if no complication.	Pneumonia. Extreme feebleness. Depression. Rashes.

Name Nurse Adair Age 25 Disease Typhoid Admitted Oct. 13. 1900



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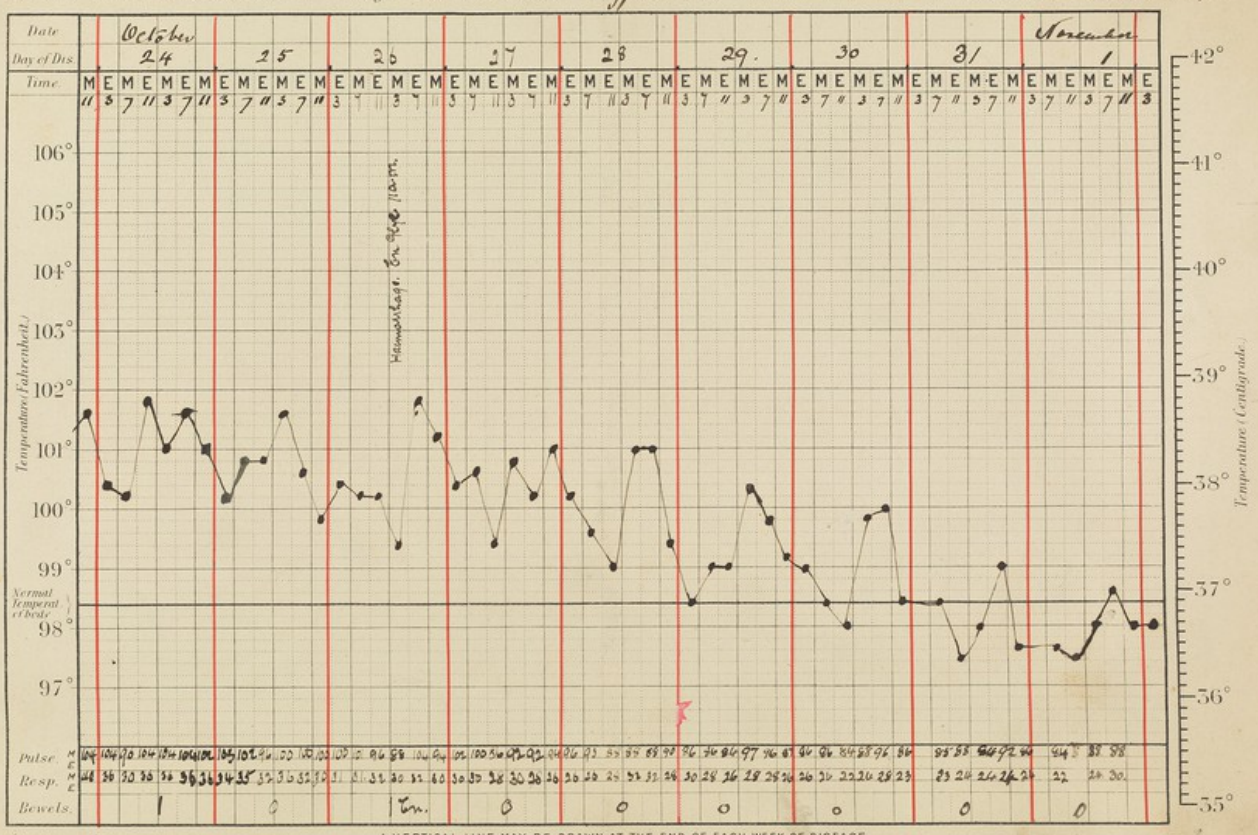
Typhoid Fever Temperature Chart 1900

Name Nurse Adair Age 25 Disease Typhoid Admitted Oct. 13. 1900



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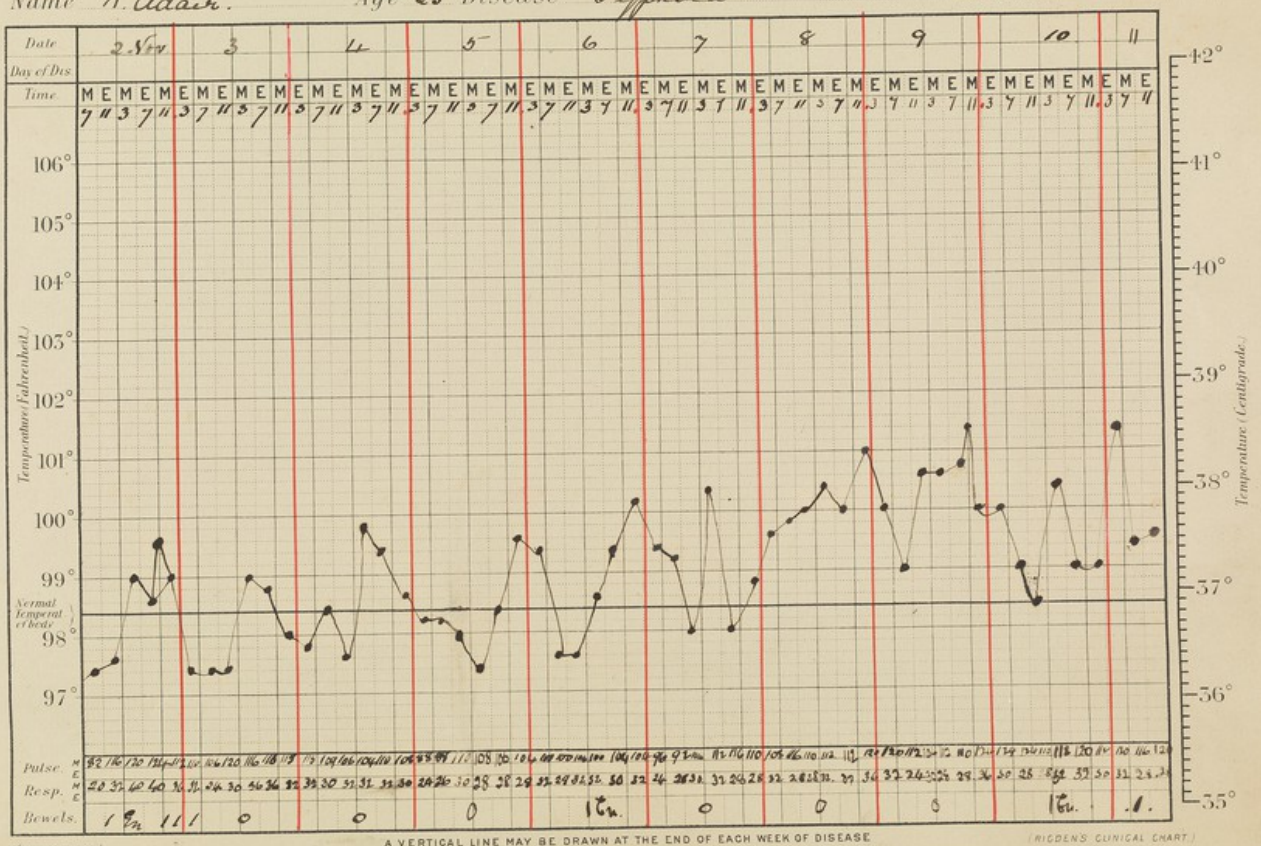
A VERTICAL LINE MAY BE DRAWN AT THE END OF EACH WEEK OF DISEASE
FOR NOTES OF CASE SEE BACK OF CHART.

Printed & Published by H. K. Lewis, 136 Gower Street, W.C.

(RIDDEN'S CLINICAL CHART.)

Name *h. Adair.* Age 25 Disease *Typhoid* Admitted *Oct 13th 1900.*



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(RIGDEN'S CLINICAL CHART.)

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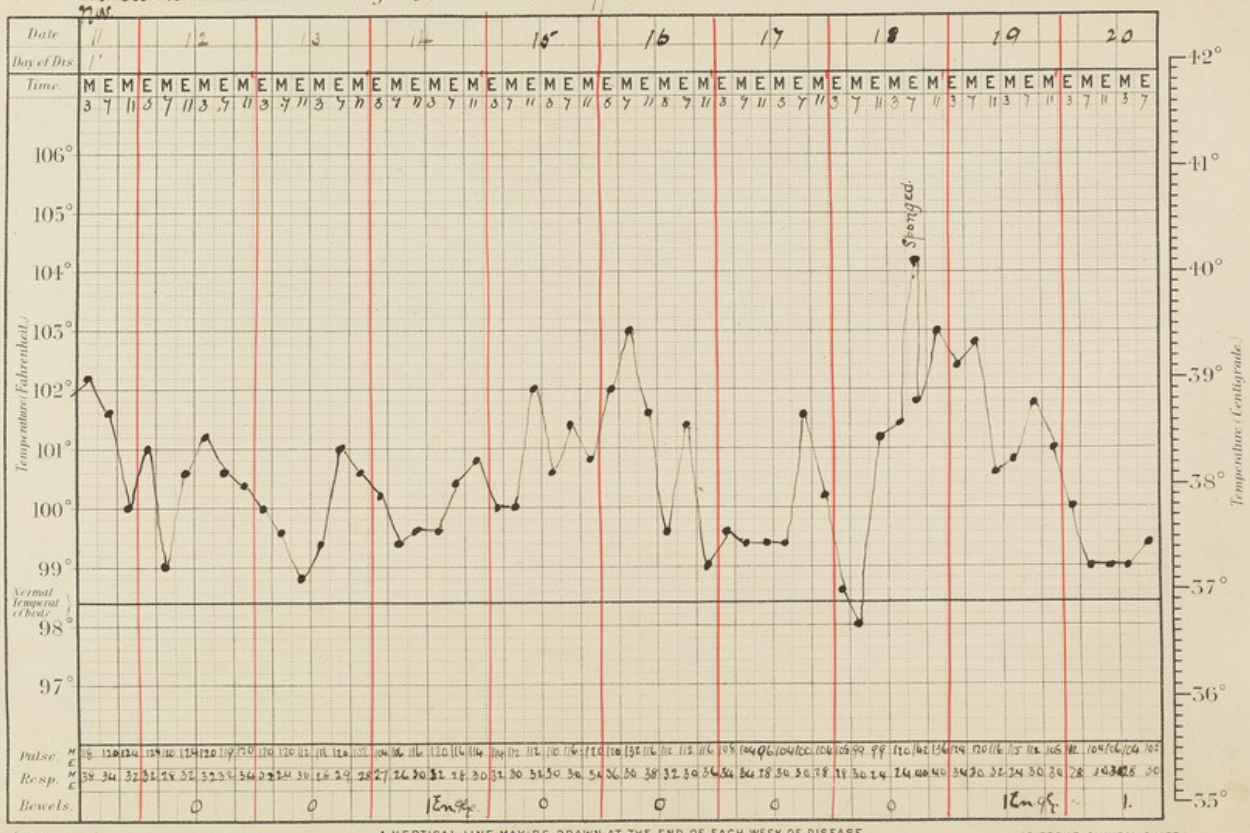

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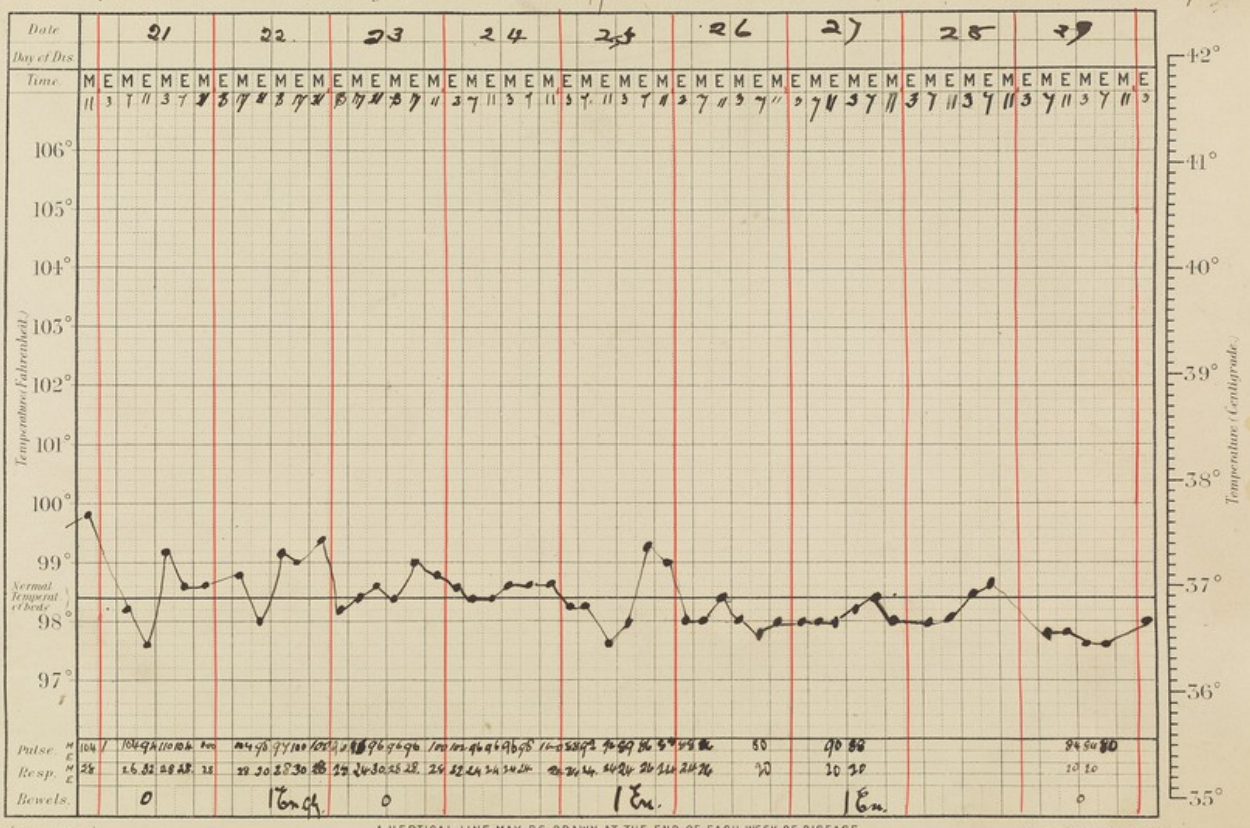

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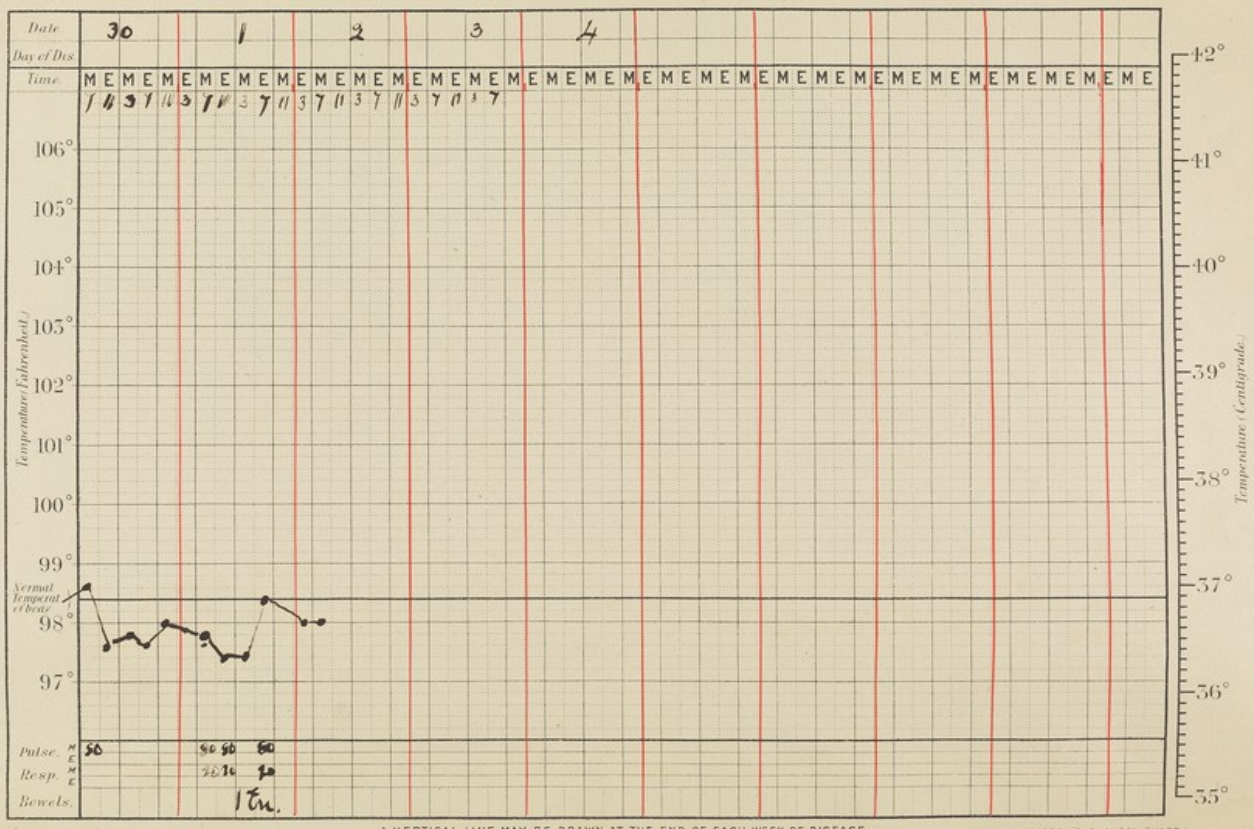

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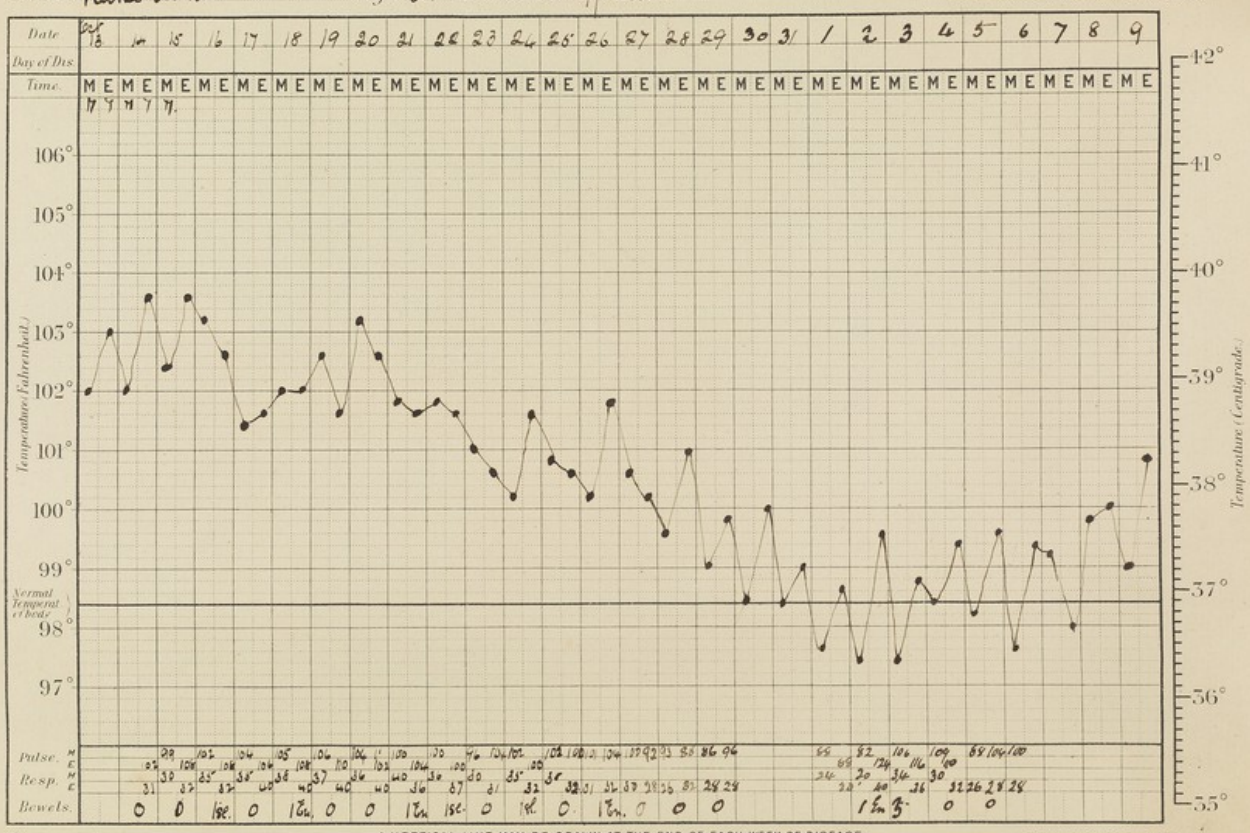
Name Nurse Adair Age 25 Disease Typhoid Admitted Oct 15. 1900.



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Preliminary Considerations 1907.

Fundamental qualities of the greatest value.

Good sense, sympathy, tact,

Can hardly be taught.

Read carefully - Dr Lewis, Dr. Yellowlees. Dr. Menzies

Cheerful disposition, Patient,

Look at things from point of view of patient.

Habit of self control can be acquired.

Training of little use if it is only acquisition of knowledge.

Excellent book work - not equal to sympathy & willingness

Wisdom needed not only knowledge.

'Knowledge comes but wisdom lingers'

Love
Joy
Peace
Long suffering
Kindness
Goodness
Faithfulness
Meekness
Temperance.

Medical officers take trouble because a trained mind is more useful - If we have thought over an emergency we shall quickly do what is right.

(1) The mind travels easily upon accustomed paths.

(2) The why & wherefore should be understood -

Obedience is wanted - but intelligent obedience.

(3) The work more interesting.

(4) The trained person - sees more & is more helpful.

The work is worthy - It is an honourable calling.

Conscientious service wanted almost more than any where else.

~~Ex~~ Gratitude often withheld, Relatives often need little

Doctors even may know little of what is done.

It is monotonous. for patients live for years - & require the same attention.

Often trying - difficult - wearing -

Still ~~the work is a~~ mental nursing is a noble vocation.

There is none higher that helping others in need.

To me a satisfaction to know that the daily work is essentially altruistic. The better we do it the less selfish we are.

The reward is more direct - we have the knowledge we are trying ~~have tried~~ to help ~~in her~~ those who suffer from the heaviest of ~~a~~ human ~~afflicti~~ afflictions.

Poisoned wounds

Cause. dirt: prick of a dirty pin, treading on a rusty nail, allowing any wound to become dirty, splinters; in ~~any~~ many cases the cause is very insignificant & cannot be remembered –

Characteristics – commonly called festering – matter. pus.

forms – inflammation. pain, redness, swelling, heat.

(a) This inflam^{n} is limited ~~to~~ the neighbourhood affected. & results in an abscess. which breaks or is opened.

(b) The inflammation spreads up the limb – glands in arm-pit or groin become swollen & tender – The whole arm swells up. & the patient becomes seriously ill. It may spread further, the patient may be very feverish, ~~not~~ & even die.

This is not rare from slight injuries – it is more common in unhealthy people, drunkards but may occur to anyone.

Prevention. Strict cleanliness – & the proper care of small trivial injuries – Do not fussy anxiety, but a speedy cleaning of the part & a covering for a day or so. to keep dirt out.

What is the cause? What kind of dirt is it?

It has within the present generation been shown that this is due to the introduction within the wound & below the skin of ~~micro-organisms~~ minute vegetable bodies: inconceivably small rods or rounded things which live where dead or injured matter is, & are the cause of putrefaction & decay.

Living things do not putrefy or decay –

Dead matter decays ~~& is dissol~~ & disappears –

This decay is due to the same cause – viz these minute bodies (called micro-organisms) first get access to the ~~bar~~ dead matter: exclude them & they do not decay.

Tinned meat – open the tin, allow micro-organisms to enter it decays –

Wounds, exclude micro-organisms heals readily –

include —— it will not heal – but inflames.

Treatment

Call in Doctor:

Matter is too serious to be neglected:—

Foment. with Boracic Acid – Arm baths

Putrefaction.

In meat. let air in –

Air itself not important – but things in the air.

Micro-organisms

Varieties – Fermentation – yeast.

Putrefaction.

Causing disease.

Minute, are dependendent upon certain conditions –

& water bath, boiling kills them.

food –

Certain poisons kill them –

Carbolic, Iodoform, alcohol,

Treatment of wounds – in strict cleanliness –

Pericarditis.

Renal, Rheumatic,

Pericardial effusion - do do - Anaemia.

Fatty degeneration.

Alcohol. Phosphorus. Secondary to disease of arteries.

Fatty infiltration.

Angina. cardiac strain.

Atheroma. Syphilis - Old age - Stasis condition.

Cardiac vascular degeneration.

Hypertrophy - + tension -

Valvular disease

1. Aortic. 2 Mitral -

a 1. congestion in lungs. 2. Cyanosis. 3 dyspnoea

b 1. dropsy in legs - abdomen.

c. kidneys, liver, stomach.

Compensation.

Dangers. Syncope. Haemorrhage.

Treatment. Rest - mental. bodily

Light diet.

purgatives. diuretics.

cardiac stimulants. (Op).

special exercises.

CEREBRAL LOCALISATION.

MOTOR TRACT. (Centrifugal Function).

Starting from the cortex in front of the fissure of Rolando, descends by the corona radiata, internal capsule, pons, medulla, and crossing to the opposite side, to the anterior horns of the grey matter in the spinal cord. From the anterior horns the motor nerves arise.

MOTOR AREAS IN CORTEX.

Frontal lobe in front of fissure of Rolando: from above downwards in order leg, arm, hand, face, mouth.

SENSORY TRACTS. (Centripetal Function)

Ascending from the sensory nerves to the posterior horns of the grey matter, crossing in the spinal cord and medulla to the opposite side, ascending through the pons and crura cerebri to the internal capsule behind the motor tract and thence to the sensory areas of the cortex.

SENSORY AREAS IN CORTEX.

Vision : in occipital lobe.
Hearing : in temporo-sphenoidla lobe.
Taste and Smell : probably in temporo-sphenoidal lobe.

APHASIA : two varieties:-
Motor: in Broca's convolution : left third frontal convolution.
Sensory : word blindness: angular convolution.
word deafness : temporal convolution.

CEREBRAL HAEMORRHAGE.

Results depend on situation and amount of damage.
(a) Common site Middle Cerebral Artery : internal capsule.
(b) Hemiplegia of opposite side.
(c) Aphasia if left artery is ruptured.
(d) Hemi-anaesthesia (incertain cases) of opposite side.

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Acute Symptoms of Bodily Disease

Shock. may follow accident, blow, operation, extreme emotion,

Collapse. may result from shock – sudden haemorrhage, poisoning, etc.

Grey colour, clammy skin, perspiration, sometimes yawning, vomiting.

Pulse – small, thready, shallow respiration – impending death, anxiety

Blood pressure low – blood in abdominal veins –

Treatment. horizontal posn – hot bottles – fresh air – hot foot? to heart –

Stimulant – Ether draught – Brandy –

Saline injection.

Syncope. failure of blood to reach brain – heart beats feeble

Pallor, sudden unconsciousness, falls –

Treatment as in collapse – dependent degree –

Usually, head low suffices – warmth.

More serious in elderly people whose arteries are less elastic.

When getting up in from bed – micturition – or after hot bath.

Inject. ether – strychnine –

Sudden Dyspnoea.

Asthma – spasmodic – a m. sudden. blue. perspiration.

seems like trouble. rarely so –

a nervous disease – capricious –

Sudden interference with lung circulation. embolus.

Rupture of lung – pneumothorax.

Choking – coin, hard food, false teeth –

promptitude essential.

Haemoptysis. colour, frothy, – rupture of blood vessel in lung –

Haematemesis food, – – – – in ulcer.

Horizontal – quiet – no stimulant – ice to suck – ice pills.

warmth to chest to abdomen – Save vomit or sputum

Haemoptysis. Phthisis, Heart trouble, Pneumonia

Haematemesis. Poisoning, ulcer, cancer,

Internal Haemorrhage. into peritoneum – body cavity or intestines.

Typhoid, Ruptured cyst, extra uterine pregnancy.

Sudden collapse – without apparent cause – sometimes pain

Abdominal pain.

Colic - intestinal - muscular contraction of intestine.

Rupture of organ - e.g. appendix -

Gastric ulcer.

Indigestion - or irritant poisoning -

No food for a time - Hot bottles - or hot bath.

Intestinal obstruction.

Inst. hernia, new growth.

No peristalsis - nothing passed or flatus.

Vomiting - duodenum, then faecal.

General condition - grave - collapse probably -

Renal colic

Biliary colic.

Distended bladder. in stupors - melancholics. G P 9.

In severe abdominal pain.

DON'T. give a purge -

" give food - or anything by mouth.

ENSURE warmth, quiet, fomentation - stupes.

If collapsed - saline injection -

Vomiting. ~~Indigestion~~ - General condition bad.

fever, shock, collapse, concussion,

Nervous causes - meningitis, tumour of brain,

Irritation of stomach. Poisons, irritating food -

dyspepsia, cancer, gastric ulcer,

~~Pa~~ Obstruction to alimentary canal.

Pregnancy - hysteria pernicious. or a bad habit.

Treatment - will depend upon cause -

If irritation or disease of stomach. rest - nothing by mouth - ice, pills perhaps -

If general cause judicious feeding with small quantities frequently.

Save vomit for inspection.

Diarrhoea. Acute sudden -

Nervous. emotion - shock -
as in cholera

Acute intestinal irritation. pain, collapse.

Horizontal position - warmth & limbs - hot bottles, fomentations -

Starch & opium enema may be ordered.

Angina. Acute cardiac pain - most intense - "Tonight" -

generally due to deficient circulation in muscle walls of heart. or fatty heart.

Pain shooting down arm -

Reduce blood pressure - amyl nitrite - nitroglycerine -

stimulants - warmth to limbs.

Palpitation. from nervous causes - fear. exophthalmic goitre -

Anaemia - of all kinds -

dilatation of heart - fatty heart

Valvular disease -

Acute distress - fear of death - in bad cases -

Often best in upright position - Ether draught - Sp. Am. Ar / Sp. Ether. }

Thrombosis.

Phlebitis. in typhoid - debilitated -

Clotting of blood in vein - Thrombus. leading to Embolus.

In Arteries - esp in Cerebral arteries - stopping of circulation.

Thrombi in heart - ante-mortem.

Vegetations - Rh Fever. Ulcerative Endocarditis.

Embolism.

From Veins - to lungs - infarct. or sudden death of lungs.

From Heart. to general circulation - cerebral complications.

Air Embolism wound of jugular vein -

air sucked into venous circulation.

Muscles ~~attached to~~ moving Shoulder ~~+ Trunk~~

Trapezius. + Rhomboides – pull shoulder back

Serratus Magnus. pull shoulder forwards.

Arm.

Moving forwards. Pectoralis Major Biceps.

Raised up. Deltoid Upper part of Trapezius.

Move backwards. Latissimus Dorsi

Forearm.

Flexed – Biceps – Brachialis anticus. | Pronation – ~~Bi~~ Pronators.

Extended Triceps | Supination Biceps Supinator.

Wrist + fingers

A number of muscles in the forearm. Flexors + extensors

Moving Hip.

Extending joint — Gluteus Maximus. – Hamstrings muscles.

Abducting – Gluteus Medius.

Adducting. Adductor Magnus.

Flexing joint . Psoas. Partly the Quadriceps extensor

Moving Knee joint

Flexing. Hamstrings muscles + Gastrocnemius.

Extending – Quadriceps extensor.

Moving foot Tibialis anticus. + extensors of toes.

Extends foot – (tip toe) gastrocnemius. + flexors of toes

+ tibialis posticus.

Abdominal muscles.

Rectus. – External ~~op~~ oblique, Internal O. Transversalis.

Diaphragm. Quadratus lumborum.

Spinal muscles. Erector Spinae

Neck. Trapezius – Sterno-mastoid

raising Deltoid + Trapezius
depressing Pectoralis + Latissimus dorsi

Oct 17. 1901

Principal Muscles of the Upper Limb

Name	Origin	Insertion
Trapezius	Occiput + Cervical, Dorsal Vertebrae	Clavicle + Scapula
Latissimus Dorsi	Dorsal Lumbar Vertebrae + iliac crest	humerus
Pectoralis Major	Clavicle Sternum + ribs	humerus
Serratus Magnus	Ribs	Posterior edge of Scapula
Rhomboids	Dorsal vertebrae	Posterior edge of Scapula
Deltoid	Clavicle Scapula	humerus
Biceps	1st head - Scapula	Radius
	2nd head over joint into Scapula	
Brachialis Anticus	Humerus (in front)	Ulna (front)
Triceps	1st head Scapula	Ulna (behind)
	2nd + 3rd head humerus (behind)	

Movements of Shoulder

Raising upper part of Trapezius
forwards Serratus Magnus (Pectoralis)
backwards Trapezius, Rhomboids

Movements of Arm

Forwards Pectoralis Major, biceps
backwards Latissimus Dorsi
raising Deltoid + trapezius
depressing Pectoralis + Latissimus dorsi

Movements of Forearm (Elbow joint)

Flexion Biceps, Brachialis anticus
Extension Triceps
Supination Biceps + the Supinators
Pronation the Pronators.

Movements of Wrist + fingers

Flexion the flexors
Extension the extensors,

Oct 17. 1901

Abduction Gluteus medius [illegible]

Extension Oct 31. 1901 Gastrocnemius

Muscles of the Lower Limb

Name	Origin	Insertion
Gluteus maximus	Iliac crest, Sacrum & coccyx	Fascia of thing & Femur
do. medius & minimus	Outer surface of Ilium	Great trochanter of Femur
Inner Hamstrings	Ischium	Inner side of Tibia
Outer Hamstring (Biceps)	(1) Ischium (2) Back of Femur	Head of Fibula
Ilio-psoas	Inside of Ilium, Lumbar Vertebrae	Upper part of femur
Sartorius	Crest of Ilium	Inner side of Tibia
Quadriceps extensor	(1. Rectus femoris) Ilium (2 & 3 Vasti & sub crureus) femur	Patella & front of tibia
Adductors (5)	Pubes	Femur - (one, inner side tibia)
Tibialis anticus	Tibia	Tarsus & 1st metatarsal bone
Extensors of Toes	Front of Tibia & fibula	Phalanges
Peronei (3)	Outer part of fibula	1st metatarsal bone etc.
Gastrocnemius	2 heads to condyles of femur	Heel - Tendo Achillis to
Soleus	Back of fibula	Os calcis
Tibialis Posticus	Back of tibia & fibula	Tarsus
Flexors of toes	do.	Toes.

Movements of Hip joint

Flexion - Ilio-psoas - Rectus
Extension Gluteus maximus
Adduction Adductors
Abduction Gluteus medius & min.s

Knee - extension Quadriceps.
Flexion Hamstrings & gastrocnemius

Ankle ~~extension~~ flexion Tibialis anticus & extensors
~~flexion~~ extension Tibialis posticus & flexors
gastrocnemius

Oct 31. 1901

Muscular movement.

A muscle is flesh - reddish in colour -
richly supplied with ~~pl~~ blood vessels, lymphatics, nerves.
Function of muscle to contract. Two ends approximate.
In voluntary muscles this arises from voluntary stimulus always of nerves.
Muscle contracting does work - raises a weight -
Uses up its substance - liberates heat, CO_2.
Exercise means greater metabolism.
A supply of food. + removal of waste products.

Effect upon body depends on which end is fixed.
Origin of a muscle is its attachment nearest the trunk.
Insertion is where its tendon is fixed to the bone or fascia.

Advantages of regular exercise in moderation.
Causes tissue change
Assists circulation especially venous.
Assists lymphatic circulation.
Contributes to the removal of waste products.
Expands lungs, rendering more effective -
Micro-organisms attack parts of lungs not used chiefly
Muscles are a source of bodily heat. (temperature rises with exercise)
Assists in peristalsis - esp. Stomach + large intestine.
Perspiration ~~ca~~ increased (if no sweating) removing waste products.

Terms used -

Flexion - Flexors
Extension - Extensors
Abduction - Abductors
Adduction - Adductors
Pronation - Pronators
Supination - Supinators.

Inflammation. caused by any irritation -

Rubor, tumor, dolor, calor.

Redness due to increased blood supply -

Tumor to this + exudation dolor pressure or injury on nerve endings

Calor - increased blood supply? -

Illustration Mustard Poultice -

Resolution - complete - incomplete adhesions -

Stasis - gangrene - necrosis e.g. sloughing.

Partial cellular ~~rex~~ necrosis - suppuration -

Septic Fever - due to absorption - symptoms -

Pyaemia - regions. abscesses -

Nature of fever illness depends on micro organism -

Injury to skin with rusty nail. - not rust but microbes.

Locally inflam^n - suppuration - If too severe

Lymphatic infection - to nearest gland - strained off.

Then septic fever - Staphylococcus. Streptococcus.

Other diseases by local infection -

Tetanus - Hydrophobia. Anthrax, Glanders, Erysipelas

Malaria, Sleeping sickness. from insect bites.

COMMON SPECIFIC FEVERS WITH RASHES

	Incubation	Early Symptoms	Leading Symptom	Duration of Fever	Common Complications
Measles	12 days	Fever Coryza	Mottled rash 4th day. Face first	About 4 days after rash	Bronchitis Ear trouble Enlarged glands
Scarlet	3 or 4 days	Sudden onset. Fever. Sore throat	Red rash 2nd day. Chest first: peeling later	About a week. 103-104°	Ear trouble. Heart. Kidney disease. Glands. Rheumatism
Chicken Pox	About 14 days	Malaise	Spots or Pustules 1st day	A few days, slight	None
Small Pox	About 12 days	Sudden headache. Backache. Fever	Red rash often 1st day. Spots after 48 hours	104°, falls when rash is out	Confluent spots. Haemorrhages. Eye disease
Typhoid	About 14 days	Insidious fever. Often diarrhoea	Rose spots. Discrete begin end of 1st week. Successive crops. Enlarged spleen	Usually 3 weeks. 103-104°	Haemorrhage. Perforation. Deafness. Delirium. Thrombosis.

ACUTE INFECTIOUS DISEASES WITHOUT RASHES

	Incubation.	Onset. Early symptoms.	Leading symptoms.	Course.	Complications.
Whooping cough.	About 14 days.	Feverish cold. Cough.	Peculiar spasmodic cough. Whoop.	Weeks.	Bronchitis.
Mumps.	3 weeks.	Fever. Malaise.	Enlarged parotid gland: first one, then the other.	About 10 days.	Mastitis. Orchitis.
Diphtheria.		Fever. Malaise.	Sore throat. False membrane may extend. Nasal larynx.		Kidneys. Paralysis. Throat. Legs. Heart.
Influenza.	2 or 3 days or less.	Fever. Backache. Prostration.	1.Fever. 2.Gastro-intestinal. 3.Nervous.	36 hours if no complication.	Pneumonia. Extreme feebleness. Depression. Rashes.

Some common fevers -

Measles.

Early symptoms deceptive - cold in the head.

Peculiar Temperature. before rash appears

Complication. Bronchitis.

Ear disease.

Scarlet.

Sore Throat. Rash -

Complications - 8th day - nephritis.

Sequelae - Kidney disease.

Influenza.

Irr rash - T°. 36 hrs. pain back -

Comp^s - Lungs - nervous breakdown.

Enteric.

Insidious onset - rash absent sometimes.

Character of Temp^r -

Comp^s - Perforation. Peritonitis.

~~Hyperemites~~. Hypostasis.

Infection from Micro-organisms -

Local infection.

Inflammation - redness pain, swelling, heat

Exudation of white blood cells. repair - resolution.

Suppuration - . Abscess. organisms in question.

Necrosis.

General infection. prevented by lymphatic glands -

Septicæmia - fever - features.

Pyæmia - Purulent deposits. abscesses, pleurisy,

Organisms in question - Staph. p. aur. strepto.

Modern treatment by Antitoxin - serum of immunized animal.

Specific fevers -

Known organisms - Anthrax, Tuberculosis,

Typhoid, Cholera, Malaria, Glanders, Relapsing, Sm. Pox.

Unknown at present - Scarlet, Measles, Wh. Cough,

Mumps, Influenza.

General features of Fevers. Exanthemata.

Incubation Period.

Prodromal symptoms. Onset.

Rash or other characteristic symptom. Very sick persons must take care.

Complications.

Sequelæ.

General principles of nursing - fevers.

Refusal fevers

Until diagnosis is made no solid food. milk.

Save patients strength. bed & entirely waited upon.

Give sufficient food - at regular intervals. Mouth clean -

Do not limit drink. soda water, lemon water, barley water.

Keep temp. room - about 60° - see that sufficient fresh air enters.

Keep room quiet - no visitors - no talking - avoid all worry -

Go about duties with calm confidence.

Hyperpyrexia. (1) Cradle Take T°. after ½ hr. 1 a, pm.

(2) sponge "

(3) Ice pack "

(4) Cold Bath.

The duties of a nurse as I understand them are to wait on those unable to help themselves, to strive to relieve pain & suffering and in case of sudden emergency to render ~~st~~ assistance until medical aid can be obtained.

The Doctor prescribes but it is the nurse who on the one hand carries out the treatment & on the other by careful observation keeps the medical man acquainted with the course of the case. ~~The medi~~ Medical attendance is only intermittent, ~~usually by ~~ ~~necessity~~ for perhaps a few minutes a time; ~~the nurses duty is~~ the nurse is in almost continuous attendance and in consequence she can render most valuable assistance if she can observe carefully & correctly.

The object of the lectures is to assist the nurse in understanding what she sees, and ~~in~~ to explain the reasons ~~for~~ underlying many of her instructions. We think anyone will be a better observer if guided by an intelligent knowledge of what may be expected, and also that anyone who has spent time in thinking over what should be done in emergency is more likely to do the right thing ~~in the~~ when occasion arises than ~~any one~~ another who has never given heed to the matter.

But the acquisition of knowledge involves new dangers. I always think the person most to be dreaded ~~in~~ is the man who is unconscious of his own ignorance. The person who knows that his knowledge of a certain subject is limited & imperfect is far more likely to do the right thing in relation to it that he who thinks he knows all about it.

This involves the old question as to the difference between ~~&~~ wisdom & knowledge. That it is well to have large stores of information all will admit but unless we can use our knowledge wisely it is little use ~~to~~ us.

It is I think clear that no amount of reading ~~or~~, no ~~not~~ attendance at lectures, ~~no watching others at work~~, however diligently the notes may be taken & written out afterwards will suffice to make a nurse. The essential qualities are those of character & fitness, & these cannot be ~~&~~ acquired by study. Yet it is also quite clear that given the essentials careful study, combined with experience will immensely enhance the ~~capacity of the nurse in discharging her~~ ~~for her duties~~ nurses' capabilities.

STATES OF DEPRESSION

occur at times in almost every form of mental disorder.

The following clinical types are common, but intermediate forms exist.

	Depressive form. Manic-depr. Ins.	Acute Melancholia	Excited or Agitated Melancholia
HEREDITY.	Strongly marked	marked	less marked.
AGE	First attack usually in early life	usually adult	after prime climacteric
PHYSICAL SIGNS.	Loss of weight. Slow pulse General atonic state.	Digestive disturbance marked. Constipation. Often diminished urea	slight fever, quick pulse marked leucocytosis Less marked indigestion
MENTAL. Ideation	Hindered slow response Dearth of ideas	not so much hindered Responds to questions about self. Often confusion.	Rarely confusion
Delusions	~~often~~ present.	present. prominent.	prominent.
Hallucns.	rare + late	vivid imperative	often absent
Emotional	depression	acute misery	depression. often apprehensive of ~~calamity~~. evil
Psycho-motor	Tendency to stupor inactive resistive speech often slow ~~and~~ hesitating	Any effort distasteful fatiguing. Silent often.	Restless. continued agitation. lamentation.
Sleep.	wakeful	marked insomnia	often sleep well
Suicidal tendency	not marked	very serious	serious
PROGNOSIS	Good as regards present attack.	Fairly good recovery in 6 mos or year.	not good many become demented.
12.	19	19	19
15		35	55

STATES OF DEPRESSION

sometimes occur in almost every form of mental disorder.

Simple Melancholia - depression without delusion or hallu. often a passing phase of some other form. or mild variety of one of the following.

Jan 1/13

General considerations affecting Mind & Body.

Nature of relationship unknown. The problem of life.
Evasive answer as good as any. What is mind no matter?
Two schools of Thought
Materialistic – mind the function of nervous centres.
all mental activity depending upon brain changes.
Spiritualistic – ~~(metaphysical)~~ mind is not material,
is associated with matter but may exist independently.
Brain the instrument thro which mind works.

His difficult to limit the question to ~~mental~~ psychological matters:
question of ethics & religion arise
Discussion is unprofitable. Subject really unknowable.

Materialists. reduce man to a mechanism.
Doing away with Free Will. limiting the noblest form aspirations.
Spiritualists – responsible for much superstition.
Insanity not due to material causes but to evil spirits.
The cows sickened because of the 'evil eye'.
Cannot forget that scientific advance has been along materialist lines:–
That the discoveries of Kepler Newton. enabled eclipses to be ~~[illegible]~~ foretold.
That Hughings Jackson showed that one form of Epilepsy was due to disease
Koch. – Kings Evil was Tubercular.
We here know that feeding removes apparently spiritual infirmity.
We all know that mental states depend upon ~~[illegible]~~ bodily condition
Is life worth living. It depends upon the liver. ?
Some thought as ancients in calling Melancholia – Black Bile.

Thus we will express no opinion on the nature of mind, or on its relation to matter. We will remember
They act & react.
Broadly speaking material considerations are the most important to us.

Banish all idea that madness is due to demoniacal possession.

Colourable excuse - in epileptic frenzy -

Description in Bible - + the cure.

This ~~Sup~~ superstition has caused untold misery -

(1). ~~Unless~~ underlies cruel treatment. Drive the spirit out.

(2) Partially explains the stigma

(3) + the unreasoning fear of the insane - — e.g. visitors ~~than insane~~

~~A patient once said her mother had taught her that she would sooner see her dead~~

We recognise that Insanity is due to disease. Has material causes -

Thus. Alcohol disorders mind, so other poisons - other injuries

We become more charitable - for we see that much wrongdoing depends on disease -

We excuse not a few crimes -

The danger is that we undermine all responsibility -

but - no - we recognise partial responsibility --

+ the necessity of discipline in treatment.

On the relation between Mind & Body – Lecture to Nurses. Jan. 15. 96.

It is not proposed to raise and attempt to decide a question which for centuries has been fruitlessly discussed. Metaphysicians, philosophers, theologians, have continuously wrangled over this question – & have failed to show the nature of mind, failed to show how it is related to the body. The problem still is insoluble. Can mind be proved to exist apart from matter? It would seem as if we shall never know the nature of mind – it is our minds that are investigating into it, & it seems unlikely that anything can know all about itself.

The clever & witty, if evasive answer given in the following seems to express almost all we know.

What is mind? no matter. What is matter? never mind.

Those who have studied the matter most closely are divided into two camps – there are two schools of thought, the materialistic & the spiritualistic.

Materialists look upon thought and will, & all forms of mental activity as being due to the working of the brain & nervous system

Spiritualists allow that mind as we know it is closely related to the brain yet they consider that mind can exist apart from matter, & that our brains are as it were an instrument through which our spiritual nature works. (nothing to do with 'table turning').

The logical tendency of materialism is make men & women into complicated machines automatically doing their work – ~~automatic machines & consider them devoid of power to control~~ whilst the spiritualists ascribe to each a soul involving to each a large measure of responsibility for their actions.

Such are the views which men have taken and still take. & I believe argument upon them is useless and unprofitable. All I need say is that as a belief to live & work by the doctrine of the spiritualist is happier for ~~to live~~, & is much more fruitful for good even tho' it is a belief not admitting of scientific proof than the close argued fatalistic teaching of the materialist.

But though this is my opinion, I am fully aware that the doctrine held by the spiritualists has led people far from fact and common sense & they have been the responsible for superstitions that ~~have~~ centuries have not dispelled.

Whilst the school-men of the middle ages were discussing with all seriousness how many angels could stand upon the point of a needle - the people were still attributing ~~every malady~~ much of the illness from which they suffered to the ~~effect~~ influence of some evil spirits, or to the evil eye of someone in league with the powers of darkness.

It was not until men began to enquire into, laboriously experiment upon, to investigate the natural object around them that they began to see that much that thought was supernatural admitted of a ready explanation

Thus the wonderful discoveries of astronomy of the 18 century resulting in the power to foretel eclipses of the sun & moon dispelled at once the superstitious fears of those who looked upon these mysterious ~~appearances~~ occurrences as being portents of famine or pestilence or some terrible calamity.

No persons have suffered more from the superstitions of the day than those who have been afflicted with mental disease. This terrible mysterious malady, altering the whole character & conduct of a man was in the middle ages ascribed to the influence of evil spirits. And it was further believed that by severe treatment the daemon might be driven out. This is in large measure the explanation of the cruel treatment of the insane which existed everywhere until 100 years ago. ~~Then~~ In 1792 as you all know this institution was founded by William Tuke whose picture is in the Committee Room - He started the great reform in England. Pinel started it in France independently about the same time. But even to this day the insane in Syria are treated even by so called Xtian churches (The Greek church) with precisely the same barbarity - & probably due not so much to wilful repulsive cruelty but to the same superstition that an evil spirit has to been contended with & strong measures are necessary.

But even now, in our own land, the relics of this superstition are ~~dead~~ not dead. In the middle ages. as in the time of Christ affliction of thought to be due to wrong doing - The disciples asked our Lord relative to the Blind man, Did this man sin or did his parents?

From the same idea arose the fixed belief that mental disease was an affliction that brought disgrace into a family & this superstition remains to this day.

The desire to hush up an illness of this kind, is in view of the wide spread views of society not unnatural, since a young man or woman who has recovered from an attack of mania cannot readily obtain work without suppressing the facts of the case –

But the wide spread views of society, the deceit that is practised, the notion that mental disease ~~is~~ brings a stigma into a family, & which prompts the secluding away from the world the unfortunate member, making him in fact a skeleton in the cupboard; all this I say is akin to superstition & the whole of our influence should be directed to a straight forward investigation of facts & the avoidance of all prejudice. It may ~~now~~ be naturally asked ~~to~~ why are all those working for the insane, bound over to avoid saying anything of the patients under their care.

I think on reflection that this a duty – since it is only fair to the patients themselves most of whom would wish it were their well, & fair to their friends & relations who are quite at liberty to keep their troubles to themselves if they wish to do so – ~~Though~~ ~~this is our duty still I look forward to the time which is standing~~ approaching ~~that~~ when those under our care will only be secluded from outside influences ~~for~~ for their own good, & that ~~the~~ others ~~whom affliction may~~ who may need to placed under care ~~in hospitals for the insane may find them~~

But as knowledge widens I have no doubt but that our hospitals for the insane will become much less places for seclusion than at present. That visitors will be as regular & as frequent as the welfare of the patients will permit & that in the future it we become a very rare thing for relatives to put away, & try to forget the insane members of their family.

For the purpose of our lectures - we must consider the the Brain is the Organ of the mind - Mental action is ~~accompanied~~ due to Brain action.

This we can safely assume - it cannot be proven - the man to clear up the difficulties of ~~pt~~ psychology has not been born - We await pr a Newton or a Darwin.

Relation between Brain & Body - & Body & mind very intimate.

Though my summing up of the discussion may ~~spiritualist~~, practice is the other.

Mental action always due to cerebral action.

The body at large has a large influence

Melancholia, Splenetic, Frenzy -

Mental disturbance caused by bodily changes -

1 Drugs - Alcohol Hasschish (Cairo)

2 Fevers

3 Injuries to Brain - may cause more, may cause much

4 Fired up poisons -

Jaundice - case

Constipation case.

Bodily conditions in the insane

1. Malnutrition
2. Loss of appetite
3. Constipation
4. Sluggish circulation
5. Dyspepsia
6. Headache
7. Sleeplessness

Remote indispositions may cause serious symptoms.

Attend to everything complained of.

1899.

Forms of Mental Disease.

		Men.	Women.
Melancholia.			
Simple		(Mr Wilson Sharpe).	(Mrs Sullivan) (Miss Baynes).
Delusional.	~~hypochondriacal~~ visceral.	Mr. Nicholson, Mac Kay.	Miss Barritt.
	suspicion	~~Wm Ed. Walker~~.	Mrs Cadbury - Miss Watts.
	impending calamity	Mr Burt.	Miss Dyson.
	unworthiness	(Mr Gatcliffe)	Mrs Taylor. Miss Emily Dell.
	destitution		Mrs Tanstrow.
Hypochondriacal.		Mr. Jones.	Mrs Chapman.
Agitated		Mr Clothier.	Mrs Severill.
Resistive		Mr. Nicholson.	Miss Christy, Miss Wright.
Suicidal.		Mr. Craven.	(Mrs Sullivan) Mrs Cadbury
Mania			
Simple		(Mr Jaffe.) (Coltman)	(Miss McArthur). (Mrs Edgerley).
Delirious		Dr Lyth.	(Mrs Drape).
Acute.		Linney. Mort.	(Mrs Pare) Mrs Walker. (Miss Nicholson) (Miss Vindtallé) (Miss Bruce).
Delusional ~~Chronic~~		J. J. Payne, Denton. Appleton.	Mrs Pycock, Miss Briggs.
Homicidal		Ed. Fellitter,	Miss Smith.
Chronic.		(Mr Baker) Sewell, Mr St Craven.	Mrs Berney. Mrs Copley Miss Burbidge Mrs McAllum, Miss Cassidi.
Alternating Insanity		Mr Burt.	S. Sanders.
Paranoia. Progressive del. Insanity.		Ed. Fox, Ridge,	Mrs Milnes
Dementia	~~Primary~~.		
	Post-maniacal. Secondary.	B. Walker.	M. Thornitts, Steel.
Causation	Organic brain lesion.	Marten.	Mrs Bower
	Senile	Canon Dwarris	Mrs Hall.
	Alcoholic.	Mr Sutcliffe, Thos. Armstrong.	(Mrs Patchett.)
Imbecility		E. Pickard	Miss Christy.

9/1/97

Forms of Mental Disease

Illustrative Cases

		Men.	Women.
Melancholia.			
Simple.		(Mason, Lees (Cormack.)) Wright.	(Behrens) Peacock
Delusional.	destitution		Hanabrow. Ridings.
	of suspicion	Smith, Jacob	~~Holdsworth~~ ~~Brackstin~~
	of impending calamity	Proud. (J. Simpson.)	Mrs Cadbury. Mrs Dyson.
	of unworthiness	Ratcliffe	Dell
	of persecution	Medley. (Marshall)	Leslie
	&c many others		
Hypochondriacal.	in various depres.	Doncaster	(Croft) Chapman
Agitated		(Clothier)	Vevers. Denham.
Resistive		Brown	Christie
Suicidal.	not distinct, any form may be suicidal.		Cadbury.
Mania			
Simple		Kirk. (Jeffe) (Cormack.)	Edgerley, Nicholson.
Acute.		(Mart. Purdie)	Ramsden Clegg. Buckely. Hoop.
Delirious	(Recurrent. ----	Holden Salvin, Kaye	E. Walker.
Delusional.		J.J. Payne. Dentin	Holdsworth. Gyerck
Homicidal	+ Impulsive	Fillitir	Palmer. Champley.
Chronic		Craven Sevell. Chase	Cowley Cassidi McAllen
Alternating Insanity		Berrett.	S. Sanders.
Delusional Insanity.	many forms. Indead.	Appleton	Bromborn
	Grandeur.	Ed. Fox. Stapleton.	Milnes.
	of Identity.	Sedgwick.	Mackenzie.
	Unknown nature of persecution.	Dunbry	
		Jos Payne.	
Stupor			Dudding. (Morrell, Scott).
General Paralysis			
1st Stage, elevation mania. or melan.		Naish. (? Cornwell.) ? Proud.	
2nd Stage	Paralytic symptoms commence. speech, writing, pottering	Senior.	Harker.
3rd Stage.	dementia bed-ridden	Palmer	
Dementia		Armstrong. Theobald. Clark. Hornsil.	M. Theile, Foster, Steel, Payn, Southall.
Idiocy		Whitehead. Blakey. Pickard.	M. Smith.
Epileptic		Edmondson. Beasley.	Corder Wood.
Alcoholic + other poisons		Smith. Clayton. (Hirst) Armstrong.	Patchett. Hadaway.
Traumatic		B. Walker Southall.	
Paralytic		Martin.	Bower.
Senile		(Airay. Ringer)	Moxon.
Puerperal			

Leading Symptoms of Mental Disease.

Insanity. A disturbance of the mental powers which render a person unfit to discharge the duties of life.

It must be considered as due to disease or disorder of the brain or part of the brain even though the nature of the change in the brain is at present quite unknown. Insanity not demoniacal possession.

~~Intellectual disturbances~~

Excitement, exaltation - which is called Mania } both a degradation.
Depression - pain - - - Melancholia. }

Delusions. a false belief. of all kinds - due to defective reasoning -

They may arise from hallucinations - very common, also -

Hallucinations. are disturbances of sensation - affecting every sense in different cases -

Sensation received without proper cause -

Distinguish from Illusions - = misinterpreted sensation.

Voices, visions, bad tastes or smells, pains, tickling - each tending to produce delusions

Stupor, confusion of ideas, dazed

Uncontrolled actions. { Homicidal impulse | also. automatic acts of Epileptics & others.
{ Suicidal -

Perverted affections - especially towards relatives

Perverted appetites.

Loss of control - implies errors of conducts in every direction -

Departments of Mind - Old School

Feeling - Sensations & emotions -
Willing choice, action, impulses.
Knowing Beliefs - Reasonings -

		Men	Women
Melancholia.			
Simple		Thompson –	
Delusional	visceral	Mr. Mackay	Mrs Mackay
	suspicion	J. C. Smith	Miss Walls
	impending calamity		
	unworthiness	Mr Green	Miss Emily Dell
	persecution		Mrs Hanbury
Hypochondriacal		Mr Jones. Doncaster. Kershaw –	Mr. C. Smith
Agitated		Mr Fairbrother & Mr. Clothier	Mrs Elridge. Powell
Retiring		Mr. Thompson first admission – Mr Nicholson	Miss Wright
Suicidal			Mrs Cadbury
			Mrs Dawey
Mania. Simple		Mr. ~~Mark~~ Coltman	Miss Payne – Mrs Pane
delirious		Dr Lyth	Miss Burns –
acute		Mr Grant. Linney –	Mrs J. W. Walker – Miss Van Halle
delusional		J. S. Payne, Mr Greenhalgh – Denton. Appleton.	Mrs Charlesworth. Paycock Briggs
Homicidal		Ed. Gillister	Miss Crawen
Chronic		Mr. J. H. Crawen.	Miss Cassidi – Mrs McCallum
		Sewell	Mrs Cowley. Miss Palmer
Recurrent.		Mr Linney ?	Mrs Woodhead ?
Hereditary Insanity			
		Mr Burt	Sarah Sanders
Epileptic Insanity		Mrs Corden	Charles Bentley
		Miss Wood. Miss Randal	Arthur Edmunson
Alcoholic		John E. Smith	Mrs Crawen
~~Pro~~. Organic Insanity		Mrs Bower	Mr Martin
Dementia			
Primary		Miss Whitwath	Crocker
Senile		Canon Dwarris	Mrs Goodall, Mrs M
Secondary (Mania)		B. Walker. (slight). Clutton,	Maggie Hewitt
			Mabel Bennington
Stupor.		Miss Waterhouse – Miss Mowell –	
Paranoia		Mrs Fox – Mr Ridge	Mrs Milner.

		MEN	WOMEN
	Forms of Mental Disorder.		
1	Congenital — a Idiocy, b Imbecility	a Thomas b Pickford. Thompson Blakey.	Christy. M Smith
2	Mania — (a) Acute Delirious mania.		
	b Recent, chronic recurrent	b.	b Mc Smith
	c Simple	Davies.	
	d Acute.		Grant.
3	Melancholia — a simple		Clegg.
	b Delusional		
	c Resistive		
	d Agitated		
4	Alternating Insanity.		S. Sanders
5	Delusional Insanity.		Leslie. ~~S. Sanders.~~ ~~Sanderson.~~
6	Stupor & states of Confusion		
7	Volitional & moral		
	(a) Sudden uncontrolled impulse		
	(b) Lack of moral sense		
8	GPI		
9	Epileptic		
10	Dementia		
	a Primary		
	b Secondary		
	c Organic		
	d Senile		

Melancholia. Mental pain – unhappiness cause not apparent –

Simple. no intellectual disturbance – emotional – more often dark complexd. people.

Usually some physical change – sallow, lethargy, furred tongue, loss of appetite,

sleeplessness, pain in the head, constipation –

Acute. higher degree of the former – describe Mr. Mayou.

Delusional. sense of unworthiness –

committed to unpardonable sin.

suspicion, of impending calamity.

destitution.

visceral delusions – Bowels blocked.

Hypochondriacal.

Resistive.

Mania – not exaltation in sense of increase of power –

Generally – melancholia for a time before –

1. Simple — deficient self control – excitement, restless, talkative, hilarious Davies
2. Acute — excitable to violent – quick fleeting halls, visions, ~~&~~ incoherence, planning, extravagant, Trest
3. Delirious.
4. Delusional Mania – more coherent – more thought but with delusns
5. Homicidal. Fisher, Mr. Fellows – Gregory. Mrs. Crowen, ~~Sonnenstein~~
   sometimes epileptic – often automatic
6. Chronic

Alternating Insanity – folie circulaire –

Stupor.

~~Epileptic Insanity~~

Dementia mental enfeeblement –

Senile –

Secondary to previous insanity – poisoning

Praecox – Early dementia – + progressive –

usually – halls, movements,

Organic –

~~Path~~ Mar 1 1914.

Pathology. Unknown.

Some forms – Epileptics, Senile, Alcoholic } degeneration of nerve cells.

G.P.I. – this marked – wasting of cortex.

Alcohol, Belladonna induce madness.

Poisons circulating in blood.

Influenza – Nervous poison – –

Post febrile insanity – ~~Class~~ Puerperal.

Acute delirium, Melancholia } toxic

Soil as well as poison – susceptibility.

Const^n – + fits – ds + delirium.

Terms used.

Willing – impulsiveness.

inhibition – doubt

Knowing – confusion

~~incoherence~~.

delusion

Feeling – Emotional disturbance

exaltation – depression

Hallucination

General incoherence – attention fleeting –

stupor – ~~feelings dulled~~ generally dulling of faculties

attention persistently fixed.

Pinel - life - charac. appearance
Concerning Corsica Lieutenant 93 45/28

Sensible, good with well balanced, powerful faculties - Came to Paris 1778 aged 33 - Doctor philanthropist, savant - literary man, with vulgar ambition - Eldest of 7. Father & grandfather doctors, also 2 of his brothers - His mother a prim & distinguished woman - died when he was 15 - Brilliant scholar whilst still young. Simple, reserved, timid with a serious air - Took minor orders - Studied the humanities in a college at Lavaur - The sciences neglected - Familiar with writings of Locke & Condillac & was influenced by Rousseau & Voltaire in spite of religious principles - From Lavaur went to Toulouse where there was a university. Here studied mathematics & sciences - Attracted by physiology & medicine. Took his doctor's degree in 1773 - An eager student amassed knowledge, with a view to using it in future practice - Went to Montpellier - Studied zoology there - Studied hygiene - Made friends with young English student & went with him to Paris - Lodged in the Latin Quarter. Simple tastes, studious life; orderly, economical - Gave lessons in mathematics - Good introductions, well received. He wrote to a brother that Paris pleased him but he would not like to practice there - too much intrigue.

He was not ambitious for himself "I find over happiness in empty, & the prospect of fortune would always be subordinated to the joy of being useful"
A born philanthropist -
After having lived some years in Paris, proposed to settle in America, where the war of independence had just terminated - Not known why he wished to go there unless it arose from his intercourse with Franklin who probably gave him a very favorable impression of America - He considered the question some time but finally gave up the idea of emigrating & remained in Paris - Science had more attraction for him than the prospect of making a fortune - Made his living by writing & teaching - In 1784, he became editor of the Gazette de Santé - Acted as physician to a few business houses, but did not care to practice much - In 1793 one of his friends was seized with mania - Pinel visited him every day & for 5 years ~~he~~ made a special study of mania in Dr Belhomme's private asylum, where originated the moral treatment of insanity - Henceforth appeared a series of articles on madness, Pinel had found his ~~s~~ special line of work - One article treated of the Suicide of Melancholics -
In 1791, the Royal Soc. of Med. offered a prize for an essay on the following subject - "Indicate the most efficacious means of treating patients whose minds are alienated otherwise than by old age" - It is not known whether Pinel obtained the prize but he entered for it -

Students flocked to his lectures & held him in the greatest veneration & honour. A natural timidity handicapped him through life. Presented to the daughters of Louis XV, he remained silent throughout the interview. Later however he was made Consulting physician to the Emperor. It was a nominal post. He was made Knight of the Legion of honour in 1864. Rather earlier he succeeded Cuvier in the section of anatomy & zoology. He was able to buy for himself a house in the country to which he retired for weekends. He received other honours & finally died rather suddenly at the hospital of Salpêtrière at the advanced age of 81 years.

Two portraits of him are extant one representing him in full maturity the other in old age.

"His figure was small" says Dupuytren "his constitution strong; his expression, gentle, bright, spirited & deeply engraved with the wrinkles of age, showed something of the antique, & looking at him one might imagine him a Greek sage."

Pinel Cont.

In 1785, appeared Colombier's report on hospital reform entitled "Instructions for the management of the insane & the method of affecting their cure in the asylums destined for them" Colombier speaks of the way in which different classes & grades of insane persons were massed together, the maniac with the quiet imbecile, the partially insane with those wholly so.

Other reports were issued, but it was not until later that they were acted upon.

He married Mdlle. Jeanne Vincent an orphan, & by her had two sons. She died in 1812.

His marriage took place during the reign of Terror.

He was nominated doctor to the Bicêtre in 1793

The reform of the hospitals decreed by the Government began in the Bicêtre. He first abolished chains. Many cases are cited of those who regained at least partial liberty. One gigantic soldier of the French guard had been in chains for 10 years. "Give me your hand" said Pinel "if you behave well & are reasonable, I will take you into my service" "Cheering" the man in question became docile & calm. This same man saved Pinel from arrest. When some time later he was suspected of harbouring aristocrats, putting to flight the mob who had assembled for the purpose.

In 1795 he went to take charge of the Salpêtrière a hospital containing about 8000 patients. He made there the same changes as at the Bicêtre

State of affairs in 18th century.

Willis. treatment of Geo. III. - flat Pavior - Whipped - knocked down as flat as a flounder -

Description of Bicêtre. p. 154 Hackness on Moral aspects. 1st Case pred p 196 / Hackness

Bethlem Hospital. p. 75. Tuke History. -

19th cent. Lord Shaftesbury - 1835. Duke ~~Dict~~ Hist. p. 173.

Lebanon Hospital - vide - p. 6.

These Cruelties arose thro'.

1. Ignorance.
2. Superstition
3. Love of power. unrestrained
4. Cupidity.

Improvement due to Philippe Pinel in Paris & William Duke in York - independently.

Pinel - a physician - born 1745. died 1826.

Writes on Forms of Insanity - - read Hackness. p. 157

W. Duke a tea-dealer. born. 1732 died 1822. Concerned in Education -

aged 60. when the Ret. was founded. - Lindey Murray £100 & £5 & £1

H Duke. author on religious subjects.

S. Duke - Author of History of the Retreat.

W. B. H. Duke & James H. Duke.

W. H. Duke. the artist.

Dr Fothergill { Thos Priestman, John Fothergill, Timothy White, Wm Duke, John Duke, Wm Alexander, John Head, Wm Maud, John Burlington

Conclude - in

S. Duke - p. 161 - 162.

~~Advantages of living in York.~~

~~Ancient buildings - hospitals~~

A privilege to be associated with an institution which took ~~such a noble~~ a leading part in noble philanthropic work, to know that in this place for no less than 105 years continuous efforts have been made to ~~benefit~~ lessen the most terrible of all evils ~~that~~ touched mankind is subject, it is ~~also to me a source~~ but we must not forget that the traditions of the Retreat ~~are~~ imply a great responsibility, ~~if we are to~~ & if we are to follow in the first steps of our predecessors hard unselfish labour will be our daily lot. ~~& that~~

Egypt — Egyptian Papyrus – Whereas it has been told me etc –

From Dukes Dictionary p1.

In another reference made to diseases caused by evil spirits –

Today calamities are said to be due to the 'evil eye' –

Old Testament – Sauls illness – due to an 'evil spirit which troubled him'

Treatment – playing the harp.

David – feigned madness – scrabbled on the doors of the gate + let his spittle fall upon his beard

Hippocrates 500. BC. On Epilepsy the sacred disease –

" I see men become mad + demented from no manifest cause + at the same time
" doing many things out of place. They, who referred this disease to the gods appear
" to me to have been just such persons as the conjurors, purifiers, mountebanks,
" and charlatans now are .. such persons using the divinity as a pretext +
" screen for their own inability to afford any assistance, have given out that the
" disease is sacred ... + they have instituted a mode of treatment which is safe
" ~~for~~ for themselves again
" Men ought to know that from nothing else but the brain come joy, despondency,
" lamentation ..... + by the same organ we become mad + delirious + fears +
" terrors assail us some by night + some by day : + dreams + untimely
" wanderings + cares that are not suitable + ignorance of present circumstances
" disquietude + unskillfulness Melancholia – = black bile.

Celsus. Recommends severe treatment to the violent " Should conciliation fail patients
should be cured by some form of torment" But also music reading aloud,
friction, massage, – regular exercise

Cœlius Aurelianus vide p. 15. Dukes Dictionary –

New Testament He hath a devil + is mad –

possessed with devils (demoniac) + epileptic Matt. 4. Devils = demons –

Epileptic – oftimes falling into the fire, + oftimes into the water + the devil went out Matt 17.

{ Man possessed with Devils – wore no clothes, abode in no house but in the tombs,
bound with chains + fetters, which he brake + was driven into the deserts. }

Two points – Christ pity for the lunatic –

Current belief that insanity was due to demoniacal possession.

Diseases of Respiratory organs.

Croup. Diphtheria. - Larynx. In children look out for recession -

Bronchitis. - slight - of larger tubes - follows a cold -
acute - affects smaller tubes. Fever moderate
chronic - old people - with wasted lungs -

Treatment warm air. diet moist - steam kettle.

Pneumonia. Lung filled with exudation - solid -
Severe acute disease. Fever high. 104 - 105.

Little movement. quiet -

Phthisis. Bacilli cause local inflammation - + destruction of lung -
Consumption - Evening fever.

Fresh air. feed up.

Pleurisy - Fever variable.
with effusion -
with air. Pneumothorax.

Poultices - mustard leaves.

Inflammation.
Redness. Swelling. Heat. Pain - Rubor, Tumor. Color. Dolor.

SYLLABUS of LECTURES to NURSES & ATTENDANTS, THIRD YEAR.

1. MUSCULAR SYSTEM.
   Mechanism of movement; locomotion.
   Anatomy of muscles of Arm and Leg.

2. MUSCULAR SYSTEM.
   Muscles of Neck and Trunk.
   Physiology of exercise.
   Therapeutics: value of regulated exercise.

3. FEVER.
   Inflammation: signs, causes; suppuration, necrosis.
   Septic fever; infection; rigors; pyæmia.
   Specific fevers: incubation, onset of rash, disinfection.
   Principles of the Nursing of Fevers.

4. ACUTE SYMPTOMS of BODILY DISEASE.
   Chief causes, dangers; emergency treatment of:-
   Collapse, Shock, Syncope, Dyspnœa, Asthma.
   Hæmorrhage: hæmoptysis, hæmatemesis, intestinal, internal.
   Abdominal pain: Colic, intestinal, renal, biliary.
   Vomiting; Diarrhœa.
   Angina; Palpitation.
   Embolism; Thrombosis.

5. SPECIAL SENSES.
   Anatomy of Eye, Ear.
   Outline of physiology of Vision and Hearing.
   Smell. Taste.

6. LOCALISATION of CEREBRAL FUNCTION.
   Motor areas: Broca's convolution and Aphasia.
   Sensory areas: Sight, Hearing, etc.
   Signs of cerebral lesion.

7. CARDIAC DISEASE.
Pericarditis. Fatty Degeneration. Atheroma.
Valvular Disease and its results: compensation.
Treatment. Dangers.

8. RESPIRATORY DISEASES, (from a nursing point of view).
Bronchitis; Pneumonia; Phthisis; Pleurisy; Pleural effusion; Pneumothorax; Asthma.

9. RELATIONS between MENTAL and BODILY DISEASE.
Influence of mind on body and body on mind.
Mental symptoms in disease, e.g., Phthisis, Gout, Myxœdoma, Cardiac disease.
Disease producing insanity or delirium: Chorea, Fevers, Grave's Disease.

10. NEUROSES allied to INSANITY.
Hysteria; Neurasthenia; Hypochondriasis.
Weir-Mitchell Treatment; moral treatment.

11. METHODS of CLASSIFYING INSANITY.
Clinical; Ætiological; Pathological.
Dementia Præcox; Katatonia; Hebephrenia; Paranoia; Maniacal-depressive Insanity.

12. INSANITY in RELATION to PERIODS of LIFE, SEX, etc.
Adolescence; climacteric; senility; Puerperium.

13. PRIVATE NURSING.
Special difficulties and dangers.
Institution versus Private care.
Verbal and written reports; special reports. Value of a Diary.

LEGAL CARE of the INSANE.
Procedure for Private Patient.
In emergency what to do.
Chancery Patient. Voluntary Boarders.
Institutions for the Reception of the Insane.