

Maryannet St. Brown



MONSTER

Reporter's

NOTE

BOOK



Lecture 8
30.10.46

Front Leg muscles

Tibialis anterior.

origin
outer tubercle
of Tibia $\frac{2}{3}$ of its antev
surface goes under
the anterior annular
ligament to 1st cuneiform
at base of 1st met (Plantar
surface)

flexes ankle
joint, raises inner
border of foot.

Extensor digitorum
(Proprius)
Hallacius

from middle $\frac{2}{3}$ of anterior
surface of the fibula
& inserted into ligament
behind, at met. phalangeal
joint & base of distal
phalanx of great toe

straightens &
extends toe & helps to
flex foot on leg.

Extensor digitorum

from external tubercle
of tibia & $\frac{2}{3}$ of upper anterior
surface of fibula
insertion dorsal side of
4 outer toes last toes

extends toes & flexes
ankle joint

Peroneus
Tertius

lower $\frac{1}{3}$ of anterior surface
of fibula. to base of 5th met.
dorsal surface.

flexes ankle &
helps evert foot

Plantar muscles

13.11.46

Layer

- 1st. A. H., F.B.D., A.m.D.
- 2nd F.A., F.L.,
- 3rd F.B.H. / F.B.m.D. / A.H. (T.P)
- 4th 4d & 3p. IN.

1st

A.H. abductor Hallaui.

F.B.D. Flexor Brevis Digitorum

A.m.D. abductor minimi digiti small toe

2nd. F.A. Flexor accessorius.

F.L. Flexor. Lumbicalis.

3rd F.B.H. Flexor Brevis Hallaui

F.B.m.D. Flexor Brevis minimi Digiti

A.H. Adductor Hallaui.

T.P. Transversus Pedis.

4D. & 3P. 2 on dorsal, 3 plantar. Interossei

Blood

Blood is mesoplasmic in origin
& supports the body nutritively, if not
mechanically & the tissue cells
receive nourishment from it -
(at the capillary stage) & discharge
waste into it through the lymph in
contact with their cell walls.

Plasma is liquid part of blood.
& contains water, gases, food,
blood proteins, salts, protective
substances, internal secretions
& waste.

Serum is the watery portion of
blood after coagulation -
Lymph, resembles blood but
is more dilute & has no red corpuscles.
It is found in tissue spaces & is
gathered into small vessels, the lymphatics
& helps in the absorption of ^{fat} ^{pieces}
The vessels pass thro' the muscles
carrying waste to the blood stream
Red corpuscles (Erythrocytes) contain
haemoglobin, iron protein which
combines $\frac{1}{2}$ oxygen. (Red cells are lost
thro' lack of salt) They carry oxygen

in combination $\frac{1}{2}$ haemoglobin,
fatty substances + sugar -
They prevent the blood becoming
too acid or too alkaline. They
are found in Bone marrow.

Iron must be available +
vitamins or hormones -

They live about a week;

Leucocytes act as scavengers
+ resist infection, they are
able to penetrate tissue, and
return to the blood stream.

If over 10,000 to the cubic millimetre
of inflammation exists somewhere
in the body -

They aid the body cells in growth
+ repair.

Questions - What factors influence
the speedy supply of blood to
tissues + its return to the
heart.

Define periosteum
& epiphyses, osteoclast.
synovial bone destroying
articular cartilage

Supply missing words.
acting by a pulse string
is.

Plantar fascia.
Tendon of. - toes

20.11.46

Arteries of Leg + Foot

Popliteal

Anterior Tibial - Dorsalis Pedis + Hallucis

Posterior Tibial

(Peroneal)

Inner + outer

Plantar + Dorsal

Anastomose

Arteries + Veins

Veins -
Long + Short Saphenous
(Great) Popliteal

Venae Comites

Superficial deep

The Popliteal artery divides into 2 branches at the lower border of Popliteal muscle: - The posterior + anterior Tibial. (Superficial on lower) The peroneal with its branches is a branch of the posterior Tibial artery. It supplies muscles, skin outside of leg, medulla of fibula + has branches communicating w/ posterior Tibial artery. The posterior Tibial's other branches go to medulla of Tibia. The skin,

internal malleolus, inside of heel.
Its terminal branches, are the
inner + outer plantar arteries.
The interplantar artery ends at root
of great toe by anastomosing
with the plantar digital artery, on
inner side.

It supplies the inner side of foot.
The external plantar artery supplies
the sole + toes, & forms plantar arch.
Its branches, open into the dorsal
interosseous arteries.
The artery to the first cleft, comes
from the dorsalis pedis.

(The anterior tibial artery) comes forward
between the heads of the tibialis posterior,
passes between tibia + fibula (deep down) to
the front of ankle joint -
a line, from the front of the head of tibia
to a point midway between malleoli
would mark its direction.

At the front of the ankle it is called
the Dorsalis Pedis artery.

It lies between the tendon of the Ex
longus Hallucis + innermost tendon of
Ex Long. Digitorum.

It passes forward on Astragalus,
Scaphoid, middle Cuneiform, until it
reaches the proximal end of the space
between 1st & 2nd metatarsals. It plunges
down to join external plantar artery,
completing plantar arch -

A branch known as Dorsalis
Hallucis goes to the great toe -

There are Tarsal & metatarsal
Veins

The veins of lower limb are superficial
& deep - The superficial veins lie in the
subcutaneous tissue, superficial to
the deep fascia, receiving thro' it
branches from the deep veins.

They start on the dorsum in an arch,
convex forward, which receives
branches from the toes & dorsum, &
communicates w/ the veins accompanying
the Dorsalis pedis artery.

At inner & outer ends of arch 2 large veins
start, the long or internal & short or
external Saphenous -

The internal ends in femoral vein.
It receives many branches from skin

+ communicates at intervals $\frac{1}{2}$ deep veins.
It receives 2 large branches - the
internal + external femoral cutaneous
before it enters the femoral vein.
Ten to twenty valves in it.

The External Saphenous comes
from outer end of plantar arch, at lower
part of centre of popliteal space, passes
thru deep fascia - + between the
gastrocnemius heads + opens into the
popliteal vein.

It receives many branches from skin
+ communicates at intervals $\frac{1}{2}$ deep
veins accompanying peroneal arteries
It communicates also $\frac{1}{2}$ internal saphenous
+ receives a descending branch from
the lower back part of thigh, 9-12 valves
deep veins accompany the arteries
below the knee. There are 2 to each
artery, communicating at intervals $\frac{1}{2}$
each other (companion veins (venae
comites))

Lymphatics are superficial + deep
+ usually accompany veins.

Bone - periosteum.
osteoclast + osteoblast.
breaks down / blast builds up

what is a capsular lip that
surrounds a joint secretes synovial

in lig on sole of foot.

Long + short plantar

Junction of.

pulls bones of tarsus together

ankle - hinge joint

astragalus scaphoid + os calcis
ball + socket.

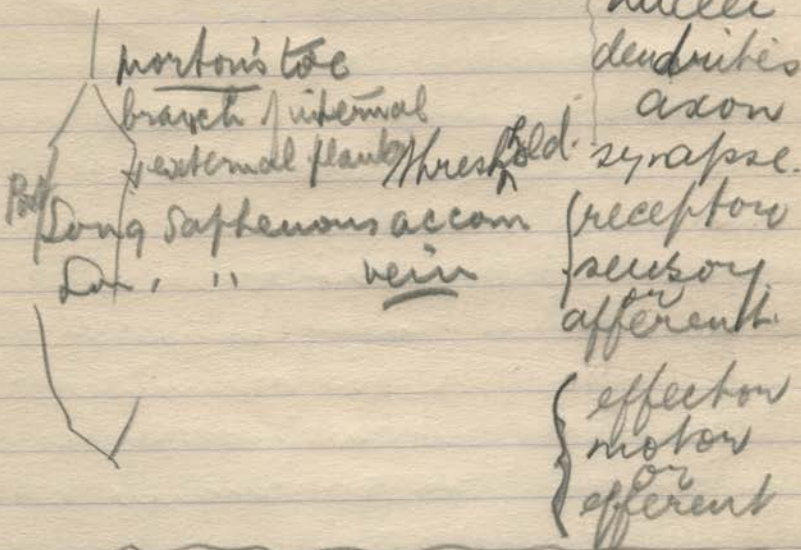
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Lumbo-sacral plexus

Sciatic (Internal Ex. Popliteal) ^{anterior} fibular
 branches ↓ Short Saphenous. ^{nerve accom} Short Saphenous vein

Posterior fibular ^{branches} Internal Ex. plantar /

Neurons



Long Flexor of Toes

Long " of great Toes

Tibialis Anticus / Peroneus Longus

" Anticus

Peroneal Tubercle

re peroneus Brevis Longus

only one muscle on top of foot

Short Extensor of Toes, great to 4 inner

Toes not little toe, Extensor Brevis digitorum

(^{Book} new stage + master
by Grassbald)

Nerves, nerve cells called neurons are long fibres containing bulbous bodies in which are nuclei. at one end of bulb are thin branching projections called dendrites. at the other end, a long thread called the axon has small branches & endings.

The axon of one cell connects with the dendrites of the next, & the latter axon with the dendrites of a third (cell) & so on.

The junction between dendrites & the ends of an axon is called a synapse. (Synapses are found in brain & spinal cord).

The junction of a nerve & muscle takes place by means of a synapse. The axon branchings of the neurons (nerve cell) are embedded in the surface tissue of the muscle fibres & convey impulses to them.

animals ^{have} two kinds of nerves those carrying impulses to the brain & x, which conduct away from brain to the muscles & glands - The former are known as receptor sensory or afferent & the latter as effector, motor or efferent nerves. a certain strength of stimulus is required

Balance is controlled by nerve endings
in ears

to cause a muscle to respond at all
this minimum is the threshold.
after the maximum contraction
is reached, no further stimulus
has any effect. If the threshold
of all muscle cells were identical
(an animal would be an automaton
concerning in uniform jerks)

4. 12. 46.

<u>8 Kin</u>	<u>Epidermis</u>
Cutis, Dermis Corium	False skin
Derma, True skin -	3 Layers.
3 Layers -	Stratum
Reticular vascular	dermativum
papillary.	Mucosum.
Glands	(Prickle cell daughter
Sebaceous (oil)	cell, malpighian
Sweat	layers)
Hair follicles	Granulosum
	Lucidum
	cornu (horn
	Keratin

Uses of Skin

Protective Excretory organ Evaporates
temperature, picks up sensations

Composed of 2 distinct parts
Epidermis & Dermis or Chorion
or Cutis or True Skin

Separating skin from underlying
fascia & muscles, is subcutaneous
fat. Through the epidermis pass
the hairs & ducts of oil & sweat glands.
Into the true skin pass the arteries,
while venous & lymphatic vessels
drain from it. It is also nerve fibres
& nerve endings, sweat glands, sebaceous
glands & hair follicles.

Excessive friction on the cornea
increases the activity of the stratum
germinativum & keratin is piled
up.

In the cellular spaces of the
corneum microbe-organisms
easily make their way which are
dangerous if & when they reach the
true skin.

The function of the cornicula is
protective

Functions of Skin

Prevents excessive loss of fluids

Striped muscles are voluntary
under control of brain

Y-shaped ligaments sheath.
Annular ligaments binds all
muscles of ankle together

(Standards of destiny) (book 12.)
mechanical

2. protects from, injuries (as in case of
corns, callouses etc.) chemical
injury, heat & cold, infective -
It is a sensory mechanism.

It helps to regulate temperature
thus the superficial blood capillaries
& sweat glands, nails teeth etc, are for
^{offense}
defense.

Nutriments + oxygen are derived
from circulating blood, blood largely
from bone marrow + oxygen from lungs.
Its healthy activity depends on
the internal secretions of various
glands, such as thyroid, pituitary
& adrenal.

in which is situated a
pear shaped body termed
papilla the ~~nervules~~ which
are added to the hair arise
from the papilla which
possess blood vessels & nerves.

Papilla Tactile ^{minute finger like projection} $\approx \frac{1}{100}$ inch long
highly vascular & sensitive & ~~is~~
perpendicular, from surface of corium

Tibialis posterior holds bones of
tarsus together,

ln
Plantar fascia acts as a protective
padding & shock absorber to other structures
indifferentiated tissue of low ^{of foot}
specialization on under portion
of foot such as blood vessels, nerves
muscles etc

11. 12. 46 Nails.

Subungual. Helomata.

Calloused Nail groove

Ingrowing toe nail

Secondary infections

Paronychia (DeLonghauaris, whitlow)
(Periostitis osteitis)

Onychia, Onychocryptosis, onychauxis
onychatrophia, Leuconychia,

Spoon nail, Onychorrhexis.

Hyperkeratosis - Cudonkeratosis
epidermophytosis.

hypertrophy,

verruca Pedis

(hot papilloma)

neurovascular.

Nails are localized areas of thickening of the epidermis; the bed resembles the deeper portion of the epidermis having a stratum germinativum on a grooved ~~collum~~ which in this case is supported by the bone of the terminal phalanx and is highly vascular & sensitive. Superficial to the stratum

Stratum Meeosum

This second stratum which is many layers deep is sometimes termed prickle cells, contains spines or protoplasmic bridges connecting the by neth spaces

These cells in this stratum show signs of degeneration, this stratum also contains free nerve endings (a nerve ending in this way graduates away to nothing or a few fine filaments)

Sebaceous glands (these secrete an oily substance which is termed sebum + is a natural lubricant for the hair - They are small sacculated, glandular organs situated in the corium.

Duct glands are found in close proximity to the hair follicle. Into which small ducts from the glands pass.

In the base of hair follicle of bulb. It is a deep depression or hollow which is situated at in derma.

germination is the stratum mucosum
followed by the stratum luccidum
which forms the nail itself, the root is
hidden by a fold of skin which
grows over it. & occasionally this fold
is continued along the side of nail
bed forming the lateral nail groove.
Nails grow in length from the root
& in thickness from the bed or matrix.

Diseases of Skin & Nails

Subungual Melanoma, on the lesser
toes under outer corner of the free edge &
under great toe nail - sometimes the
nail is separated from the bed & forced
upwards -

Calloused nail groove - from inflammation
sometimes leads to Meloma in the inner
lateral nail groove. It is not improving
the nail. Soft tissues expand & pressure
& are forced up & over nail itself.

In Ingrowing Toe nail, the edge of
nail has passed into soft tissues of
nail fold, and treatment of the
calloused groove leads to ingrowing
toe nail & proud flesh. Secondary
Infections. Paronychia -

inflammation of the connective tissues
of the nail bed. The causes may be
bacteria, fissuring, ^{ingrow}ing toe nail
syphilis (multiple) chronic
diseases like ~~exema~~ eczema, recurrent
cases from continuous dampening
in which infection is secondary.

Paronychia + osteitis in severe cases
onychia - inflammation of nail bed
& suppuration, loosening & casting
off of nail.

Onychocryptosis (nail curling) caused
by injudicious cutting & fungus
infection & deformity, it is known
as onychogryphosis or ram's horn

onychauxis, (means increase) is
hypertrophy of the nail, the
papilla of the matrix are injured
by pressure, eczema, psoriasis,

syphilis, rheumatism & nervous
diseases or by injury to the nerves
serving the nails. Tubercular
patients nearly all have moderate
onychauxis of the finger nails.

Onychatrophia (atrophy of nails)
nails become smaller & are often

shed from the grooves, Bleeding
may occur about the posterior nail
fold in nervous diseases, rather
in wasting diseases nail often
crumble from under nourishment
& chemical poisons, both alkalis & acids.
Leuconychia - air in the corneal
spaces due probably to injury
, transverse thinning & furrows in
fevers. Spoon nail in chronic
tuberculosis.

onychorhexis Brittle nail.
Calcium deficiency - hyperkeratosis
& pseudokeratosis, too much salt
in diet, green vegetables, water
Lakibut's oil & barley.

cut out salts & sugars, scrub to
stimulate with brush, massage
 $\frac{1}{2}$ goose oil or mutton fat, rub
into cracks.

Potassium permanganate of Potash for sweating
feet, ^{Tannin} & glycerine to harden
up.

Epidermophytosis fungus infection
of skin (a salicylic acid ointment for
skin).

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Gaits The act of walking consists of a complicated series of movements, under delicate control, carried out by the nervous system. Muscle contractions impulses originate in the cerebrum. Incoming impulses from every joint, muscle, tendon, & ligament concerned are sorted out & coordinated along with others from skin eyes & semicircular canals of the ear in the cerebellum. Before going on to the cerebrum.

This delicately balanced mechanism occasionally become deranged. The following are some common abnormalities of gait

- 1/ Due to alcoholism - rolling gait
The higher coordinating mechanism is in abeyance
- 2/ Due to painful affections of the feet
Flat foot club foot (talipes) actual deformities or result of poliomyelitis
- 3/ Diseases of hip or knee or ankle
Dislocation of hip, congenital usually bilateral (both sides) waddling gait

3) Motor nerves, injury in Polio, leads to paralysis of certain groups + secondly, to clubfoot.

4) Inflammation of nerve trunks (neuritis) due to toxic material in bloodstream from alcohol, lead, arsenic, mercury, diphtheria, chronic alcoholism picks out the anterior tibial group - Foot drop, Stepping gait, sensory changes as well, anaesthesia, Paralysis.

5) Spinal cord, sensory impulses do not reach the brain. In locomotor ataxia or (tabes) dorsalis. The person is unaware ^(wasting) of position of legs + feet. They rely on visual sensations + semi-circular canals - Blindfolded they topple over (walking stick always carried) (Tripod position)

Stamping gait. The muscles lose tone + the leg is hyperextended at knee joint + flung forward, flail like

6) Spastic - paraplegia or disseminated sclerosis.

The adductors + the plantar flexors pull the legs together

↳ The toes to the ground. This gives us
a spastic gait - then tip toe progression
a convulsive muscular con-
traction as it gets worse becomes
a scissors leg progression

↳ Brain diseases, rupture of small
blood vessel in central of brain,
causing a clot to press on, nerve
fibres passing to the spine, causes
apoplectic stroke, commonly
both arm & leg on one side are
affected, (hemiplegia)

Haemorrhage on surface of brain
can cause hemiplegia but is
likely to be associated w/ progressive
fits, called jacksonian epilepsy
↳ Diseases of cerebellum - gait
is reeling to side of disease,
likened to drunkenness.

↳ Muscles degenerate climbing
w/ legs. The calf, buttock & shoulder
muscles are weak, The spine is flexed
backwards. (Lordosis)

↳ Paralysis agitans, festinating
or hurrying gait - retro-pulsion

Cells 3 layers Epi meso hypoblast
bone lime reserve of body

Epiphysis secondary centre of ossification
at end of bone

difference between long & short bone
Long hollow, short not -

medullary cavity & marrow in it +
contains blood nutriment blood
building

What is nutrient artery, it enters
through centre of bone into medullary
cavity /

Periosteum full of little blood
vessels, supply nutriment,

Joints movement hinge ball +
socket gliding all in foot.

Capular all joints of foot.
investing ligament lining
secretes synovial.

Ankle, Ball + socket joint slight
lateral movement. true hinge

H. Sc. B. S.

~~Scaphoid~~ Scaphoid - Calcanean
astragal.

Ligaments, Long + Short + Spring lig.
^{Plantar}

Blood vessels, ^{Inferior glenoid} ^{Scaphoid lig} ^{the great}
springing arteries ^{the great}

Valves. Veins

Perforating or trophic
ulcers - not to be treated by
diro-podist - no suppuration
condition to be treated.

Oscalcis meets cuboid gliding joint
lateral + dorsal plantar movement

oscalcis rotates tendon achilles,
falls with it, also cuboid - then
2 metatarsals (medial tarsal)
Ball + socket on inside of foot -
choparts joint mid tarsal joint
formed by ball + socket, calcian cuboid

Pulmonary artery + vein
superficial deep
muscles

nerves, inter + outer plantar nerves
artery supplies foot Dorsalis pedis
branches of

how muscle stimulates from nerve
comes fibres to contract.

Tibialis anterior + Posterior
long flexors

tendons of short flexor of
toes 2 + 3 + 4 + 5

short flexor of great toe has
sesamoids in its tendons -

Inflammation - diaporesis -
chemotaxis,

Leucocytes osis

phagocytes osis -

endo - toxin heat redness, swelling.

exo - toxin pain + loss of function

antibodies

opsonins

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Inflammation is a series of local changes by which the body reacts to all types of injury, mechanical, chemical, electrical, X-ray, Radium (etc.) + infective

Infective inflammation is the word in its effects because the causative agent lives in tissues themselves & is capable of multiplying to an almost unlimited extent. The changes are largely vascular.

In inflammation the blood stream is first quickened, then followed by slowing down + dilatation of the capillaries.

White cells adhere to the wall + make their way through (diapedesis) - fluid from blood stream + sinusoids into the lymph.

Leucocytes (white cells) + cells from tissue itself surround the invaders (chemotaxis) + devour them (phagocytosis) + endotoxin + exotoxins.

Kill pathogen + tissue cells, pus forms (mild inflam may reach resolution + pus formation).

When suppuration leads to formation of an abscess, the surrounding wall of white cells is reinforced by fibroblasts + granulation tissue is

~~Chiroptera~~

builds up, which in the case of chronic abscesses becomes true fibrous tissue. The abscess is encysted.

(white cells 8000 c.m. in normal)

Signs & symptoms of changes in the tissues are heat, redness, swelling & pain, loss of function to part.

Generally, Temp rises, pulse increases, patient weary & may sweat excessively. Leucocytosis (8000 - c.m. to 18000 or more) antibodies & opsonins react to exotoxins & produce more phagocytes.

pressure in cavity is relieved by drainage. antibodies in lymph aid in destruction of invaders.

granulation tissue grows from the walls of abscess & is converted into fibrous tissue. Sides fall together & adhere.

Skin covers all.

In Hallux Valgus, if Bursitis is caused by pressure & friction rest will remove the cause. In infective Bursitis inflammation will spread, evaporating lotion in early stage, remove callus to drain - hot applications essent. if infective or suppurative.

Cherifody

Bunions Ichthol + glycerine - 10 parts
underneath black dressing on chamois
keeps in heat - infra red ray
20 min - 30 min furunculitis - no extreme
of heat or cold. evaporating lotion
methy

Chilblains clean - peroxide or methyl
or dettol. paint with balsam of Peru
or friars & pad to relieve
Acriflav is good in obstinate ulceration
As it tends to liquify pus. Ichthol & Glycerine
may be used in nail groove -
blisters, fissures in heels & between
toes - acriflavine does not destroy
organic matter. one in 500 or 1-1000
in saline solution. In inflammation
use acriflavine emulsion & coccoinal
dressing

15. 1. 47.
Supports.

Examination of foot done when client
is standing + walking.

Look for elongation. Use foot
measure stick + shoe size indicators.

Look at tendon achilles,
position of heels, toes, cuboid (if
cuboid sunk down to ground - OS
Calcis has dropped with it).

The scaphoid, the tibia, the peroneus
longus.

Swelling or pain at knee, even
if none in foot, widening of
heel, tuberosity of OS calcis.

Supports are used to supply new
bearing pts. in weak collapsed foot
when weight is thrown too much on
Cuboid + spring ligament. Feet
parallel to in apart + try to turn
knees in.

1st Stage weak foot; - treatment is
not often asked for. Fit a foot easer
to thin rather rigid type of foot.
+ an up lift - for thick flat heavy
foot (higher plange).

a corrects for the short thick
foot (short span for short arch)
for light or elderly people. fit
an air lite (same shape as corrects)
Block size supports - 3-5. for 34-5
in babies 3-5. 6-8. 9-11.

In misses wide & narrow. -

13 - 2. in womens wide & narrow

3 - 5. 6 - 8. in mens - wide &

narrow 6 - 8 9 - 11. 12 & 13

A style - provide better fittings
more expensive + of foot easier type.

In single sizes from 2 - 8. in wom.
wide & narrow. in mens. 6 - 13. ^{wide & narrow}

1st foot ease for adjustments - cut
leather at back. for rigid foot. fit
 $\frac{1}{4}$ inch behind met heads & for a
 $\frac{1}{4}$ flexible foot $\frac{1}{2}$ inch behind met heads

supports in style A. are for 1st &
second stages of weak foot: - Surgical
A is a medium ordinary support
Osteopathic is a firmer metal
support for long flexible foot.

The Chiropradic for the heavy foot.
Rheumatism, painful joint

"Suplex A" for nervous sensitive feet $\frac{1}{2}$ or $\frac{2}{5}$ a phalanx but reinforced with a brace.

9th Third stage use a tin spring (foot eizer + 3 springs) or progressively the foot eizer, tin spring + true span a. supports for 3rd stage are reinforced $\frac{1}{2}$ a brace (4th stage collapsed foot) flexible use a true span or a support $\frac{1}{2}$ a brace for 4th stage rigid cushion in sole.

For moist feet use all metal supports, fitting in 1st & second stage — fit contour of the foot in 3rd & 4th stage fit firmly, muscles may be resentful so wear supports gradually, unless they are comfortable progressive treatment sometimes necessary. walking for weak feet

1st + second met heads fit a No 2
support + raise ^{support} under ball of great toe
to pull sesamoids back to position
lift very slightly + gradually to
avoid pain from dorsal pressure
Lighter - support in dental aluminum or
heavier with a brace -

The support may break - during
repositioning, or severe mis-
placement (one support may be through)

Hallux Rigidus, very painful
No 1 support + sometimes a wedge
from medial phalanx to base of 1st
metatarsal to take weight (leather
on sole) support separates met
heads (nervous patients)

For painful heel from weak foot
condition (strain on plantar fascia)
use foot easer raised in front of
painful area (raise higher for spur)
use pad with hole along C support
(Xray for a spur)

Hyperkeratosis + Pruritic keratosis
dry foot. | perspiration + old
moist foot skin

Too much salt + plenty green vegetables
water + barley water halibut oil + cranberry

- 1 What is fascia
- 2 Where is cartilage to be found in the bones of (A) young people (B) in adults
- 3 What do we mean by ossification
- 4 Define adduction, abduction, inversion & eversion lateral
- 5 What tissues are found in bone or name systems that are represented in long bones
- 6 Name the systems that are represented in the tissues of foot, telling where they are represented
- 7 In what layer of the skin is the body's first active line of defence
What is the manner of this defence

Balanced posture support Style 12
very light good support
Lupner is best stainless steel.
osteopathic is nickel silver
Kiropradic is stainless steel
for a prehensile foot fit an
uplift or corrects.

Do not fit a child, met support
give ray, massage, foot exercises
Style 2 general correction for whole
foot.

Ossification process whereby
fibrous tissue or cartilage is
converted into natural bone
It goes on throughout childhood
& adolescence. It is not fully
completed until about the age
of 20. Deposits of lime &
phosphorus salts are necessary
to ossification

2¹³.3.47

verruca ^{Dry} work feet
swab spirit. pare edges. put
adhes-leave area exposed & pad
edges to be protected from salic.
levelled pad 2/- fill hole &
do opo sal. seal & collodion
& strap whole area return
in 7-10 days. remove
dressing, pare swab & S.V.M -
pare dead tissues paint &
mercur. ^{tissues too tender}
if do not respond ^{case} 60 opo in
mercurin -

Moist occur in moist foot between
toes use acids & padding
on foot plantar 40 opo S.N.H.
five day. for the work foot etc

Vascular corn & often caused thro
friction Treat similar to Dry
verruca -

Seed corns etc pressure pare as
much as possible, look for cause.
shoes, weak foot. strap & correct.
fit supports/ also 25 opo.

Inflamed corn pare as above, put
on Ichthyol & black dress

Fas. cont

It permits easy movement of skin

The Epidermis being impermeable to moisture serves to protect the living tissues beneath it against absorption of poisons -

Friction on the corneum increases the activity of Stratum ~~keratinum~~ in Keratin is piled up. In the cellular spaces of the corneum microorganisms easily make their way which are dangerous if + when they reach the ~~to the~~ same skin

#

soft corns. mainly 4th & 5th toes
 caused by weak foot. rectify cause
 fit & suitable support. anterior
 met. treat w/ silver nitrate + 25% p/p
 Salicylic pad under met head
 pad felt between toes to remove pressure
 if inflammation use Ichthyol & black
 dressing. if pers. clearing T.C.P.
 Saline Baths Ronce treatment

Ingrowing toe nail - locate cause -
 if proud flesh ^{Ichthyol & bldners}
 to reduce, mainly light shoes or injury
 brown proud flesh & silver nit. pare
 away as much as possible. remove
 edge of nail, if splinter remove.
 if healthy nail bed use diacalin

17-3-47

Androsis (use support to take pressure
 Ray + Massage ^{from heel} + ^{prose oil}
 Tissueed heels, prose oil, mutton fat
 olive oil, sheep & fleecy mutton
^{over cotton wool} to hardening of sweat glands. diet
 cut out salt pipe green veg. ^{Balsam Peru + C.O. = food}
 Bromodosis Odor has pores
 blocked & fatty acids, sweat glands
 not functioning.

adolescence + is not fully completed until about 20k years of life. Deposits of lime + phosphorous salts are necessary for ossification

Fascia - Is tissue left over between more specialized differentiated tissues. It is the bodies packing material or hollow part of the body where organs expand + contract.

Fascia exists as loose strands in spaces between neighboring organs. -

There are fascial planes + spaces. Fluid from organs may drop into spaces or track along planes. Fascia carries blood vessels + lymphatics + nerves which supply an organ. It acts as an elastic stocking to resist the passive gravitation of fluids. It is thicker in the leg.

Superficial fascia lies just beneath skin which it connects + deep fascia

give Ray & massage to tone tissues &
break down adhesions nearly
always weak foot, fit good support
metal for preference -

also nervous condition. Lomechal
paint $\frac{1}{2}$ mercuric bromide in Balsam
Perm & Castor oil = parts

bathe feet & comb $\frac{1}{2}$ nail brush, hot &
cold water. & good antiseptic foot powder
also for Hyperhidrosis, Sulphurung

superficial cracks between toes
rays & massage paint $\frac{1}{2}$ mercuric
deep - Thick Benzoin - Balsam

Perm & CO₂ before ray -
rest after ray, then cocoon dress

Edema

fluids in tissues, may be heavy
fluids gravitating to lighter
fluids, rest & Dr

Pes Cavus - Support, dome high
to stretch plantar ligaments
about $\frac{1}{16}$ of inch dome



In adduction The toes move
inwards & heel outwards

In abduction The toes move
outwards & heel inwards

Inversion turning in of foot

Eversion turning out of foot.

Lateral side outside of foot

Cartilage is found A before
birth The skeleton is laid
down in cartilage which is
later impregnated with lime salts
& bone develops. At birth
the ends of long bones are
cartilaginous - later mixed
with lime salts & an epiphysis
is formed

B Cartilage surrounds the
bones at joints to allow of
free movement -

Ossification is a process whereby
fibrous tissues or cartilage
is converted into natural bone.
It goes on throughout childhood

Separation, Calcaneum, & Tarsals
05, Calcis

Chiroptery
Great Ternula - Dry -

Margaret A Brown
Margaret A Brown

Margaret A Brown
Margaret A Brown.

