

Revision of Papers.

1<sup>st</sup> aid for Ruptured Varicose Veins:

- elevate leg, sit p. down, cover blood, massage, Dao.

Dehydration:

s+s, sunken eyes, ↓ B.P.

peripheral failure.

Prophylaxis

Anaphylaxis.

Tetany - decrease in Calcium blood level

Tetanus - B. tetani - muscular spasms

prevented by A.T.S + Tet. Tox.

Tenesmus: desire to defaecate when rectum empty - spasm of  
occurs with dysentery + ulcerative colitis. Morphine suppos. Starch + Opium enemas.

Volvulus: twisted loop of intestine, causing ac. int. obst.

Paralytic Ileus: comp. of any ab. ops. where intestine involved, more common  
with peritonitis.

Diverticulitis

Digitoxin see Aortic Fib. - Toxic - Heart Block, accumulation - coupling of pulse, nausea + vomit

Streptomycin - Specific drug for TB - antibiotic - also for B. coli. Toxic - urticarial rash  
or permanent deafness after long period of administration.

Methyl Thiouracil: depresses activity of the Thyroid. Used in tr. of hypertoxicosis  
toxic effects - myxoedema + agranulocytosis (no polymorph's - W.B.C count at  
regular intervals when taking it.

Morphine: Narcotic analgesic. In tr. of severe pain toxic - mild vomiting.

overdose - depression of resp. system - rapid pulse, pin point pupils, slow resp.'s.

Vitamin B<sub>12</sub> - Req'd for development of R.B.C in bone marrow - used in tr. of

Pernicious Anaemia - 50-100 microgrammes "Cytamen" - I.M.

Hypoglycaemic coma - > insulin - onset sudden, perspiration, convulsions (dehydrat<sup>no</sup>)  
pulse normal, brisk reflexes. No ketonic breaths - confirm. Blood analysis.

Tr. Glucose - i.v. or i.gles:

Heparin - usually manufactured in the liver to prevent clotting in circulation. Given  
i.v. by in primary thrombosis or venous thrombosis.

Urticaria Medica - acute or chronic - inf. via Eustachian tubes. Tr. - X-P (swab) nippingotomy - ear  
toilets, diet.

Revision of  
Papers.

Indications for Blood Transfusion. severe haemorrhage assoc. shock, anaemia, before long op.'s, during op. if blood loss excessive, erythroblastosis.  
Duties of nurse - check blood + s/n - trolley. If given too quickly - shocked, cold + rigors - incompatible dyspnoea, chest pain. Stimulant tray handy - Adrenalin white R. #0.  
If blood stops-flow - air? into tissues (haematoma) warm pan - inform R.M.O. - possibly new needle.

Ruptured Ectopic

Fascia Lata Graft - thigh muscles - Gallie's graft for inguinal hernias.  
C.C.F. dyspnoea of exertion, orthopnea, cough, ↓ urine, oedema, esp. ankles, scilicet, pain over liver, insomnia. 1/2 tachycardia - auric. Tib. cyanosis - lips, nose, ears. no fluids given for meals.

Scabies acaris scabiei

High Calorie Diet Fat (16=9cal) + lbs. (16=4cal) best. Malnutrition, after severe illness (Typhoid, T.b) + patient underweight. 100g. Fat - 3-400 gr Ch - root veg's.

Low Residue Diet: Ulcerative colitis + dysentery - Principles - no roughage - fruit seed, green veg.'s, cereal husks.

Low Fat Diet liver conditions - no bile - choleliths - no butter (skim milk) and nothing fried.

Sodi. Sal. 10-20 gr. Q.A.H. Toxic - Irritatis, vomiting + nausea.

Phenobarb. sedative - 1/4 - 1/2 gr. T.D.S. or, 1 m (iii) - Peptic ulcers - Toxic - drowsiness esp. sluggish reaction to light, slow rising respirations.

Digoxin 0.25 - 0.75 Gr. in W. of Auric. Tib. + C.C.F. Toxic - coupling of beats, slow pulse + slow respis.

Mersalyl - mercurial diuretic 1-2 cc i.m. Toxic dose see Wardle - haematuria.

Trigeminal Neuralgia - inflam. of Trigem. nerve - sensory branches. Biv severe, lancis - neuritis, assoc. ic cold draught. It, warmth, R.I.B. - alcohol to ganglion.

Buerger's Disease Thrombo-angiitis obliterans - disease of bt. vessels. Affects legs mostly. Intermittent blanchication, gangrene. In spec. exarosis, sympathectomy.

Pilonidal sinus - small cleft - congenital - over coccyx - may be infected. Excised and packed - heals by granulation.

Paul-Bunnell test: test on blood - monoagets - Glandular Fever.

Myxoedema - hypothyroidism - adults (child - Britain) Thyroid Extract.

Insulin coma

Revision of  
Papers.

Melanin botilis - blood - blood-mucus, pus, frequency - may be formed later,  
but still contain b. m. p. - offensive odour.

Ringworm: tinea - bald patches, hair falls out, infects hair follicles

Opilucian - control doses of x-Ray. Whitfield's unq. - fungicide.

Keep children home from school.

Purulent conjunctivitis (Monorrhoea, or staph. pyogenes) tr. eye tincture + antib. + P. 1m-1m.

Miller Abbott like - Paralytic Ileus.

Carbon Monoxide Poisoning - cherry red lips & cheeks. - Carb. Monoxide units to Hb.

Kirschner Wire - skeletal traction.

Vitamin K. - arrest haemorrhage & before G.B. op.'s - esp. if jaundiced.

Dindevan - thrombosis (complic. of surgery) prevents further threat. Anticoag. Tabs.

Hydatids

Pott's Disease: degeneration of head of femur - occurs in children.

Tr. complete rest for 2 years.

Leukaemia w.b.c. altered in quality & quantity due to disorder at place of  
origin. Polymorphs. S? in bone marrow. Myeloid leukaemia

Lymphocytic leukaemia in lymph glands. Acute or chronic, acute  
fatal in months. Chronic fatal 1-2 years. No known cure - Blood  
transfusion prolongs life for short period.

Kerorene - reassurance, etc., Gastric lavage, O<sub>2</sub> - danger of bt. pneum.

Check on drugs - Digitalis - pulse.

Dindevan - prothrombin time.

Sodi. Salicylate - hearing.

Paronides - rash & drowsiness.

Emphysema: dilatation of alveoli - chronic degen. - results in reduction  
in number of alveoli & no. of capillaries reduced. Complication of  
chronic bronchitis & bronchial asthma. Dyspnoea, even at rest. - p. gradually  
develops barrel shaped chest - heart failure gradually develops.

So. no satisfactory. - breathing exercises, nourishing diet, expectorants and  
to live quiet life.

Hodgkin's Disease - lymph glands enlarged, causing pressure on nerves and  
vital structures - < lymphocytes. Slowly progressive & fatal in years.

Revision of  
Papam.

Addison's Disease - supra renal glands - sodium metabolism unbalanced.

Borlin - controls it. P. lethargic, ↓BP - brown skin pigmentation.

Die in weeks if untreated. - cortisone.

Post-op. discomforts after abd. op.

Retention (leath., warmed bedpan, etc.)

Flatulence - flatus tube.

Nausea + vomiting - swab mouth, + deep breathing, if persists? - cur + tea.

Pain - analgesics, H.W.B.

hicoughs - deep breathing, carbogen.

Airg. Emphysema: compli. of chest wounds, lung perforated + air in tissue. - feel air bubbles under skin.

Drugs for Abd. Op. - pre-med - Urethane Atropine?

Analgesic - Pethidine.

Sedatives.

Iron for anaemia, X-P, Largactil?

Angina Pectoris pain in chest on exertion, narrowing of coronary artery due to degeneration. Tr. rest + vasodilators.

Polynervitis inflamm. of many nerves as result of infection (periphery nerves)

Result of severe lack of Vit. B.

Complics of op.

Pulmonary collapse - first 24 hours.

STS. pain, dyspnoea + coughing, cyanosis, restricted movements on affected side.

Broncho-Pneumonia

Pulmonary embolism in pulm. artery. - sudden attack of pain, coughing blood

- possibly fatal in minutes

PRE-OP. CARE.

Admitted to surgical ward. ? days before  
Admission - T.P.R + B.P. taken, any abnormalities of E + P's appearance reported.  
In that details on history chart are complete - including anaesthetic permission  
form - signed by P. if >21 or parent or guardian (relatives, etc.)  
Shower to bathroom or fully sponged.

Urine test soon as poss.

Examine hair + nails.

Visited by priest or minister if necessary.

Explain op. to P. + reassure.

Tell relatives time of op. + when to ring.

Explain how to use bedpan

Breathing exercises + leg exercises.

Mm - shave before op.

Dehydration IV., nonvisking diet, etc.

Days of tea + biscuits 6 hours before.

Investigations: Blood examination - Hb + x - matched.  
X-Ray  
Renal Function Tests.

copious glucose fluids (unless a diabetic)  
Sedative (ordered by Anaesth.) - Seconal or Nembutal 1/2 or 3.  
Spent night before - enema 6 hours avant.

T.P.R. taken shortly before op. - any ↓ report to Doc.

Local prep. Shave area of op. - large space do op. in.  
Have surg's order painting with antiseptic + sterile towel.

Empty bladder 2 hours before going to O.T.

Pre-med. (Hyosc.) or scopolamine op. 1/60, Peth 1/2 Scov. morph given 1. M. Largaetil.  
Atropine q.s. 100-150, Nembutal - basic sedative, Morph., Amnopen.

Op. suit, socks + cap before pre-med. Then blanket + op. top.  
Jewelry removed + false teeth.

Catheterize if abdominal op. (? leave in) - release before going.

Enter pre-med - dose + time given, false teeth + urinalysis on op. sheet.

Ryle's -> - esp. before going - send syringe, medicine glass, K.D + F.B.C with them to O.T.

Careful transfer from trolley from bed.

Ward nurse takes skin + history (? F.B.C) + P. to O.T. + waits for him until  
anaesthetic given, or received by theatre nurse.

POST-OP. CARE

Prep. of op. bed.

On locker - post-op. instruments - sp. holders, spatulas, old linen, K.D. tongue forceps, gag.  
At hand - sucker - ?, O<sub>2</sub>, bed blocks, stand for I.V.

Move head of trolley - note colour, resp.'s. & deal w vomiting, restlessness. - airway.  
Remove elec. blanket before p.m. - don't overheat.

Semi-prone position, pillow to maintain position - head to side - airway in pos. & help vomiting

Observe's - colour, degree of shock, 1/4 hourly P. & 1/2 hourly B.P. - pupils in skull ops -  
control vomiting. Treat for shock - elevate foot of bed. Asperate Ryles'  
Rectal infusion, or irrigations, etc. readily get up - don't leave til conscious.

Report any cause for worry - vom. - etc. reinforce dressings.

What injections given before p. conscious - X-P. strept. - & any other orders.  
When come - cough up Guedel's airway, <sup>catch + wd. hold steady</sup> pillows, sponge hands & face, elevate grad. <sup>-swab mouth.</sup>

Analgesic given if p. in pain, & Doc. has ordered it. & repeated QQH. if nec. if ordered.

Note first passing of urine - list all specimens if on I.V. (or lehrlander) or release cath. QQH.

Orders for rest-flasks - ? - when to be discontinued.

T° taken 4 hourly first 48hrs, then q.d.

Leg movements.

Diet - exact as kind of bowel - light or fluids - when tolerated I.V. & Ryles' removed

F.B.C

Daily sponge, QQH pressure areas, mouth toilets.

Sedations p.r.n. nocte (unless narcotic just given for pain)

Bowels - aperient on 2nd day (except tum. & bowel ops.) + enema if nec. 3rd day.

Daily D/D unless otherwise ordered or more frequently if nec. until dry & clear.

Convalescence - R.I.B - colpo-perineorrhaphy - 12 days, hernia 10-12, approx 2nd, etc.

Drain tubes out when cease draining, Michel clips' out then rest later.

Sutures out 7 - 10 days - depends.

S.O.C.B - grad. 7 ring lengths of time. - potter.

Advice Diet - I.V.'s out - Ryles, etc. disc. - light, then diet as tolerated.

Infer - rest to wound?

Catheterise for residual urine or if cannot void, etc.

Advice before discharge re diet, any discharges or infer. of wound, lifting.

Complications

O.P. clinic or to see Dec - when?

Good!?!  
GENERAL NURSING  
CARE.

Bed - near window or door if poss. - no draughts, subtle matters, number of blankets (season) welcome patient - attend to relatives.

New patient next to p.c. same complaint - introduce to next beds.  
If ambulant - show bathroom, etc., otherwise full sponge in bed.  
observ. of p. - any bruises or burns, bedsores. - report any abnormality.  
admit - T.P.R. + B.P. - signs for clothes - home or c.c. - valuables to safe.

Doc. orders: R.I.B.  
Vitamin tabs.  
Spec. drug.  
Pain.  
O<sub>2</sub>  
X-P.  
I<sub>2</sub>  
S.O.B.

urine tested pos as poss (esp. if diabetic) - catheterise if in coma)  
Ring H.M.O. or R.N.O. to inform that patient is in the ward.

Carry out any stat. orders + copy up mixtures + injections on list.  
Make p. comf. - pillows in comf. position, O<sub>2</sub> - bed cradle.

Diet - light if very ill, specials from D.K., as ordered by Doc.  
F.W.D. nourishing if o.k. - Fed if necessary.

T.P.R. B.D. B.P. daily if heart case.  
Daily sponge - Q&H pressure areas, eyes + mouth + toilets - teeth p.c.

Hair - kept tidy + combed - washed P.R.N. Fingernails - short + clean.  
Watch voiding - catheterise for retention if necessary.

Bowels (1-2 days) mild aperients 2 days, enemas if B.N.O. 3rd.  
Any treatment.

Leg movements + breathing exercises - prep for foot drop.  
S.O.B. as soon as poss. or ordered.

Occup. therapy if long hosp. stay - keep happy - flowers, papers, atmosp.  
Arrangements for discharge - depends on home life. - Q.E.B.H.?

Any tablets, regulations of life, etc.

**Digitalis** (foxglove) for cardiac failure and auricular fibrillation.  
Stimulates the vagus nerve and exerts a mild poisoning effect on conducting mechanism between auricles and ventricles, and causes the muscle fibres of the heart to undergo more powerful contractions. Thus the pulse is decreased in rate, but increased in force. In cases of oedema it increases the flow of blood to the kidneys, and so the output of urine is increased.

Poisoning s/s

nausea, vomiting and anorexia.

giddiness.

coupling of pulse beats.

oliguria.

**Digoxin** crystallised glycoside from leaves of *Digitalis lanata*.  
Invaluable in the tr. of auricular fibrillation when rapid effect required.  
Oral 1. v. Dosage - initial 0.75 mgm. - 1 mgm. iv. Maintain med. dose 0.25 mg 6. D. oral.

**Quinidine** alkaloid of cinchona bark. Used mainly to restore normal rhythm in selected cases of auricular fibrillation. P. should rest & pulse rate recorded.  
Toxic effects - tachycardia, followed ventricular fibrillation, rash & embolism.  
Dose: 3-10 gr.

**Aminophylline** cardiac stimulant - helps control Cheyne-Stokes resp. in cardiac failure, controlling anginal attacks or relief of cardiac pain; status asthmaticus. no diuretic  
Dosage 11 $\frac{1}{2}$  oral 0.56 (1 $\frac{1}{4}$  gr.) in 2cc. 1 m. 125 (gr. 3 $\frac{3}{4}$ ) in 10 cc. iv.

**Adrenalin** supra-renal gland - synthetic - used in tr. shock & collapse & in specific tr. of anaphylactic shock. Sympic - contraction of b.v.'s & arrest bleeding. > B.P. - stimulates all secretions  
Liberates glycogen from liver - (insulin coma), asthma (dilates bronchioles)

**Regolipen**. Hexamethonium. tr. of severe hypertension & produce fall in B.P. & relief of symptoms.  
250 mg. orally >ing gradually to 3 G. daily.

**Ergot** Causes powerful contraction of the uterus - used in post-partum haemorrhage, after aborts.  
from fungus that grows on rye  
0.5 mgm. 1M- or iv.



Heparin

Ch. substance obtained from liver is normal anti-coag. in body - inhibits the formation of thrombin in the blood. Can be used instead of sod.-cit. in blood transfusion, + anti-coag. when taking various blood tests. used to prevent clotting in continuous i.v. therapy; in the prevention and tr. of post-op. thrombosis + tr. of thrombosis elsewhere - eg. coronary and cavernous sinus thrombosis.

Dosage: 100 mg. initially 50 mg. 4 hrs. (5-10,000). <sup>blotting time done</sup> ~~Protamine sulphate~~

Antidote: Protamine Sulphate ~~100 mg.~~ i.v.

Dicoumerol

synthetic - prevents formation of prothrombin. Used in Heparin's venous thrombosis. Not given to pts w/ liver or kidney damage.

Initial dose 300 mg. orally, 50-200 mg. daily.

LUGOL'S IODINE

for hyperthyroidism. Before + after operation, helps to lessen the B.M.R., reduce nervous symptoms, and increase weight.

Dose 5-15 m. and given in milk. Given i.v. in ac. thyrotoxicosis post-op.

Thiouvaicil

Prevents formation of thyroxine by inhibiting the uptake of iodine by the thyroid and controls s.t.s. of thyrotoxicosis. Reduces B.M.R., decreases pulse rate and may restore normal rhythm in auricular fibrillation.

Dose - 6 G. daily for 3 weeks. 2 G. daily maintenance dose.

Toxic - agranulocytosis + fever, rashes, enlargement of spleen + thyroid. w. B.C. count daily.

PITRESSIN

post. lobe pituitary. constricts arterioles + raises B.P. Contracts involuntary muscles of intestine + bladder, relieves distention. Spec. remedy for diabetes insipidus.

PITOCIN

Neo-epinine

or Oxytocin - stimulates contraction of uterine muscle - accelerates labor + check ut. bleeding. derivative of adrenalin - only no cardiovascular side effects. Sublingually 10-20 mg.

Ephedrine

Similar in effect to Adrenalin - by mouth, non-lasting. Given orally. b.ph. Hydrochloride 1/4 - 1/2 gr. orally.

Opium

active principles - morphine, codeine, papaverine. Depresses respiratory centre lessens all secretions except sweat - increases. Constipating - contracts pupil.

Pethidine

Analgesic + antispasmodic - pain-rel. value - visceral pain + in tr. of muscular spasm. May cause addiction.

Physeptone • analgesic + spasmolytic. Depresses cough reflex. 10mg. qoh. synthetic.  
Toxic - dizziness + sweating. Continued doses do not produce addiction

Curare Tubarone - Physostigmine antitoxin.  
Physostigmine synthetic. - increases peristalsis + contraction of all involuntary muscle, in conditions of intestinal atony. Tr. of myasthenia gravis (fatigue of muscle after use - extreme)

Belladonna Active principles atropine, hyoscyamine + hyosine.

## Korsakow's Syndrome.

Cases in which there is a peripheral neuritis associated with a mental condition in which memory for recent events is lost, with marked disorientation.

In Korsakow's or Amnesic Syndromes, usually but not always due to alcoholism, the memory disturbance is the most striking feature, rather than the difficulty in grasp or clouding of consciousness. On the contrary, these patients only at first sight appear to be abnormally quick in the uptake, and they often speak with great fluency and apparent plausibility. But examination reveals gross memory defects. These defects are most obvious in the appreciation of time relationships, especially for recent events. In order to compensate, as it were, for these defects, these patients confabulate, and often show the most striking suggestibility, so that they tell the most extraordinary and inaccurate tales, amplifying them with quite full and fictitious details on little pressure. A lack of initiative and a fatigued or indolent mood are commonly seen. Polynuritis, originally described as an essential feature (polynuritic psychosis), may or may not be present.

A large proportion of the cases of amnesic syndromes develop out of a delirious state.

The prognosis of a fully developed Korsakow Syndrome is poor, and the usual outcome is a silly, cheerful, but irritable condition with some disturbance of initiative and grasp. With long continued treatment with the vitamin B complex, however, the outlook is not as bad as used to be supposed, and surprising, if incomplete, degrees of recovery can occur.

Epistemology - science that treats of knowledge in regard to its nature, limits, validity  
and grounds upon which based; the theory of cognition.

Normal saline 0.9%  
concentrated stock. 1876

$\therefore 0 = 20 \text{ cps}$ .

MS  $\frac{1}{20}$  of 1876 strength.

$\therefore 1 \text{ cp. stock to } 19 \text{ of water.}$

Insulin

Morphine gr.  $\frac{1}{6}$  from gr.  $\frac{1}{4}$   
 $\frac{20}{12}$  from  $\frac{12}{12}$  =  $\frac{2}{3}$

Morphine gr.  $\frac{1}{6}$  stock - give gr.  $\frac{1}{4}$ .  
 $\frac{4}{12} \times \frac{12}{3} = \frac{4 \times 12}{36} = 1 \frac{1}{3} \text{ ???}$

Atropine gr.  $\frac{1}{100}$  + gr.  $\frac{1}{15}$  wanted.  
 $\frac{4}{100} \times \frac{15}{15} = \frac{60}{100} = \frac{3}{5}$

$$\frac{40}{50} = \frac{2}{3} =$$

Morphine gr.  $\frac{1}{6}$  - want gr.  $\frac{1}{4}$ .

$$\frac{6}{8} = \frac{3}{4} \text{ ?}$$

$$\frac{4}{24} \times \frac{24}{24} = \frac{3}{4}$$

Insulin 30° of Prot. zinc - soln. 40% cc.

Unit amt of insulin in. to decrease sugar in rabbit.

m. syringe 16m = cc  $\therefore 16^m = 20^u$

1 = 1

16m = 1cc. = 16 units.

zeph. 1.100.

want 2 1/2 @ of 1.500.

$\therefore 50 \text{ cps}$

$$\frac{100}{500} \text{ of } \frac{50}{1}$$

$\frac{1}{2}$  10cp stock. to 40cp. water.

10 of 2 1/2% solutions.

= 1:40 = 1/2 in 20.

$\therefore \frac{1}{2}$  2 cps + 19 1/2 cps. water.

2 1/2 pint = 1 1/4 cps to 48 3/4 cps.

5% solution = 1:20

2 1/2% = 1:40.

Lypol 1:20 in stock. = prepare 2 @ of 1:80.

$\frac{20}{80} \times \frac{100}{100} = \frac{10}{100}$  10cp Lypol to 30cp. water.

1:20 stock = 2 @ of 1:100

$\frac{20}{100} = \frac{40}{100} = 4 \text{ cps to } 32 \text{ cps.}$

1:20 stock - want 1:160 (10)

$$\frac{20}{160} \times \frac{20}{1} = \frac{20}{8} = 2 \frac{1}{2} \text{ cps to } 17 \frac{1}{2} \text{ water.}$$

of def. between prothrombin time & clotting time  
when L.P.S for H.I.S?

Peptic Ulcers.  
Gastric

Duodenum.

Pain after meals.  
Relief by vomiting  
thin - loss of weight  
pale  
constipation.

2-3 hours after.  
eating next food.

wony  
ulcer

appetite - afraid to eat.

Predisposing  
causes

both sexes.

irreg. meals, poor masticated, prolonged worry. & bad lth.

1. haematemesis - blood vessel has been ruptured.
2. perforations.
3. Malignant changes.
4. Non-glass contraction.
5. Gastric colic fistula.

most common in men

1. Haemorrhage - melaena.
2. Perforation (no malignancy)
3. Pyloric stenosis.

Dr. Diet, general & local rest.

2. Sedatives - Pb. very worry-alleviat.
  3. Local - Diet, Antacids, Antispasmodic, Mg. Sulf.
- Probarbitone, Atropine, Belladonna populus.

Investig. guide to progress.

1. Bar meal.
2. F.T.M.
3. Gastrosocopy (G.U.)
4. Occult blood - stool.

Direct to cause P.U.S

Trauma

Pathological - Ca & Sarcoma  
Aphé

Med. W. facts - surgery / perf.

Gemma.

Paget's disease

partial gastrectomy,

pyloric stenosis -  
severe haematemesis in elderly

STS.

Wegor's Iodine makes thyroid less vascular.

20

Hot Cpl. Nursing of Prof. Leo. Ulcer

- 1st 48 hrs - Nil orally unless Dr. orders. Continuous I.V. until Dr. discontinues. Continual Reflex resp's of vomiting. Mouth washes 3 hly.
- 2nd Day. If not vomiting, 300 pt. aqueous orally if req. or more.
- 3rd Day Increase of st. aqua & diluted milk.
- 4th Day. 300pt. Bengor's Food, alternating w/ pt. water as desired 3 hly. Jelly, custard, junket  
Glycerine enema.
- 5th Day. 400pt - Bengor's, alternating 300pt. st. water 4 hly.
- 6th Day. B, D & Tea - weak strained tea, jelly, custard. Popover ad lib.  
Bengor's Food No A. tea & supper.
- 7th Day. Breakfast - soft poached egg & 1/2 cup of fine bread  
Dinner - sm. helping of fish & butter (no crusts)  
Tea - soft poached egg  
Jelly & custard as sweets.
- 8th Day. Light meals.  
B - 3. poached egg } sm. helping orland  
D - 7. strained fruit } Potatoes, only  
I - eggs } number, more  
Jelly & custard.
- 9th Day - Ampicillin 13 TDS. q.c.  
Paraffin recte

Hot all feeding if p. vomits

IRON

DEVELOPMENT OF THE INTELLIGENCE

Surg. emphysema - cause of dist wounds, lung perf. - air in tissue - feel bubbles of air under skin.

4 drugs for Ab. lyp. - pen - med. - Omoxon - A.

Analgesic - Pethidine.

sedatives.

iron for anaemia.

Burns from dist wounds.

Angina Pectoris - pain in chest of E. narrowing of coron. arteries due to plaque.

In rest + vasodilators

Polymyositis inflam of many nerves - as result of infec. (periphery nerves) results even lack of Vit. B.

flaccid paralysis ribs out - collapse lung.

Cleaved fingers.

Distal to Diabetic leaving ops.

Pulm collapse - first 24 hrs. Em. Pneum

1st. Pain, dyspnoea, coughing  
blue, cyanosis, restricted  
movements on affected side.

2nd. slapping back - physio  
called in, postural drainage  
-if fails - bronchoscopy - antibiotics  
-pneumonia.

Pul. Embolism in pul. art.

sudden attack of pain, cough, blood.  
fatal in minutes.

Pyloric Stenosis : Congenital Hypertrophic Stenosis of scarring due to <sup>duod.</sup> ulceration, or Ca stomach.

STS projectile vomiting - more than one feed.

Dehydration.

Lumbar palpable visible peristalsis

Sr. Replac lost fluid.

Raustedt's.

Adult - STS. same. No meal. - partial gastrectomy (Ca - gastric gastic)



Aspt. & drainage

P. abdominis ✓  
P. thoracis ✓  
Hydrocele ✓  
L.P. ✓  
Stomach ✓  
Abscess.  
Minor Ops.

Tracheotomy  
Removal nail  
Myringotomy ✓  
Antium Puncture  
Opening Abscess

Lavage

Stomach. ✓  
Rectal ✓  
Colonic ✓  
Bladder ✓  
Vaginal. ✓  
Cecostomy.

Irrigations.

Ear ✓  
Eye ✓  
Antrum ✓  
Mouth ✓  
Throat  
Nose

Catheterisation

Artificial Feeding ✓  
F. Test Meal  
Nasal feeding ✓  
Mastectomy.

Pneumothorax

Specimens  
Bloods

Enemas

Sapona ✓  
Udine Oil  
Milk & Snacle  
Staroh & Opium  
Turpentine  
Glycerine  
Infusions  
Intravenous.  
Saline  
Blood.  
Subcut.  
I.M.

Rectal  
Venesections.  
Inhalations  
Steam ✓

Oz ✓  
Injections.  
H.I.  
I.M.I.  
I.V.I.

Varicose Veins  
Local Applications

Poultices ✓  
Stupes  
Fomentations  
Liniments ✓  
Anna's Paste  
Viscapast  
Scott's Dressing  
Staroh Poultice  
Cold Applic's ✓  
see poultice  
Evaporating Lotion.

Serum & Vaccines.

Orthopaedics

P.O.P.  
Traction  
Splints.  
Examination  
Vaginal  
Rectal  
Endoscopy  
E.N.F.

Neurological.  
Eyes.  
Oc. Therapy  
B.L.B. mark  
Spectacles  
Lent.

Inhalations

Steam  
Dry  
Lent  
Infant care  
Bathing  
Feeding  
Anesthetic Smoky

General  
Local  
Spinal  
I.V.

Wounds - Sutures  
D. Tubes  
Dressings

Charts

Diabetic  
H.I.  
B.P.  
T  
F.B.

INSULIN

## Administering A.T.S.

### Sensitivity Testing.

Use autoclaved Tuberculin syringes and needles & appropriately diluted A.T.S.

#### 1. NORMAL CASES.

- Intradermal test of 0.02 cc. of 1 in 10 dilution - left arm.  
Intradermal test of 0.02 cc. of 0.3% cresol control solution - right arm.  
Read at 20 minutes - if no reaction
- Subcutaneous test dose of 0.05 cc. of undiluted A.T.S.
- If after 10 minutes there are no symptoms (abdominal pain, nausea, vomiting, diarrhoea, dyspnoea) or signs (hives, rapid pulse, unconscious) Then give full dose of A.T.S.

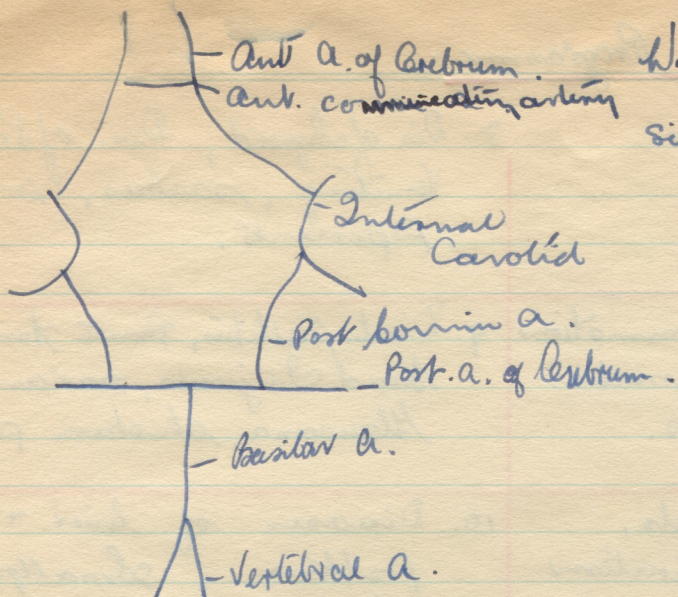
In the event of any reaction to the above tests the dose of A.T.S. should be diluted with 10 c.c. of distilled water and, commencing c. 2 minims, the dose is doubled every 20 minutes until it is all given, unless any reaction should occur in which case you revert to previous dose, but first report to R.M.D.

#### 2. CASES WHO HAVE HAD PREVIOUS SERUM INJECTIONS OR SUFFER FROM ALLERGIES.

- Intradermal test as in 1. above, but using 0.02 cc. of 1/20 dilution.
- Sub. cut. test dose of 0.05 cc. of 1/10 dilution.
- If after 20 minutes there are no symptoms give full dose.

In all cases, whenever A.T.S. or Let. Inc. is being administered, a syringe loaded 1/2 c.c. of 1:1000 Adrenaline is to be at hand. I.V. ampoules of Antihistamin + Phenargan must also be handy.

Patients are to be kept for observation for at least 4 1/2 hours following injection of either A.T.S. + Let. Inc.



Within arterial circle of Willis are situated —

1. Optic Chiasma.
2. Infundibulum.
3. Tuber cinereum.
4. Corpora mammillaria.
5. Interspeduncular fossa.

cf. Cunningham - 926 & 935.

Lateral Ventricles Present for Examination -

1. Central part.
2. three horns - ant., Post. Inf.

Corpus ant. (Frontal Horn - anterior of Minus)

Roof Corpus Callosum      Medial Wall Septum pellucidum  
Floor Caudate Nucleus      Frontal PTV - bounded by genu of Corpus Callosum

Post. centralis (Interventricular foramen of Splenium)

Roof - Corpus Callosum (Tapetum)      Medial Wall Septum pellucidum (Fornix)

- Floor - 1. Nucleus Caudatus      2. 2 groove with -----  
3. Thalamus      4. Lumina choroidea etc.  
5. Thin lateral edge of body of Fornix

Cornu Posterior (Splenium into occipital lobe)

Roof - Tapetum      Medial Wall Bulbus cornu post. & Callosum  
Lateral wall Tapetum

Cornu Inferior (Splenium into Temporal lobe)

Roof Tapetum - also { nucleus amygdalis  
Glyca terminalis  
base of caudate nucleus

Floor 1. Luminæ collateral.

2. Hippocampus.

3. Choroid plexus of lateral ventricle - controlled vascular fold of pia mater encephali

4. Fimbriae.

Hippocampal Formation - complexity of structures comprising the ablated cerebral gyri of the smell & the commissural system by means of which the gyri of opp. sides are connected together.

## Finals Programme.

- |  |   |
|--|---|
| Week 1, acute inflam. = infection<br>acute Rh. chorea<br>Pain analgesics pulse.  | 8. Dis. of Thyroid, Dis. of Rectum.<br>Vomiting, scabies, impetigo<br>Aperients.              |
| 2. acute heart diseases, chr. inflammation<br>ulcerations, tumours, etc. ac. ot. media.<br>Insomnia, hypokies + sedatives. | 9. Diab. Mellitus, Acute Tonsillitis<br>Head Injuries, ovarian cysts<br>Glaucoma, chicken pox |
| 3. chronic h. diseases, dis. of bl. vessels,<br>Sanguine, conjunctivitis, respiration<br>chr. ot. med.                     | 10. Diseases of liver + G.P.<br>Asthma, Smallpox<br>Strabismus.                               |
| 4. Diseases of coronary circulation.<br>ac. appendicitis - peritonitis<br>menstrual cycle, anti coagulants.                | 11. Diseases of kidney.<br>Renal efficiency tests.<br>Anaemia                                 |
| 5. U.R.T. diseases, coughs.<br>Intestinal obstruction, disord's of menstruation<br>Whooping Coughs.                        | 12. Diseases of renal tract and prostate gland.<br>Unconsciousness.<br>#s.                    |
| 6. Pneumonias, peptic ulceration.<br>Tubercles, corneal ulcer.<br>Mumps, rubella, lincluses.                               | 13. Burns and scalds.<br>Meningitis<br>Antibiotics. Abortion.                                 |
| 7. Pleurisy, Ca bronchus, temperature<br>ulceration colitis, expectorants<br>Vag. discharges.                              | 14. Apoplexy<br>Cerebral Fevers.<br>Infant Feeding.   |
| 15. Diseases of C.N.S.<br>Spinal Injuries.   |   |

14  
13  
12  
11  
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8  
7  
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2  
1

Abn. Del.

FORCEPS

M. Removal Abn. Plac.

Written up.

Age 18 Date 29.9.58.  
L.N.M.R. ? 29.11.57 E.D. Due 6.9.58.

Gravid 1.

WR - Rhin -ve. B. Group. B +ve.

Ht. 5'1"

Gen. health good, urine ✓  
No rickets, gain.  
B.P. 120/80 - 110/60.  
Hb. 76%  
no oedema.

26.2/4  
5.29.

Labour Began	M.R.	2nd stage	3rd stage	4th stage
Date 21.9.58.	21.9.58.	-	5.20 pm.	5.25 pm.
Hour 3 pm.	1 pm.	-	22.9.58.	-
Duration of labour.	26 hrs. 25 m.	-	Ux present.	LOT. Br dil. Bl. loss. Eggs
1st stage } 26 hrs 20 m.			Placenta - manual removal.	
2nd stage }				
3rd stage }	5 m.			
Minimum	EPIS. CCG++.			

1st stage	21.9.58 - 5 pm.	11 pm.	22.9.	P. vein distended	4.45 P.H.O.V.
TPR.	98°/64.	.80	5.45 am.	1 pm.	alb. L <sub>2</sub>
B.P.	120/65.	.	persistent vomiting	96	acetone ++
F.H.	140 R.	132 R.	- S. RMO.	.	3 litres
Pain	mild/mod.	mod.	PR.	154 R.	5% dextrose
Freq.	5' - 30"	5 30' 35'	OS 2-3 til	40-45"	50 fav.
Urine	NAD	clear.	Rx	acc. 1/8	
Bowels	anema.	-	Heroin 1/16	acc. ++	R.MO notified
Drugs.	Chloral gr xxx	Heroin 1/16 7.30 pm	5.4 Jan	larynx 2.5 cm	prepar for surgery.
5 pm. 21.9.58.	by RMO.		P. Dan		
Present + Pes.	Ux LOT.		acetone in urine	Ux	
St. in Pelvis.	Nigh above spine		Distended	lost below spine.	
M.   head	fixed.	2-3 f Pil. had well in	H.N.P. 3/4 dil. MR.		

P.V

2/2 to 150 9.10 am. 12.15

# Forceps Delivery

## Indications

1. Maternal Distress
2. Delayed 2<sup>nd</sup> stage.

Cx FTU

HOU

Pudendal Block.

Early application

Tight perineum

Early pull after episiotomy

Placenta adherent - manual removal performed.

Epis. sutured cc+

MR

Indication - Ret. Placenta.  
 Time after delivery 15 min. Anesth. Pudendal.  
 Blood loss before - during - after -  
 Placenta part adherent.  
 Placenta site, fundus / ant. wall.

T 994 P. 96. BP  $\frac{118}{78}$ .  
 Bl. loss: 4 sp.  
 Fundus F+C,  
 Manual Removal.

Spm - Cap. alb. cloud.

Baby C. or Birth salt. 7 to 13 up 20" aspiration.

Progress 22 25 28 30/  
 7.3 7.4 7.8 7.11.

24 hrs TPR last none 24 hours Nit sat 12% hours then glucose 8%

(Open)

1 am

4 am

6:30 am

9:30 am

1:30 pm

98/104/36

98<sup>4</sup>/120/48

17<sup>4</sup>/124/40

97<sup>2</sup>/120/46

98<sup>4</sup>

98

Spec. bad colour ✓

Small vomit C/C ✓

Cap 5% H. Sm. vomit

Bl 11 cap. Refused more

NCH. 1-16 11 cap. Sm, P.

42 wks. gestation

3:30 pm 984/36/10 NCH 1-16 1 sp. Gavage tube passed. - nil asp. per

Gavage - vomiting reflex.

To breast 8 pm. - sucked well.

5 am

8 am

jaundiced.

Nat. + duration of labour. Slow labour of 26 hrs + 25 m.

Maternal distress during last 12 hours acute + severe

U. Therapy given

Success - Peth. at 1 pm

Complete manual removal.

D of B. 22/9/58 (M) Btl. Wt. 7.13

5:20 pm.

20"

C. at birth good.

Interval after birth when rhythmic breathing established.

Perus. reg. respiration.

B<sub>3</sub> -ve skin -ve.

labour  
Purpura  
Baby.

Exam Papers

What  
How  
Why?  
When? 3

dehydrated feces.

External Urinal 32<sup>nd</sup> pks. All check FH see bladder is empty.  
C.A. McKay do include <sup>↓ P/c.</sup> ~~toxin~~ - look on bladder to remove abdo. organs.  
Check FH afterwards.  
Risks - MR & A.P.H.

Liquor Amnii What?  
Uses? 5  
Composition.

Indic for Cath AN - 5 C+SU

labour - Vago Blundy  
Puncti furrows.  
V.H. 3<sup>rd</sup>

Colostrum Purpura Potentilla

Carb	85
Protein	8.5
Ch.	3.5
Fat	2.5

5

from 12 weeks - clear, becomes exanious.  
value to baby - small ants, suitable food to educate it to EBM.  
antibodies against infection.  
If unremoved - ingested. looks for -

Mixed Ports - skin, etc.

if Kochia offensive - interference  
May be passed normally when drinks  
Carriously note.  
Inhalat Anulgeria.



Ergometrine Dosage: .5 mg

Use

only used in onset of 3<sup>rd</sup> stage of labour.  
prophylactically in puerperal (fals) for sub-involutive  
retained products  
PPH - 2<sup>nd</sup> stage.  
+ secondary.

Dangers: ~~venous~~ <sup>vascular</sup> use - interfere with peripheral circulation  
lifting of the fingers.  
misuse in 1<sup>st</sup> or 2<sup>nd</sup> stage.  
give with delivery of ant. shoulder - trap arm

Pethidine

Dosage: 50-200 mg

Use: Analgesic to be used in first stage - prolonged labour.  
After pains - none.

Dangers: overdose -  
too late - baby flat.  
addiction (staff)

Pit. Extract

Dosage 5-10<sup>u</sup> i.m. 10<sup>u</sup> = 1cc. post partum to control haem.

(Theoretical: Pitocin Pituitin)

→ divided doses for Med. Stim Anti-Nestally.  
up to 1cc. all total. to induce labour.  
5-10<sup>u</sup> - 1 liter empty W.

Dangers general tonic contraction (large initial dose)  
fast pit. drip  
may rupture uterus.  
allergy. (tongue swells up) <sup>Posthumer</sup>  
or to emphyse.

3<sup>rd</sup> Stage

Do not put in prophylactic use of Ergometrine.  
bleeding + in absence of PPH - may  
but otherwise not unless PPH there.

no PPH

# Relieving suffering in Childbirth.

A.N.  
Labour

relaxation. education.

reassurance

careful use of analgesics  
sedatives: chloral, <sup>and</sup>  $\text{Asp}$ ,  $\frac{1}{2}$   $\text{Peth}$ . Heroin, <sup>2 properties</sup>  $\text{Morph}$ .

Inhalation analgesia.

Refer to relaxation + analgesia.

before distention & pain + how to use

$\text{N}_2\text{O}-\text{O}_2$

Titre. 5% - 35%.

Hygiene. + fluids.

back-rubbing.

Delivery

## Diseases

Addison's - suprarenal cortex, def. of cortin. Progressive asthenia, brown pig. skin. Fr. Cortis. Sed. Chlor in large doses

Banti's Terminal stage of splenic anaemia.

Barlow's - Infantile scurvy.

Basedow's - Exophthalmic Goitre.

Berkholm's - Epidemic pleurodynia. (Middle East)

Bright's Acute or chronic nephritis.

Brill's - A form of typhus fever, contracted from the bites of fleas.

Brodie's - Chronic synovitis with gelatinous degeneration of synovial membrane.

Caisson

Celiac Pancreatic infantilism - inability to absorb fats.

Crohn's - inflam. of ileum - may spread to caecum. may cause.

Friedrich's hereditary ataxia due to symmetrical disease of tracts of sp. cord. Res curvata + pediosis.

Trieburg's - head of 2nd metatarsal, causing pain on walking + standing.

Gaucher's affects the reticulo-endothelial system, causing bone changes, flabby <sup>pencil</sup> club fingers.

Glenard's Visceral optosis.

Graves' - Exophthalmic goitre.

Herschsprung's - Megacolon.

Hodgkin's Lymphadenoma - progressive anaemia: fatal 2 yrs.

Jacquet's - alopecia - due to disease of the teeth.

Köhler's 1. Malformations of scapula in children - limping = disease of 2<sup>nd</sup> metatarsal (Trieburg's)

Landry's - Acute ascending paralysis from lower to upper, no sensory impairment.

Little's Congenital muscle rigidity; marked diplegia; "scissor" legs.

Meniere's (syndrome, rally)

Paget's

Parkinson's

Parrot Psittacosis.

Pelligrini-Studa

Retke's

Rick's

Rick

Pott

Raynaud's

Recklinghausen's