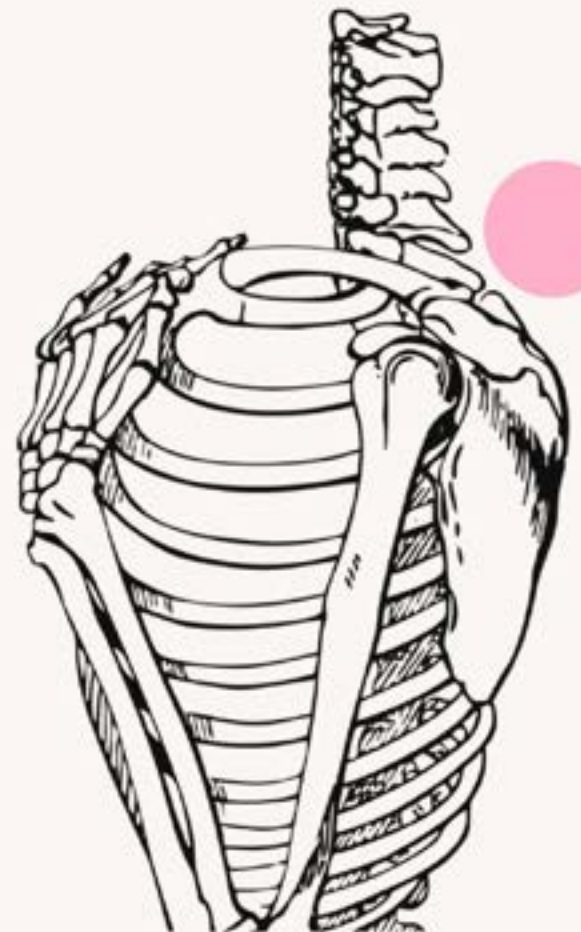
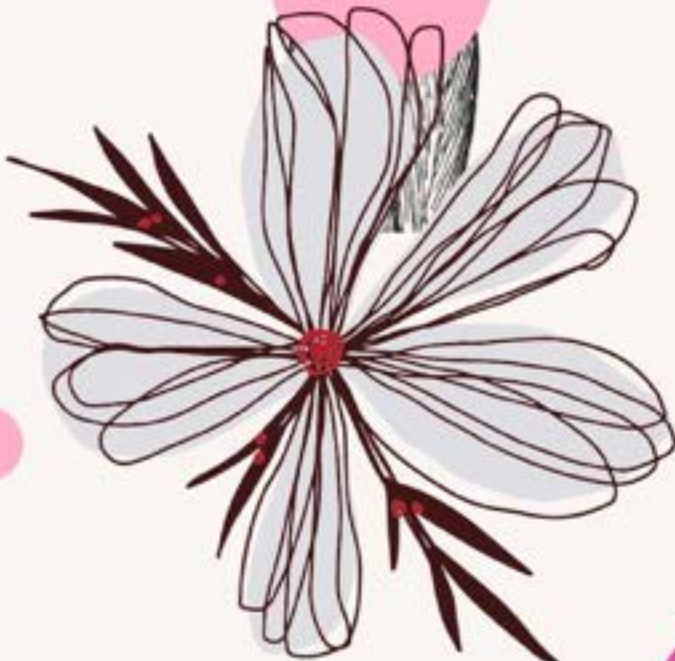


HERMANARESISTPRESS
PRESENTS

DIGITAL COLLAGE LAB: KIT 1



For crip kin & allies
to collage during the
pandemic



CURATED BY
NOEMI MARTINEZ

WINTER 2020-2021

Noemi's Notes

This is a downloadable collage kit fashioned in a zine-like form. I created this because as I was in the process of developing the idea of collage kits, I thought about my cripp & disabled kin who have compromised immune systems who might not want to receive mail at this time.

Earlier this year, my Mac started acting up and I almost lost years and years worth of projects, books and work, because I have been zipping computer after computer and storing them to my next computer but I never got around to doing it with this Mac.

With collaging, I like to start on a sturdy back. Cardboard will do to start, cut up cereal boxes too, or those 8x10 canvases you can get, wood pieces you find around-you'd want to add a layer to two of gesso first probably if it's rough. You can start off with a nice acrylic wash first. If you're using paper, you can skip this. Then, I like to tear paper up and use matte/gel medium to affix, write notes and bits of poem lines down on them.

If something doesn't seem right, you can always collage or paint right over it again.

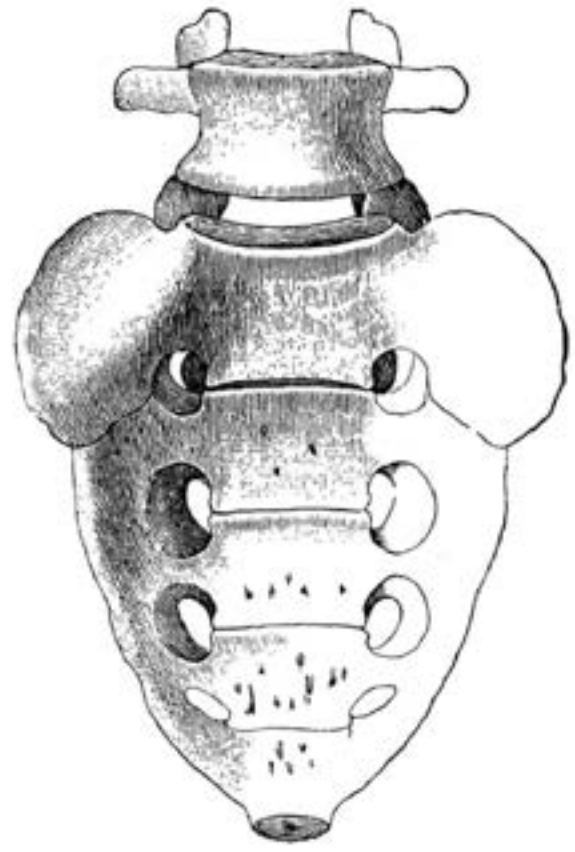
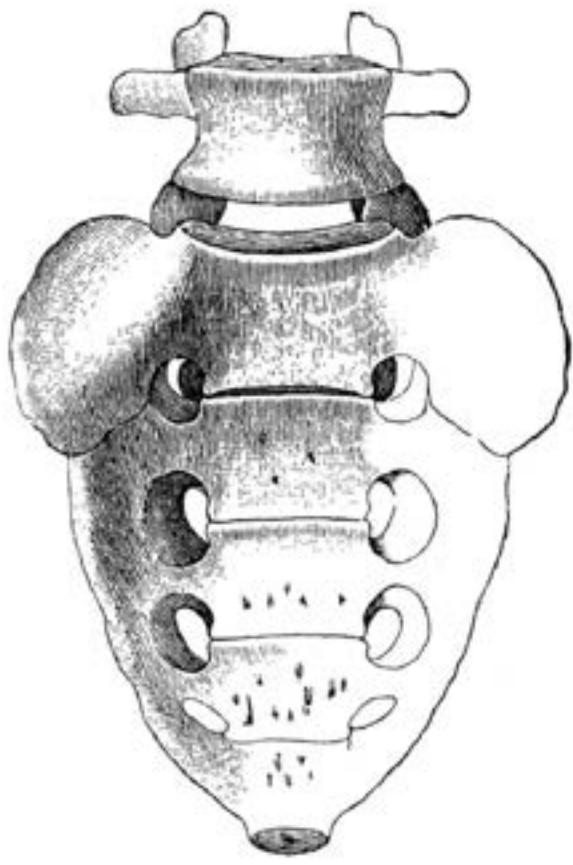
You can also add other bits of your own paper, bills, magazines, old damaged books, recycled paper, old photos (make copies first!). Try sewing bits of paper together if you're working on paper. A sewing machine works best for this on the zig-zag stitch, experiment with that. Incorporate a strip of cloth here and there, maybe some thread.

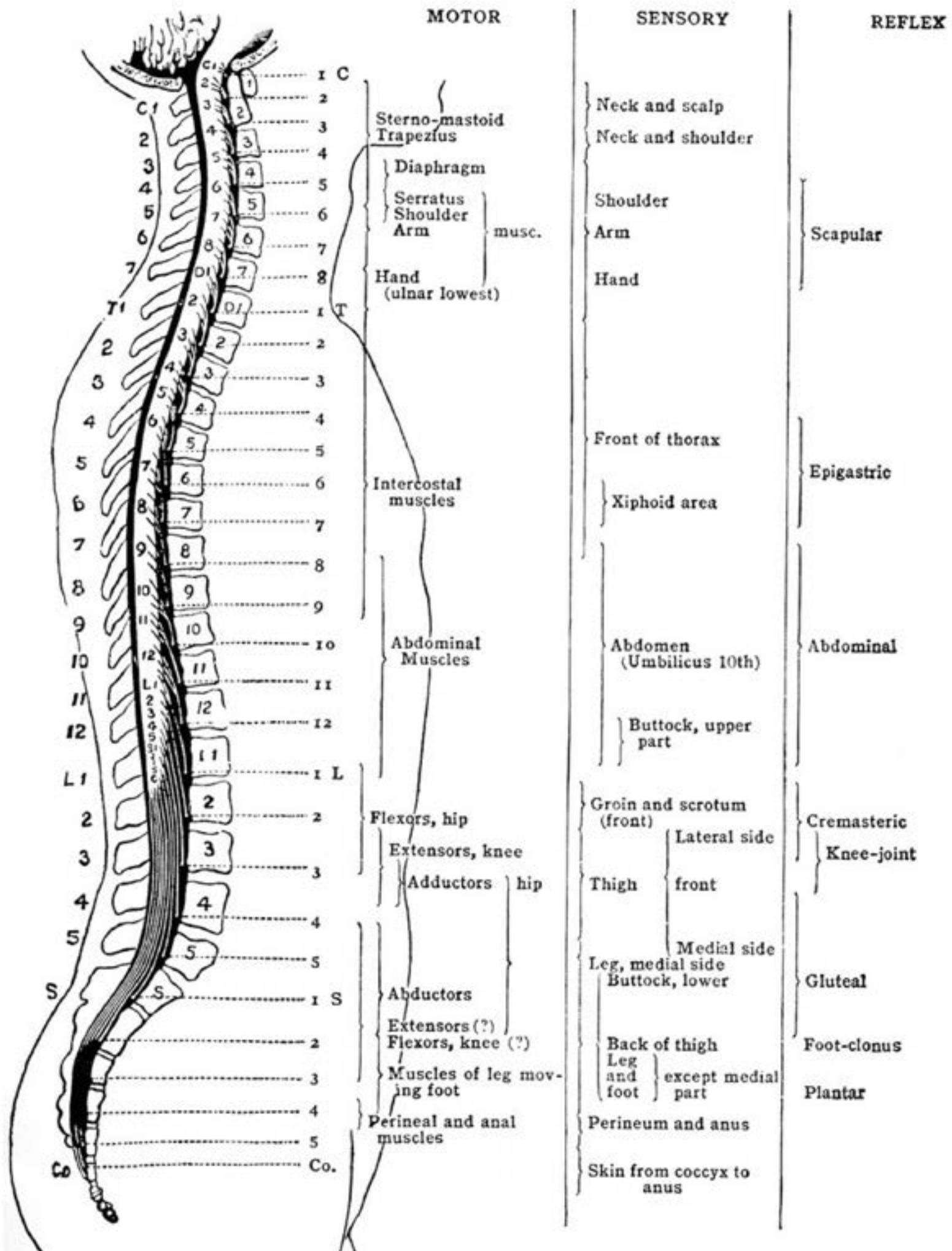
I make a lot of messes, and messes with pastel sticks are my fav kind, bits of paper, matte medium all sticking together. Oil pastels are fun too. [you have to experiment and learn how to layer and what medium to use to be able to use layers and what art medium if you want to build up your collages. Collages and art are so fun!]

I also start and stop a lot because of my disabilities and back pain/scoliosis pain. I used to be able to sit for longer periods and now it's only for short amounts! Do you. <3 <3

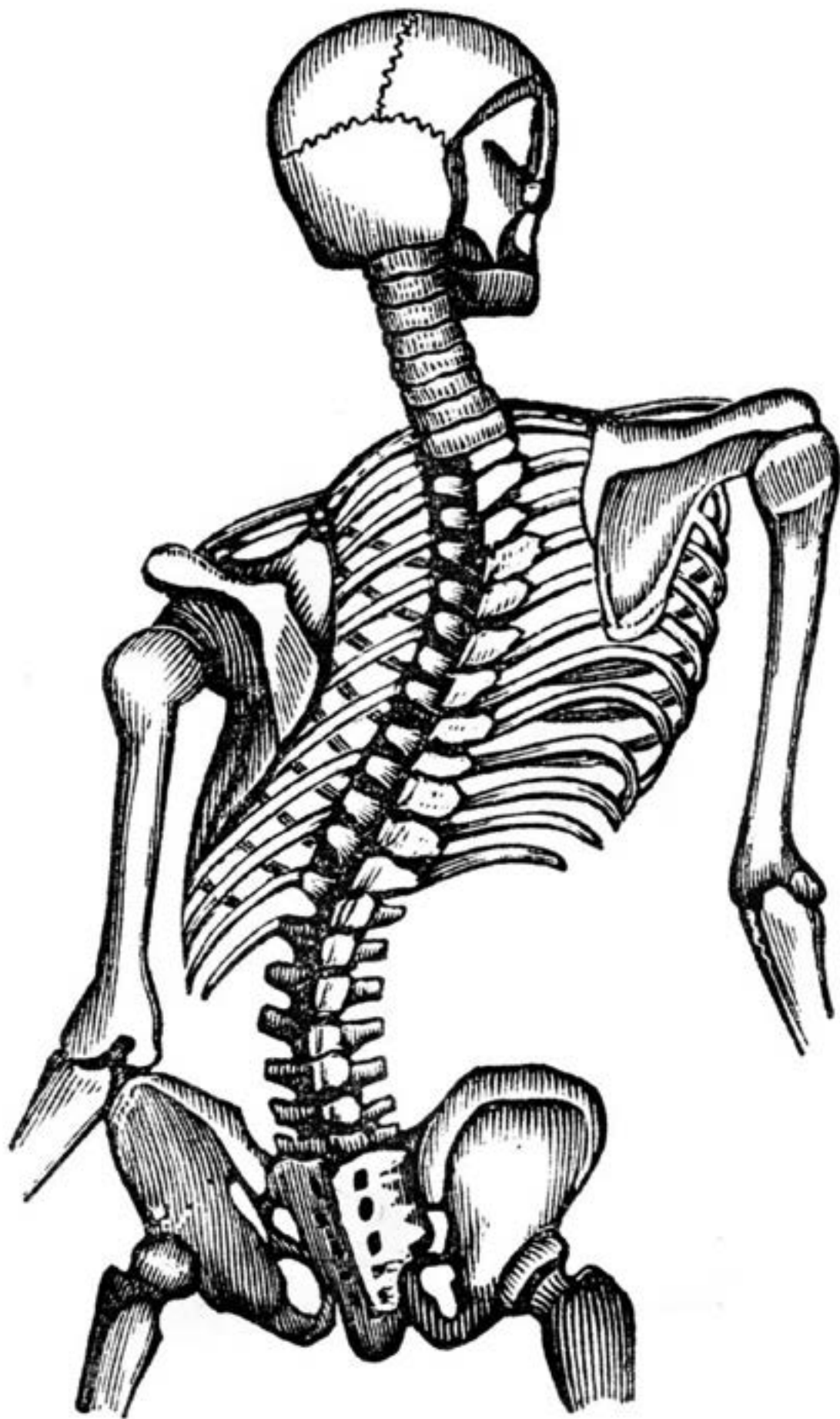
**HAPPY COLLAGING,
NOEMI IXCHEL MARTINEZ**

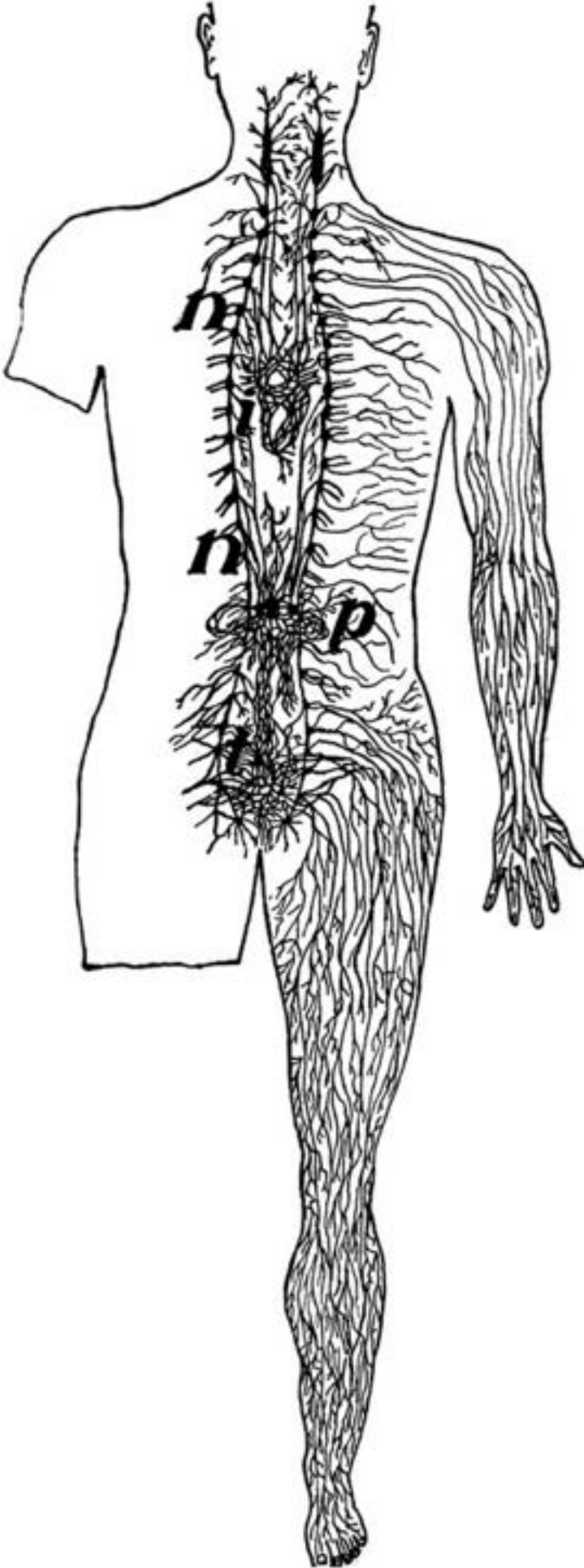
Trigger warning: text and
images from medical
journals, images
throughout of bodies,
mainly spine.

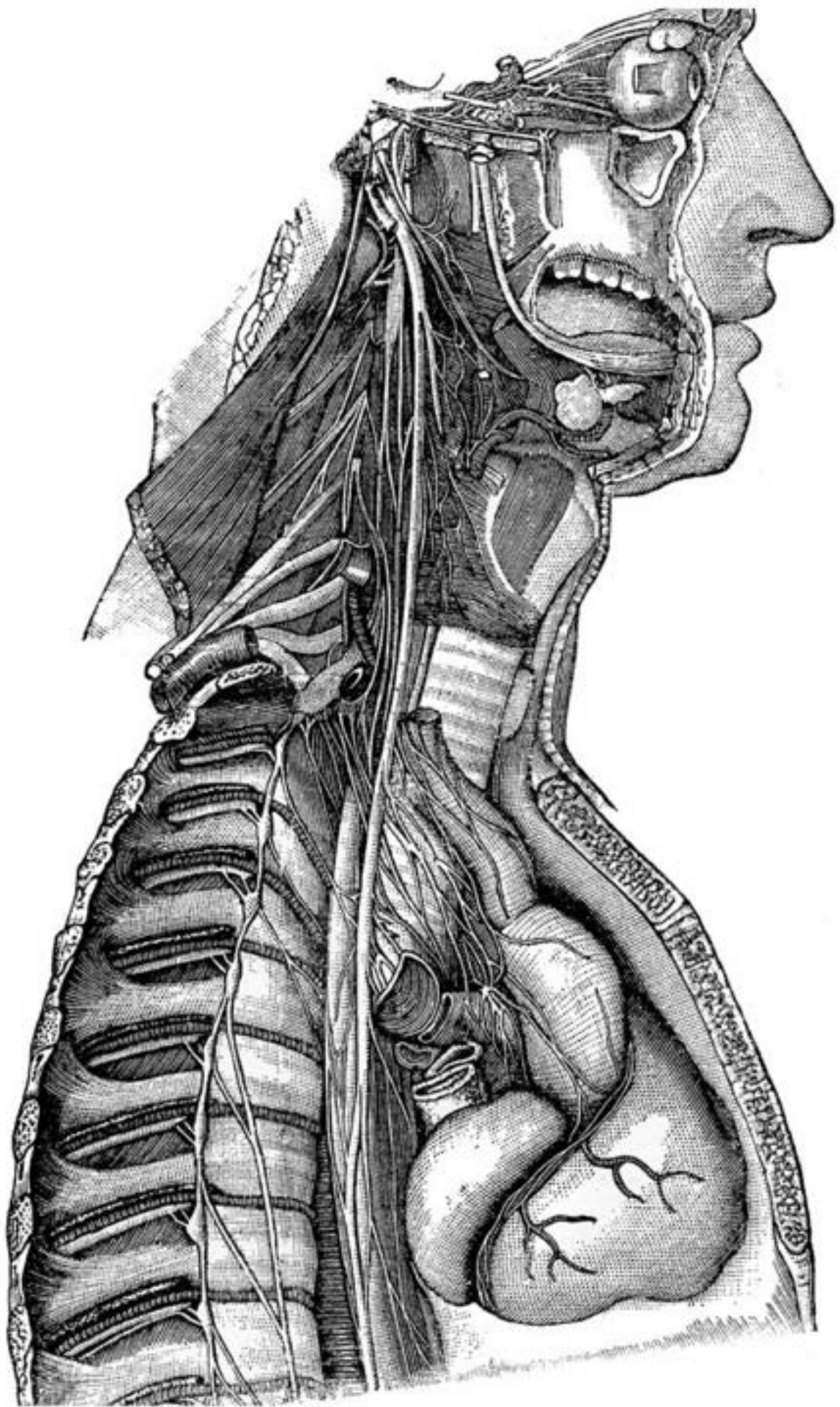


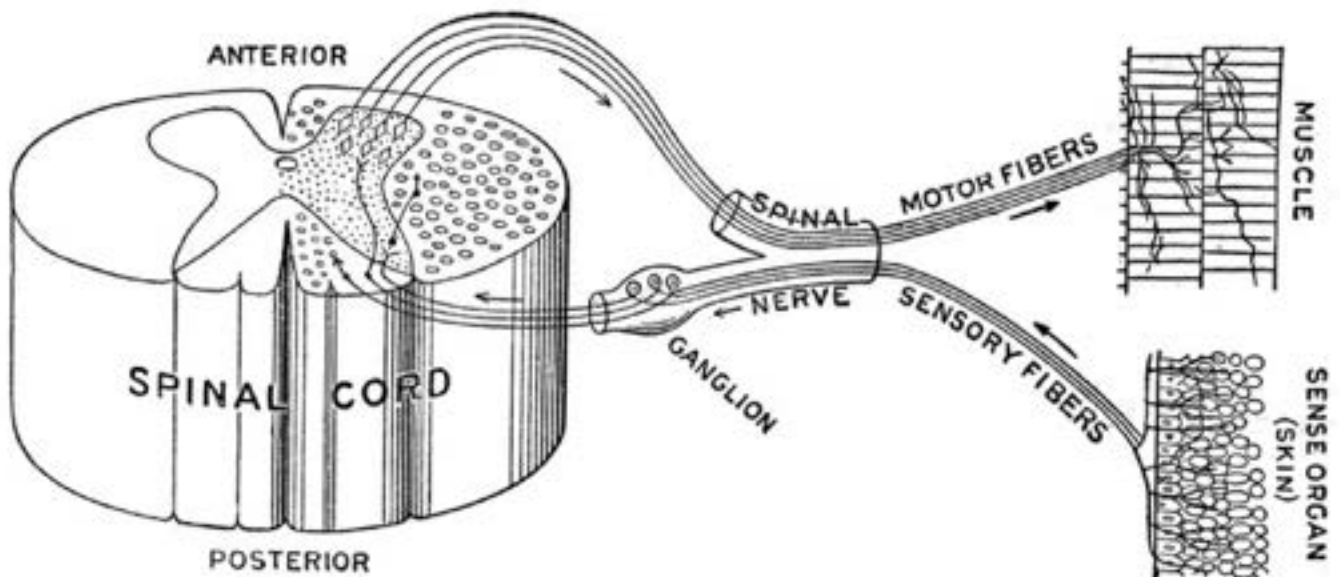
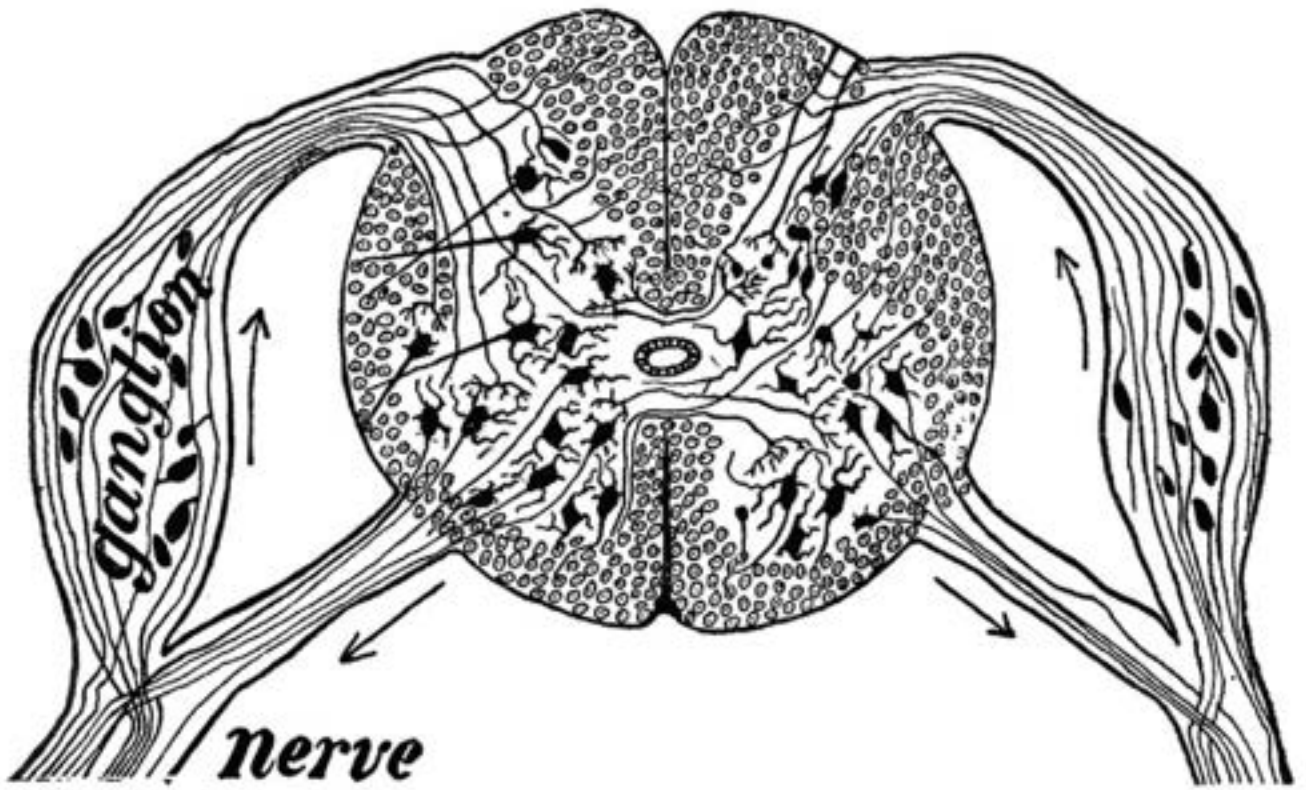


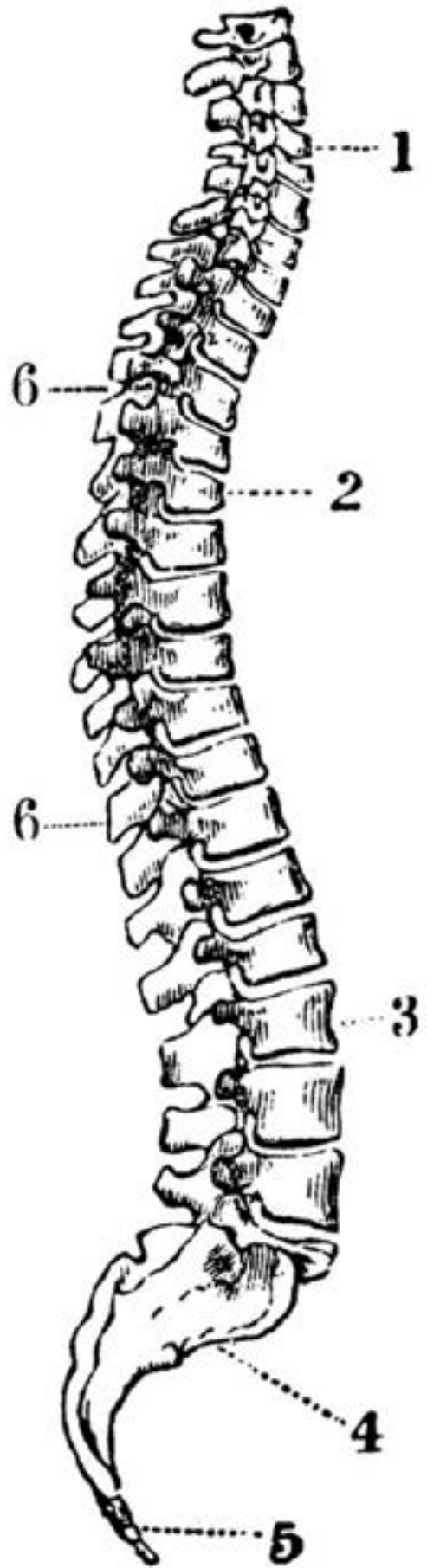
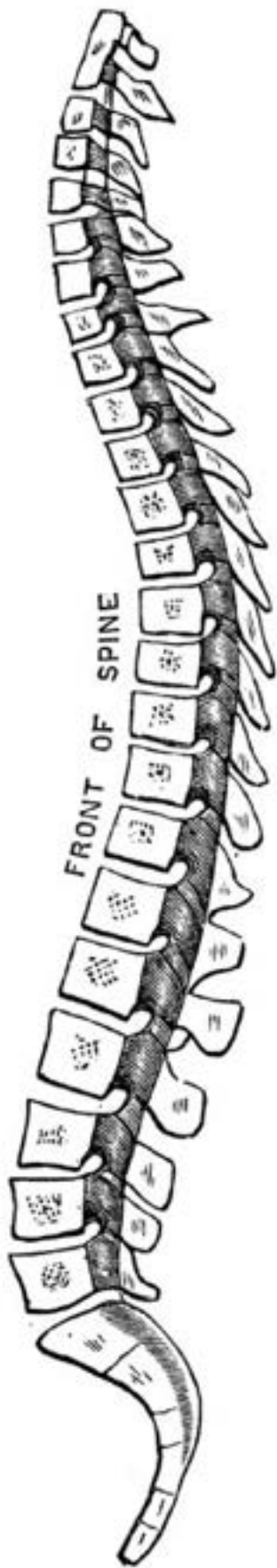


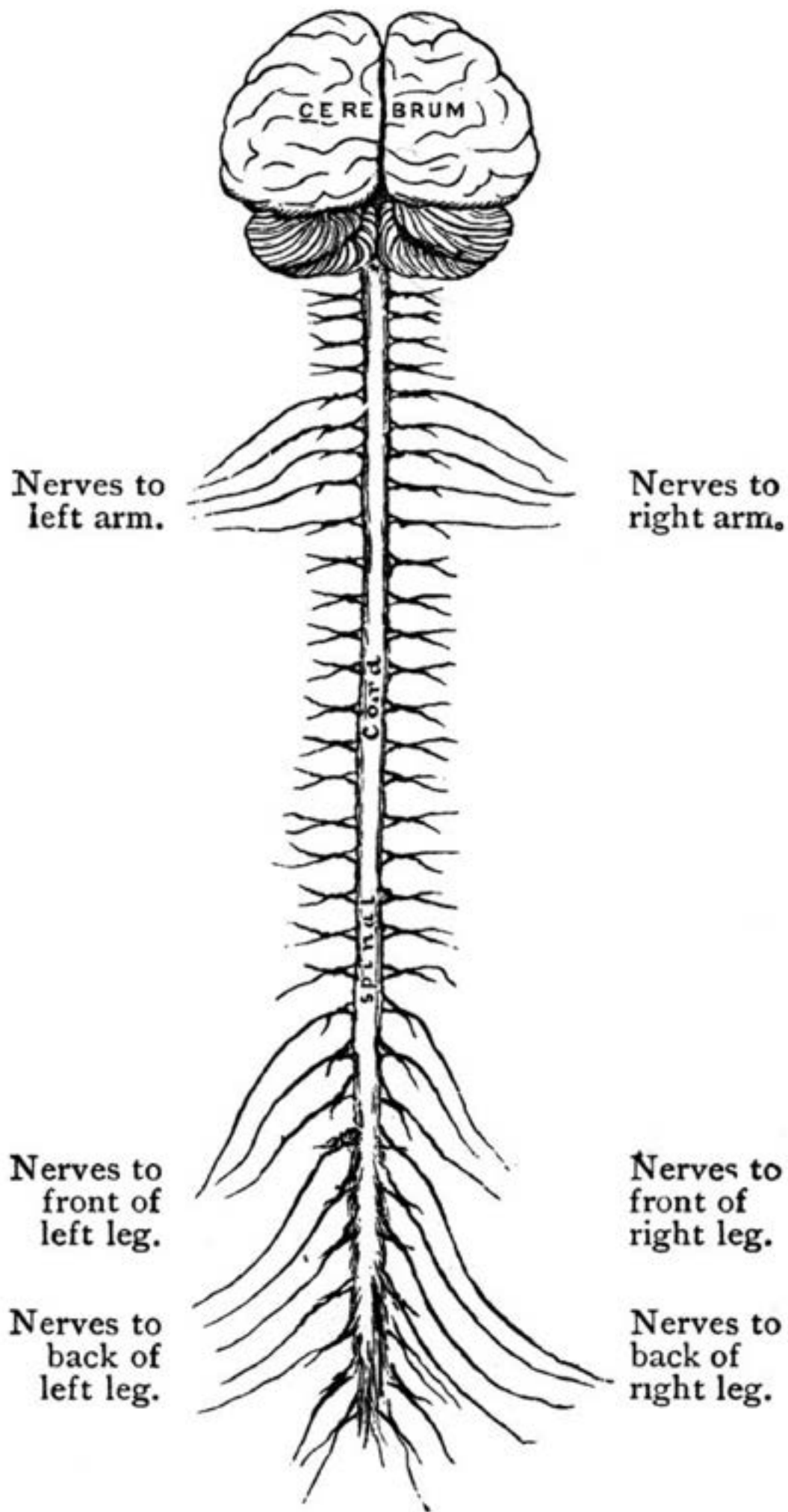


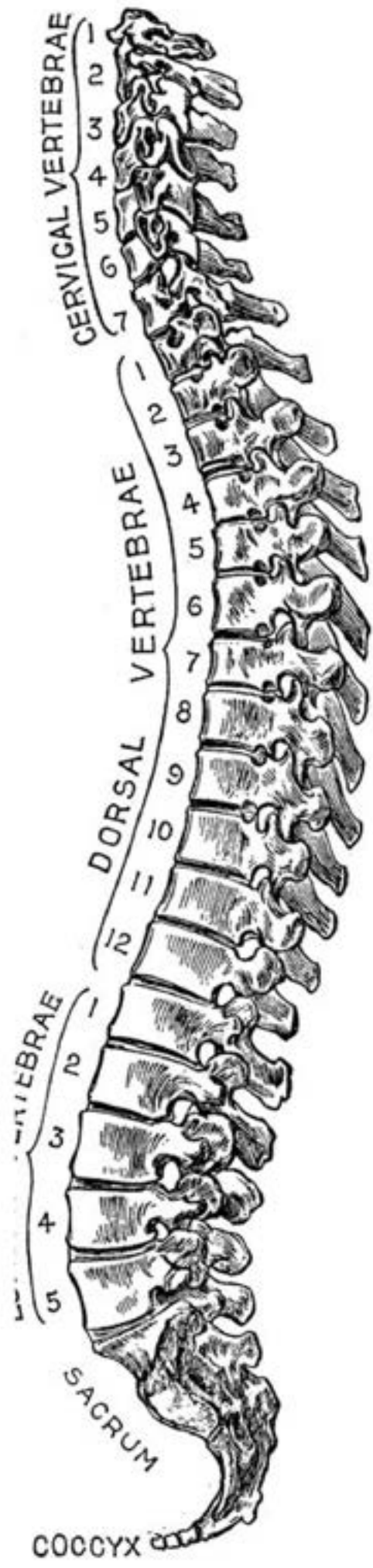


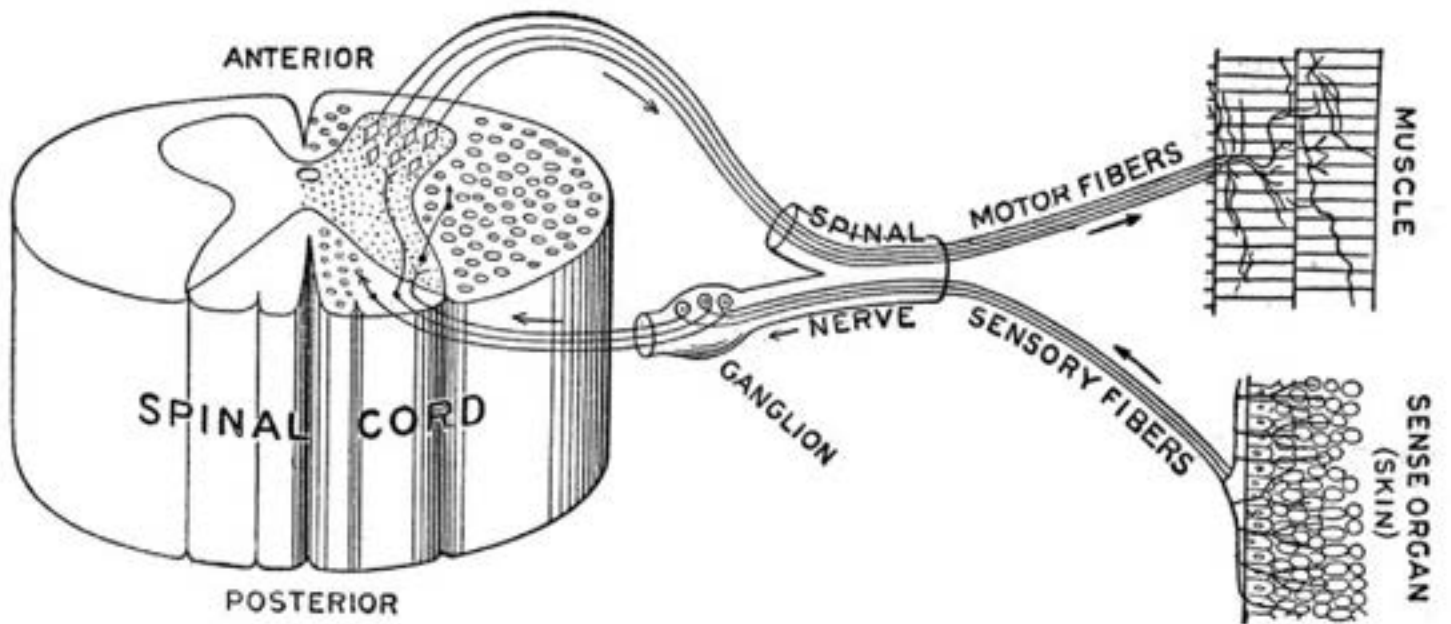
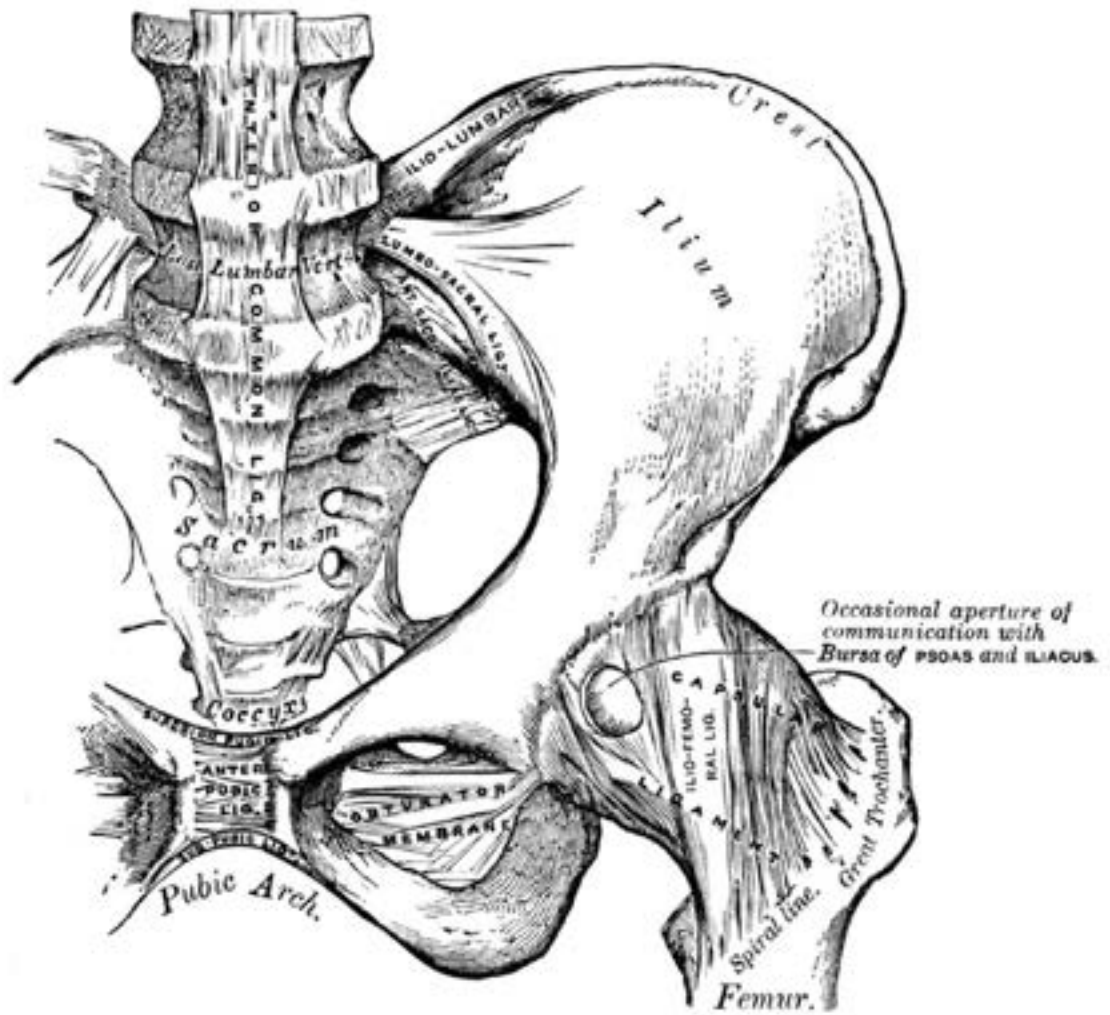


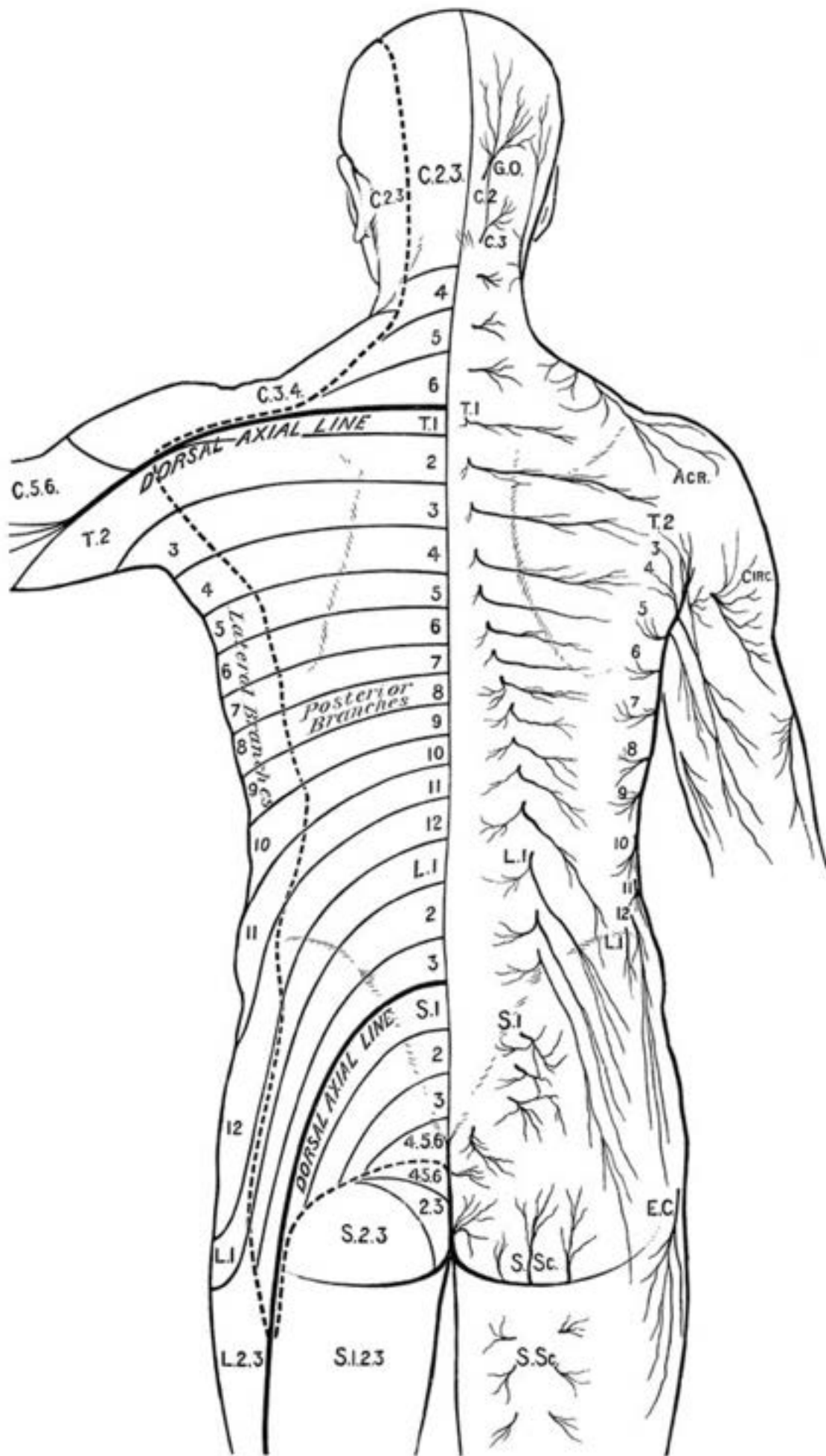


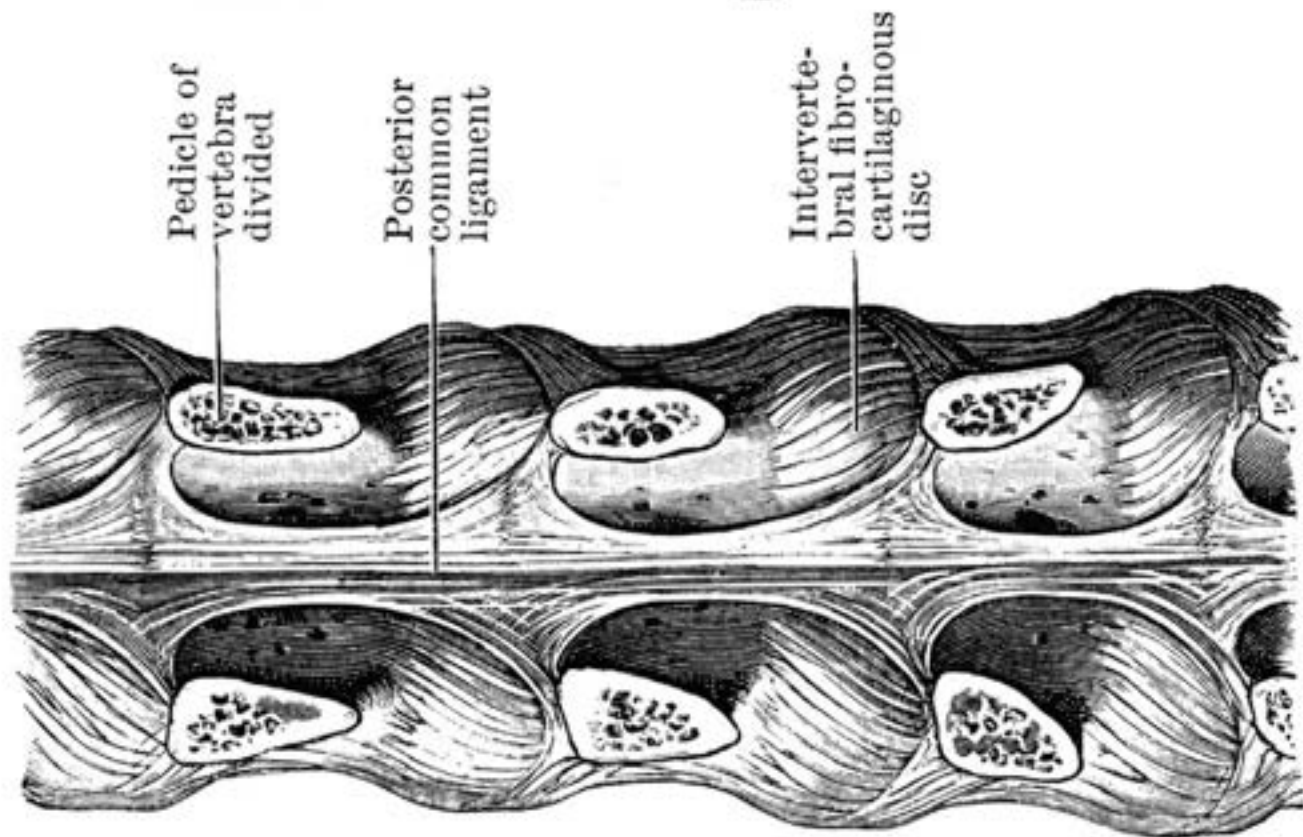
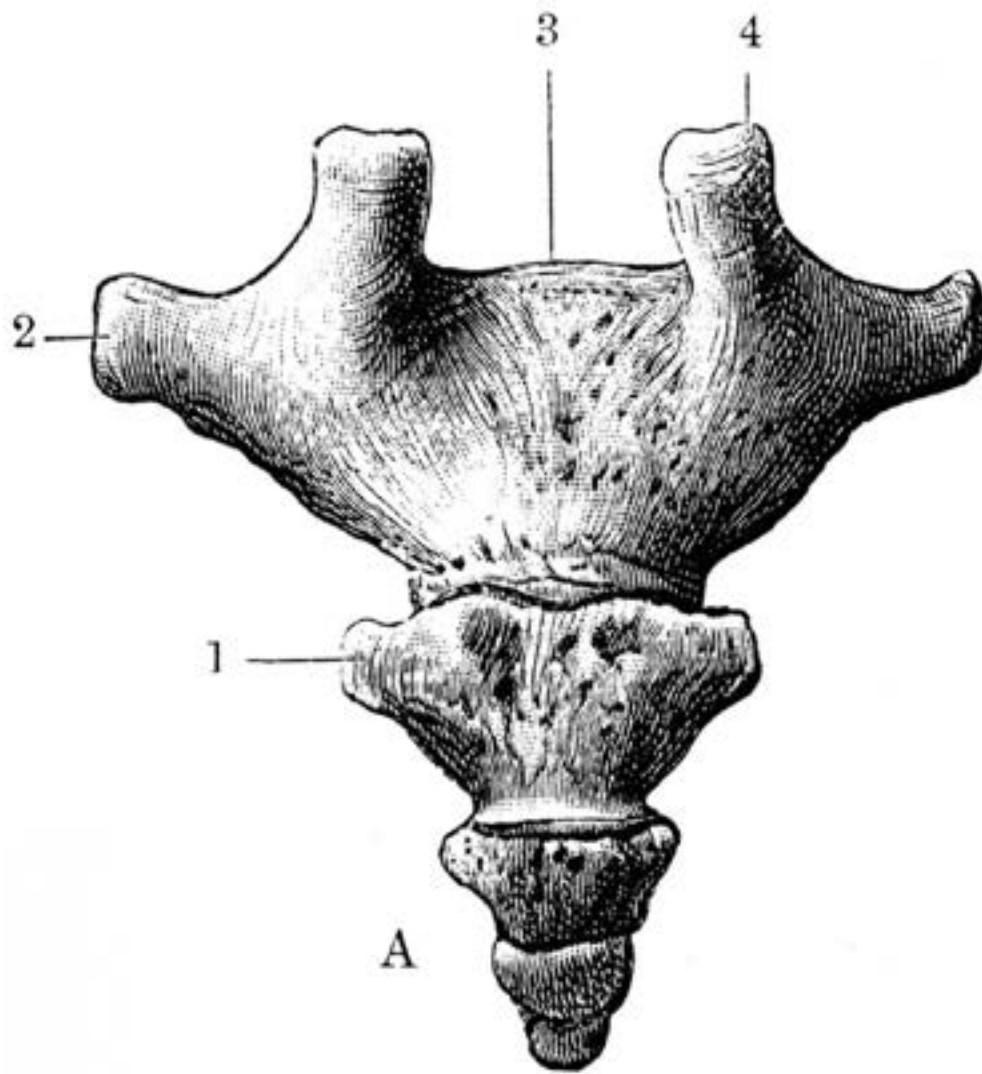


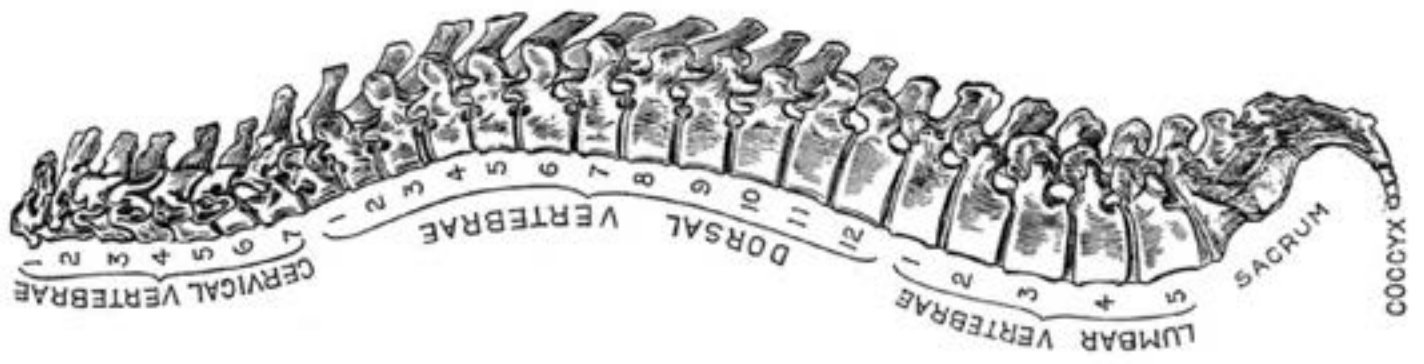
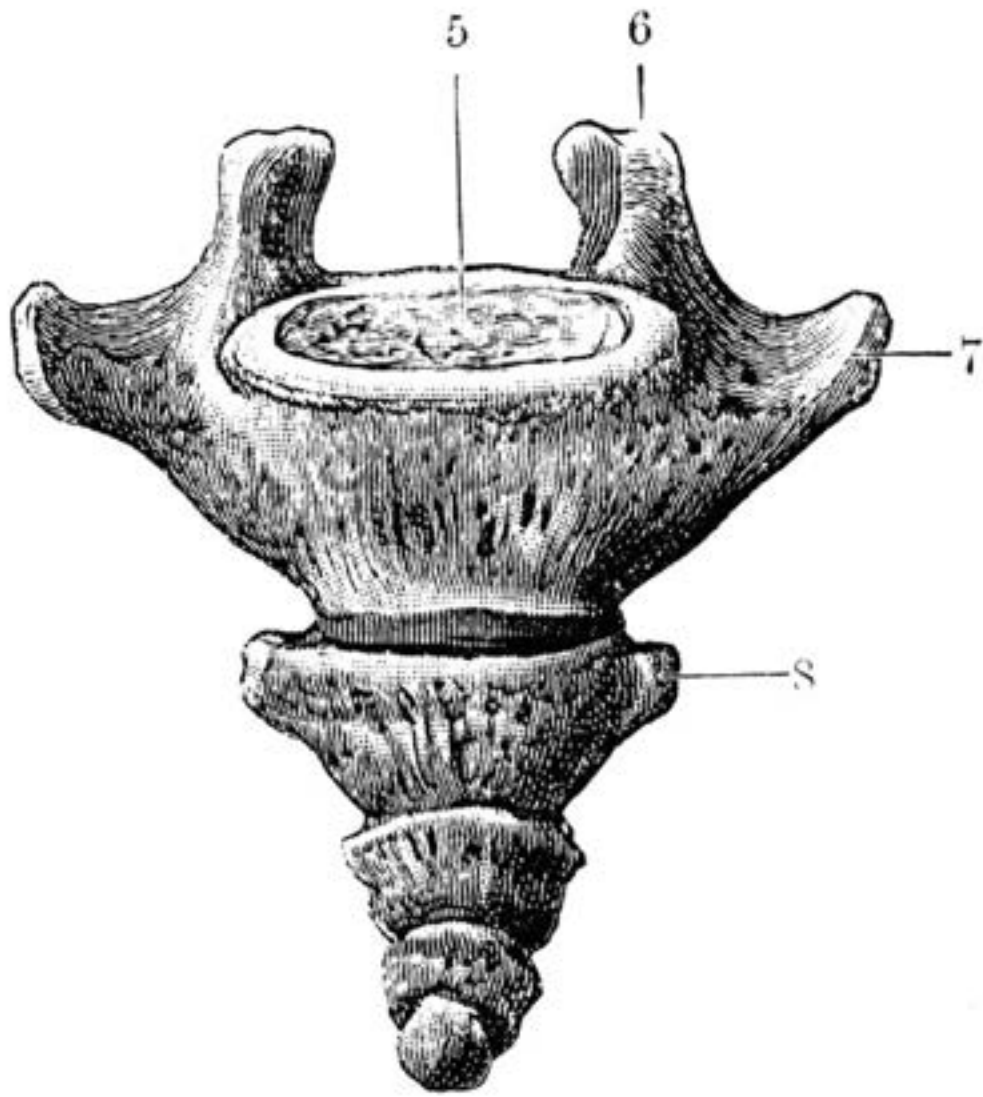


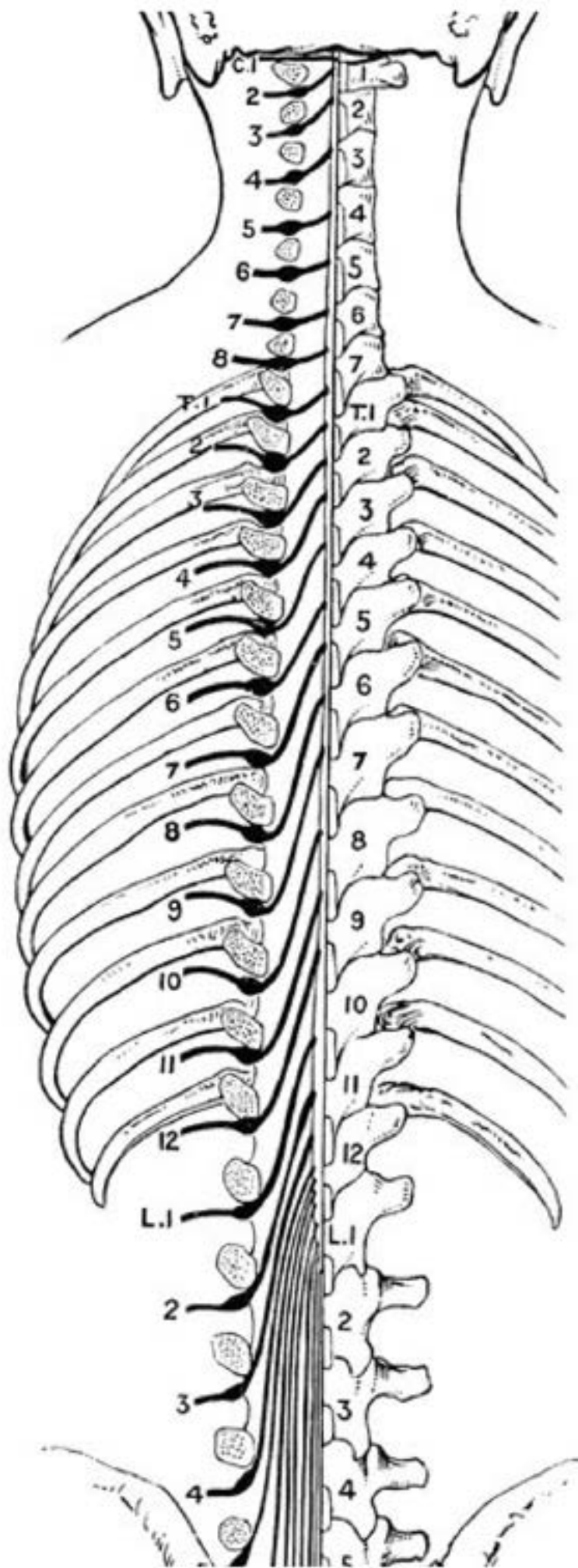


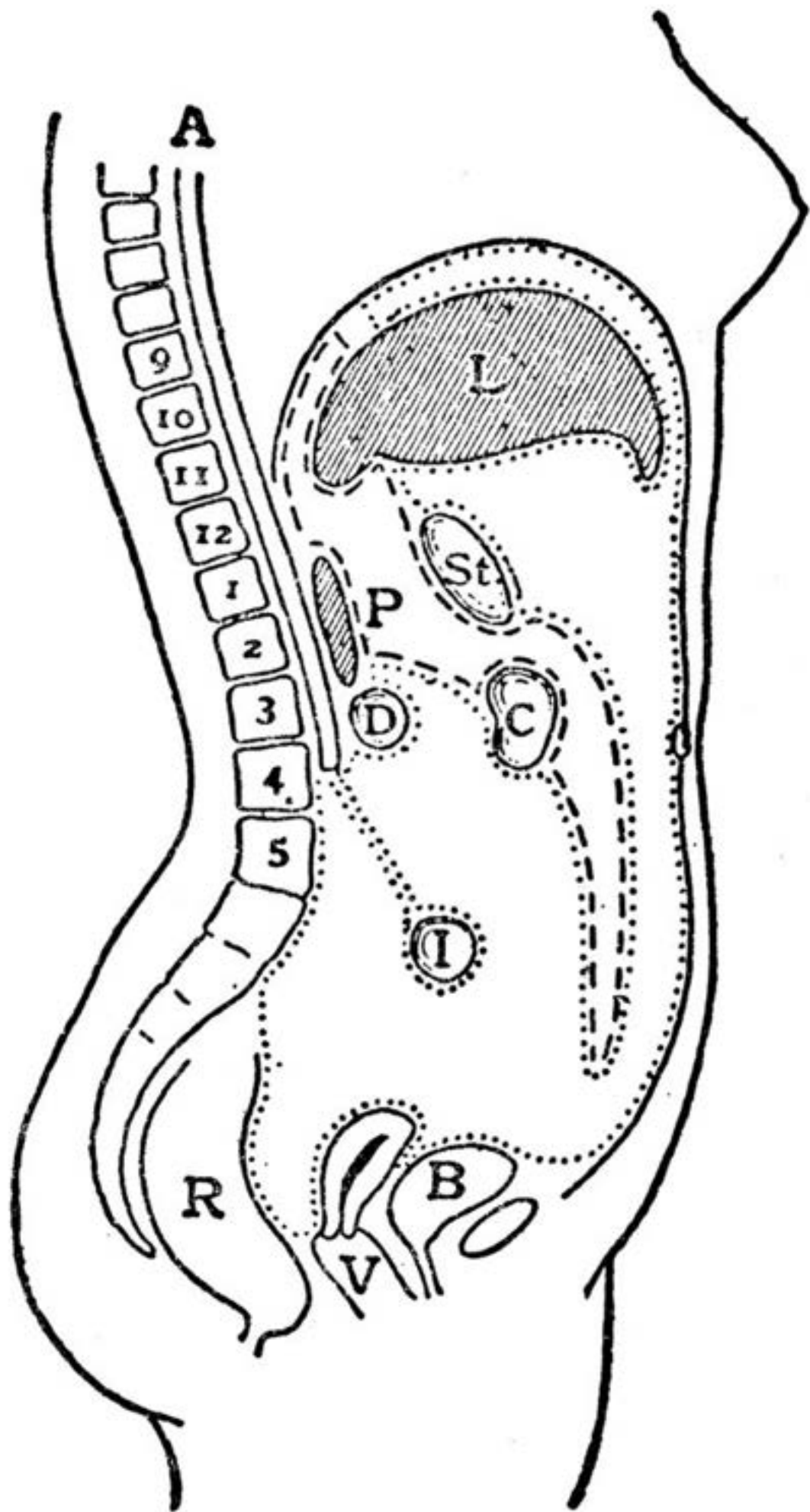


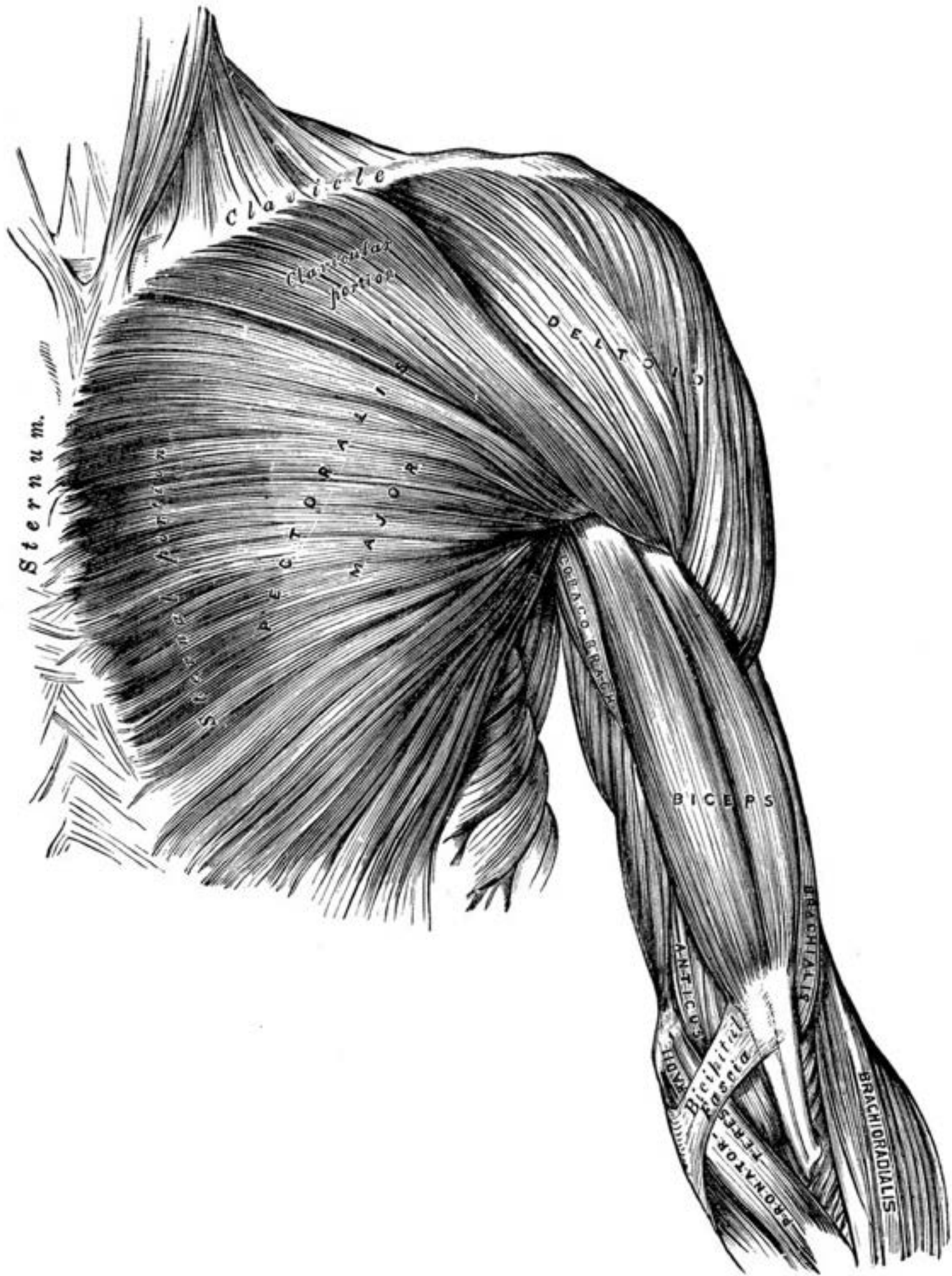


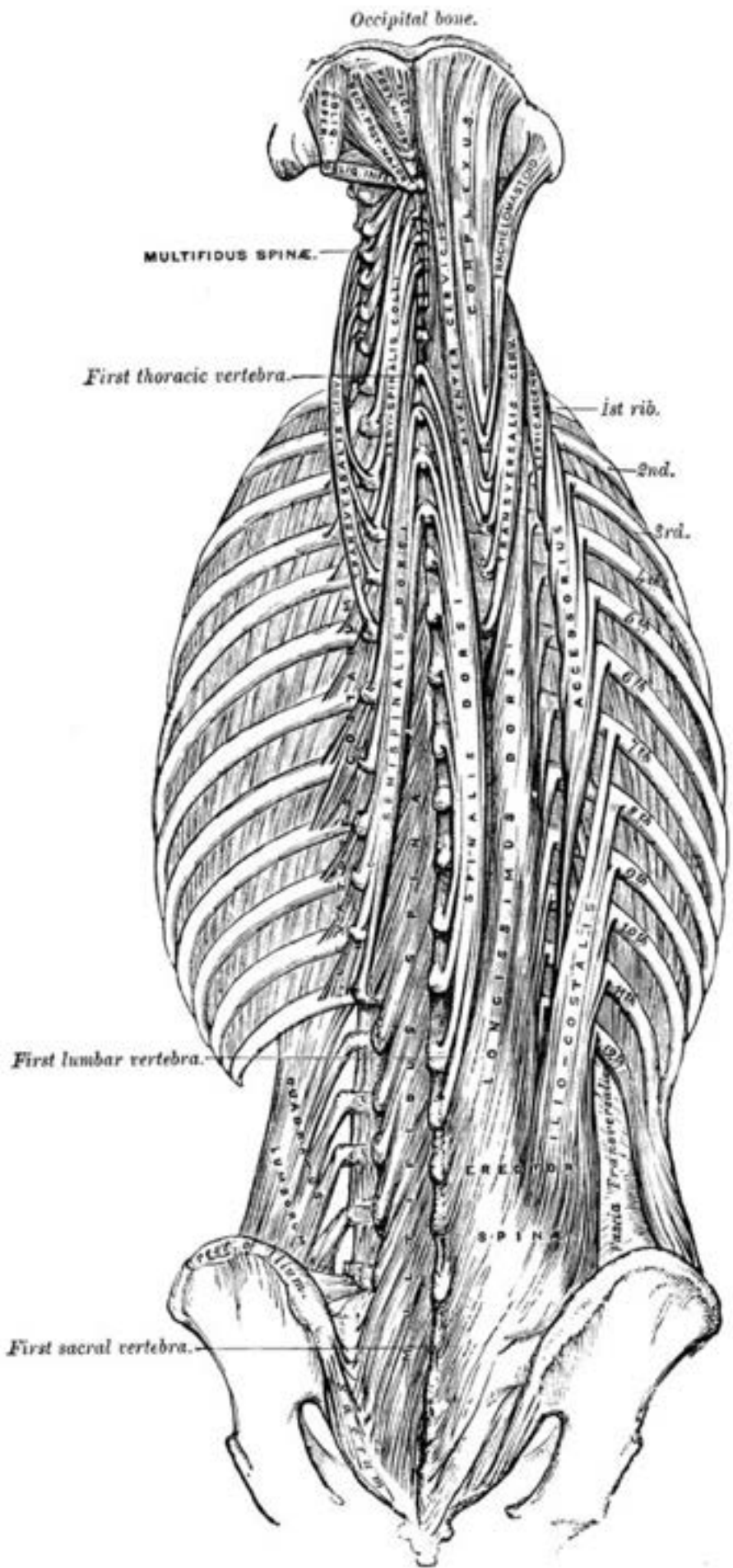


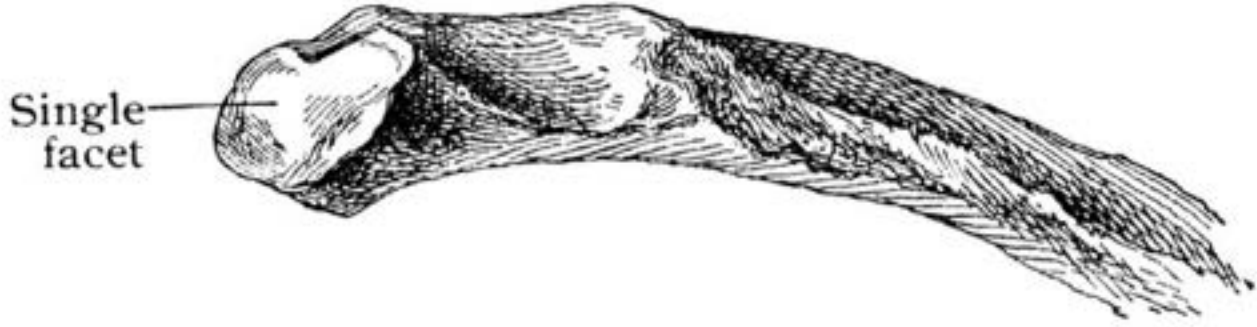
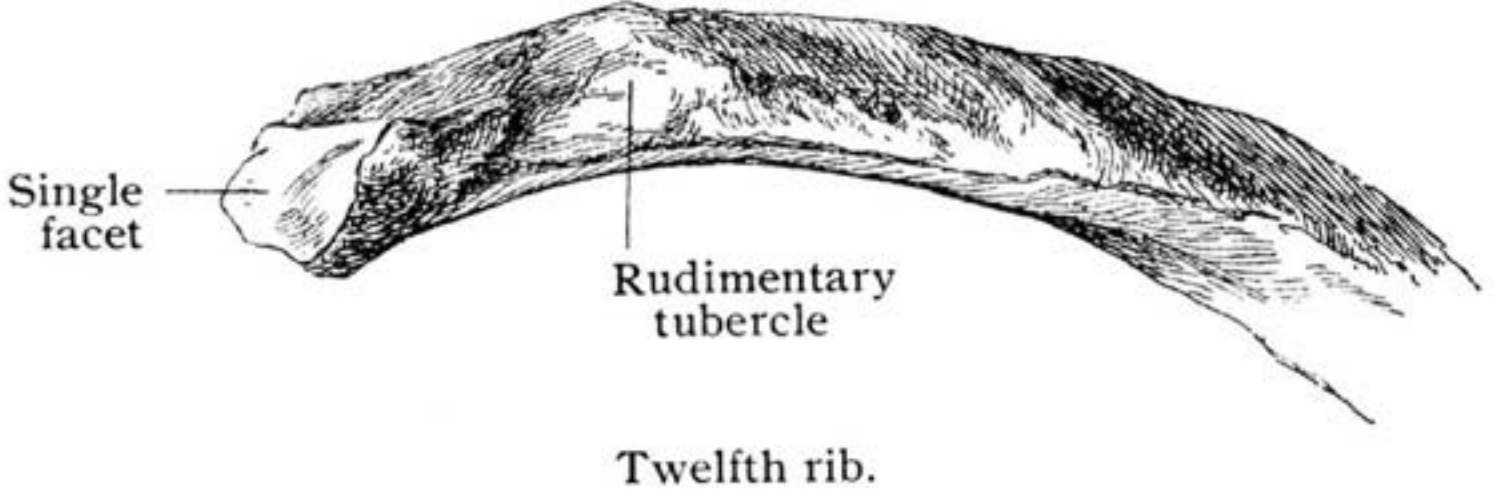
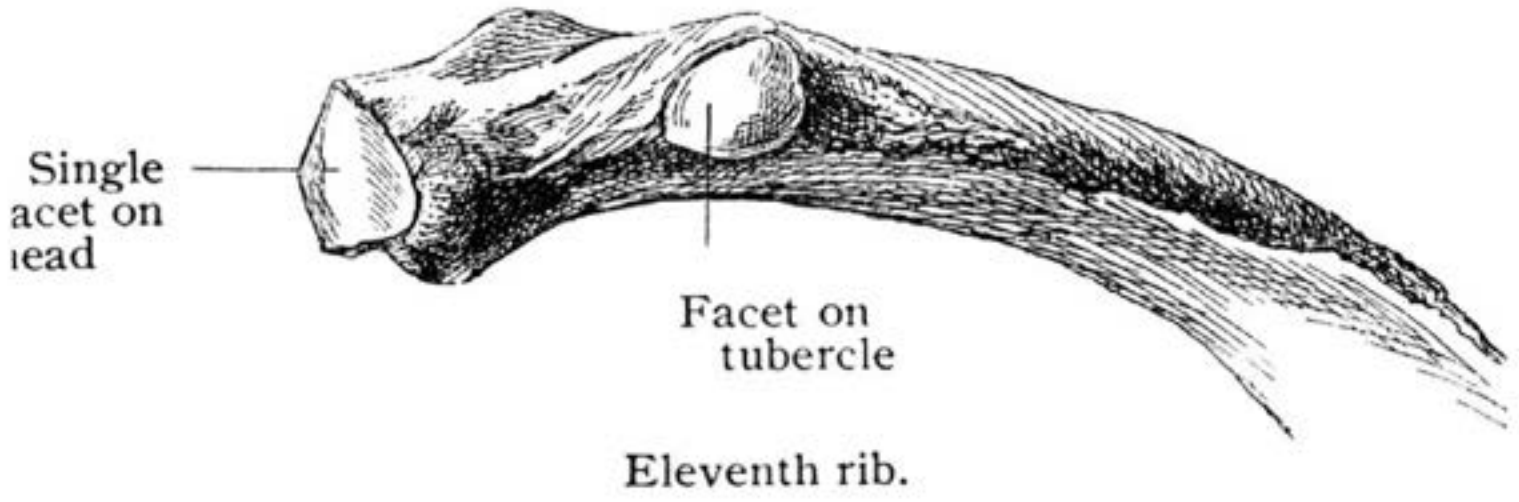


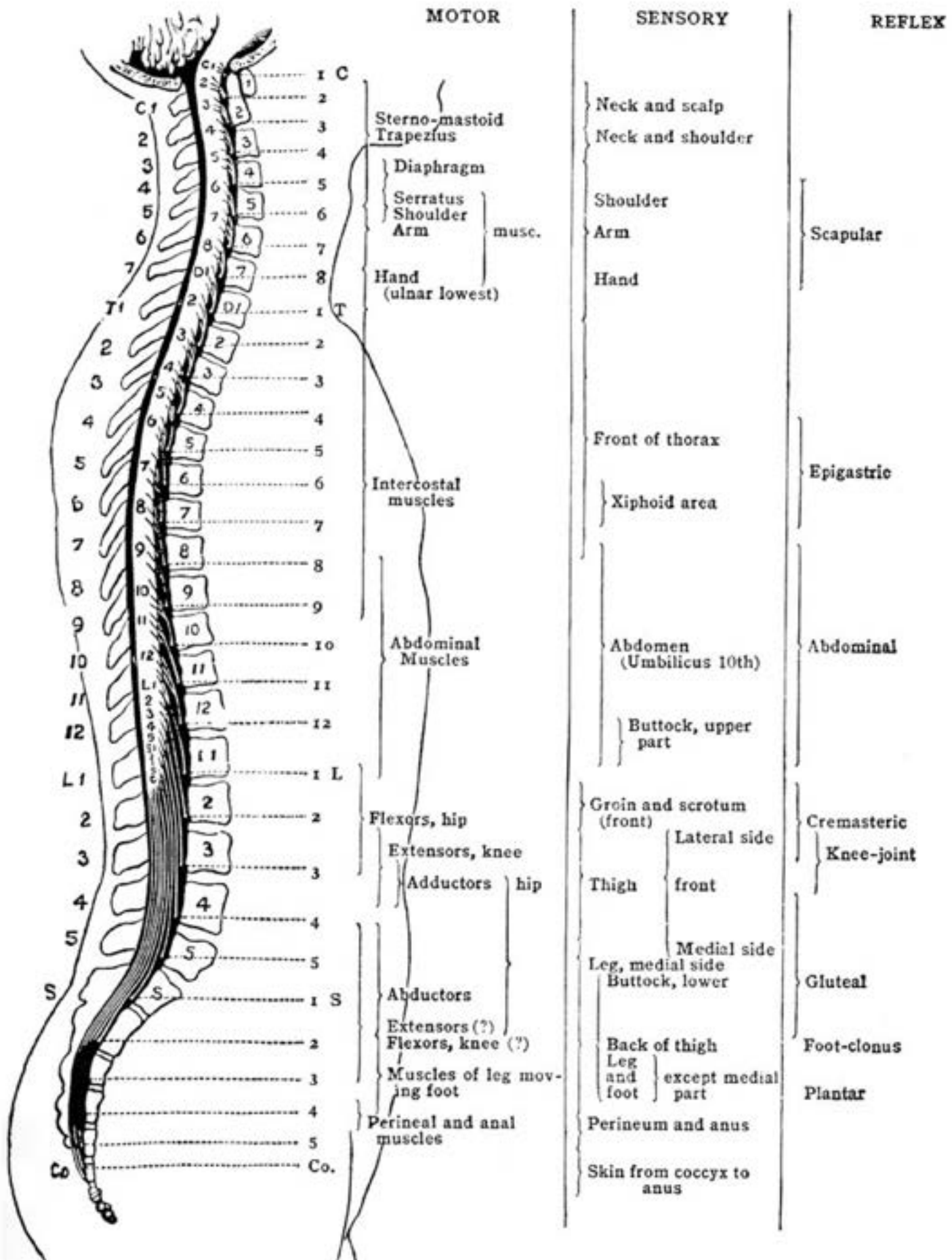








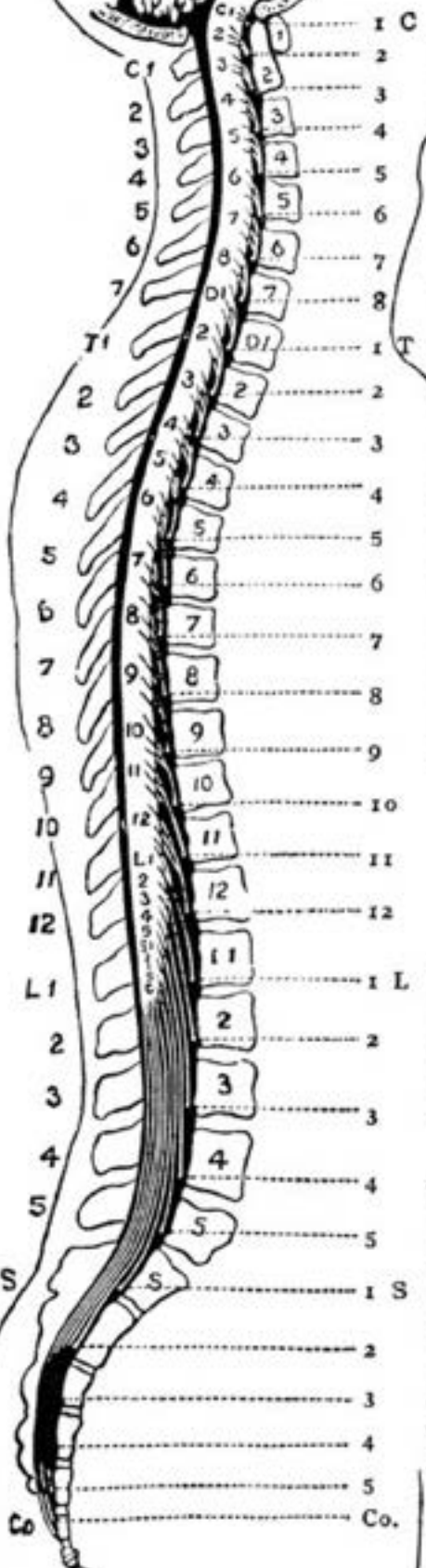




MOTOR

SENSORY

REFLEX



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Co.

Sterno-mastoid
Trapezus

Diaphragm

Serratus
Shoulder
Arm } musc.

Hand
(ulnar lowest)

Intercostal
muscles

Abdominal
Muscles

Flexors, hip
Extensors, knee
Adductors } hip

Abductors
Extensors (?)
Flexors, knee (?)

Muscles of leg mov-
ing foot

Perineal and anal
muscles

Neck and scalp
Neck and shoulder

Shoulder
Arm
Hand

Front of thorax
Xiphoid area

Abdomen
(Umbilicus 10th)
Buttock, upper
part

Groin and scrotum
(front)
Thigh
Leg, medial side
Buttock, lower

Back of thigh
Leg
and } except medial
foot } part

Perineum and anus
Skin from coccyx to
anus

Scapular

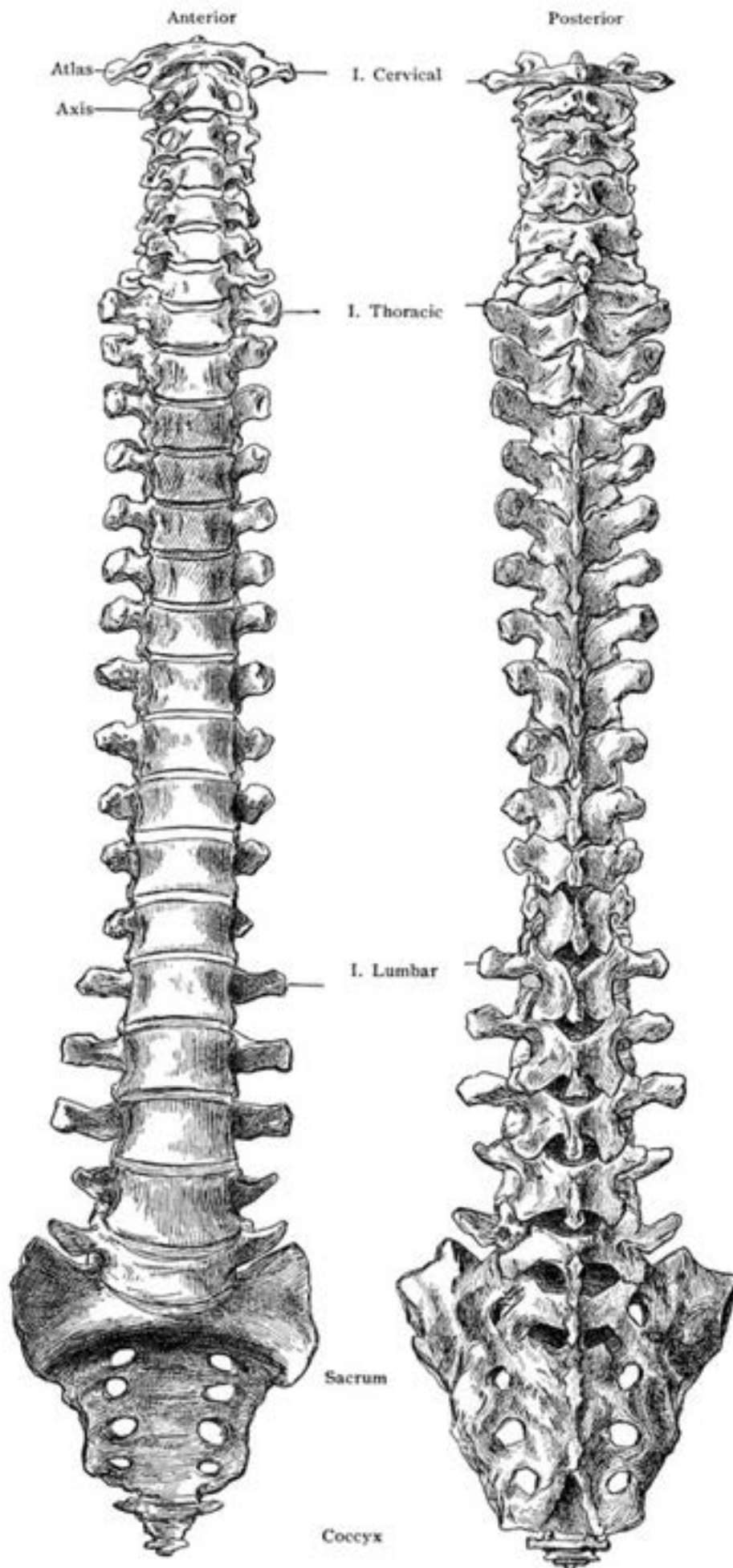
Epigastric

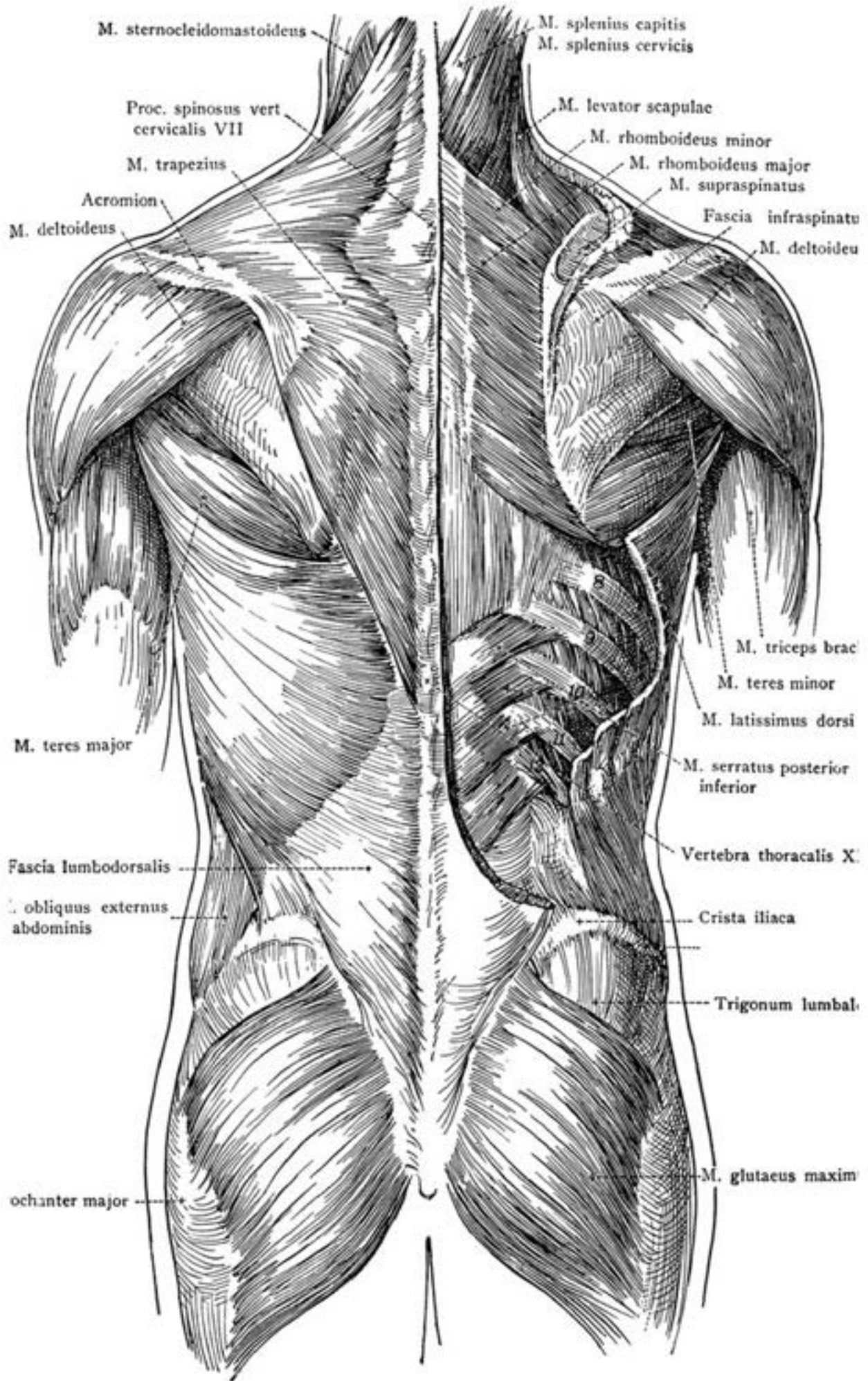
Abdominal

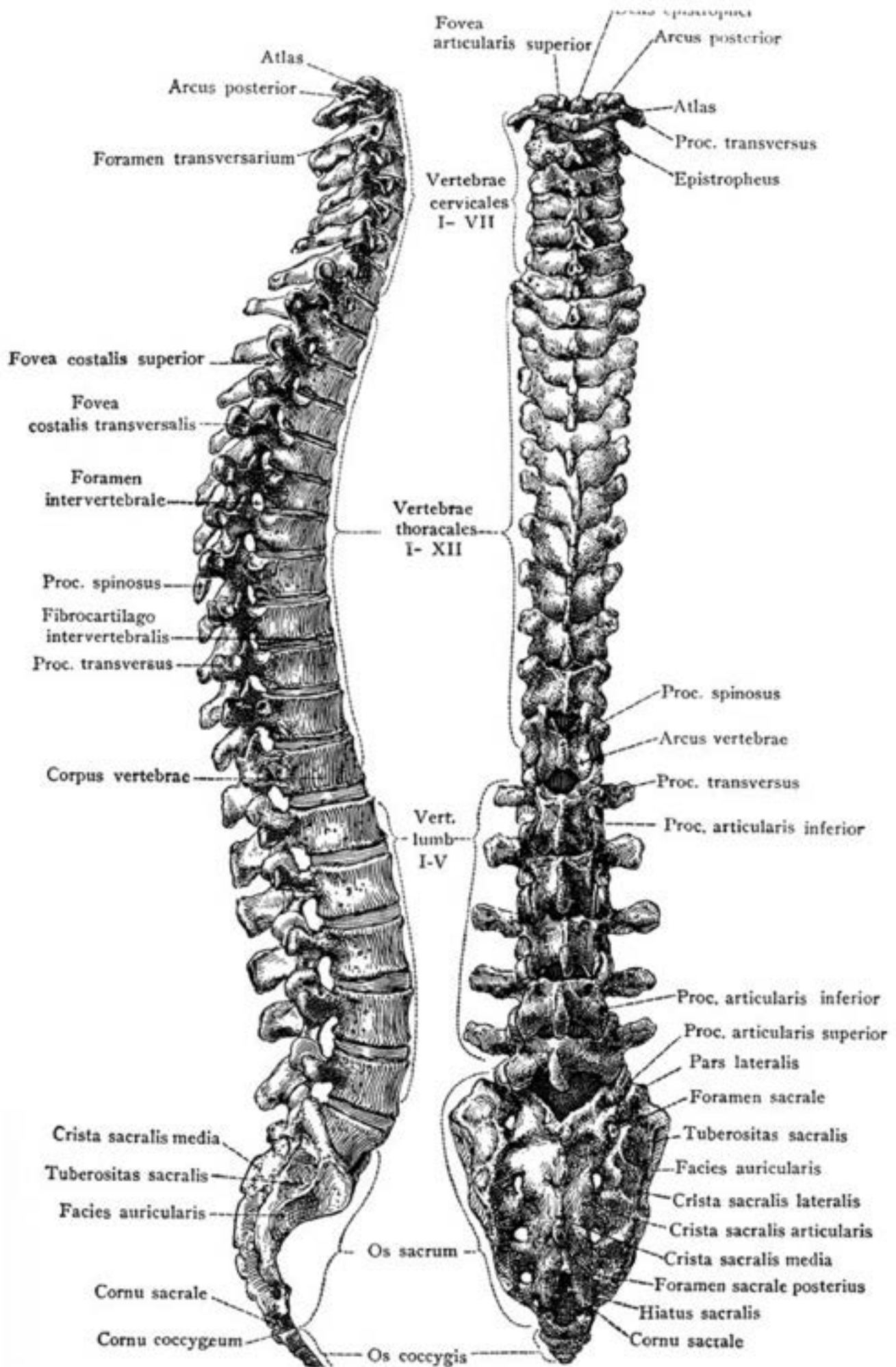
Cremasteric
Knee-joint

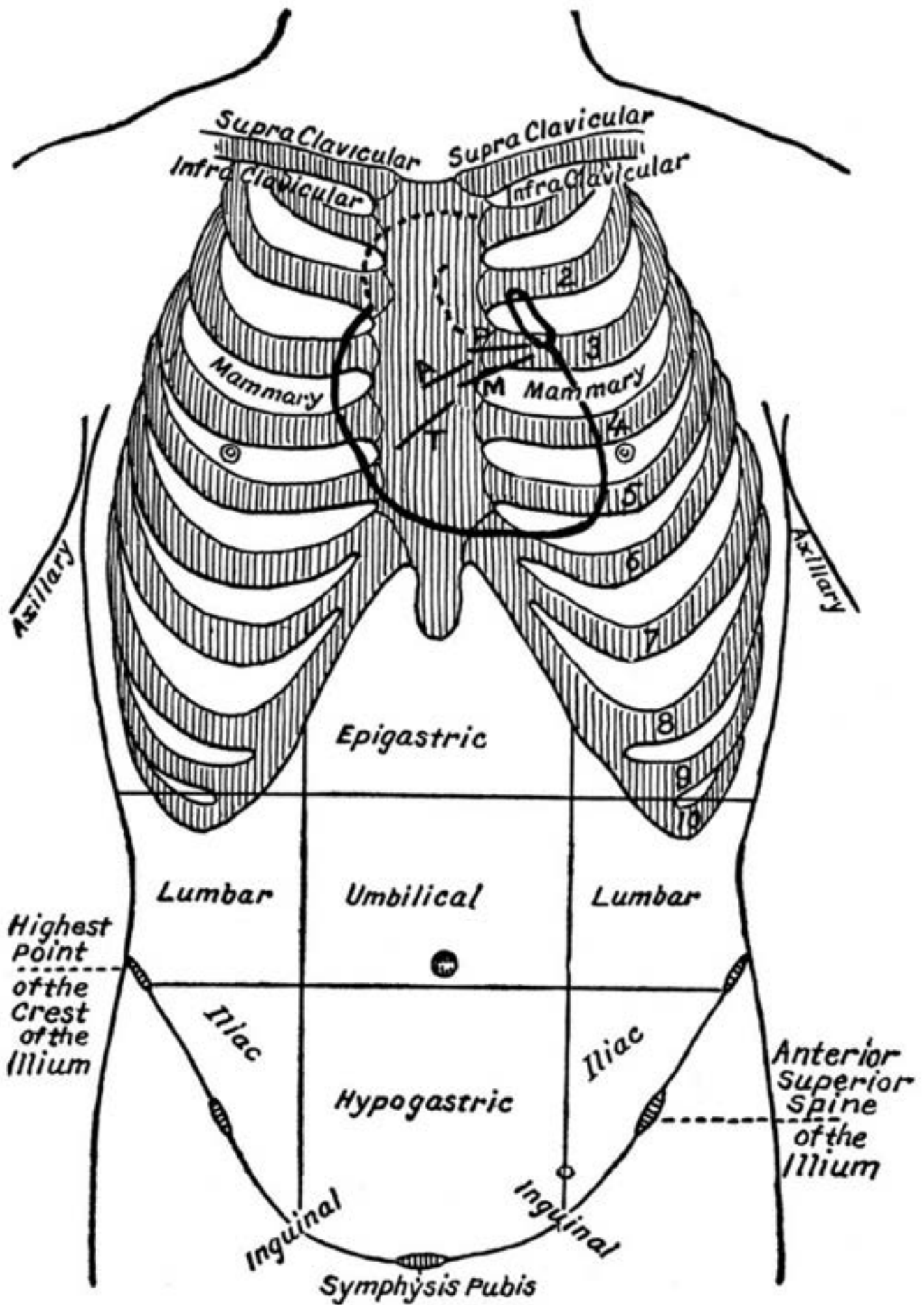
Gluteal

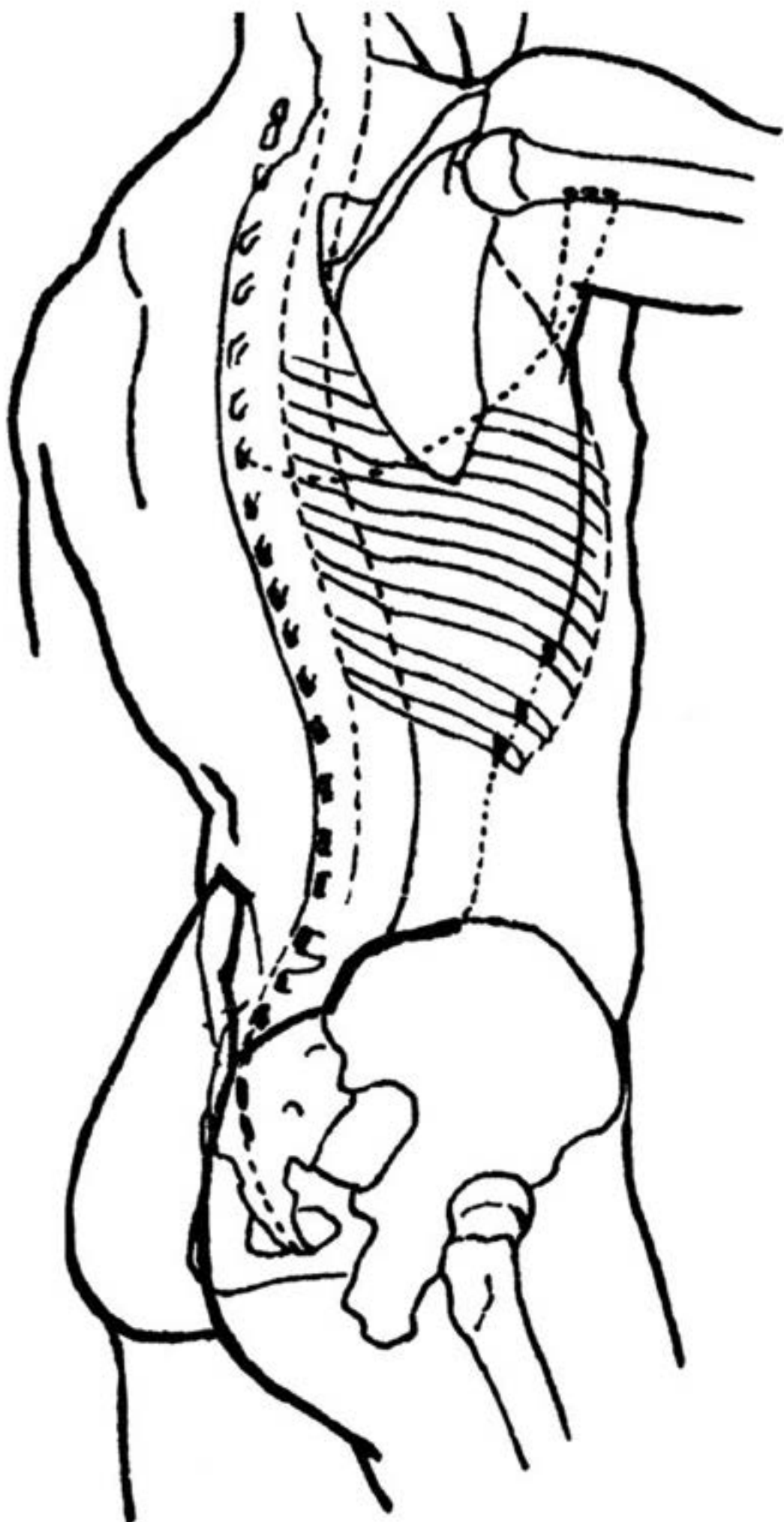
Foot-clonus
Plantar

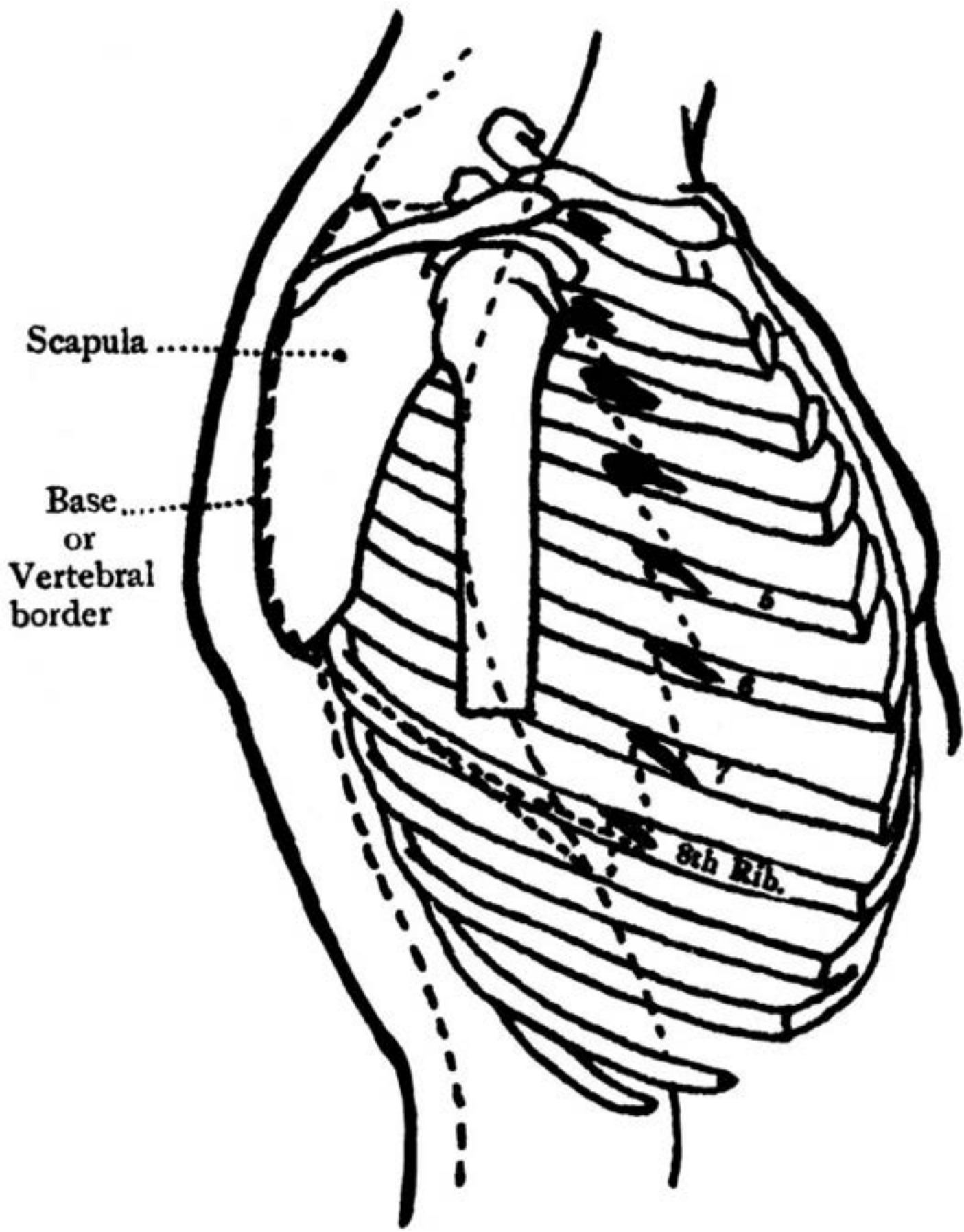








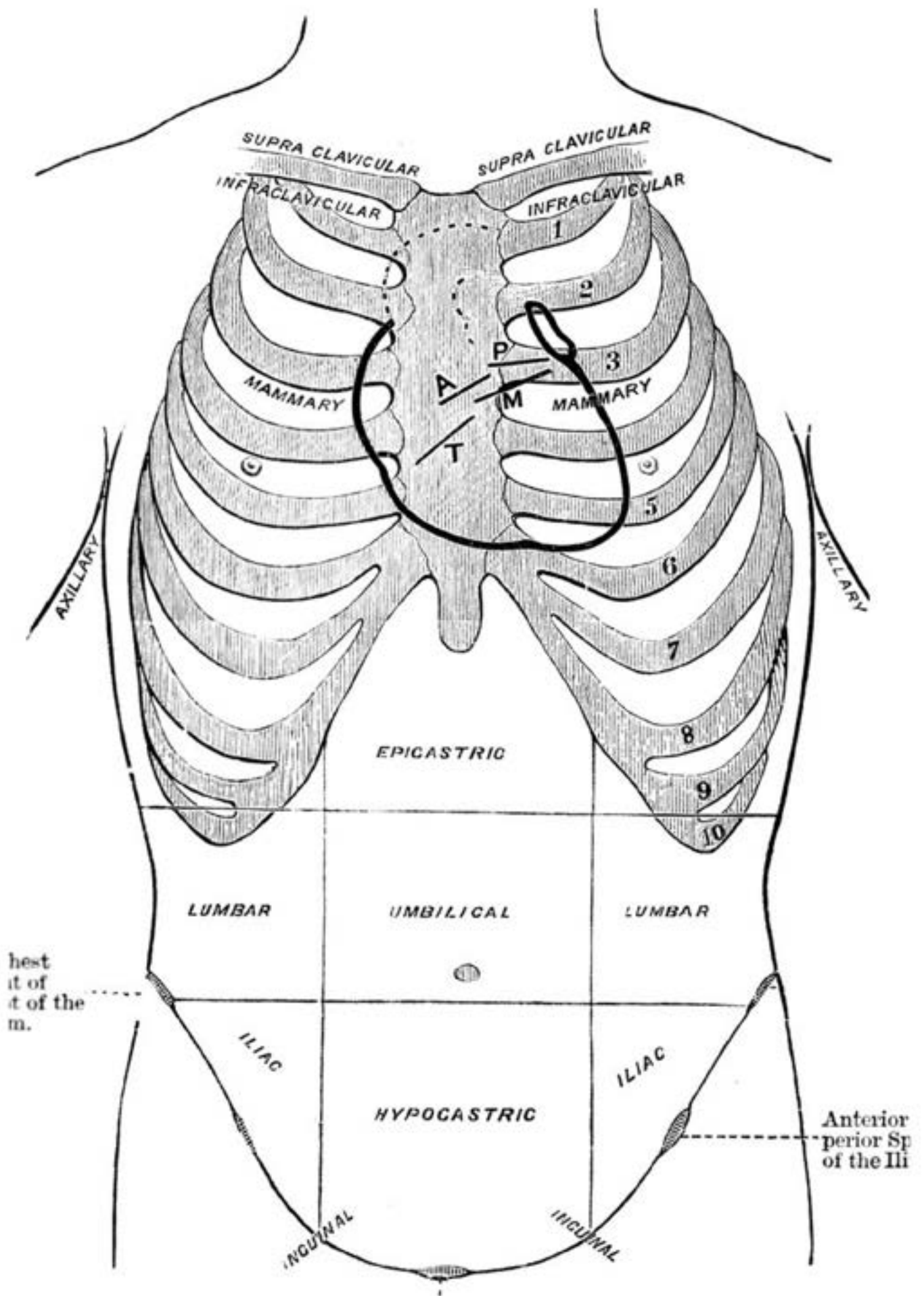


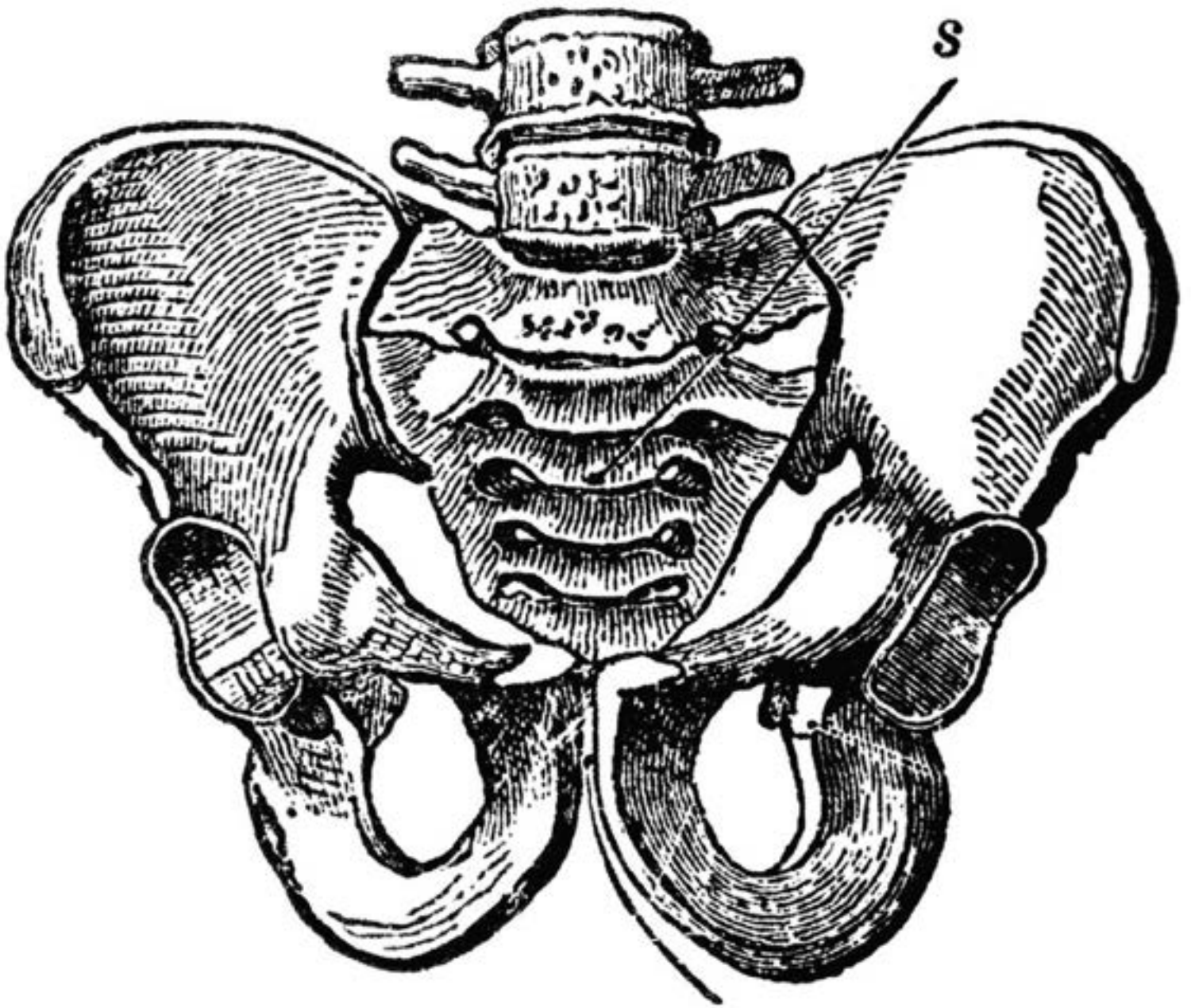


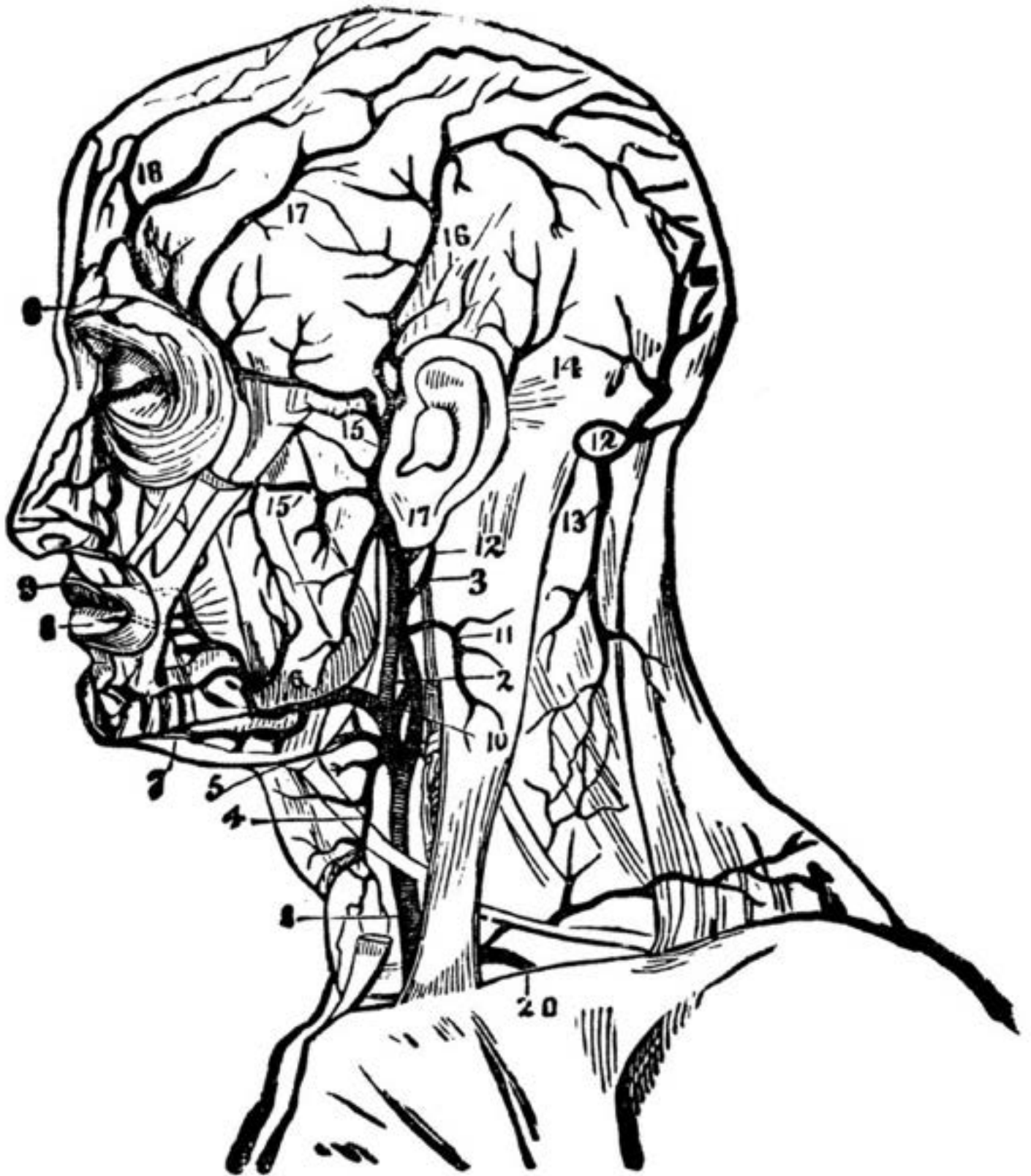
Scapula

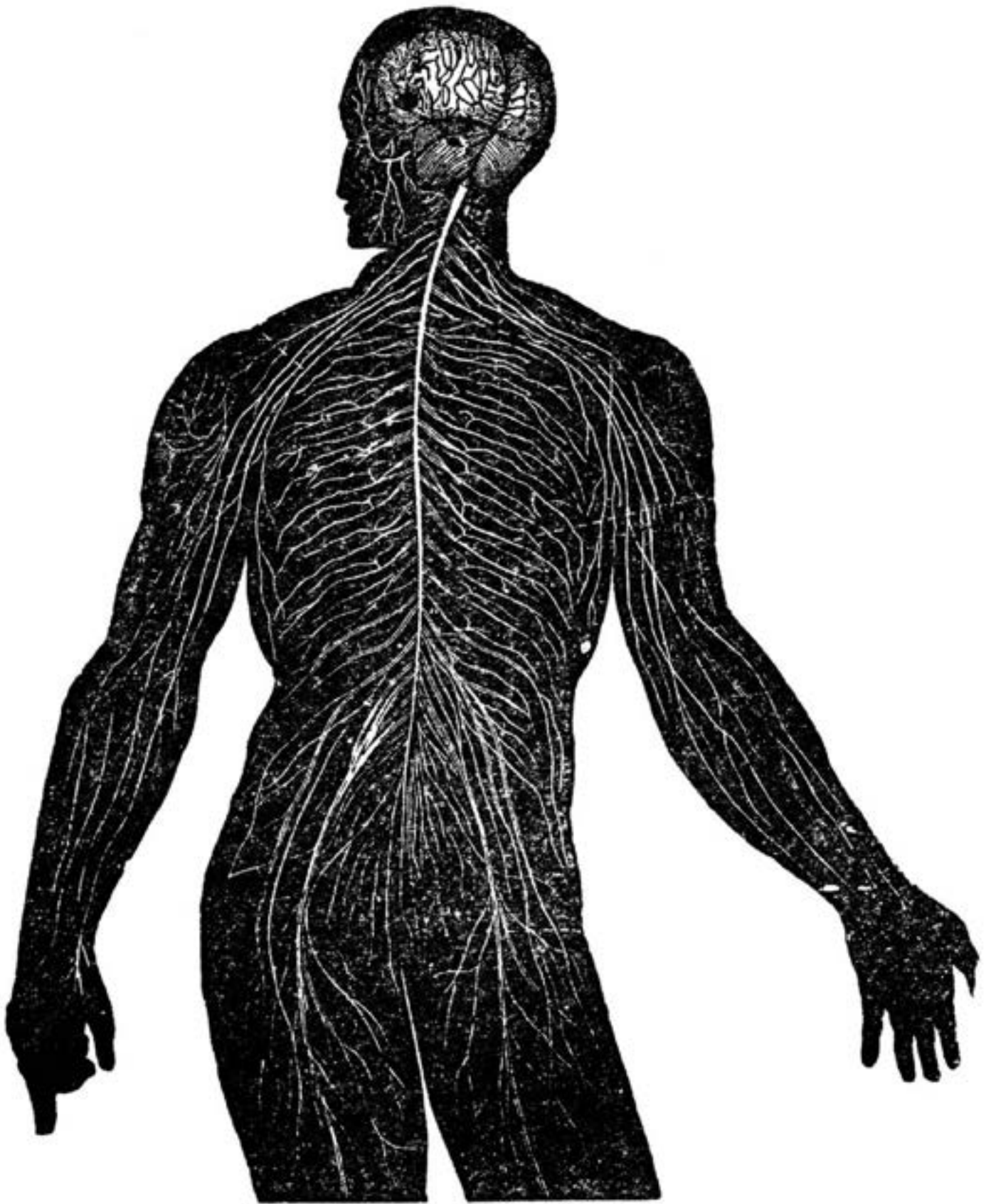
Base
or
Vertebral
border

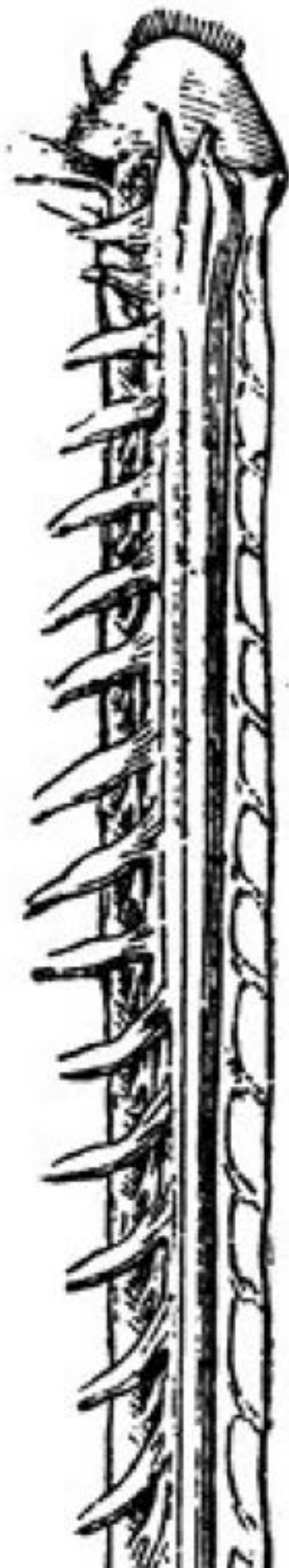
8th Rib.

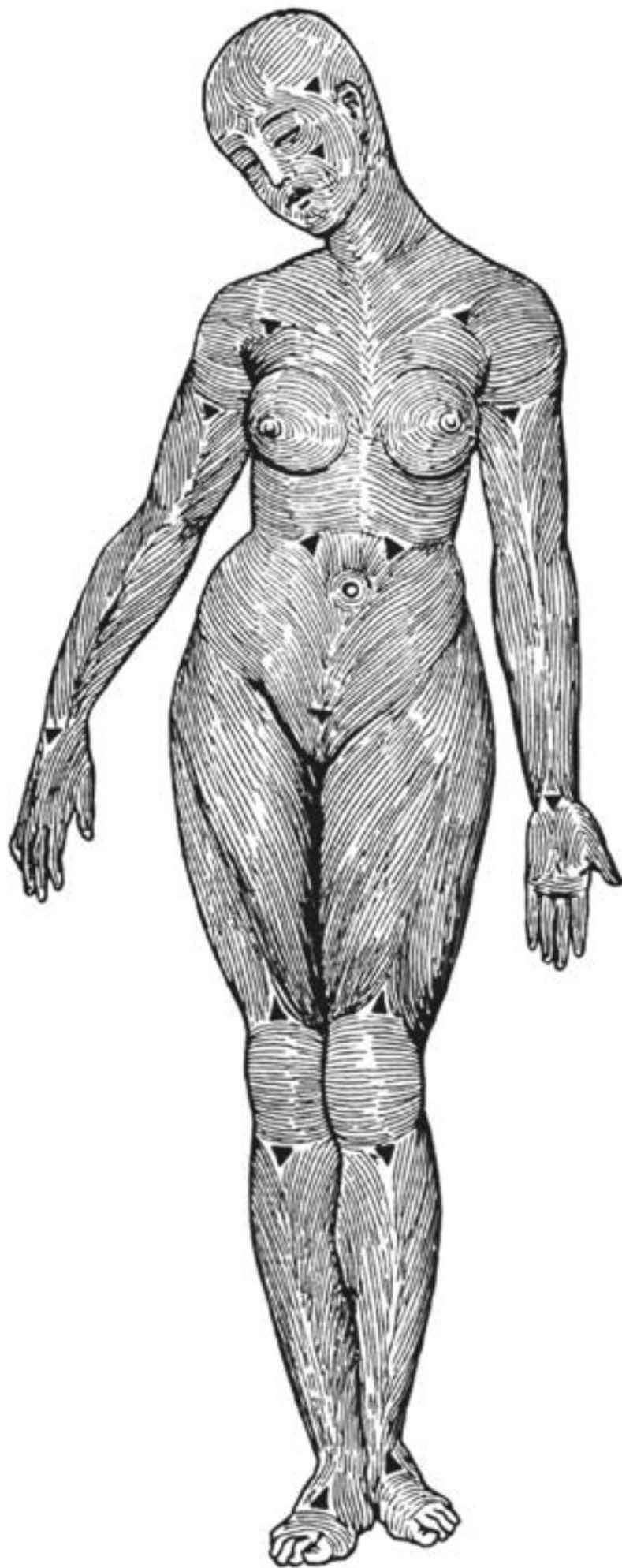




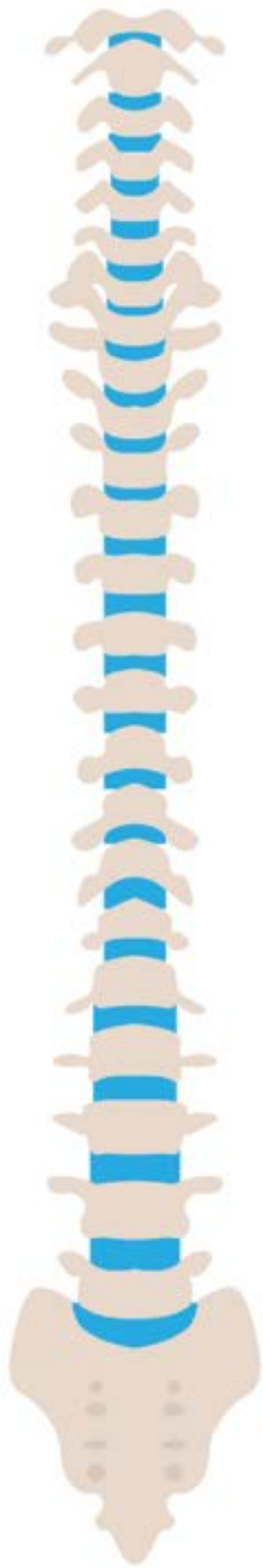




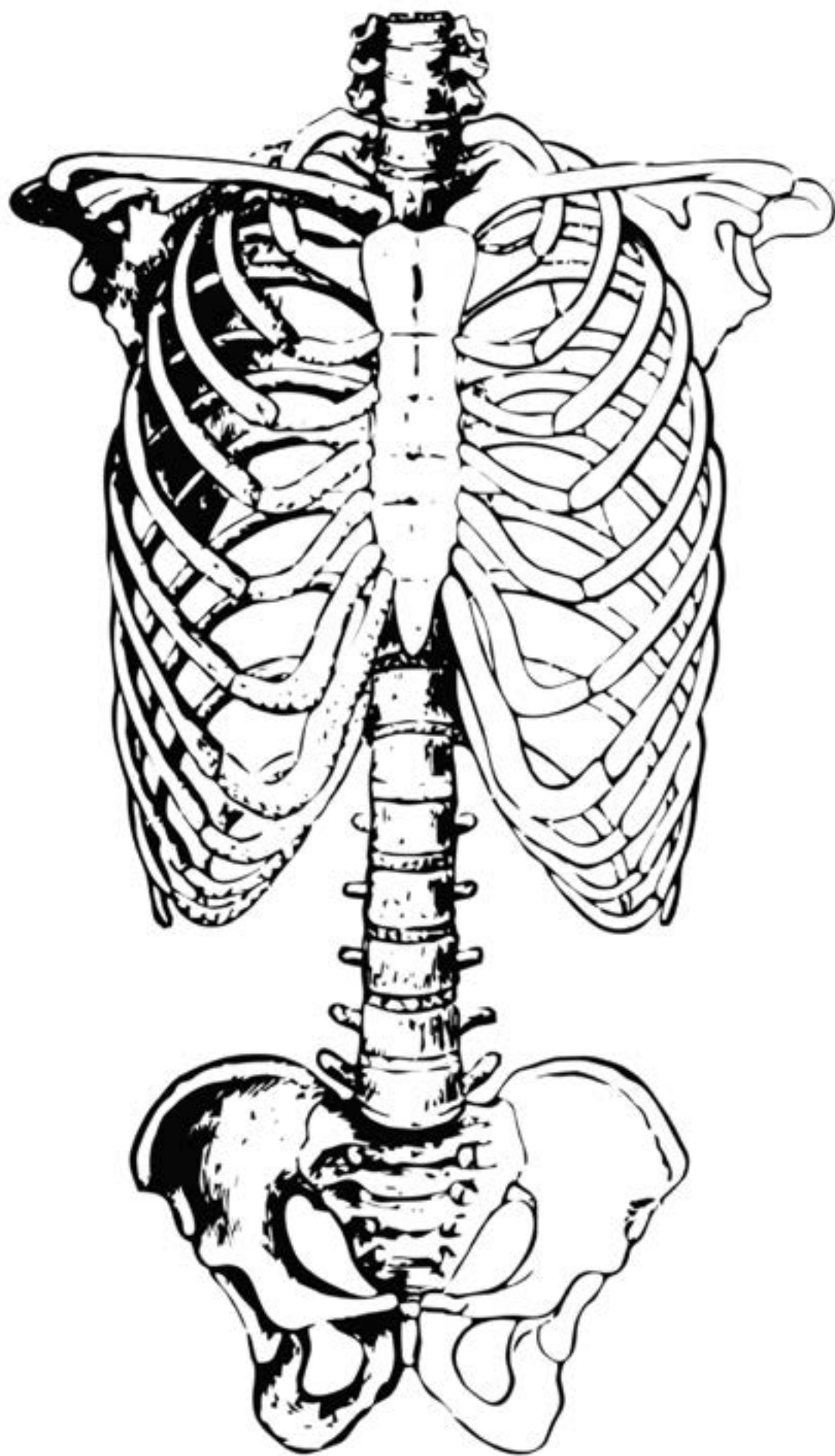








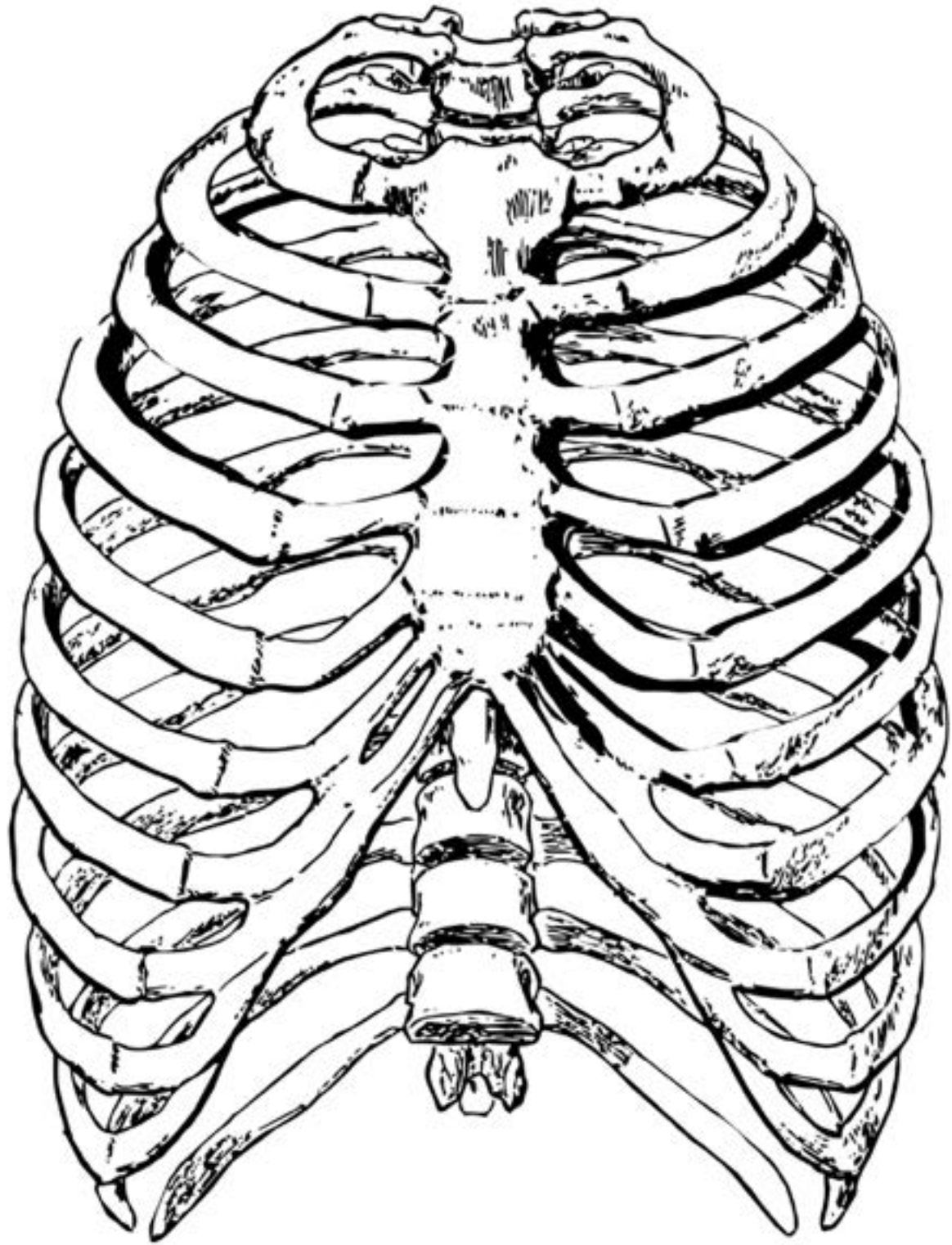


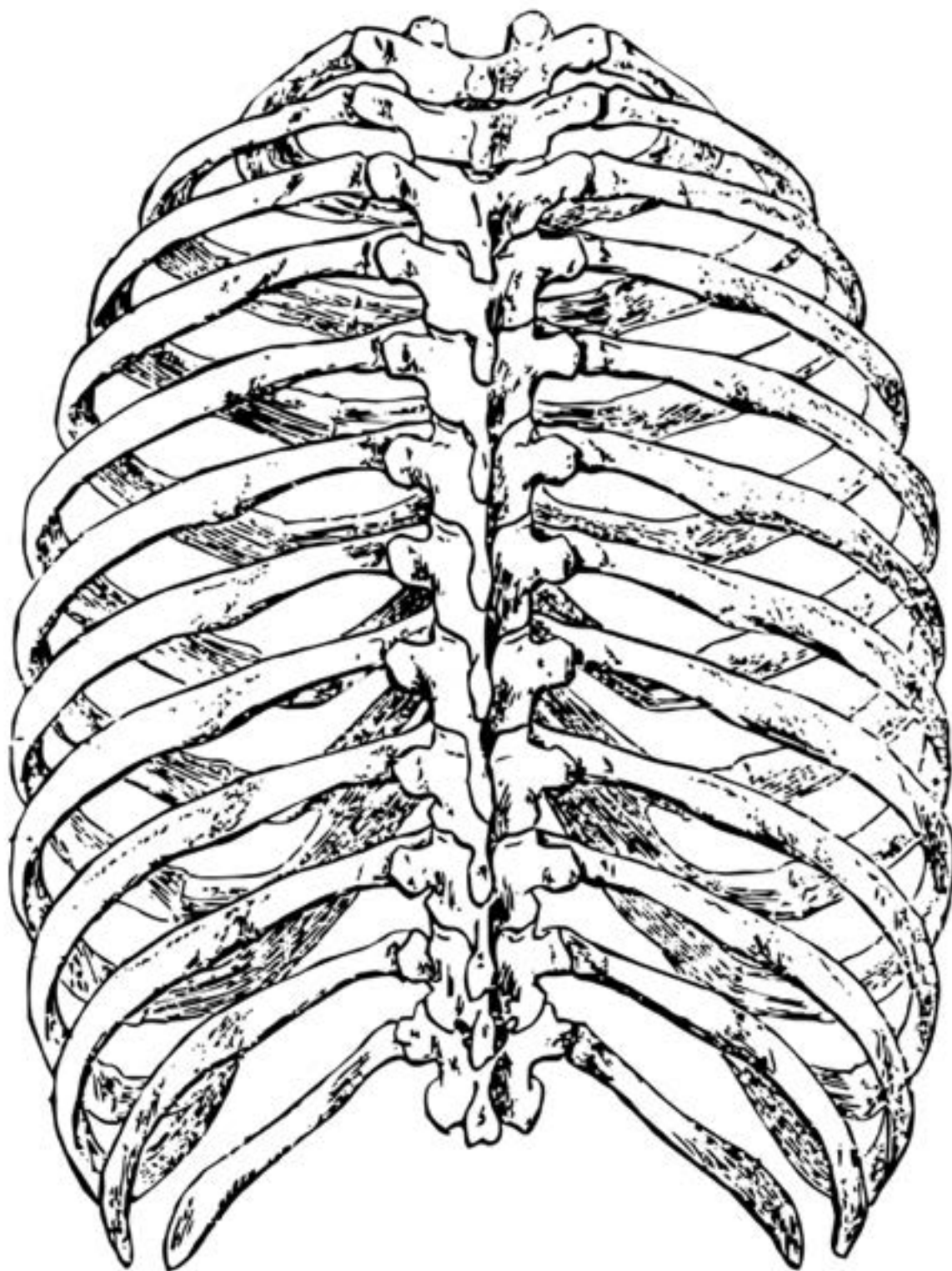


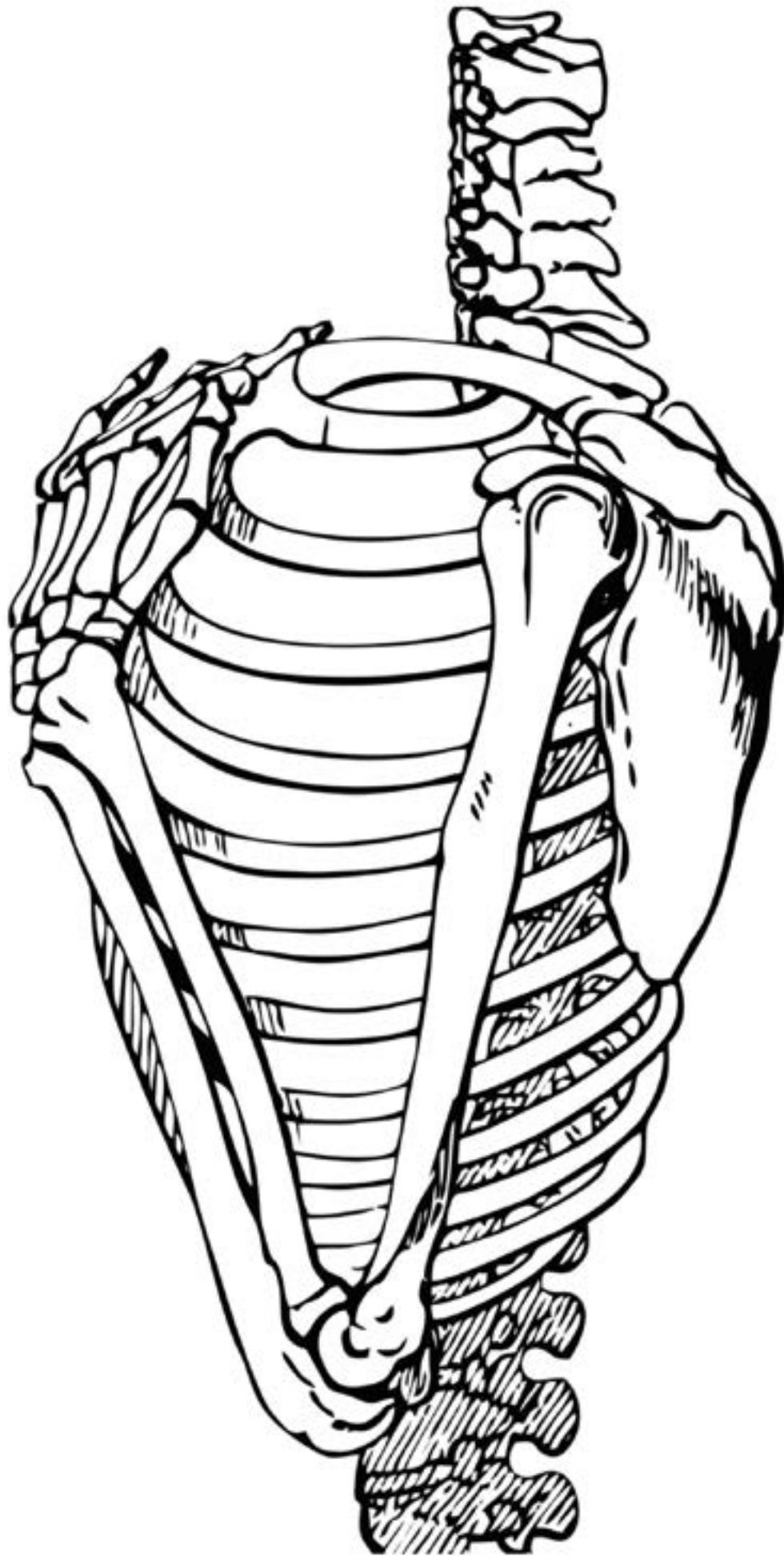


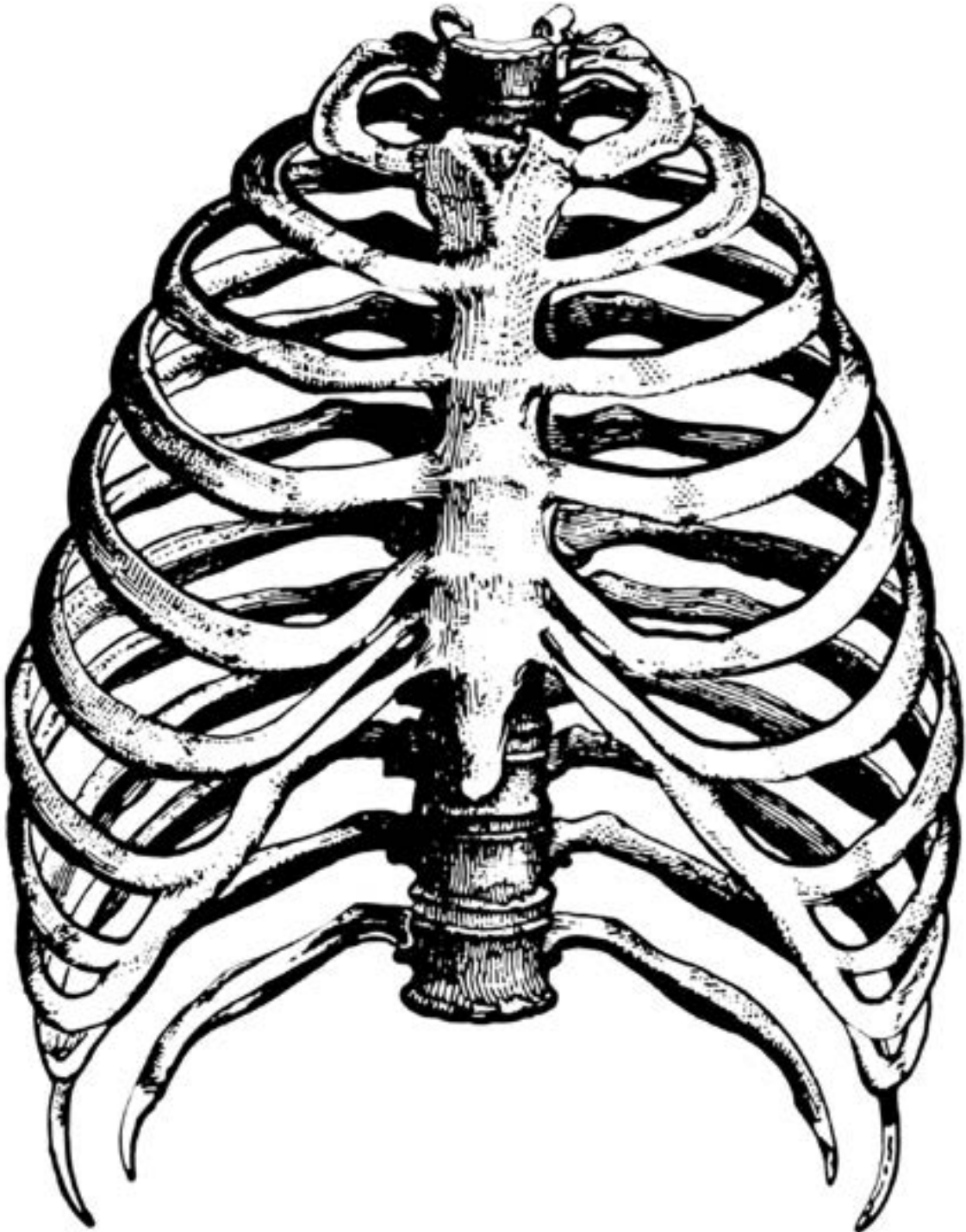




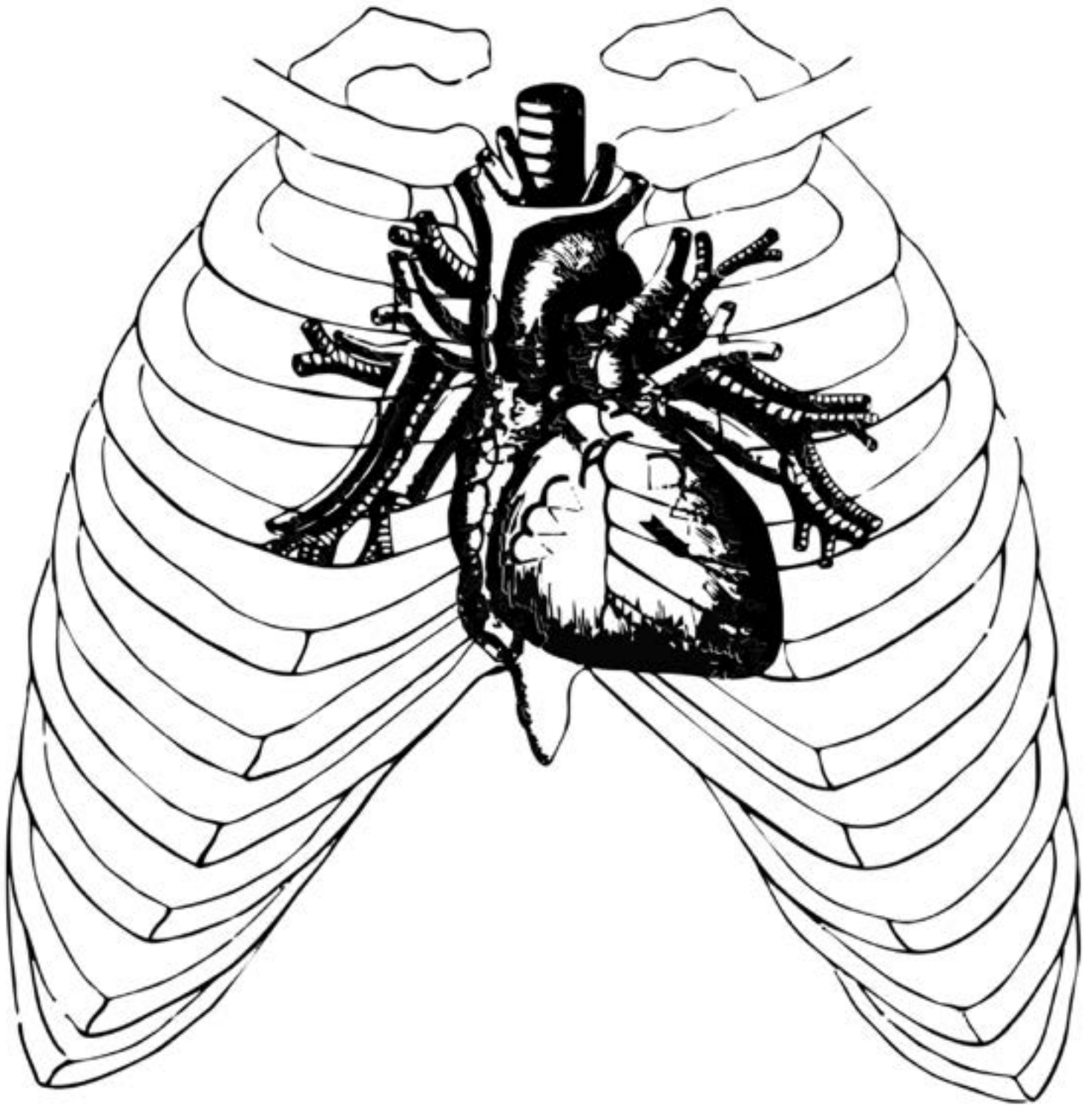




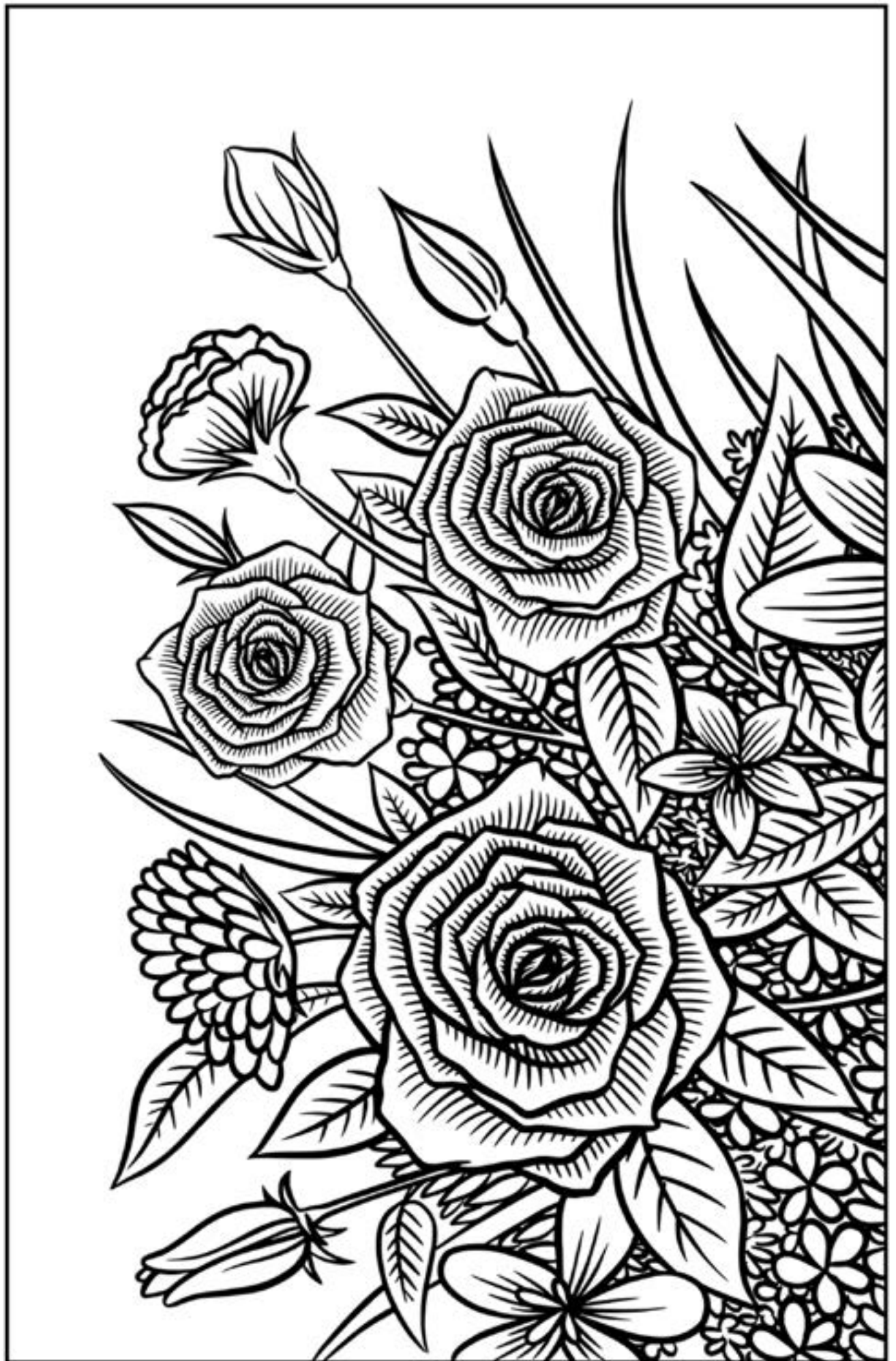








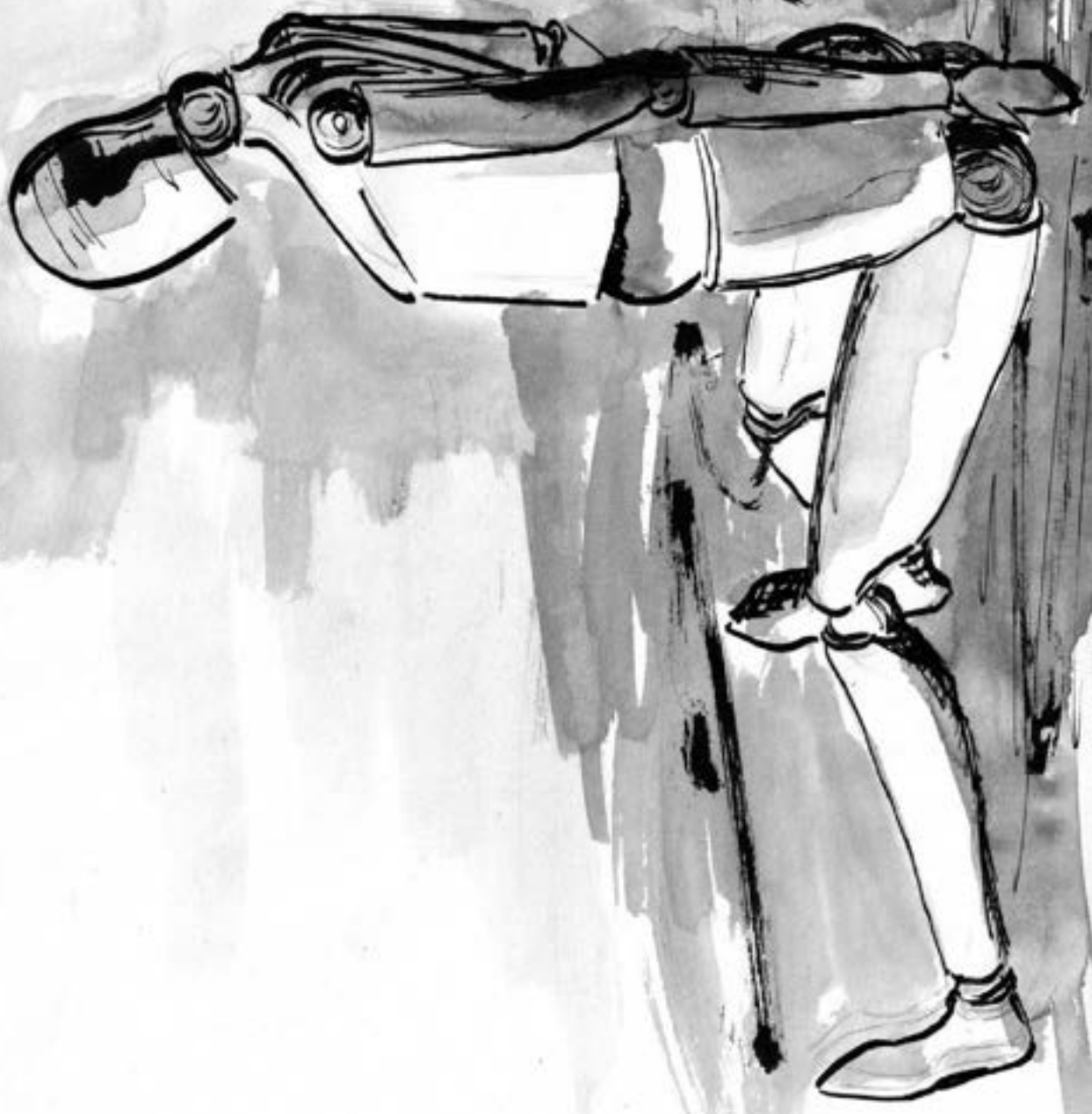


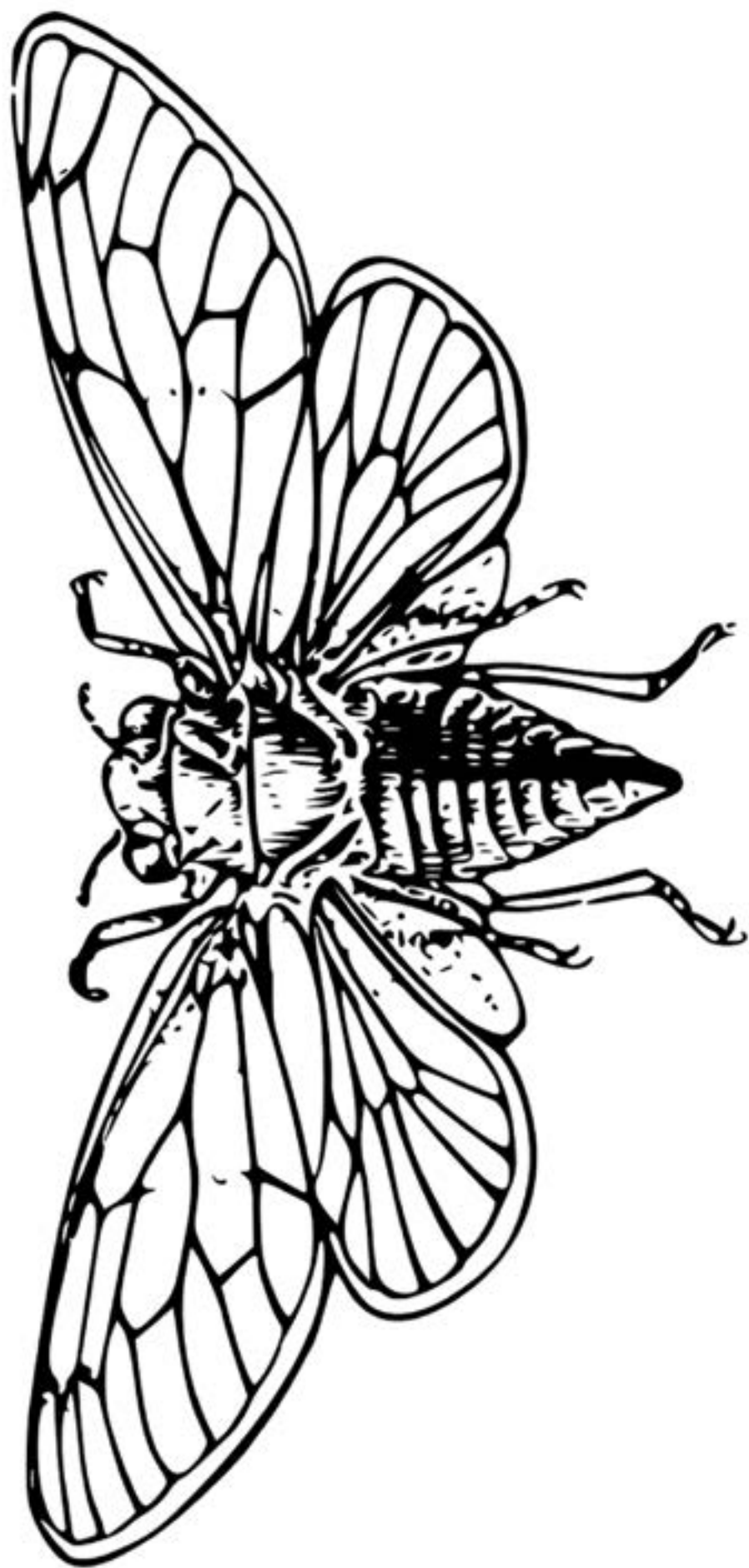










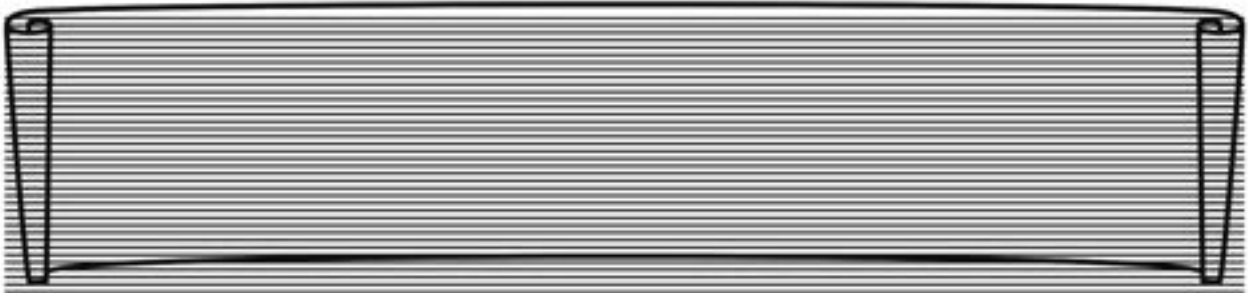
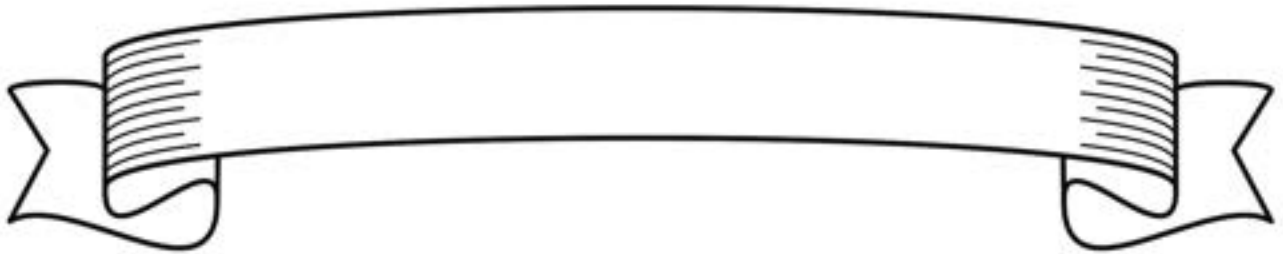
















ments, for if a thus distorted spine, bared of ribs and muscles, be studied in all its complex form, it will be seen to lie not in a wavy but in a spiral line; it seems as though twisted round a central stem, against which the spinous processes abut, while the centre line of the bodies lie in the widest gyrations of the cork-screw curve. Thus this latter line is very much longer than that formed by the arches and processes, by virtue of the different qualities of extensibility and compressibility possessed by the ligaments of those parts (see p. 27), and also its lateral deviation, is very much greater; indeed, while these parts may be very much curved, the tips of the spinous processes even in a pretty severe case may lie in a perfectly straight line. The clinical result is obvious; the tips of the spinous processes have all moved towards the concavity of the curve, *i.e.* nearer to, or absolutely into the perpendicular. Hence examination of the living body may show these bony points to be in a straight line, even although there may be considerable curvature. Other clinical symptoms are due to this rotation, namely that

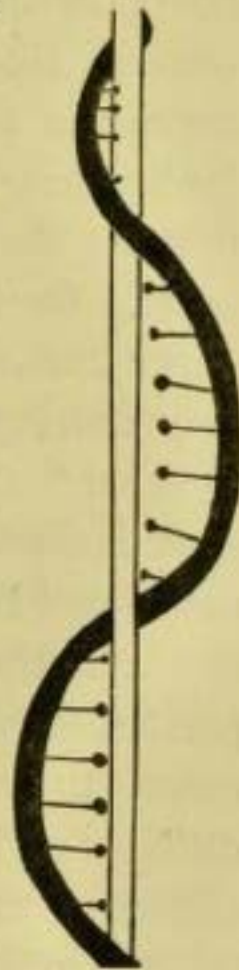


FIG. 5.
Diagram of Spinal Twist and Rotation.

the lateral parts of the spine (the transverse processes) and those that are there attached (the ribs) lie in different antero-posterior planes; those on the convex side abnormally far back, those on the concave side too far forward. Again, the course or direction of the ribs is changed; on the convex side, those on the upper limb of the curve run too much upward, those on the lower limb take a too downward course, they diverge so that on the side-outline they are abnormally far apart. On the concave side they run down on the upper limb, upward on the lower limb of the curve, they converge so that at the side they are too close together.* The result being that the side of the chest measured along a vertical line from the axilla downward is lengthened on the convex, shortened on the concave aspect of the curve. But more important for our immediate purpose is the displacement—the obliquity of the plane of the back in different regions. Thus if the plane of the posterior surface of the pelvis on a level with the postero-inferior spines of the ilium be taken as true ($p-p$), that of the loin at the second lumbar vertebræ will lie so that its left lateral half is behind its right

* For sake of simplicity the matter is thus put here. The very complex subject of position of the ribs will be more fully explained hereafter.

numeration, at least up to the tenth year, because the three years previous to that age do not embrace thrice the number of cases included in the one year between six and seven. We have, however, this fact clear, that, out of 1000 cases, 887 begin between the ages of six and fourteen, or 88·7 per cent. The sudden rise in frequency between the ages of three and four, and its decline after the latter age, are to be ascribed to the debility, and to the occasional nerve-irritation produced by the first dentition.

In the foregoing chapter much was said about rotation of vertebræ: it was shown that this is effected in voluntary turning of the trunk upon the pelvis by muscular action; but often in oblique postures the superincumbent weight of the trunk is thrown upon the ligaments. The different qualities of those between the bodies and those connecting the arches tend to rotate the vertebræ on their axes. Now though, in assuming any such position, muscles put the trunk into the desired posture, yet quiet maintenance of the trunk in the position depends chiefly on the ligaments.

The direction of rotation is always such that the anterior face of the vertebral body looks towards the convexity of the curve, the tips of the spinous process being carried into the concavity. And yet this hardly represents all the elements of the move-

Mr. Tamplin* gives a record from the same hospital of 569 of dorsal curve, whereof 470 cases were to the right, 99 to the left.† With regard to the age at which lateral curvature commences, the best numerical gathering is that of Eulenburg; he collected, with the object of ascertaining this point, 1000 cases, and tabulated them thus:—

	CASES.	PER CENT.
Previous to 2 years old	5	0·5
Between 2 and 3	21	2·1
„ 3 „ 4	9	0·9
„ 4 „ 5	10	1·0
„ 5 „ 6	33	3·3
„ 6 „ 7	216	21·6
„ 7 „ 10	564	56·4
„ 10 „ 14	107	10·7
„ 14 „ 20	28	2·8
„ 20 „ 30	7	0·7‡

By which it is plain that more than half the total number of cases originate between the seventh and tenth year; but it is permissible to wish that Eulenburg had continued his one-year

* 'Medical Gazette,' Oct. 13, 1849.

† Here again rickets in all probability increases the numerical proportion of left dorsal curves. In both the Cripples' Homes (boys and girls) to which I am surgeon, there are a far larger proportion of left curves than in my private practice.

‡ Eulenburg, 'Die Seitlichen Rückgrats Verkümmungen,' Berlin, 1876, p. 76.

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OF
LATERAL CURVATURE OF
THE SPINE.

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Within the past five months I have adopted the plan of cutting out an inch or two of the jacket, its entire length in front, then cutting the shirt and glueing it over the jacket, eyelet-hooks being inserted on either side; and the jacket and shirt thus used I find much better and more accurately fitting than any contrivance of the corset-maker.

CASE V.—Gabriella Snow, æt. 14, Nyack, New York. Parents healthy; child always strong and active. Six months

FIG. 62.



ago, while fitting a dress, mother noticed a very slight lateral curvature, which has increased rapidly within the past few weeks. Dr. Polhemus, of Nyack, was requested to see her, and he advised the parents to bring her to me for treatment.

Her condition when I first saw her, May 23, 1876, was as

At an early period of the disease, muscular tension, due to reflex action, will produce a noteworthy change in the appearance and action of the patient. Every joint of the lower limbs is bent for the purpose of preventing any concussion from affecting the bodies of the inflamed vertebræ. The body is brought into a peculiar position; the chin projects, the shoulders are elevated, the dorsal muscles are kept rigid, in order to prevent any movement of one vertebral body on another, and the trunk is moved with the utmost precision, in order to prevent any concussion from being communicated to the diseased bones. The back is never bent, as such movement presses the bodies of the vertebræ together, and gives rise to pain. The patient is unable to stoop down and pick up any object from the floor. If requested to do so, he first bends his hips, then his knees, and finally reaches the object by 'squatting' down to it.

There is another symptom of spinal *caries* that is often met with in the early stages of the disease, and before the appearance of any distortion. When the subject of *caries* in the dorsal or lower cervical portion of the spine is walking about, he breathes in a short grunting manner, because of the constant effort on the part of its muscles to keep the trunk at rest. The pressure upon the intercostal nerves is sometimes so great as to produce almost spasmodic respiration. The patient's body is kept rigid by, as it were, a *muscular splint*, which prevents motion of the spinal column, and thus a valuable and unmistakable indication for treatment is presented by this short and noisy breathing. You now put the patient on a stool or chair, and ask him to jump down on the floor. If there is any disease in the bodies of the vertebræ or interarticular cartilages, he will not jump so as to strike upon his heels, but will come down in such manner as to avoid concussion; and it therefore becomes necessary to examine the spine.

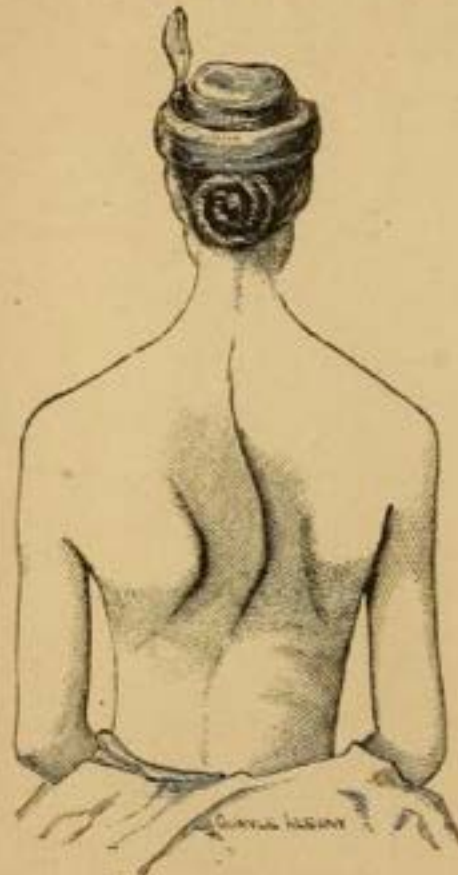
Examination of the Spine.—In the method that I recommend as the most convenient for examining the spine, the child—for it is usually in early life that Pott's disease occurs—should be stripped, and so placed across the knees of the surgeon, that

The difference in his complexion within an hour was most marked, and observed by all the members present.

The boy said he was perfectly free from pain, and could breathe more freely.

His height, as measured by Dr. Stephen Smith, was increased $\frac{3}{4}$ of an inch, and his respiration 14 cubic inches.

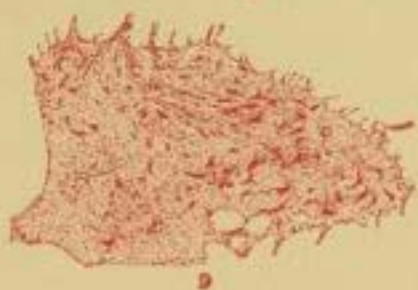
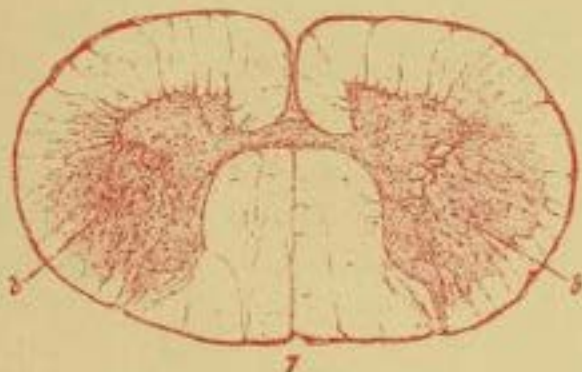
FIG. 57.



This case is also represented in the frontispiece, which is given in order to show the entire plan of treatment at a glance.

The following case shows the advantage of extension and the plaster of Paris jacket over Banning's braces, which had been previously worn by my advice :—

CASE IV.—Miss Nellie Pierson, aged 15, Providence, Rhode Island. Came to me January 30, 1875, with a very marked



For several years past I have modified somewhat the form of bandages for dorsal curves. For such I now use one of two forms; the one is called a dorso-lumbar bandage, and is potent, more especially against lateral deviation. The

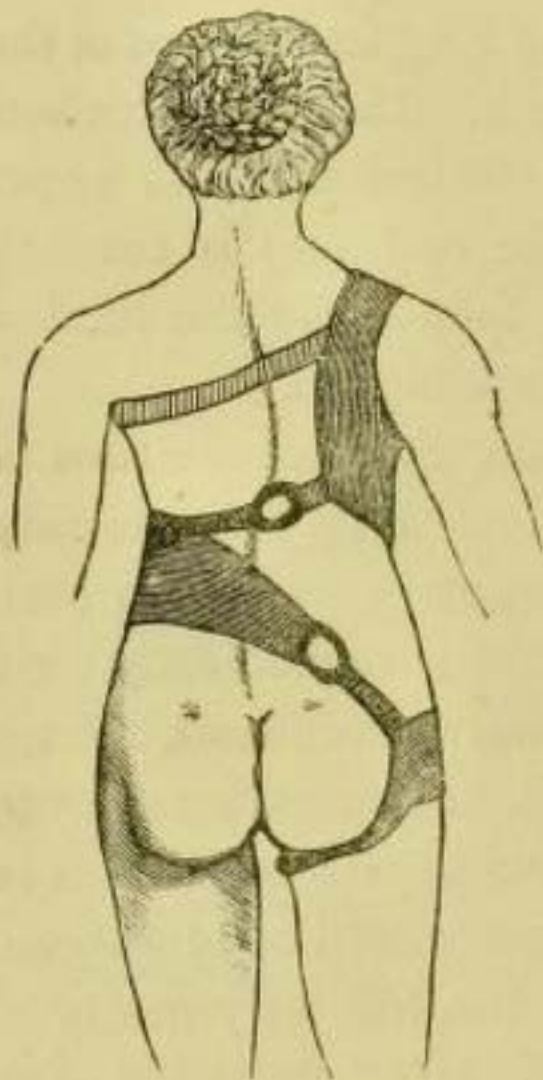


FIG. 37.—Back.

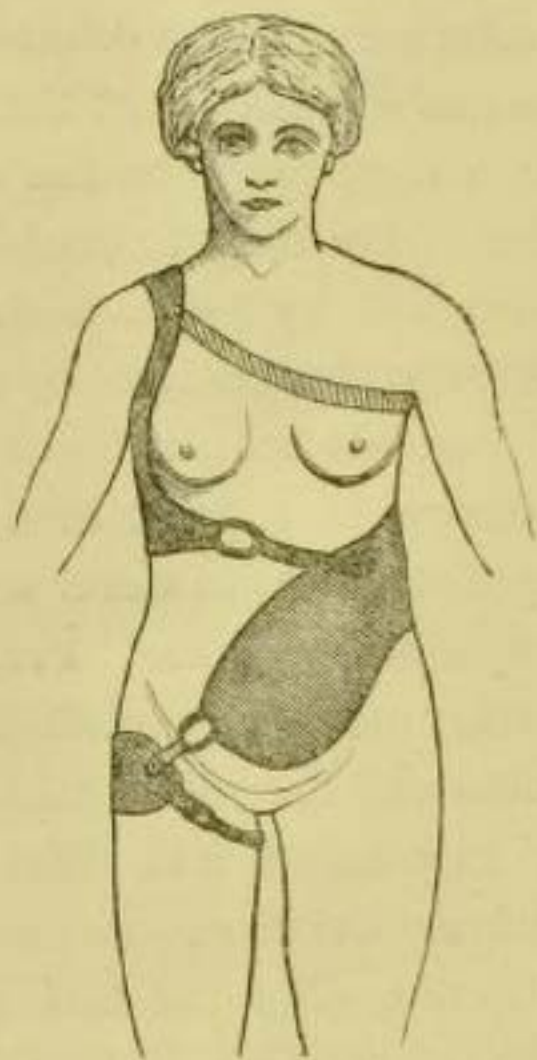


FIG. 38.—Front.

The Dorso-Lumbar Bandage.

lower part, leg and loin portions, are like the bandage shown in Fig. 29; the addition is a part carefully cut and fitted to the right side and passing over the shoulder; its form is seen in the annexed

screw holes in it ; the longer has, close to the top, which is rounded, a larger hole ; into this hole fits loosely the screw end of a round rod and to the screw is fitted a nut, the rod being shouldered for full grown people at six inches, for smaller folk at four. The short arms of the brackets are screwed to the long side of a common mahogany or beech board, fourteen long by six, or for children, by four inches broad. Tacked round each cross-piece is a piece of webbing, twenty-four inches long and either

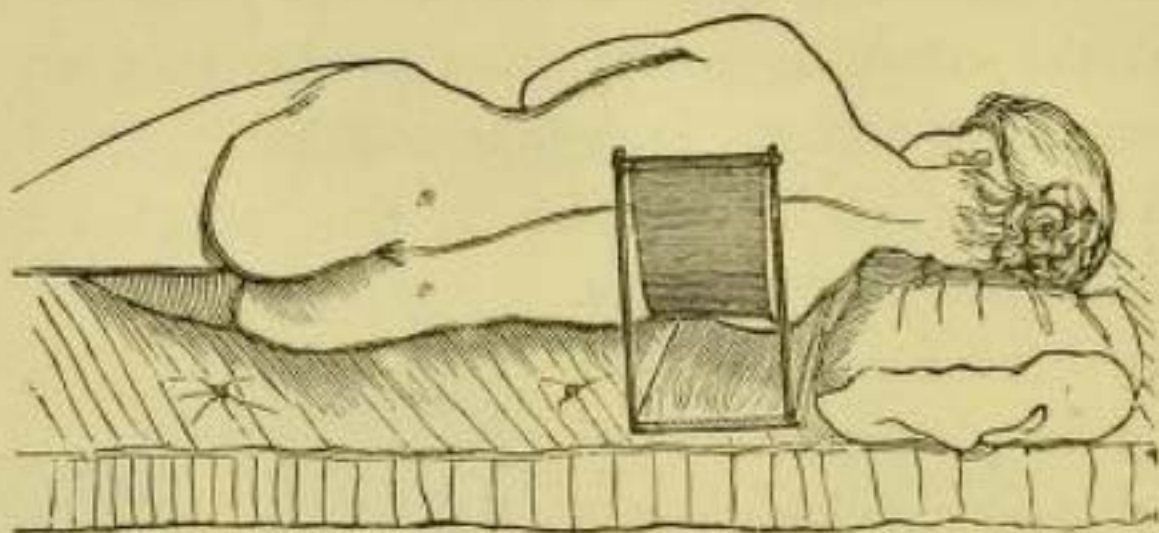


FIG. 35.—Lateral Sling in Action.

six or four broad. In this sling the patient places the right posterior part of the chest, as she lays herself down on the side, a little turned on the back, so that the most protuberant part, the angles of the ribs, come into the most dependent part of the hammock, while the head is supported by a sufficiently bulky pillow. Of course there is no necessity for the nudity which the plate indicates,

erect patient's eyes. She stands evenly between them, and taking a ring in each hand sways her self to either side, and then by alternate traction with each hand swings her body in a circle, keeping the feet as nearly as she can on the same spot. The face, chest, &c., are always to look in the same

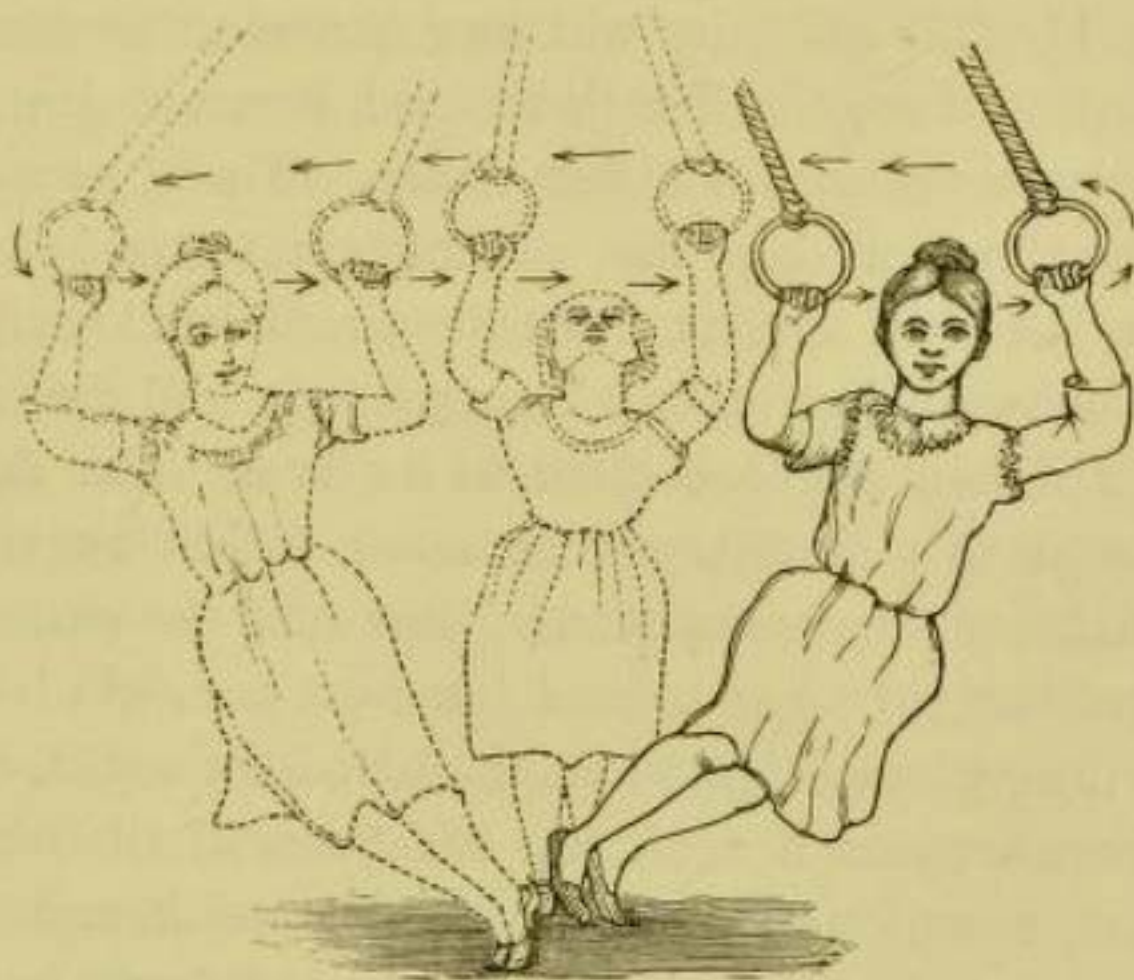


FIG. 32.—Ring Exercise for stretching Contracted Ligaments.

direction. If this be attended to, it does not matter whether the circle passed through by the head be traced from left to right or in the contrary direction. As seen in the diagram, the figure is bent in constantly different directions, the object being not to influence the spine by making it bend in a direction

them, palm downwards, on the top of her head,

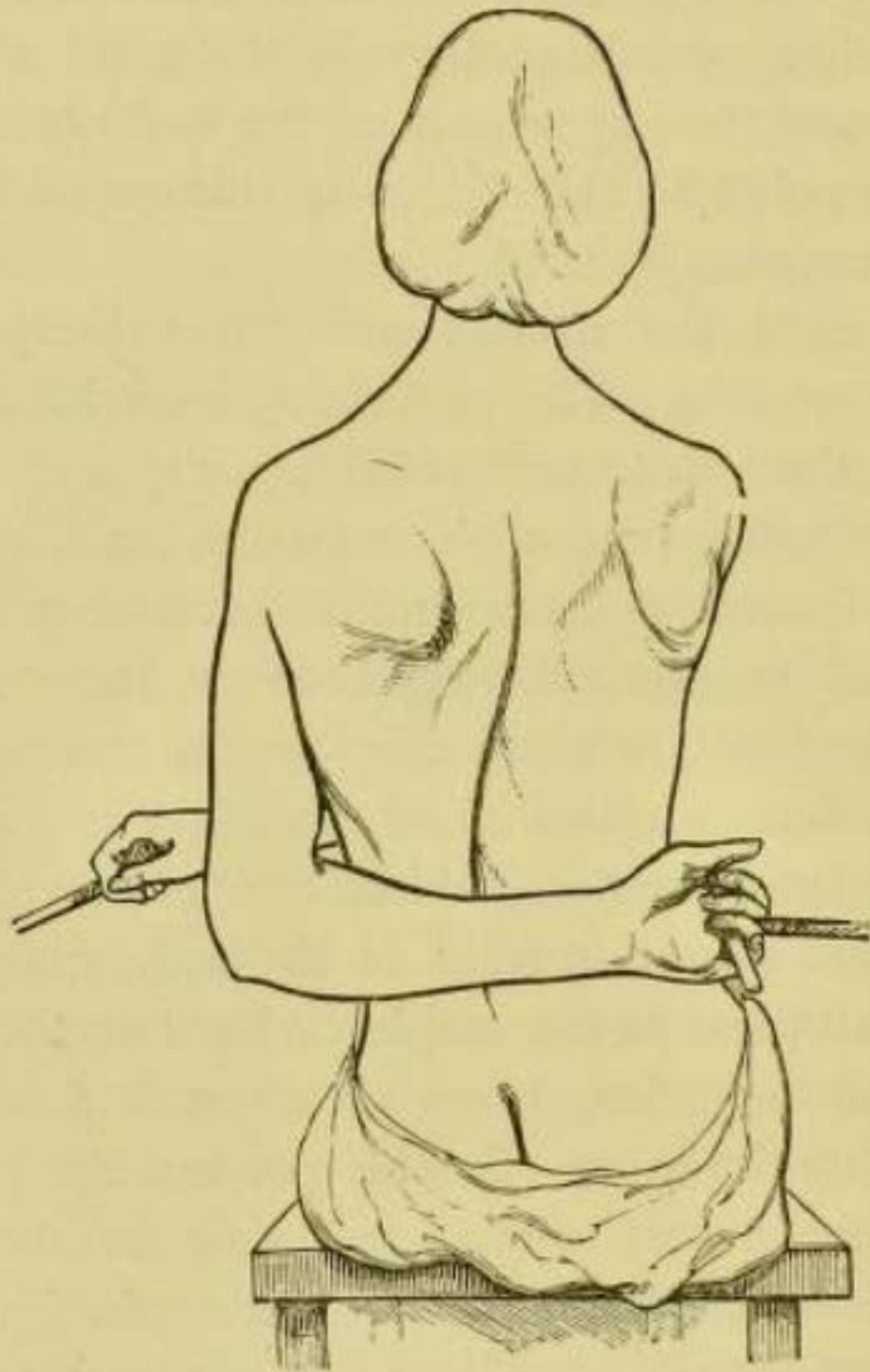


FIG. 33.—Left Respiratory Exercise.

grasping it a little behind the parietal protuberances, by spreading her thumbs; the elbows being brought all back. By this means the head and

the triangle is made of a piece of strong webbing drawn through an india-rubber tube, padded, enclosed with wash-leather. The triangle is represented covered with some strong woven fabric. The left shoulder is enclosed in a loop of webbing from which run down, back and front, two webbing straps to the apex of the triangle. These straps are provided with buckles for regulation of tension and with strong india-rubber rings for elasticity. When first applied, this sling should only be used for three or four hours a day, as the edges of the axilla are somewhat sensitive to friction ; they soon, however, get harder and the time of wearing may be increased : if the dress do not hold it in place, a piece of $\frac{3}{8}$ wide elastic passes from each angle round the chest. For girls, whose curvature has been caused by baby-carrying, the sling must support the left shoulder.

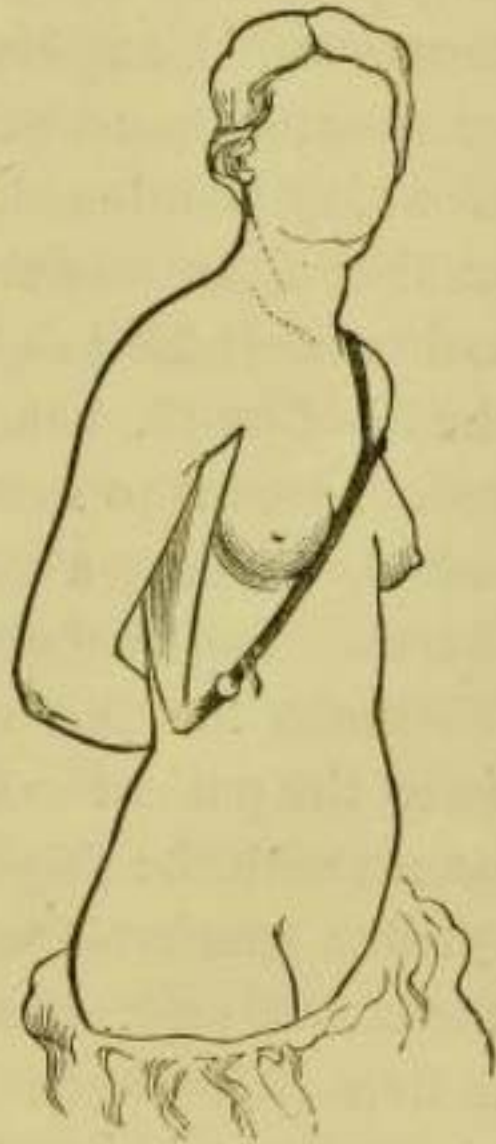


FIG. 31.
The Shoulder Sling.

When the patient ceases her lawn-tennis, her other exercises, or her allotted task of writing, she should

opposite direction. Tends, I say, because all spines notably those which, being in the second stage, are somewhat stiffened in the abnormal posture, cannot

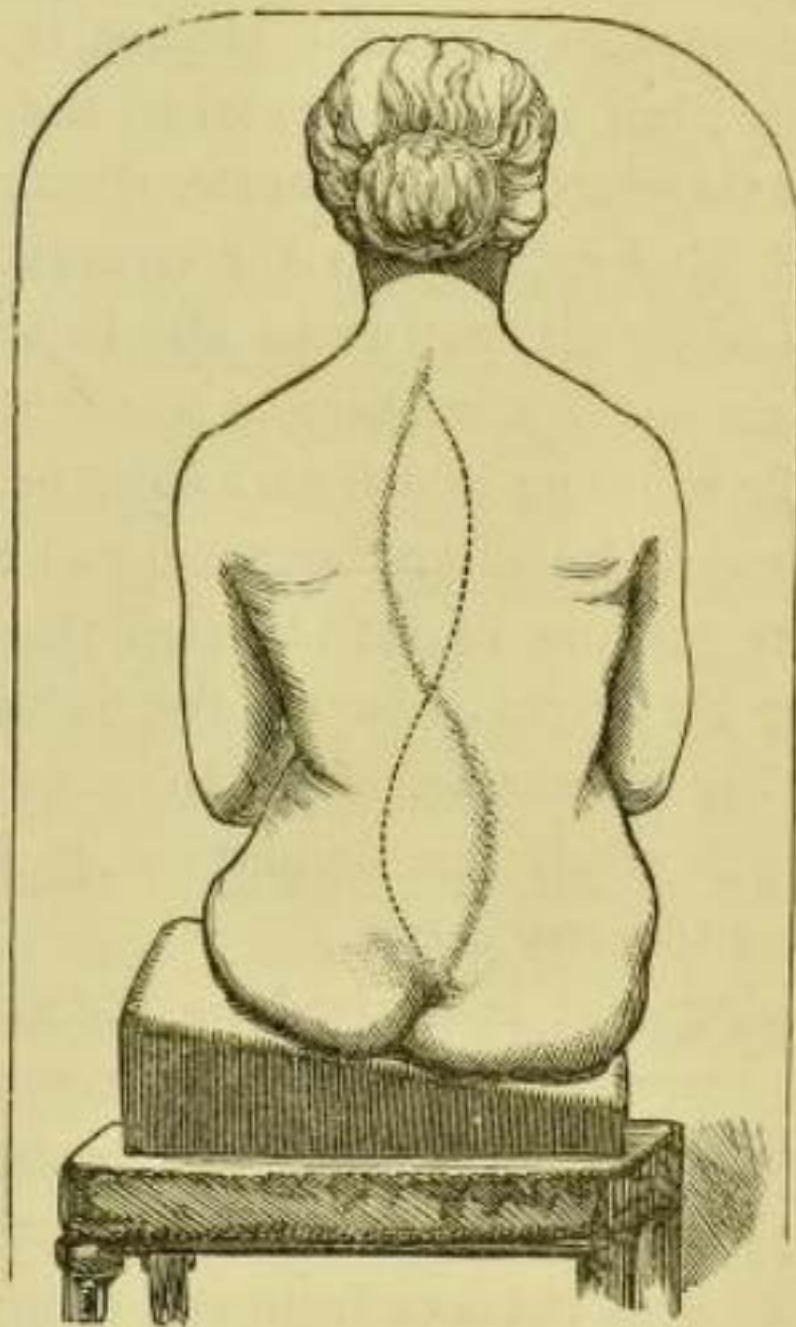


FIG. 28.—The Sloping Seat in action. The dotted line represents the direction of the morbid curve, the shaded line that which the artificial obliquity tends to produce.

at once turn in the opposite direction ; for these, certain further treatment, to be described immediately, must be employed.

growing quickly, much more slow when increase of stature is almost at a standstill.

The changes in the vertebral bodies are caused by unevenly distributed pressure, which results partly from rotation, partly from lateral deviation. In a spine thus deviated, the superincumbent weight falls chiefly on that side of the bones which subtends the concavity. The vertebræ are at this



FIG. 7.
Front View of Vertebræ. Discs strongly, bones slightly wedge shaped.

phase of life largely composed of cartilage and are engaged in the process of growth. Now pressure in a given direction hinders, while absence of pressure favours growth, hence when this unilateral pressure has continued a certain time the bodies of the vertebræ, growing less on the concave than on the convex side, become wedge-shaped—thinner, that is to say, on the side of the concavity, thicker on that of the convexity. This alteration may proceed while the vertebral body is, with the exception of an osseous nucleus entirely cartilaginous; or if the curvature have delayed its advent to a later period of life, till after the appearance of the epiphysal plates, the change will be effected by one-sided growth at the upper and

this which, aiming at scientific accuracy, would yet avoid such minutiae as, however interesting to the investigator, would tend to obscure the practical points of the subject. Moreover, the position in regard to each other of the ribs varies according to the amount of curve and to its place in the column ; thus, in some subjects, we find the upper, and in others the lower ribs chiefly affected ; while in long and severe curves, the whole number may be involved, the upper one making protuberant the root of the neck on the right side, the lower one (10th) lying in the iliac fossa ; while on the left they may all be crowded together within a very small compass. However they are placed, the side of the thorax in the convexity of the curves is rendered, not only long, but also narrow, the latter change being in great measure due to encroachment on its space of the vertebral bodies. Thus there is in the College of Surgeons' Museum, a distorted skeleton, in which the space between the anterior (now lateral) part of the spine and the bodies of the fifth to eighth rib inclusive, averages only three-eighths of an inch.*

The increase in length of the thorax is due to the considerable divergence of the ribs, which causes the inferior ones to be lower, the superior higher in

* Patholog. Series, No. 2099.

interfere with that vital act ; but on the contrary provision is made that the position which throws one or the other set of muscles out of gear shall



FIG. 4.—Rotating Action of Serratus Magnus.

favour other sets, thus enabling us to breathe easily and unconsciously in all but very strained and unusual circumstances.

side of the pelvis is drooped, and is made to approach the wall as near as possible. On this photograph a line was drawn from the root of the neck to the top of the *rima narium*. The curved spine from the *vertebræ prominens* to the top of

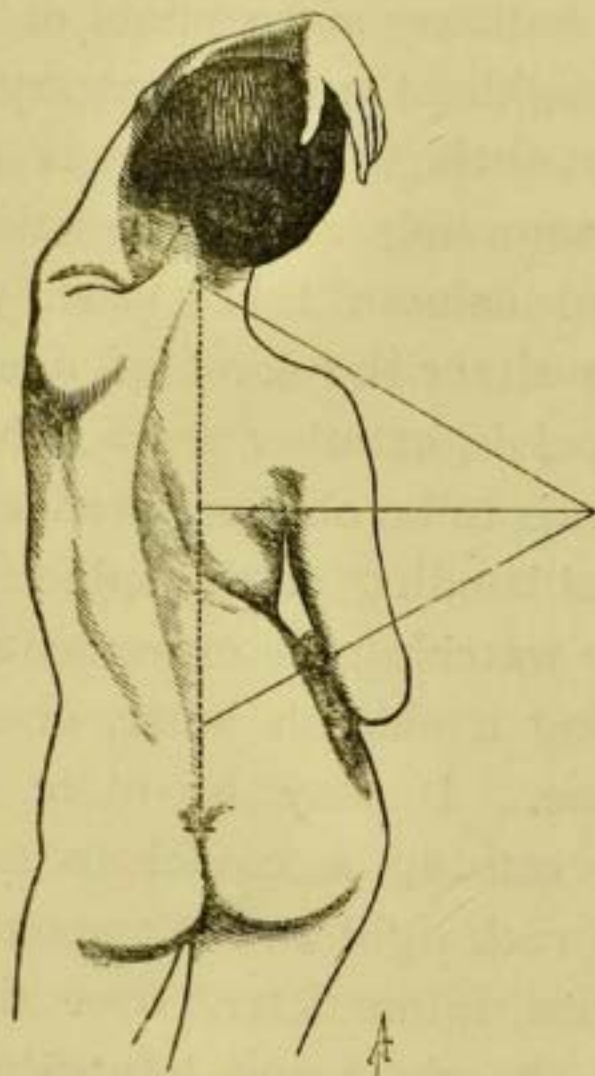


FIG. 2.—Lateral Flexibility of the Spine.

sacrum measured 13.5 lines, the radius of that curve, supposing it to be circular, was twelve lines. Now as the model's spine measured from the same points eighteen inches, the real radius of her lateral curvation was sixteen inches. The dorsal and lumbar spine of an ordinary individual about middle age,



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