

Chapter 1 : Full text of "Notes of lectures on the canon"

*Notes of Lectures on the Canon [Henry Mills] on [www.nxgvision.com](http://www.nxgvision.com) \*FREE\* shipping on qualifying offers. Unlike some other reproductions of classic texts (1) We have not used OCR(Optical Character Recognition).*

Finnegan, "The teaching of Canon law in the seminary" *The Jurist* 27 Good remarks on antinomianism and post WW2 emphasis on rights. Includes suggested outline of such a course. Suggested some current titles for inclusion. Pure lecture will not do it, class time should allow for questions from well-read students. All the more interesting because the possibility of a Schema was not clearly foreseen, and the scope of the subsequent revisions in the *prima* versiones, Schema, and even Schema was underestimated. Zwifka, "Canonical training for lay ministry: Grimes, "The teaching of canon law" *The Jurist* 55 Allred, "The confessor in court" *The Jurist* 13 Callahan, "Historical inquiry into the priest-penitent privilege" *The Jurist* 36 Brewer, "The right of the penitent to release the confessor from the seal: Barry, "The Tridentine form of marriage: Gallen, "Proposal for a modification in the juridical form of marriage" *The Australasian Catholic Record* 38 Abbo, "A change in the form of marriage" *The Priest* 19 Cahill, "Change the marriage law? Abbo, "The form of marriage" *The Priest* 20 Hettinger, "Collegiality and the form of marriage" *The Jurist* 24 Wagon, "La forme canonique ordinaire du mariage: DiMattia, La forma canonica del matrimonio: Dunderdale, "The canonical form of marriage: Schmeiser, "Welcomed civil marriage: The Promoter of Justice updated 11 Aug 05 B. Fair, "The promoter of justice and his duty to impugn the validity of a marriage" *The Jurist* 7 Wolter, "The promoter of justice and the common good in matrimonial causes" *The Jurist* 11 *The Common Law* updated 13 Aug 05 R. Rodes, "The canon law as a legal system--function, obligation, and sanction" *Natural Law Forum* 9 Leduc, "Principles of common law and the Schema on institutes of life consecrated by profession of the evangelical counsels" *Studia Canonica* 14 Kuttner, "The Code of canon law in historical perspective" *The Jurist* 27 Maida, "Visionary or reactionary: Kuttner, "On the method of editing medieval authors" *The Jurist* 37 Wrenn, "Charles Augustine, O. Interesting words for advocates who represent the weak against the strong. I think it regrettable, and forgettable.

**Chapter 2 : Notes of Lectures on the Canon**

*A Critical History of the Doctrine of a Future Life in Israel, in Judaism, and in Christianity Or Hebrew, Jewish, and Christian Eschatology From Pre-Prophetic Times Till the Close of the New Testament Canon; Being the Jowett Lectures for by R. H. Charles.*

Yet what is so little attended to? Even where it is thought of at all, the most extraordinary misconceptions reign about it. Always air from the air without, and that, too, through those windows, through which the air comes freshest. From a closed court, especially if the wind do not blow that way, air may come as stagnant as any from a hall or corridor. First rule of nursing, to keep the air within as pure as the air without. Again, a thing I have often seen both in private houses and institutions. A room remains uninhabited; the fire-place is carefully fastened up with a board; the windows are never opened; probably the shutters are kept always shut; perhaps some kind of stores are kept in the room; no breath of fresh air can by possibility enter into that room, nor any ray of sun. The air is stagnant, musty, and corrupt as it can by possibility be made. It is quite ripe to breed small-pox, scarlet-fever, diphtheria, or anything else you please. Or children will be put into that room, without previous preparation, to sleep. A short time ago a man walked into a back-kitchen in Queen square, and cut the throat of a poor consumptive creature, sitting by the fire. Never be afraid of open windows then. This is a popular fallacy. With proper bed-clothes and hot bottles, if necessary, you can always keep a patient warm in bed, and well ventilate him at the same time. But a careless nurse, be her rank and education what it may, will stop up every cranny and keep a hot-house heat when her patient is in bed, and, if he is able to get up, leave him comparatively unprotected. The time when people take cold and there are many ways of taking cold, besides a cold in the nose, is when they first get up after the two-fold exhaustion of dressing and of having had the skin relaxed by many hours, perhaps days, in bed, and thereby rendered more incapable of re-action. Then the same temperature which refreshes the patient in bed may destroy the patient just risen. And common sense will point out, that, while purity of air is essential, a temperature must be secured which shall not chill the patient. Otherwise the best that can be expected will be a feverish re-action. To have the air within as pure as the air without, it is not necessary, as often appears to be thought, to make it as cold. In the afternoon again, without care, the patient whose vital powers have then risen often finds the room as close and oppressive as he found it cold in the morning. Yet the nurse will be terrified, if a window is opened. The physicians and surgeons invariably close them while going their rounds; and the house surgeon very properly as invariably opens them whenever the doctors have turned their backs. In a little book on nursing, published a short time ago, we are told, that, "with proper care it is very seldom that the windows cannot be opened for a few minutes twice in the day to admit fresh air from without. It only shows how little the subject has been considered. Of all the methods of keeping patients warm the very worst certainly is to depend for heat on the breath and bodies of the sick. I have known a medical officer keep his ward windows hermetically closed. Thus exposing the sick to all the dangers of an infected atmosphere, because he was afraid that, by admitting fresh air, the temperature of the ward would be too much lowered. This is a destructive fallacy. What kind of warmth desirable. To attempt to keep a ward warm at the expense of making the sick repeatedly breathe their own hot, humid, putrescing atmosphere is a certain way to delay recovery or to destroy life. Do you ever go into the bed-rooms of any persons of any class, whether they contain one, two, or twenty people, whether they hold sick or well, at night, or before the windows are opened in the morning, and ever find the air anything but unwholesomely close and foul? And why should it be so? And of how much importance it is that it should not be so? During sleep, the human body, even when in health, is far more injured by the influence of foul air than when awake. But for this, you must have sufficient outlet for the impure air you make yourselves to go out; sufficient inlet for the pure air from without to come in. You must have open chimneys, open winows, or ventilators; no close curtains round your beds; no shutters or curtains to your windows, none of the contrivances by which you undermine your own health or destroy the chances of recovery of your sick. A careful nurse will keep a constant watch over her sick especially weak, protracted, and collapsed cases, to guard against the effects of the loss of vital heat by the patient himself. In certain diseased states much less

heat is produced than in health; and there is a constant tendency to the decline and ultimate extinction of the vital powers by the call made upon them to sustain the heat of the body. Cases where this occurs should be watched with the greatest care from hour to hour, I had almost said from minute to minute. The feet and legs should be examined by the hand from time to time, and wherever a tendency to chilling is discovered, hot bottles, hot bricks, or warm flannels, with some warm drink, should be made use of until the temperature is restored. The fire should be, if necessary, replenished. Patients are frequently lost in the latter stages of disease from want of attention to such simple precautions. Such cases happen at all times, even during the height of summer. When warmth must be most carefully looked to. Generally speaking, you may expect that weak patients will suffer cold much more in the morning than in the evening. The vital powers are much lower. If they are feverish at night, with burning hands and feet, they are almost sure to be chilly and shivering in the morning. But nurses are very fond of heating the footwarmer at night, and of neglecting it in the morning, when they are busy. I should reverse the matter. All these things require common sense and care. Yet perhaps in no one single thing is so little common sense shown, in all ranks, as in nursing. To make a room cold is by no means necessarily to ventilate it. Nor is it at all necessary, in order to ventilate a room, to chill it. Yet, if a nurse finds a room close, she will let out the fire, thereby making it closer, or she will open the door into a cold room, without a fire, or an open window in it, by way of improving the ventilation. The safest atmosphere of all for a patient is a good fire and an open window, excepting in extremes of temperature. Yet no nurse can ever be made to understand this. To ventilate a small room without draughts of course requires more care than to ventilate a large one. Cold air not ventilation, nor fresh air a method of chill. Another extraordinary fallacy is the dread of night air. What air can we breathe at night but night air? The choice is between pure night air from without and foul night air from within. Most people prefer the latter. What will they say if it is proved to be true that fully one-half of all the disease we suffer from is occasioned by people sleeping with their windows shut? An open window most nights in the year can never hurt any one. This is not to say that light is not necessary for recovery. In great cities, night air is often the best and purest air to be had in the twenty-four hours. I could better understand in towns shutting the windows during the day than during the night, for the sake of the sick. The absence of smoke, the quiet, all tend to making night the best time for airing the patients. Always air your room, then, from the outside air, if possible. Windows are made to open; doors are made to shut—a truth which seems extremely difficult of apprehension. The window of the said room, if opened, was all that was desirable to air it. Every room must be aired from without—every passage from without. But the fewer passages there are in a hospital the better. Air from the outside. Open your windows, shut your doors. If we are to preserve the air within as pure as the air without, it is needless to say that the chimney must not smoke. Almost all smoky chimneys can be cured—from the bottom, not from the top. Often it is only necessary to have an inlet for air to supply the fire, which is feeding itself, for want of this, from its own chimney. On the other hand, almost all chimneys can be made to smoke by a careless nurse, who lets the fire get low and then overwhelms it with coal; not, as we verily believe, in order to spare herself trouble, for very rare is unkindness to the sick, but from not thinking what she is about. In laying down the principle that the first object of the nurse must be to keep the air breathed by her patient as pure as the air without, it must not be forgotten that everything in the room which can give off effluvia, besides the patient, evaporates itself into his air. And it follows that there ought to be nothing in the room, excepting him, which can give off effluvia or moisture. Yet this "of course" seems as little thought of, as if it were an obsolete fiction. Indeed the arrangements often make this rule impossible to observe. If the nurse be a very careful one, she will, when the patient leaves his bed, but not his room, open the sheets wide, and throw the bed-clothes back, in order to air his bed. And she will spread the wet towels or flannels carefully out upon a horse, in order to dry them. And whether the damp and effluvia do him most harm in his air or in his bed, I leave to you to determine, for I cannot. Even in health people cannot repeatedly breathe air in which they live with impunity, on account of its becoming charged with unwholesome matter from the lungs and skin. In disease where everything given off from the body is highly noxious and dangerous, not only must there be plenty of ventilation to carry off the effluvia, but everything which the patient passes must be instantly removed away, as being more noxious than even the emanations from the sick. Of the fatal effects of the effluvia from the excreta it would seem

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unnecessary to speak, were they not so constantly neglected. Concealing the utensils behind the vallance to the bed seems all the precaution which is thought necessary for safety in private nursing. Did you but think for one moment of the atmosphere under that bed, the saturation of the under side of the mattress with the warm evaporations, you would be startled and frightened too! You can easily convince yourself of the necessity of this absolute rule, by taking one with a lid, and examining the under side of that lid. It will be found always covered, whenever the utensil is not empty, by condensed offensive moisture. Where does that go, when there is no lid? Chamber utensils without lids. The very lid of the old abominable close-stool is enough to breed a pestilence. It becomes saturated with offensive matter, which scouring is only wanted to bring out. I prefer an earthenware lid as being always cleaner.

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*Excerpt from Notes of Lectures on the Canon Simon, for his piety, distinguished by the Jews with the surname of the Just, became high priest B. C. yearsfig and lived in that office nine years.*

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*NOTES ONCANONLA W CONFIRMATION Although the sacrament of confirmation is not required as a means necessary for salvation (canon ), the Church has always urged her.*