The inhalation of a few drops of chloroform, if given when the fit is beginning, often checks its violence and duration, and is of the greatest value in frequently recurring convulsions, but of course must only be used under the direction of a medical man. The doctor will generally prescribe a mixture with the object of lessening the irritability of the nervous centres, such as bromide and chloral, or belladonna, etc., and the nurse should carefully watch that the sedative effect be not carried too far, producing a too constant drowsiness from which the infant can hardly be roused, and on such symptoms occurring the medicine must be discontinued or lessened.

If the child does not swallow well, or there be frequent vomiting, the medicine may have to be administered by rectal injection, which must be done very carefully and slowly, as it is hoped the medicine will be retained and absorbed.

If the cause of the convulsions be indigestion, the presence of curds of undigested milk in the stomach or bowels, the physician will prescribe a purge or an emetic in order to remove the irritating material, after which some sedative to the stomach or bowels is often given. In these cases one of the most important points in the treatment is the feeding, that nothing likely to keep up the irritation be given, and in many cases it is necessary to eschew milk altogether for a time and substitute for it barley water, albumen water, or whey, etc.

In cases of convulsions due to meningitis or brain disease cold to the head is useful, in the form of ice or Leiter's ice coil.

The nurse of children suffering from convulsions should note carefully if possible where the convulsion begins and how it spreads, whether it is wholly or chiefly one-sided, and its duration, etc.

Head nodding is not very uncommon in infants or young children, and may be either a nodding or a shaking movement; the movements occur constantly when the head is not moved by the child's will, and if the movement be controlled, the eyes often move in a similar way; this is called nystagmus. The causes of this are similar to those producing tetany or false croup, and the treatment is similar; the cases all recover, thongh the disease may last for months.

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(To be continued.)

floating bospitals.*

By INSPECTOR-GENERAL BELGRAVE NINNIS, M.D., R.N. (Retired).

I think I may safely assert, without fear of contradiction that the retention of the sick and wounded on board a modern fighting ship in war time is not only most undesirable for the sound and the wounded, the sick and the healthy, but is likewise insanitary and depressing. The means at the disposal of the naval medical officer for the up-to-date treatment of his patients cannot possibly be provided in a fighting ship, natural light and fresh air in sufficient quantity being obtained above the water line only, and such position during action would almost certainly be swept by the enemy's fire. To meet this difficulty it has been suggested that each fleet or squadron should be accompanied by one or more vessels devoted entirely to the care and treatment of the sick, and it is of the construction and internal arrangements of such vessels that I wish to say a few words. In order that the greatest advantages should accrue to the sick and wounded, I consider it essential that :-

1. These vessels should be floating hospitals, the treatment and care of the sick and wounded being their sole and only use.

2. That the arrangements should be such as to embody all the essentials of a small but perfectly equipped land hospital, suitable for both medical and surgical cases, infectious fevers excepted.

3. That the propelling power, whilst sufficient to enable the vessel to keep within signalling distance of the fleet to which it should be attached, should be so arranged as to leave ample space for the wards.

This last suggestion may contain an impossibility. I am not sufficiently acquainted with the subject of locomotion to decide. If so, let us get as near the impossible as we can.

Size.—The tonnage of such a ship should be sufficient to allow of :—

(a) A lower deck, partially below the water (if unavoidable), but with ports each having a circular scuttle in its centre easily opened and closed.

(b) A middle deck, ports and scuttles as above, but larger.

(c) Main deck, ditto.

(d) Upper deck.

Construction.—The vessel should be of steel or iron, wood-cased on the outside to protect from heating by the sun. There should be one or more large doors in the ship's side, on each side, similar to baggage ports in passenger steamers. Each of these ports should open on *Read at the Sixty-Ninth Meeting of the British Medical Association, at Cheltenham, July, 1907.

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