

Medical Matters.**A BLACK EYE.**

WHETHER this condition is more common in the United States than in this country we are inclined to question, but at any rate American Surgeons have certainly devoted considerable attention to the subject, and a long and careful article has recently been published in a medical journal, exhaustively discussing the treatment of the condition. The conclusions arrived at are, that if the patient is seen early, the treatment should consist of cold compresses and of evaporating lotions, and that by this means, both swelling and discoloration can be lessened or even altogether prevented. If the patient is not seen, however, until the typical bruising has shown itself, hot compresses are recommended, as the more effectual method of removing the discoloration. The method which is advised for the application of cold compresses is that pieces of lint or flannel, four or six-fold, and measuring about two inches in diameter, should be placed upon a block of ice and from this transferred to the affected orbit every minute or two; the compress as soon as it becomes cool being placed upon the ice again. These ice-cold compresses are said to be much more rapid in their action than those which are soaked in evaporating lotions. With regard to the hot compresses, it is advised that these should be made of flannel of the same size as the others, wrung out of hot water, placed upon the lids of the affected eye and allowed to remain there for a minute or two; being changed as the heat passes off. Either form of application is continued for an hour at a time and repeated several times a day. If the skin is very sensitive it is a useful precaution to apply a little vaseline so as to prevent any temporary scalding of the surface. And, finally, massage is recommended, gently practised for five or ten minutes at a time, several times a day, in order to obtain a rapid removal of the discoloration.

HOT AIR BATHS.

This method of treatment is being at present very extensively employed, especially in cases of Rheumatic disease of the joints. The simpler the apparatus which is used, the better for the patient and certainly better for the nurse. The

following is generally effectual. The patient lies between blankets, over him are placed two large cradles, covered first with blankets, then with mackintosh sheets, and then again with blankets. The coverings must be arranged at the top of the tent in such a manner that a small opening can be made to let out the hot air when it has become saturated with moisture. It has not been found necessary to make any counter-opening, as the entering air finds plenty of inlet between the blankets and the chimney of the heating apparatus. If the packing be too tight, a counter-opening must be made. The patient's neck should be wrapped as air-tight as possible. The cradles used are made of wire netting on a metal frame; they are inexpensive, and cannot take fire. The flue attached to the lamp passes through an opening in the blankets at the foot of the tent, and may be covered with asbestos or a wet cloth to protect the blanket. The lamp should be made without solder, because the excessive heat is apt to damage the connections, and to allow of the escape of some of the spirit, which will speedily ignite. A very convenient method is to replace the spirit lamp by a ring Bunsen's burner attached to a gas bracket by means of a long rubber tubing. This is safer than a lamp, and raises the temperature inside the tent more rapidly. As a rule, an opening need not be made till the patient breaks out in a good perspiration or complains of feeling too hot. If the temperature of the air be taken at this stage, it will be found to be from 120 deg. to 130 deg. F. The opening should now be made at the top of the tent. The feeling of excessive heat passes off rapidly as the hot air saturated with moisture passes away. This is the important point in the treatment, because, unless the moisture is got rid of, few patients can be found to stand a temperature beyond 130 deg. F. On the other hand, if this is done periodically, the air in the tent is kept sufficiently dry to allow of the temperature being raised to 200 deg. Fahr., or higher. During the first bath, the temperature is generally kept at about 130 deg. Fahr. for twenty minutes. This treatment is applicable for subacute rheumatic arthritis, subacute arthritis following acute rheumatism or gout, chronic thickening from gout, rheumatism, or rheumatoid arthritis, associated with pain and stiffness on movement, with continual aching pains, and impaired mobility following injuries to joints or to muscles in their neighbourhood.

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