


Medical Matters.

ENEMATA RASHES.



It is a well recognized fact, and one which all nurses should remember, that rashes upon the skin, usually erythematous, and resembling the eruption of scarlatina, but sometimes urticarial, may follow the administration of enemata. As they generally pass away without any further bad symptoms, their recognition is chiefly of importance because an erroneous fear of scarlatina may be aroused. A very complete account of the subject, based on a number of cases, has recently been published. The rash invariably occurred in young patients. The eldest was a girl aged sixteen. It was not, in every case, associated with constipation; in two cases, it followed half-pint enemata of salt and water used for thread worms. Of the remaining cases, five were suffering from typhoid fever, three were cases of chlorosis, one was a case of gastric ulcer, one a case of inflammatory trouble in the region of the sigmoid, and the remaining two were in children prior to operation. There was thus a marked association with gastro-intestinal disorder, and constipation was only absent in two of the cases. However, it must be borne in mind that these are the very cases in which, in the nature of things, enemata would most probably be used. It is difficult to say how soon after the injection the rash appeared, as it was often not noticed until the patient was washed. It commonly originated on the buttocks. In one or two cases it appeared within three hours of the enema. In the milder cases the rash was usually scarlatinal in character and diffuse, but, in more severe cases, confluent; occasionally, it was urticarial. It was symmetrical, usually most marked upon the buttocks, spreading downwards over the thighs, front and back, to the knees; in an upward direction it commonly extended as high as the shoulder blades, and tended to be thicker over the flanks than over the abdomen. The arms, above and below the elbows, were affected, but not so constantly as the legs. Only in five, was the face affected; then, the distribution was general over the forehead, ears, cheeks, and on the neck, particularly along the line of the lower jaw. There was nearly always some degree of irritation, not marked in the scarlatinal, but often intense in the urticarial cases. In one or two, there

was no complaint throughout. The rash usually subsided in less than twenty-four hours, but in one case an urticarial rash persisted for three days. In none, was the rash followed by desquamation. In all but two cases, the enemata were of soap and water. That the soap was not a necessary factor was proved by the fact that, in one case, an enema of water had been administered. There was soreness of the throat in one case, but not sufficient to suggest scarlatina. In four, there was a rise of the temperature, but not above 102 degrees. The most reasonable of the theories which have been advanced to explain these eruptions is that it was due to absorption, by the bloodvessels of the rectum, of some fæcal substance which had been dissolved by the enema.

EPILEPSY.

FORMERLY the Bromide of Potash was always used in the treatment of this disease, but the frequent ill results which followed have led to the use of other salts, and in the Bromide of Strontium, it is claimed that a remedy has been found which gives all the good effects and none of the bad produced by the Potassium salt. A recent writer states that he has not seen a case in which this treatment, carried out according to his directions, has failed, and he has not found the continual use of Bromide of Strontium followed by any bad consequences. He has given three drachms daily for weeks without unpleasant symptoms. He commences by ordering half a drachm night and morning in some tonic vegetable infusion; should that not control the attacks he rapidly increases the dose. Thirty grains are given at once when there is any warning of an attack, and repeated every hour if required. By this means an attack has been frequently prevented. To get the full benefit of the medicine, it is necessary to give it in large doses and for a long period. Several have complained that they have not had the same good results, but it is argued that in these cases the dose has been too small.

OXYGENATED WATER.

THIS is now being largely and successfully used in the treatment of the vomiting of Pregnancy and of Tuberculosis. The oxygenated water is diluted in the proportion of a tablespoonful to a pint of water mixed with some wine or milk. Silver spoons should not, of course, be used for measuring or mixing the water. It is sometimes necessary to continue the treatment for two or three weeks to prevent the return of the attacks.

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