

felt at frequent intervals and if it fails or symptoms of collapse ensue the child must be removed from the bath, given a dose of brandy and put between hot blankets. The stimulant may be given in the form of an enema mixed with beef-tea or the yolk of an egg and milk.

In fevers the patient does not "catch cold" in the ordinary sense of the word, and therefore the reducing of temperature by cold is not attended by that danger.

Antipyretic drugs are drugs which have for their object the lowering of temperature; they are as a rule dangerous, as most of them depress the action of the heart, and they are often useless as a means of lowering temperature.

In fever the nurse should have a four hour chart, and mark the four hourly temperature thereon, for, as will be seen later, most fevers have a characteristic course, and a chart is of great assistance in determining the kind of fever, and whether it be running a mild or severe course. Fevers come to an end in two ways—by crisis when the temperature drops suddenly to normal, as is seen in acute pneumonia, or by lysis, when it falls slowly, as is seen in typhoid fever.

In many diseases the temperature falls in the early morning between two and four a.m., and this is always the most critical time, the vitality is lowest, and deaths are more frequent about this time.

*General Treatment of Fevers.*—It is always best, especially before the nature of the disease is decided upon, to isolate the child from the rest of the household, and for the nurse in attendance to keep herself away from the others as much as possible. If the patient be found to be suffering from an infectious disease the child must, of course, be isolated in one room. In a private house this should be on the top floor, and, if possible, communicating with another room in which the nurse may do any small cooking or washing of crockery, &c. All unnecessary furniture should be removed, especially ornaments and objects which cannot be thoroughly washed and disinfected afterwards. Carpets and curtains should be removed and a little matting substituted. The bedding should be a horsehair mattress, and the coverings warm but light. The sick room should be large and airy, the more cubic space the better, provided that the temperature can be kept moderate and all draughts excluded. The room must be kept thoroughly clean; the floor should not be swept, but swabbed over

each morning with a floorcloth wrung out in a solution of one in twenty carbolic, or one in five hundred perchloride of mercury, or a teacupful of chloride of lime to four pints of water. A sheet soaked in one in twenty carbolic should be nailed outside the door and should be constantly kept moistened with carbolic solution. All linen removed from the patient should be thoroughly disinfected with one in twenty carbolic, or one in five hundred perchloride of mercury, and the nurse should disinfect herself with the same solution. For the drains an ounce of sulphate of iron to a pint of water is a good disinfectant. The evacuations in certain diseases, such as typhoid fever, are highly infectious, and details of their disinfection will be given later.

(To be continued.)

### Medical Matters.

#### BERI-BERI GERM FOUND IN FOOD GRAINS.

A new danger in rice has been discovered by Captain E. R. Röst, I.M.S., Civil Surgeon, Meiktila, Burma, who has been investigating the connection between *beri-beri* disease and a microscopic germ he has found in rice and *jowari* grain, and in the rice liquor which coolies and sepoys drink. He conducted a series of important experiments, which go to show that *beri-beri* is caused by the germ. Even cooking is not always efficacious in destroying the capacity of the germ for mischief, since it can withstand a remarkable degree of heat.

#### AMPUTATION OF THE LEG BY COCAINIZING THE SPINAL CORD.

Mr. William E. Lower (*Cleveland Journal of Medicine*) reports the amputation of a leg without general anæsthesia, but by cocaineizing the spinal cord. The patient was a man, 64 years of age, and suffering from diabetic gangrene. With a long needle attached to an aspirating syringe, 2 drachms of a one-fifth of 1 per cent. solution of cocaine were injected into the spinal canal in the space between the last dorsal and first lumbar vertebra. In three minutes there was complete anæsthesia of both feet and legs. The amputation was performed immediately and the patient felt no pain. In twenty minutes sensation was restored. At no time was motor power completely lost. There was no shock, as all afferent impulses were abolished. The patient made an uninterrupted recovery.

[previous page](#)

[next page](#)