Practical Points.

The Skin and Clothing.

unctions.

One of the first considerations in dealing with the skin as a protector for the organs of the body was to prevent sudden cooling of its surface. To do this there could be no better covering, in the absence of the natural one which has been denied the human race, than one made from wool, pure and unadulterated. The reason was not far to seek, said the lecturer, for it consisted simply in the fact that wool was one of the best non-conductors of heat. A wellmade woollen fabric allowed the heat and moisture of the surface of the body to be paid out through its interstices with imperceptible slowness, making no sudden demands characterised by shocks and shiverings, but husbanding the one while dissipating the other-pervious to vapour, but tenacious of heat that would seek to slip through beween the strands of which it was composed. Compare such a garmentlight, soft, pliable, elastic, comfortable to the touch, warm to get into, made of the finest product of the downy fleece - with the heavy, coarse, irritating, and uncomfortable mixtures, and inferior, so-called woollen fabrics that were worn. The one spelled health and comfort to the sound and well, and was synonymous with all that was desirable for the delicate and the invalid, while the latter had to answer for much suffering and many a hazard. Winter clothing should not be discarded until summer was properly established, and then it was well to decide in favour of a change into thinner woollen material.

In speaking of the exposure of the knees of children, Dr. Meachen pointed out that it was not only a cruel infliction, but a positive danger to the child, to clothe the thigh in thin pants and short knickers, and leave the structures about the kneejoint to bear the vicissitudes of the weather. In this matter we were far behind our northern compatriots who valued the bare leg for mountaineering, and sturdy tramps across the hill tracks, but who took the precaution of providing the lower part of the body and the thigh with the kilt of many plies of tartan. Such a garment was an ideal leg covering, giving freedom, while insuring warmth to encourage a healthy blood supply to the knee and leg.

When he thought how infinitely more becoming was the philabeg, from an aesthetic point of view, for the costume of a boy than the skimp economy of covering afforded by the short knicker suit, he wondered at the custom which prevailed; but he felt that if grown men were subjected to the torture, which our children had become accustomed uncomplainingly to endure, there would be a revolution in this respect, and the rational, though primitive, costume of the Scot would become universal for clothing the young of both sexes, than which there could be nothing prettier, more appropriate, or more effective as a warm covering. Freedom of move-

ment at the expense of a generous blood supply to the knees and feet was indeed a costly attainment with nothing to commend it.

Surgical Tuberculosis. The Chicago Medical Recorder reports that Dr. Burwash has made use of enemata of oxygen gas in the treatment of acute

respiratory disease, particularly pneumonia. He says that the introduction of a large quantity of oxygen gas into the intestinal canal not only neutralises and deodorises the noxious gases that frequently are found there, but also introduces oxygen through the portal system to the liver, and the already overcharged lungs are assisted in their function of aeration of the blood by this reinforcement.

Constant Vomiting. In cases of constant vomiting the feeding of the patient becomes a matter of very grave concern because unless food

can be introduced in some way, the patient, whether the disease causing the vomiting is incurable or not, will die of exhaustion before the disease can be effectively dealt with. Various drugs are given in order to lessen the irritability of the vomiting centre, but beyond administering them, knowing their action, and watching and reporting on their effects a nurse is not concerned. If she is away from medical aid, and some measure for relief is urgently required and feeding by mouth is permissible, a portion of the white of an egg, which may be either beaten up and administered in teaspoonfuls, or mixed with equal quantities of water and slowly sipped, often checks the tendency to vomit, probably by giving a thin and soothing coating to the irritable mucous membrane of the stomach. A blister applied to the pit of the stomach will also often afford relief.

The treatment ordered by the medical attendant will, of course, depend on the nature of the disease of which the vomiting is a symptom. In some cases, such as gastric ulcer or malignant disease of the stomach, the patient may have to be fed entirely by rectal enemata and supposities. The difficulty in this method of treatment is that after a time the rectum becomes irritable, and there is great difficulty in retaining the nutrient injections. The nurse may do much by care in their administration. (1) A cleansing enema should be administered once in the twenty-four hours; (2) nutrient enemata should be carefully prepared and peptonised. They should be very gently administered. A glass syringe, with a soft rubber catheter attached, is the best instrument to use. The injections should be of the heat of the body when given, or they will act as a foreign body which the rectum desires to expel. It is a good plan to apply slight pressure with a soft towel to the anus for a few minutes after giving the injection, as this assists in its retention.

In some cases the vomiting is combatted by the administration of small quantities of liquid nourishment very frequently, as, for instance, one teaspoonful every half-hour. This is frequently retained when a larger amount would be rejected.

Sometimes both methods are combined.

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