wounds of the eyeball every endeavour should be made to combat infection. The writer believes that this is best accomplished by the constant application of iced cloths. If there is any question about the eye containing a foreign body, an X-ray picture should be taken by an expert. The foreign body should be removed as soon as possible. Atropine is strongly indicated both in penetrating wounds of the globe and in infected simple wounds. The writer concludes by saying that cocaine is not a remedy. It is a local anæsthetic. It serves no good purpose and may do a great deal of harm.

### A REMEDY FOR CHOLERA.

Dr. Ussher, a medical missionary at Van, Asiatic Turkey, has tried a remedy for Asiatic cholera, said to have been first used in America by Dr. Erskine B. Fullerton, with the following results:—Dr. Ussher, inspired by Koch's statement that quinine in 1/1000 to 1/2500 solution destroyed the cholera germ in from ten to thirty minutes, has used the drug in the treatment of cholera, giving ten grain doses every hour till bile reappears in the stools; from forty to eighty grains have been given. While under the old treatment nearly every case was fatal, under this medication 90 per cent. of the patients recovered, including some who were almost moribund. The routine method is described as follows:—Quinine sulphate, 10 grains every hour till ricewater stools ceased and bile reappeared; sweet spirits of nitre, dry cupping, heat, and friction for suppression of urine; saline injections when the wrist pulse had disappeared (some of these patients recovered under the quinine without injections). Occasionally a diarrhœa mixture was employed if intestinal irritability continued after the reappearance of bile. If irritability with foul odour persisted, a mixture of equal parts of sulphophenolates of zinc, calcium, and sodium was used at intervals of from two to four hours.

### ATTITUDE IN ANGINA PECTORIS.

Dr. Minervini, in the *Riforma Medica*, gives illustrations of the attitude assumed by a person during an attack of angina pectoris. He describes nine cases, showing the constancy of this attitude sign, as he calls it. The individual straightens up and bends his head over backward, the arms hang down or one may be placed over the heart region. If standing, he leans over back against a wall, if possible; if seated, he leans his head over the back of the chair, and he also twists his body over to the right, as if trying to get away from the heart.

## The Immediate Care of a Premature Child.*

By Mrs. E. E. Kooh.

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Preparations for a premature birth differ not at all from those made for a normal delivery. A warm receiving-blanket covered with a soft absorbent towel, warm-water bags, and warm diapers and flannels are absolutely essential, and the bath-tub, plenty of hot water, and the tracheal catheter must be near at hand.

As soon as the child is delivered it is wrapped in the blanket and kept very warm, great care being taken, however, not to entirely cover the face. If the baby is in good condition, the bath is not necessary, but the entire body is gone over with a warm towel, albolene applied rapidly and wiped off very gently, for the skin of a premature infant is thin and easily abraded. The eyes are then treated carefully, for infections of the conjunctiva in premature babies are even more common than in the normal new-born, and must be conscientiously guarded against. The cord is dressed antiseptically, the binder applied firmly but loosely, and the baby dressed or wrapped in flannels, as quickly as possible with the least exposure and handling and the smallest amount of jarring. It should be covered warmly but lightly and left to rest until the arrival of the ambulance.

Many physicians, when anticipating a premature delivery, have the incubator infant ambulance in readiness, that there may be no loss of valuable time in conveying the baby to an incubator station.

Should the nurse find herself alone with a premature birth and an asphyxiated child, she may resort to the different methods of resuscitation. The Schulze method and several others are almost too severe for even a full-term child, and should by no means be used by a nurse for a premature baby. The milder methods may be used—preferably, the hot-water resuscitation bath. The temperature of the water should be 104 deg. Fahr., and hot water may be added up to 110 deg. Fahr. There can be no definite time limit for the bath, but from five to fifteen minutes is usually sufficiently long. The baby is dried gently and is made to cry. This is often a difficult task, but rubbing the soles of the feet and the palms of the hands almost invariably brings the desired results, a sharp cry and a gradual lung expansion.

* From the *American Journal of Nursing.*

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