

Practical Points.

**Fresh Cold
Air in
Pneumonia.** Dr. Charles E. Page writes in the *Medical Record*: "I have caused the almost instant revival of a babe in pneumonia in mid-winter by throwing wide open the windows in the stived den in which it was being smothered, though the home was of the palatial order. It is usually in such a close room that the oxygen treatment is employed, a treatment which I have never felt moved to use, feeling no occasion for such artifice, since the fresh, cold air supplies oxygen in just the right dilution for the best effects."

**Soap. Suds
to
Determine
Death.** Dr. Marsh Pitzman, says the *Illinois Medical Bulletin*, employs soap suds as a breath-test instead of a mirror. The mouth is closed by hand, and then the anterior nares of both sides are filled with fine soap suds. If respiration has ceased there is absolutely no movement of the bubbles. As it is evident that a patient cannot live long without breathing, this test continued for a few minutes is an absolute proof of death. This test is everywhere possible, and is more simple and reliable than the more usual one of the mirror test.

**Thirst after
Abdominal
Operations.** The distressing thirst after abdominal operations, where fluid by mouth produces vomiting, is best relieved by subcutaneous infusions of normal salt solution; or by the insertion of a tube into the rectum, connected with a bag of saline solution placed just above the level of the patient's hips, allowing the injection of water drop by drop and so slowly that no irritation of the rectum is set up. The patient may in this manner receive small quantities of water for hours.

**Rectal Feeding
as a Cause of
Gastric
Hypersecretion.** It is, says the *Dietetic and Hygienic Gazette*, attested by trustworthy observers that certain substances used for rectal alimentation can produce gastric hypersecretion reflexly. As the main object of this plan of feeding is to rest the stomach it naturally follows that we should be informed as to the presence or absence of such disturbing qualities in the various classes of aliment given by the rectum. We believe that Dr. Robin announced some years ago that dextrin, when given by this route, exerted a marked succagogue action on the gastric mucosa. Very recently Dr. Michael has experimented in this direction in Prof. Ewald's Clinic. The quality of the enema was not considered—only the mere act of feeding. An earlier experimenter had announced that the enemata caused some reflex increase of gastric juice.

Aseptic Shoes.

What creatures of habit we are—and how unreasonable. Nurses must have washing clothes; doctors may make their rounds and operate in broadcloth; nurses must carbolise and cover up their hair; surgeons may grow a beard or moustache, and cultivate as many microbes as they please. Then how particular we are about aseptic hands; and who ever thinks of aseptic shoes? We are reminded of these inconsistencies when reading a practical article contributed by Dr. J. H. Bacon, of Peoria, to the *Journal of the American Medical Association*, in which he describes a simple means of cleansing the soles of the shoes.

He thinks that physicians, internes, nurses, and others who are constantly infecting their shoes with the germs of various diseases would take more care to destroy this infection if they had some ready method of applying a germicide. He describes his device as follows:—

In trying to prevent carrying the contagion of infectious diseases on my shoes I found it could readily be done by pouring a 10 per cent. solution of formaldehyd on some paper and standing on it. That, however, was a crude method, and left a disagreeable odour in the room. Afterwards I tried the principle of the ink-pad with satisfactory results, it being cheap, efficient, and readily used. A rectangular tin dish, 12 by 15 by 3 inches, was fitted with a hinged cover and a base-piece by which it could be fastened to the floor. A thick layer of cotton covered with felt was placed in the dish and saturated with 10 per cent. formaldehyd. The cover was made to protrude over the end of the dish so that it could be readily lifted by the toe of the shoe. The pressure of the foot on the pad presses out the fluid and bathes the sole and heel of the shoe with disinfecting fluid. The cover falls into place when the foot is withdrawn, and prevents undue evaporation of the fluid. The formaldehyd will last for weeks, will not rot the leather, and can be renewed at will. Such an outfit is inexpensive—the one described costing but 25 cents.

The foregoing paragraphs serve to point out a few of the glaring inconsistencies of doctors and nurses, and to prescribe sensible remedies. As Dickens said, "The bearings of this observation lays in the application on it."

For Nervous Headache and Insomnia.

A steady brushing of the patient's hair, says a correspondent of the *American Journal of Nursing*, is often remedial. The brush should be moderately stiff, and should be wielded with regular and not too energetic strokes. The blood is thus brought to the scalp, relieving the congested brain vessels; mental tension is relaxed; and the patient, if a woman, has the soothing assurance that her hair is being "tended to." A slow rotary motion of the scalp, done with the finger tips, may be added. The first treatment should not be long, or the scalp will be made sore. Five minutes of the above treatment, self-applied, will help the wakeful night nurse when she goes to bed.

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