

Medical Matters.

QUININE DERMATITIS.

Dr. Walter Gripper, writing in the *British Medical Journal*, says:—"The following instance of acute dermatitis resulting from the smallest doses of quinine may be interesting. A lady who knew that she was most susceptible to quinine, and always had a rash after taking it—for instance, one dose of "a one-day cold cure" caused eruption all over her within twelve hours, and desquamation lasting more than a fortnight—took only two half-doses, that is, one teaspoonful, of bynin amara; this preparation appears to contain less than $\frac{1}{4}$ grain to the drachm. During the day the usual eruption appeared on the hands and arms, and by night had spread over the whole body, with intense irritation. She was advised to continue with even smaller doses in the hope that she might become accustomed to it. During the next two days the condition remained the same; the irritation was worse at night; she had no headache, and practically no eruption on the face. The quinine was stopped. On the fourth day the hands, and particularly the legs and ankles, were very greatly swollen; the palms especially were red and shining, and the feet less so, but the fingers and toes were stiff, feeling numb and distinctly cold to the touch. Baths, with bran, oatmeal, etc., gave no relief. By the seventh day desquamation began on the hands and arms, and extended to the trunk and lower limbs, the epidermis separating in large strips and flakes with almost casts from the toes. During the fourth week this was not completed, and the general appearance was as like scarlet fever as could be. It is somewhat curious that the same patient has most unpleasant symptoms on taking sodium salicylate."

As it is the duty of nurses to observe and report idiosyncrasies in regard to drugs in their patients, the above note is of interest to them.

VEGETABLES AND TYPHOID FEVER.

An eminent German physician has stated, says the *Dietetic and Hygienic Gazette*, that more typhoid fever has been carried about in the leaves of lettuce, radishes, cress, tomatoes, cabbage, and similar raw vegetables than in any other way except by drinking water. The danger is that polluted water is used for cleansing the raw vegetable, while great pains is taken to boil suspected water used for drinking purposes. Occasionally infection has been traced to the fertilising material applied to the soil in which vegetables have grown.

Lumbar Puncture*

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A lumbar puncture is done for two principal reasons: as a diagnostic measure, and as a therapeutic measure to relieve pressure in the spinal canal caused by an excess of fluid such as is present in all forms of meningitis, hydrocephalus, hæmorrhage into the spinal canal, etc. Where there is an excess of fluid, great relief is often afforded the patient.

As a diagnostic measure it is very valuable as, for instance, in the epidemic form of cerebro-spinal meningitis the specific organisms may be found. The method, if properly done, is a safe one. The patient is placed on his side close to the edge of the bed, the shoulders are bent towards the knees and the knee drawn up towards the chest as far as possible. In this way the laminae of the vertebræ are separated and allow a larger space for the entrance of the needle. Pillows placed under the shoulders, and thereby raising them, sometimes help. It is advisable to cocaineise the parts before the insertion of the needle, and, if the patient is at all hard to manage, a general anæsthetic may be given.

Thoroughly scrub over the lumbar vertebræ and for quite a space around with green soap and sterile water using sterile gauze. This is followed with ether, alcohol, and bichloride solution. Sterile towels are placed around, making a sterile field, and the operator, after scrubbing his hands, wears sterile gloves. The space between the fourth and fifth lumbar vertebræ is the place generally chosen, as pus-cells, bacilli, etc., tend to gravitate toward the lowest portion of the dural sac where they might escape observation if the puncture is performed too high. With one finger on the spinous process of the fourth lumbar vertebra, the needle is inserted just opposite about 2 cm. to one side of the median line and at an angle so that upon entrance of the canal it will be about in the middle. A small glass test-tube is held under the needle to catch the fluid. The needle must have a sharp point, because a dull point may push the membranes ahead, instead of going through them, and all efforts be fruitless. The pressure is determined by the rapidity with which the fluid appears; if drop by drop, then a low pressure. Too much fluid should not be withdrawn because of the dangers when there is too low a pressure. Clear fluid may not always be normal. A colodion dressing or sterile gauze with straps of adhesive may be applied after the withdrawal of the needle.

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