

nurse who has an inadequate knowledge of the physiologic conditions involved. The collapse in the pack is due to a failure to react. The absence of these signs of reaction, and especially the presence of a sense of dulness following a general cold application, constitutes a failure of the organism to respond to temperature changes.

The bath mistress and nurses are instructed when using the cold packs to watch for the reaction, and, especially when treating the patient for the first time, to frequently pass a hand between the covering and the patient's body, and after a period of ten or fifteen minutes, if the body is not warm, to immediately remove her from the pack and place her under the warm shower and needle.

Hot Packs.—The procedure of the hot blanket pack is, Dr. O'Malley states, very similar to the cold pack. Three or four blankets are placed on a bed or pack table, and one blanket, having been quickly wrung out of hot water, is folded and laid on these several blankets. The patient is placed on the hot blanket and it is snugly wrapped around her to retain as much heat as possible; the other blankets are quickly rolled around the patient and folded underneath her, and the hot water bottle is placed at her feet. After a patient is taken from a cold pack, the sheets are warm, but after the hot pack the blankets are cool, showing a lessened heat production.

Hot Air Baths.—These are one of the most important features of the hydropathic department, being valuable as an eliminative agent. They may be used as an independent procedure, followed by the shower and spray, or in conjunction with other forms of hydrotherapeutic treatment, although all patients have not the physical endurance for such heroic measures. The patient is placed in the hot air cabinet, with a towel wrung out of ice water about the neck, and she is kept in it until a reaction is established or until she begins to perspire. She is frequently given cold water to drink during the procedure, as there is an excessive loss of fluid. When perspiration sets in, there is frequently a sensation of nausea or faintness, which one must be prepared for, as it may sometimes be a danger signal. This bath may be usefully employed in alcoholic and drug cases, also in toxic conditions from acute renal diseases, &c.

In order to prepare the medical student of the future to utilize one of the most important medicinal remedies, the writer considers that the study of hydrotherapy must be made obligatory.

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNIVETT GORDON, M.B. CANTAB.
APOPLEXY.

(Continued from page 307.)

We saw in the last paper that hæmorrhage into any part of the motor bundle of nerve fibres in the brain resulted in an apoplectic fit, with loss of consciousness, which was subsequently followed by paralysis of the muscles of the body on the side opposite to the lesion. As a matter of fact, however, if the hæmorrhage is very slight—as it may be, especially in elderly people—one does not get an apoplectic fit exactly, but a temporary loss of consciousness, which may last only a minute or two, but which is followed by paralysis, so that the patient usually falls to the ground for no obvious reason. In these cases the paralysis usually passes off in a few days, though some slight blurring of speech may remain. It is seldom, however, that fine muscular movements, such, for instance, as those involved in playing the piano, are recovered completely.

These attacks are often taken very lightly by the patient or his relatives, but they are really of grave omen, as they constitute a danger signal which cannot with safety be ignored; they are very often followed by another stroke, which is usually of much greater severity.

The diagnosis of an apoplectic fit does not commonly have to be made by the nurse, but a few words may be said about the danger which often exists of mistaking apoplexy for drunkenness. Some two or three years ago there was quite an epidemic in the newspapers of pungent articles, which were generally headed "Hospital Horrors," or "Another Hospital Scandal," and the burden of these was usually that a patient had been sent away from some hospital or other, and had died on the next day. At the subsequent inquest it transpired that the unfortunate man had been suffering not entirely from alcoholism, as had been supposed, but from cerebral hæmorrhage. Such cases are apt to haunt the dreams of the overworked house physician, and it is very easy for the irresponsible layman to write scathing articles on the "drunk or dying" theme. Any fool can do that, but, as a matter of fact, it is often exceedingly difficult to decide on the exact nature of the illness from which a totally unconscious man may happen to be suffering. The difficulty arises, as a rule, from two facts, one of which is that when a person falls down in a fit, alcohol from the nearest public-house is almost invariably administered

[previous page](#)

[next page](#)