

OUR PRIZE COMPETITION.

WHAT WOULD YOU DO IN THE FOLLOWING EMERGENCIES WHILE WAITING THE ARRIVAL OF A PHYSICIAN? (a) APOPLEXY, (b) ASPHYXIA FROM GAS, (c) POISONING FROM AN ALKALI.

We have pleasure in awarding the prize this week to Miss E. O. Walford, Layer de la Haye, Colchester.

PRIZE PAPER.

(a) *Apoplexy*, or cerebral hæmorrhage, is bleeding into the soft substance of the brain. It is almost always due to some disease of the arteries which leads to their rupture. It is often hereditary, and occurs most frequently in elderly people, especially those suffering from chronic Bright's disease. The onset is generally sudden, the immediate cause usually being great excitement or excessive strain. The patient completely loses consciousness, one side of the body often being more limp, and the pupil of one eye more dilated, than the other. The face is flushed, the breathing very noisy (the lips being blown out and sucked in with each respiration), the pulse slower than ordinarily, and the temperature generally raised, though sometimes it is below normal. If the patient ultimately recovers consciousness, one side is usually paralysed.

Treatment.—Till the physician arrives the treatment should consist of:—(1) Keeping the patient in a recumbent position, with the head raised on a pillow. If he is put to bed, it must be with the least possible amount of movement and jolting. (2) Keeping the head turned on one side to prevent the tongue from falling back into the pharynx. (3) Loosening all the clothing round the neck, as any constriction would hinder the flow of blood from the head. (4) Applying icebags to the head to try to stop the internal bleeding. (5) Applying warmth to the lower part of the body by means of hot blankets and bottles. As there is a special risk of burning in these cases, extra care must be taken in wrapping the bottles in blankets and testing their heat.

(b) *Asphyxia from Gas*.—*Treatment*.—(1) Remove the patient into the fresh air. (2) Apply artificial respiration. There are several methods of doing this, one of the simplest being Dr. Silvester's, which is as follows:—Loosen all clothing, bare the chest, and place a small hard pillow under the shoulders. Stand at the head of the patient, grasp his arms below the elbows, and draw them round and up by the side of the head. Pause for a second, and then take the arms slowly back and press the elbows to the sides of the chest. These movements should be repeated fifteen or sixteen times a minute; if assistants are at hand, they may

help by one holding the tongue forward, and a second by pressing on either side just below the ribs at the same time that the elbows are being pressed against the chest. (3) Oxygen should be administered if it is possible to obtain it. (4) Keep the patient warm by means of hot bottles and blankets.

(c) *Poisoning from an Alkali*.—(1) Give an emetic, unless the poison taken was a corrosive alkali, such as caustic soda, in which case the mouth and lips will appear burned or stained, and an emetic should not be given, as the strain of vomiting might tear the walls of the stomach, which have been weakened by the poison. A tablespoonful of mustard or two tablespoonfuls of salt in a glass of warm water are useful emetics. (2) If the poison was a corrosive alkali do not give an emetic, but wash the mouth out, and then give a wineglassful of vinegar diluted with water, or lemon juice and water, to neutralize the alkali. (3) Give very strong tea to act as a neutralizer. (4) Apply oil (cod liver, castor, or salad) to ease the burning of the lips and mouth. (5) Give oil, milk, raw eggs beaten up with milk, or cream beaten up with flour. (6) Treat shock and collapse by stimulants and hot bottles and blankets. (7) Apply artificial respiration, if necessary. (8) Do not let the patient go to sleep. Strong black coffee will aid to keep him awake, but in some cases it may be necessary to walk him about, and to flick his face and chest with a wet cloth.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. G. Gilchrist, Miss M. Forrest, Miss E. E. Hall, Miss B. James, Miss D. McCarthy, Miss F. Ellis, Miss E. Trevethan.

Miss J. G. Gilchrist writes:—"While waiting for the arrival of the physician, I would get the patient into as comfortable a position as possible for breathing, in order to get the circulation quiet. The neck and chest should be made free of any tight clothing, and the head kept cool by cold applications, such as cloths wrung out of salt and water. If ice is not procurable, a very cold application is that of milk and methylated spirits. The patient should be carried carefully to bed, when I would apply hot water bottles to the feet and legs, and cover him warmly with blankets and protect the bed from the possibility of involuntary evacuation by mackintoshes and absorbent pads or towels."

QUESTION FOR NEXT WEEK.

In what way and in what respects can the nutrition of the infant be improved by antenatal supervision of the mother?

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