

OUR PRIZE COMPETITION.

HOW WOULD YOU TREAT (1) ASPHYXIA LIVIDA AND (2) ASPHYXIA PALLIDA IN THE NEWLY-BORN INFANT?

We have pleasure in awarding the prize this week to Miss Marianne Routledge, Hillslea, Harvey Road, Guildford, Surrey.

PRIZE PAPER.

Asphyxia livida or "blue" asphyxia.—The child when born is blue, and there is a temporary arrest of respiratory effort; the limbs move and the muscle tone is good; the cord is pulsating.

Treatment.—Stimulate the baby. As far as possible clear out the mucus from the air passages, swab out the mouth with sterile gauze wrung out in warm boracic lotion, clear the nostrils with small pledgets of sterile cotton wool, smack the buttocks sharply and sprinkle cold water over the chest. Wait until pulsation has ceased before tying the cord and separating the child. If these methods fail, have ready a bath of hot water (temp. 104° Fahr.) and one of cold, and plunge the child first into one and then into the other, or place the child into the warm bath and splash cold water over him. The stimulus of the smack or the cold water causes the child to gasp and cry out, and regular breathing is quickly established.

Asphyxia pallida or "white" asphyxia.—A much more dangerous condition. The child is in a state of profound shock; he is white and limp, and to all appearances dead; the cord is not pulsating and the heart is beating feebly; no respiratory efforts are made.

Treatment.—Extreme care and gentleness are needed in treating these cases. Clear the air passages of mucus, as in "blue" asphyxia, immediately clamp and divide the cord (there is no pulsation, so the child will obtain no further supply of blood from the placenta) and remove the baby to a hot bath (temp. 104° Fahr.). Immerse the infant in the water up to the neck, rub brandy on the chest and gums, and commence artificial respiration. When breathing is regular and well established, remove the baby from the bath, wrap him in a warm sterile towel and blanket and place him in a warmed cot or basket, without a pillow. The child should be made to lie on the right side so that the heart's action is unimpeded, and the head kept low in order to allow any mucus or liquor amnii which may have been swallowed or drawn into the air passages to drain away freely. The

cot coverings must be warm but light, and the room warm but well ventilated.

Method of artificial respiration.—Hold the child with the fingers of your left hand in the axilla and the shoulders supported by the palm of your hand, with the baby's head and neck resting on your arm. With the right hand gently but firmly compress the chest wall, expelling the air, then relax your grip and allow the lungs to expand; repeat this process about sixteen times a minute.

Artificial respiration must be continued as long as life exists, *i.e.* as long as the heart continues to beat. Care must be taken to encourage and coincide with any respiratory efforts on the part of the baby.

Any child born in a state of asphyxia needs careful watching for several hours after birth, and on the return of any symptoms of distress the treatment advised for asphyxia pallida should be repeated. Mucus must be cleared from the air passages before the baby makes any inspiratory efforts or mucus may be drawn into the lungs. If there is much mucus, the child may be held up by the heels to allow the mucus to drain out. In doing this the baby must be firmly held and should be suspended over the bed—a new-born child is extremely slippery and difficult to hold.

In any labour, preparation should be made for an asphyxiated baby; delay of a few moments may cost the child's life.

There are many methods of artificial respiration, but the method described has these advantages:—

It is simple and can be carried out by one person for a considerable time.

It does not disturb the child or expose it to chill.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. Farthing, Miss E. K. Dickson, Miss M. E. Thorpe, Miss H. T. Inglis, Miss A. E. Douglas, Miss R. E. S. Cox, Miss May Collier.

Miss A. E. Douglas writes: "The word 'asphyxia' is of Greek origin, and means 'pulseless,' but it is now used to denote the state brought about by the inability of the respiratory organs to act efficiently, whether due to heart complications or others.

QUESTION FOR NEXT WEEK.

What are the signs and symptoms of gall stones? What instruments would you have ready for the operation? How would you nurse a case after operation?

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