

OUR PRIZE COMPETITION.

WHEN A CHILD IS IN A STATE OF APPARENT ASPHYXIA DESCRIBE HOW YOU WOULD ENDEAVOUR TO ESTABLISH REGULAR RESPIRATION?

We have pleasure in awarding the prize this week to Miss Sarah Ann Cross, Woolwich Home for Ailing Babies, Eglinton Road, Plumstead, S.E.18.

PRIZE PAPER.

The most common asphyxia in a child is "Asphyxia Neonatorum" (asphyxia or suffocation of the newly-born), caused by interference with the foetal circulation due to:

1. Premature separation of the placenta.
2. Pressure on the head or cord.
3. Interference with respiration due to premature efforts at breathing, especially in a breech presentation, or to obstructed respiration.

Asphyxia neonatorum is of two kinds—white asphyxia, or "asphyxia pallida"; blue asphyxia, or "asphyxia livida." White asphyxia is the most dangerous to the child; when born it is white all over and very limp, makes no attempt to breathe, cord pulsating weakly if at all, face still and motionless.

Treatment.—In the absence of medical assistance handle the child as gently as possible; the cord should be tied and divided immediately; all mucus removed from the mouth and nose. At once start artificial respiration, Sylvester's method, as follows: Place the child on its back on a warm blanket, with the head well back; get assistance if possible to take hold of the infant's feet; the tongue must be pulled out. Stand behind the child, take hold of both elbows, then draw the arms above the head with a sweeping movement outwards as far as they will come. Hold them in this position whilst counting two, then carry them down to the sides again, and press them firmly on the ribs whilst counting two more; continue these movements regularly at the rate of twenty to thirty a minute or until breathing commences. If this fails, one might try placing a clean handkerchief over the baby's mouth and blowing down its throat.

Place the child in a hot bath (temperature 100° F.); after it has been immersed for a few seconds remove and dry and again perform Sylvester's method of artificial respiration. Feel if the heart is beating; if so, continue the hot bath and artificial respiration alternately. The infant must be kept as warm as possible, and a few drops of brandy may

be poured down its throat. When the child starts to breathe it should be placed in a tepid bath alternately with the hot until it changes colour. Never give up performing artificial respiration until the heart of the infant has ceased to beat altogether for some time. Infants have often been rescued after thirty or sixty minutes' treatment. Respiration being well established, the baby should be warmly wrapped up and placed on its side, and carefully watched in case it should have a relapse.

In blue asphyxia the child is born cyanosed, firm, tries to breathe, umbilical cord pulsating strongly and regularly, facial contortions present.

Treatment.—Turn infant on to its abdomen, clear air passages, encourage respiration by smacking the buttocks, or rubbing the spine briskly with cold water, which nearly always brings the infant round. If this fails the cord must be at once tied and the infant separated; perform artificial respiration alternately with a hot bath, rub the chest with brandy; an ounce of saline or plain sterile warm water can be injected into the rectum whilst in the bath.

Asphyxia may also be caused by escape of ordinary gas, smoke from a burning house, fumes from a well or sewer containing carbonic acid gas, or carbon monoxide from mines, drowning, or from strangulation by hanging.

The treatment will be similar in each case: loosen garments round the neck and waist, see all air passages are free, remove to fresh air if possible, commence artificial respiration at once, get medical aid.

After-treatment consists of rest in bed, warmth, fresh air, and good food. A strict look-out for relapses and complications, such as pleurisy, pneumonia, and heart trouble.

Asphyxiation may be caused by choking, from a foreign body getting into the trachea, or what is commonly spoken of as something going the wrong way. Hold the child up by the legs, with the head hanging down.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. M. Beilby, Miss J. Adams, Miss N. Thornton, Miss P. Thomson, Miss James.

Miss Beilby writes: "Blue asphyxia is a common result of prolapsed cord, and the consequent pressure upon the cord, which interrupts circulation. This is the simplest form."

QUESTION FOR NEXT WEEK.

What are the principal glands of the body, and what are their functions?

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