

## PUBLIC HEALTH.

### MEASURES AGAINST HEAT STROKE AND HEAT EXHAUSTION ROUTINE TREATMENT.

A correspondent sends us the following summary of treatment for heat stroke and heat exhaustion which is now the routine treatment in military hospitals in India, emphasising that it is very different from the old severe treatment, when the unfortunate patient very often died of collapse and pneumonia.

#### HEAT STROKE.

On admission patients will be at once transferred to the heat-stroke ward, and placed under a fan.

A blood smear should at once be taken and examined for malarial parasites—in addition to a clinical examination indicating the presence or absence of enlargement of the spleen.

Also the elimination of other diseases, which might simulate heat stroke. The method to be aimed at is the reduction of temperature, relief of respiration embarrassment, and prevention of collapse and cardiac failure.

To reduce the temperature apply *cold sponging and wet sheet*, allowing fan to play on the skin.

Apply ice bags to head. Do not rub with ice or apply ice pack, or give ice enemata, as these may cause collapse and heart failure.

To counteract dehydration, give rectal enemata of saline and glucose solution, having first emptied the bowel with a simple enema. Saline may also be given by other routes.

Plenty of water must be taken by mouth from the moment of admission if possible.

Venesection may be indicated when the right side of the heart shows signs of failing.

When the temperature has been reduced to 103 deg. Fahrenheit, in any case not below 102 deg., cold sponging may cease. Friction to the skin may then be applied. If temperature again rises, continue cold sponging.

Temperature per rectum should therefore be taken frequently.

To prevent cardiac failure, give caffeine, strophanus or camphor, but not strychnine.

If convulsions are present, an injection of hyoscine hypodermically, followed by bromides per rectum, is often successful treatment. Certain cases may require lumbar puncture.

#### HEAT EXHAUSTION.

The treatment of cases of heat exhaustion is on general lines with restorative measures.

Nursing care against shock and exhaustion must always be given, and routine nursing as for any acutely ill patient; food is given in gradually increasing quantities as the general condition of the patient improves.

### RARE DISEASE COMES TO LONDON.

#### "Pink" Attacks Suburban Children.

The arrival in London of the rare disease of "Pink" is reported by specialists at the Royal Waterloo Hospital.

All the diagnostic symptoms of the complaint have been observed in cases recently admitted—quickenings of the pulse, excessive sweating, painful neuritis, and (occasionally) a loosening of the patients' teeth. Nose, hands and feet become the "colour of served lobster."

A condition always found in "Pink" is "profound misery" on the part of the little sufferer. For this reason the trouble has sometimes been called "Infantile Melancholia."

"Pink" occurs principally among young children of about four years of age living on the outskirts of large towns. Every case admitted to the Royal Waterloo has

come from the "suburbo-rural fringe of the Greater London area."

The hospital's staff has found that the complaint responds to treatment and especially to good nursing. "Every patient recovered," says the medical report to the hospital committee. "This is largely due to the skill of the hospital's nursing staff."

### THE MILKMAN'S IN THE NEWS.

What with local "Milk Weeks" and the opening of Milk Bars all over the country, the milkman is getting to be quite a national figure nowadays. It isn't everybody, however, who enjoys milk by itself, and some find it a little heavy on the digestion. A useful hint is to add a little Bovril. It has been found that a glass of hot milk with a teaspoonful of Bovril is not only a very pleasant and easily digested drink, but a most invigorating food combination as well. Many people are making Bovril and Milk their regular nightcap, and are finding it an excellent way of ensuring sound sleep. Bovril indeed may be regarded as a National institution, and thanks to its very clever artist we are not likely to forget this, for Bovril in *multum* and in *parvo* greets us from all the hoardings as we walk abroad.

### "MONUMENTAL" WORK ON MODERN SURGERY.

#### 47 Specialists Pool their Knowledge.

By pooling their specialist knowledge over a period of several years, 47 leading British surgeons have produced the most comprehensive surgical work ever compiled in this or any other country. The editor is Mr. Rodney Maingot, F.R.C.S., senior surgeon of the Royal Waterloo Hospital.

Lord Moynihan, in an introduction to the book which is entitled "Post-Graduate Surgery," expresses his "delight that so competent a team has been gathered together."

The work, which is a monument to the efficiency of British surgery, occupies 5,400 pages and contains numerous illustrations.

Apart from the years of labour spent on the book by the editor and his collaborators, a sum of £16,000 has been spent on the actual production.

Practically every major operation known to modern surgery is described in detail in this immense work. The operations include rare cases treated at the Royal Waterloo Hospital by Mr. Maingot himself, the various stages having been recorded photographically. Many of the "advances in surgery" dealt with in the work have never hitherto appeared in any text book.

### THE "PARRATT" STRETCHER.

We are informed by Mr. C. T. Cox, Divisional Superintendent at Paddington Station, that an ingenious appliance, named the "Parratt" Stretcher, after its inventor, is now in service on the Great Western Railway; by means of which it is possible for invalids to be conveyed from the place of residence (home, hospital, nursing home, etc.) to the station, thence by rail in a compartment, and to the place of destination without removal from the stretcher.

The standard stretcher in general use in hospitals, etc., is too wide to pass conveniently through the corridor doors of railway carriages, and necessitates invalids having to be lifted into and from the compartment, or conveyed in the unsuitable surroundings of a guard's van. The new stretcher overcomes this difficulty. So satisfactory have been the results, and the increased comfort afforded both to invalids and attendants so marked, that its use is increasing. It is fitted with a removable "shock absorber" bed. No charge is made for the use of the stretcher, but the usual fee (5/-) for the reservation of a compartment is payable.

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