

Accidents and emergencies : a guide : containing directions for treatment in bleeding, cuts, stabs, bruises, sprains, ruptures, broken bones, dislocations, railway and steamboat accidents, burns and scalds, explosions, bites of mad dogs, inflammations, cholera, diarrhea, injured eyes, choking, poisons, fits, sun stroke, lightning, drowning, etc., etc. / by Alfred Smee ; with alterations, corrections, and appendix by R.T. Trall.

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ACCIDENTS

AND

EMERGENCIES:

A GUIDE

CONTAINING DIRECTIONS FOR TREATMENT IN BLEEDING, CUTS, STABS, BRUISES,
SPRAINS, RUPTURES, BROKEN BONES, DISLOCATIONS, RAILWAY AND
STEAMBOAT ACCIDENTS, BURNS AND SCALDS, EXPLOSIONS,
BITES OF MAD DOGS, INFLAMMATIONS, CHOLERA, DI-
ARRHEA, INJURED EYES, CHOKING, POISONS,
FITS, SUN STROKE, LIGHTNING,
DROWNING, ETC., ETC.

BY ALFRED SMEE, F. R. S.

SURGEON TO THE BANK OF ENGLAND, ETC.

WITH ALTERATIONS, CORRECTIONS, AND APPENDIX,

BY DR. R. T. TRALL.

ILLUSTRATED WITH ENGRAVINGS.

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P R E F A C E .

AN interval must necessarily elapse between the occurrence of an accident and the arrival of medical aid ; and accidents often occur under circumstances which render it impossible to procure the services of a physician before it be too late. Indeed, emergencies frequently arise in the course of our lives—particularly when traveling by railroad, steamboat, stage coach, etc.—in which a knowledge of the best modes of treatment in certain cases becomes invaluable to us ; as often the future health and happiness of ourselves or those near to us depend on such knowledge. To furnish information which shall be useful at such times, the following brief and comprehensive Directions are presented to the public.

AMERICAN PUBLISHERS.

ACCIDENTS AND EMERGENCIES.

BLEEDING.

BLEEDING occurs either from an artery, vein, or the small vessels which join the arteries with the veins. It may take place as the result of injury, or spontaneously, from various internal organs. If the person show signs of fainting, do but little to rally him, as fainting tends to stop bleeding.

1. ARTERIAL BLEEDING

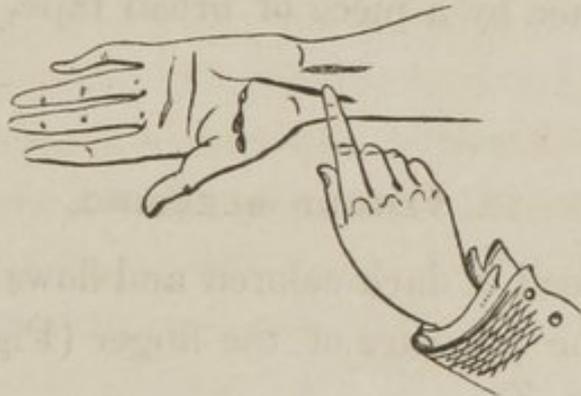


Fig. 1.

Arterial bleeding is known from the bright scarlet color of the blood, and from its issuing in jerks. To stop it, put your finger in the wound and press upon the bleeding aperture, and as long as this pressure is properly applied, bleeding can not occur (Fig. 1). Or, tie a handkerchief twice round the limb above the

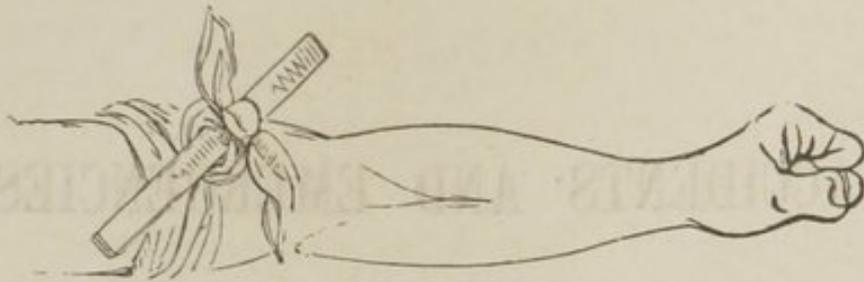


Fig. 2.

injury, and place a piece of stick in it, and turn till the pressure is so great that the blood can not flow (Fig. 2). Or, fold a piece of soft rag several times,

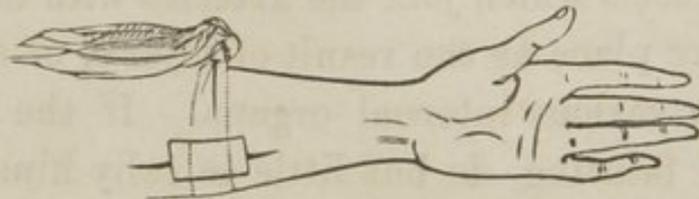


Fig. 3.

and put it quickly over the aperture, and secure it in its proper place by a piece of broad tape, or a bandage (Fig. 3).

2. VENOUS BLEEDING.

Venous blood is dark colored and flows continuously. Stop it by the pressure of the finger (Fig. 1), or piece of linen (Fig. 3).

3. LEECH-BITES.

Never let a person go to sleep while leech-bites bleed, as many persons, especially children, have died therefrom. To stop the bleeding, apply your finger for some time (Fig. 1), or a piece of linen and bandage (Fig. 3).

4. INTERNAL BLEEDINGS.

Bleeding sometimes occurs profusely from the nose, mouth, throat, lungs, stomach, etc. Put the patient in bed with the head slightly raised, keep the room cool, enjoin absolute quiet, give a swallow of the coldest water or a lump of ice frequently.

5. CUTS OR INCISIONS.

Cuts are made with sharp edges, and are mostly accompanied by bleeding, and sometimes by the lodgment of foreign bodies in the wound.

Do not be in a hurry; carefully clean the wound from dirt or other extraneous matter, and dab with a sponge, dipped in cold water, till all bleeding stops. If the wound be extensive, you may leave it open for half an hour, then bring the edges exactly together.

For this purpose a single piece of old soft linen may be placed over the part and encircled by a bandage, which answers well for cuts about the hand.

In other cases the parts may be sewn together with a strong needle and silk, as many single stitches being employed as are necessary for that object, and no more. The needle, well oiled, should be thrust well through the skin, which is about a third of an inch in thickness, and each stitch should be tied into a knot. The stitches may be taken out in about twenty-four hours, by carefully cutting the thread on one side of the knot, and gently pulling the other end (Fig. 4).

The edges are often brought together by strips of

isinglass or sticking-plaster placed across the wound, using no more strips than are sufficient to keep the edges nicely in contact (Fig. 5).

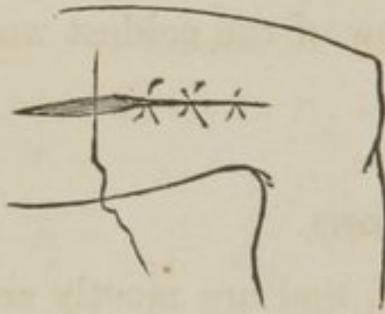


Fig. 4.



Fig. 5.

If the patient faints, act as for Fainting (No. 44). If the part throbs or feels hot, treat for Inflammation (No. 27).

6. PARTS CUT OUT.

Sometimes a small portion of the body is cut completely away. Clean the severed portion quickly, replace it, and keep it in its exact situation by sutures or plaster; there is no time to lose in this case.

If the part is lost or much damaged, stop the bleeding at the wound (1), place a piece of dry old soft linen upon it, and cover with oiled silk, to prevent evaporation.

7. STABS.

Stabs are more dangerous than common wounds. Stop the bleeding (1); do not attempt to bring the edges together, but rather keep them apart; lay a rag over the wound, dipped in cold water and change it

every half hour. Place the wounded person at once in bed, and enjoin quiet. If fainting takes place, act accordingly. Inflammation is likely to arise (27).

8. TEARS

It frequently happens that parts are lacerated or torn by blunt instruments, or by the action of machinery. Bring the parts into apposition gently, but do not let the plasters or sutures exert much strain upon them. Look to Shock (53), and Inflammation (27). Bleeding does not occur to any extent after tears, even when a whole limb has been torn off.

9. BRUISES.

Slight bruises simply cause numbness. Keep the part at rest, and it will probably do well.

Bruises are often attended with the rupture of small blood-vessels, which bleed internally, and cause dis-



Fig. 6

coloration. Put the patient in bed, cover the injured part with a cloth dipped in cold water (Note 1), and change the cloth every few minutes (Fig. 6). If the bleeding increases rapidly, send off with all possible haste to the surgeon, as life will be risked if the vessel is not tied. Use, if possible, the handkerchief and stick (Fig. 3).

10. CRUSHED PARTS.

Very severe blows may utterly destroy the part injured. Apply a cold wet linen cloth covered with a dry one. Renew the dressing often. Look to Fainting (44), Shock (53), and Inflammation (27).

11. BRUISES AND TEARS.

These two conditions often happen together. Clean and put the parts in the most shapeable position you can, and merely cover with a piece of rag or lint. Look for Bleeding (1), Fainting (44), Shock (53), and future Inflammation (27).

12. GUN-SHOT WOUNDS.

All wounds inflicted by foreign bodies projected from guns, pistols, etc., are more serious than common wounds. Stop Bleeding (1). Look to Fainting (44), and Shock (53). Wait patiently till a surgeon can be procured.

13. POISONED WOUNDS.

Sometimes great injury arises from poison being introduced into a wound, such as dead animal matter, etc. Place a ligature tightly round the limb, a little

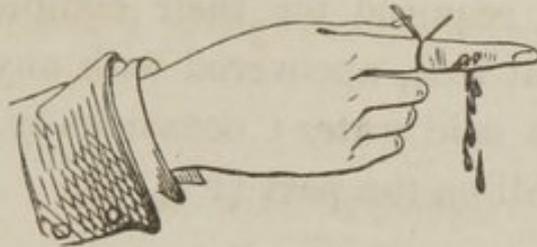


Fig. 7.

way above the point of injury, and only so tightly that it shall favor but not stop the bleeding (Fig. 7). Wash well with warm water, and place one end of a large quill, or small tube, over the wound, and keep sucking



Fig. 8.

at the other, which will produce a vacuum, and act as a cupping-glass (Fig. 8). When the wound is poisoned, the parts around speedily swell to an alarming ex-

tent, requiring the constant care of the surgeon to prevent its extension over the whole body.

14. SPRAINS.

Sprains are strainings of the tendons and ligaments. Time is always required for their complete recovery. Keep the limb at rest, uncovered with any thing but a cloth dipped in cold water; occasionally let a stream of cold water fall on the part (Fig. 6).

15. RUPTURED TENDONS.

The same application of force which produces a sprain will sometimes rupture the tendons. Keep the sufferer in bed or on a couch, and if the great tendon behind the heel be ruptured, keep the limb well bent.

16. BROKEN BONES.

People generally themselves know when a bone is broken, from having felt it snap. There is mostly a distortion of the limb, and upon moving it, the ends of the bone may be felt distinctly to grate. Be especially careful not to move the patient roughly, or the ends of the bone may be thrust through the flesh. Procure a



Fig. 9.

door, or a hurdle, and place the patient upon it, and let him be carried carefully by four men, and not in a cart or other carriage (Fig. 9).

If the patient has to be moved far, it would be a good plan to strap the limb and apply an apparatus made by rolling a bunch of twigs, the length of the limb, in each end of a piece of thick sheeting (Fig. 10),

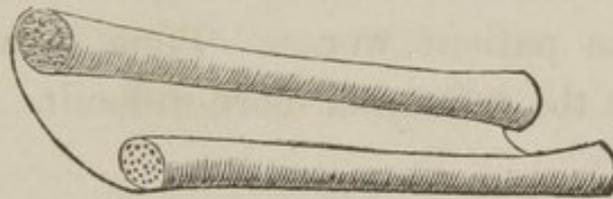


Fig. 10.

tied round, after being applied, by three or four pieces of broad tape. By these means the limb would be kept better in situation; or a case might be made, of the form of the leg, of pasteboard, thick leather, or gutta percha, which may be placed on the limb with a bandage (Fig. 11).

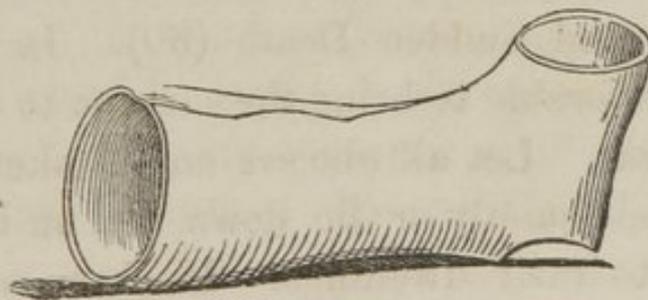


Fig. 11

If a surgeon is within an hour's journey, and the day is not cold, it is better to wait and allow him to superintend the moving. In the mean time, if the skin be broken, look to Bleeding (1), Shock (53), Fainting (44).

Remember that more damage is often done by careless moving than that produced by the original accident.

17. DISLOCATIONS.

When a joint is dislocated, the patient can not move it, and the form is manifestly changed. Make no attempts at reduction till the surgeon arrives, or you may make the patient worse. Time is an object, as delay renders the reduction more difficult.

18. RAILWAY AND STEAMBOAT ACCIDENTS, ETC.

When masses of people are injured simultaneously, clear away idlers. Stop Bleeding (1). Look to Shock (53), and Fainting (44). Look to Stunning (43). Do as little as possible to Cuts (5), Tears (8), Bruises (9), Broken Bones (16), till the surgeon arrives; and simply place the sufferer very gently and carefully in the most comfortable posture. Look to Burns and Scalds (19), and Sudden Death (60). In almost all cases it is preferable to bring the surgeon to the patient before removal. Let all who are only shaken or slightly injured wait quietly or lie down for an hour before they return to their dwellings. In every severe accident, bleeding and shock are the sources of immediate danger, and the local injury itself is but of secondary importance.

19. BURNS AND SCALDS.

The action of a hot body on the skin is called a scald,

if the hot body be fluid, such as boiling water or melted grease. If the substance be solid, or if the injury arises from the effect of fire, it is called a burn. When the clothes catch fire, roll the person in the carpet, or hearth-rug, or bed blanket as quickly as possible, to stifle the flames, leaving only the head out for breathing (Fig. 12).



Fig. 12.

The effects of burns are three-fold—redness and pain, blisters, and the total destruction of the part.

Apply cold wet cloths until the heat, redness, and pain abate; then, if the skin is entire, a wet cloth covered with a dry one. If the surface is destroyed, apply linen covered with any bland oil or cerate. If blisters arise, leave them alone, if not very tense; and if they be very tense, puncture with a fine needle, and keep on the lint and oiled silk.

Absence of pain over the injured part is a bad sign, and shows that it is destroyed. Apply linen and oiled silk as before, or a bread-and-water poultice.

If shock exists, constant care alone will save the patient. See Shock (53). Afterward, if excessive sleepiness or stupor, or difficulty of breathing sets in, or great pain ensues about the stomach, danger exists. The surgeon should always attend even the slightest burns, if large in size, for then, especially in children, there is always ground for alarm.

20. EXPLOSIONS.

Explosions may produce effects like burns, and the injury requires them to be similarly treated (19). Explosions may tear, bruise, etc., and Shock (53) must be particularly attended to.

21. CHEMICALS.

Various chemicals, such as nitric acid, nitrate of silver, strong sulphuric acid, etc., may destroy some parts of the skin. Cover with linen and oiled silk, or bread-and-water poultice. These injuries generally do well.

22. CHILBLAINS AND FROST BITES.

Excessive cold will act upon the body somewhat like heat, and will produce redness, blisters, or destroy the part. For chilblains, employ friction, with soap liniment. For frost bites, rub with snow or very cold water, in a cold room, and bring the warmth back very slowly. A sudden application of heat instantly and irrecoverably destroys the part.

23. COLD WATER.

To drink cold water or other fluids after fatigue and abstinence in a heat above 85 degrees, is almost certain death. Treat for Shock (53); or, if apparently dead, for Sudden Death (60)

24. BITES OF MAD DOGS.

Not one dog-bite in ten thousand comes from an animal which is mad. Where any one is bitten by a dog which is unquestionably mad, take a carving fork and break off one prong, and heat the other in the hottest



Fig. 13.

part of a common fire. Apply this thoroughly to the whole of the bite, so as to destroy the surrounding parts (Fig. 13). If a surgeon be within half an hour's

journey, tie a string tightly immediately above the part (Fig. 7), and use all possible dispatch to secure his aid. In all suspected cases of madness, keep the dog chained up, for perhaps it may be a false alarm, and the continuance of the dog in health will be a great satisfaction to the party bitten.

25. ADDER BITE.

We have, fortunately, in this country (England), but one poisonous reptile (Fig. 14), which is called in some

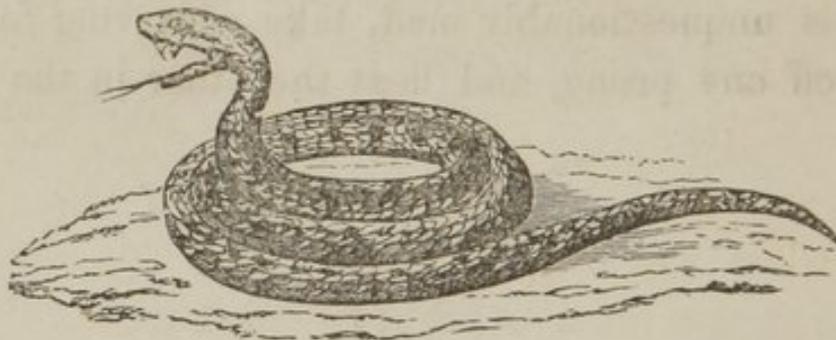


Fig. 14.

counties the viper, in others the adder. It may be known from the common snake, which is quite harmless, by a series of black lozenge-shaped marks down its back. If a person is bitten, proceed as for a poisoned wound (No. 13, Figs. 7 and 8).

26. INSECT BITES.

There are two great classes of insects which give rise to poisoned wounds. Those which sting, as bees, wasps, hornets, ichneumons, etc. (Fig. 15); those which suck, as the gnat, horsefly, flea, bug, etc., and

have a set of lancets at the mouth to pierce the skin (Fig. 15).

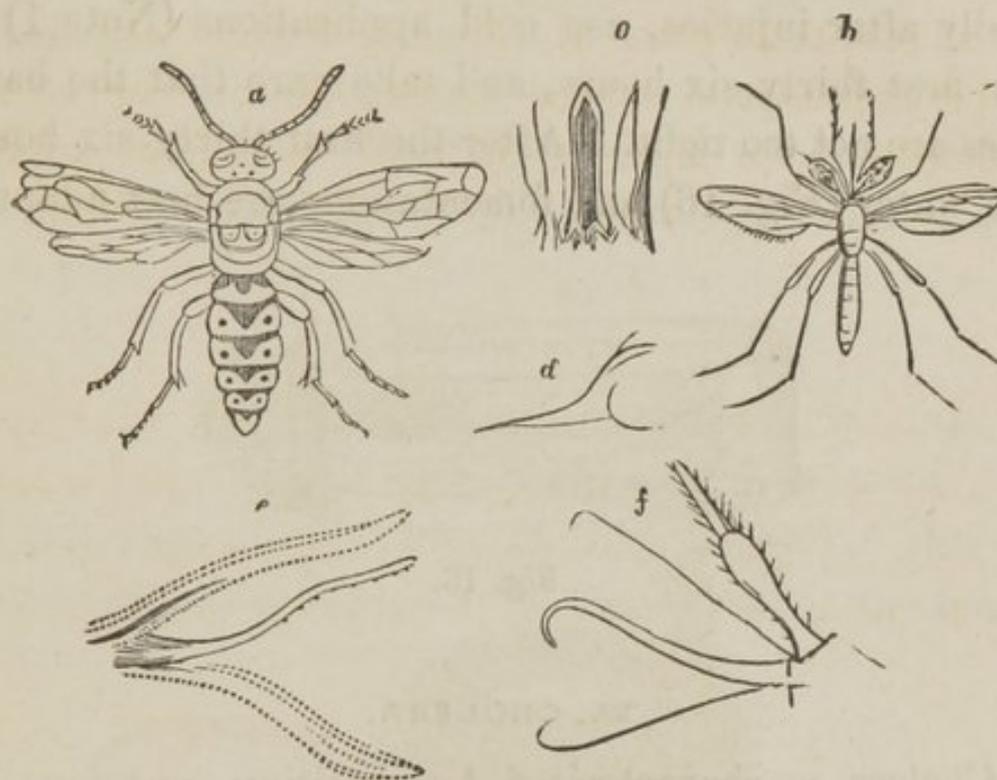


Fig. 15.

- | | | |
|-------------------|--------------------------------|---------------------------|
| <i>a.</i> Hornet. | <i>c.</i> Lancets of Horsefly. | <i>e.</i> Lancet of Flea. |
| <i>b.</i> Gnat. | <i>d.</i> Sting of Wasp. | <i>f.</i> Lancets of Bug. |

For stings, examine if the sting be left in the wound, and remove it, if necessary. Apply as quickly as possible hot fomentations, followed by bathing or douching in the coldest water.

For bites, squeeze out a little watery fluid, which is generally formed; and, to allay the irritation, treat it as above.

27. EXTERNAL INFLAMMATION.

Inflammation may be known by the presence of pain,

heat, redness, swelling, throbbing, or formation of matter. At the commencement of these symptoms, especially after injuries, use cold applications (Note 1) for the first thirty-six hours, and take care that the bandages are not too tight. After the first thirty-six hours, hot water (Fig. 16) and fomentations are best adapted.

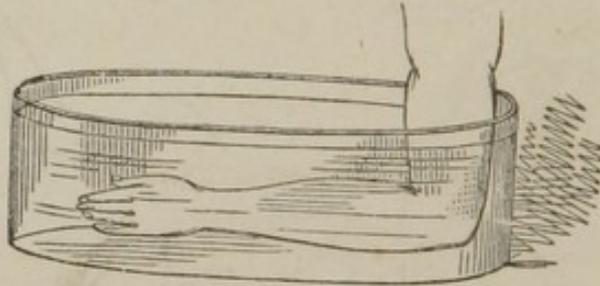


Fig. 16.

28. CHOLERA.

Cholera is characterized by vomiting, purging, and cramps. Give free draughts of tepid water until the stomach is well cleansed, or the retching and vomiting cease. Tepid injections must also be freely used until pains, spasms, and diarrhoea are checked. If the abdomen is hot, give sitting baths and apply the wet bandage.

For prevention, avoid all foul, offensive drains, ill-ventilated and close situations, and no account be exposed to excessive fatigue, either mental or bodily; neither indulge in immoderate eating or drinking. Cholera is not contagious.

Experience shows that all epidemics effect most havoc in situations where many persons are confined without sufficient air, or where any exhalations exist from pu-

trid animal or vegetable matter. Every person is therefore interested in the complete removal of such nuisances.

29. DIARRHŒA.

The severe diarrhœa which is so frequently epidemic in August, may be treated as cholera, and requires as much the care of the surgeon.

30. FLATULENCE.

Flatulence often causes fainting fits (44). Hot fomentations to the abdomen are usually sufficient. Small draughts of tepid water are useful.

31. STRANGULATED RUPTURE.

Ruptures are protrusions of the viscera through the walls of the abdomen, so that a swelling exists. If this be constricted, the patient feels intense pain, and vomits, while the bowels are absolutely confined. Dou-



Fig 17.

ble the patient up (Fig. 17), and gently try to fumble back the swelling without much violence. If the protrusion does not go away, send immediately, at any time, at any expense, and for any distance, to the best surgeon within your reach. Death has frequently arisen from waiting till morning before sending for the medical man.

32. SUBSTANCES IN THE EYE.

Foreign bodies often insinuate themselves between the eyelids, causing great pain. Draw down the lower lid (Fig. 18), and remove by a piece of moistened

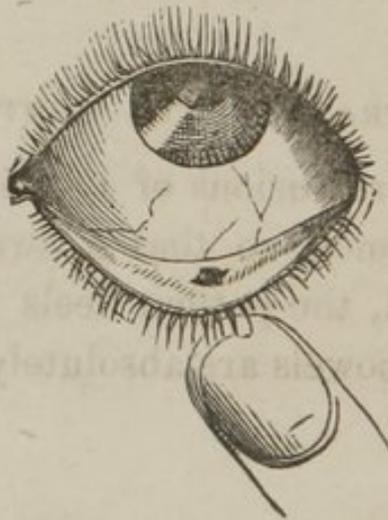


Fig. 18.

paper. If the substance be under the upper lid, place a bodkin across the lid, and draw back the lid so that it is completely inverted (Fig. 19). Very minute pieces of iron are often given with such violence that a surgeon is compelled to cut them out; but the operation should not be attempted by other parties, as

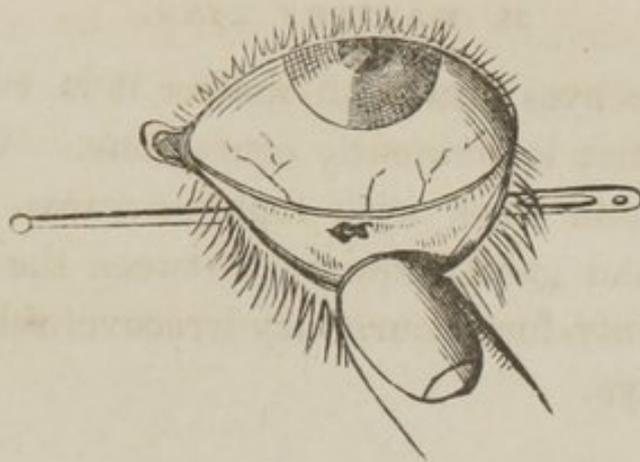


Fig. 19.

they may destroy the eye. Inflammation is very apt to occur after these accidents, for which the eye should be well bathed with tepid or warm water frequently, until the pain abates, then follow with cool and finally cold applications.

33. LIME.

Lime and Roman cement are very destructive to the eyes. Wash repeatedly with a mixture of a table-spoonful of some vegetable acid in a tumbler of water, as vinegar or lemon juice.

34. BURST EYE.

From severe blows the eye is sometimes burst. Do not attempt to touch it, as vision may be irremediably damaged by merely touching it with the finger. The careful surgeon will frequently be enabled to preserve sight. Place the patient at once in bed, and darken the room.

35. MATTERY EYES.

When the eyes run with matter it is very serious, and the matter is eminently contagious. Wipe away the matter, and wash with tepid or warm water very frequently, and gently squirt it between the lids. Neglect for twenty-four hours may irrecoverably cause the loss of the eye.

36. CHOKING.

Foreign bodies are apt to stick in the throat and cause suffocation. Pass your finger immediately down the throat as far as possible, and you may often remove them (Fig. 20). When a fish bone has stuck in the

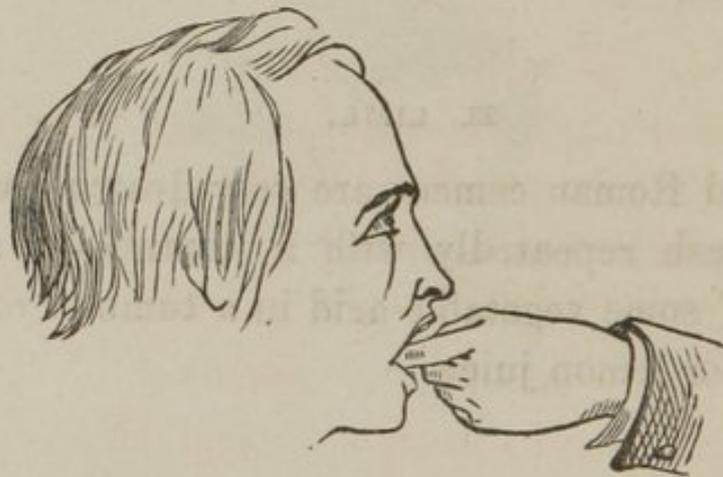


Fig. 20.

throat, take a mass of bread, chew it quickly and swallow it, which will frequently carry it down. Parts of apples, pieces of meat, etc., can often be removed with the handle of a teaspoon, or a common eating fork.

POISONS.

37. ARSENIC AND MINERAL POISONS.

WHEN these poisons have been taken, give immediately olive-oil, milk, white of egg and water, or flour and water, and excite instant vomiting by tickling the throat with a feather (Note 4). Make the patient drink and vomit till the surgeon arrives.

38. OXALIC ACID.

Give whiting, or chalk and water, and excite vomiting (Note 4).

39. PRUSSIC ACID.

Dash cold water upon the spine and face, to rouse, but not to chill the patient. Also active friction externally with warm flannels.

40. VEGETABLE POISONS.

Excite vomiting by drinking largely of warm water, and tickling the throat. Use the cold dash and friction as in 39. Every surgeon should always have pure animal charcoal by him to administer in large quantities in these cases. Regard Shock (53).

41. FISH AND MUSHROOMS.

Excite vomiting (Note 4). Look to Shock (53).

42. OPIUM—LAUDANUM.

Excite vomiting. Dash cold water over the face; make the patient walk between two persons, pull the hair, or otherwise inflict pain to prevent sleep. This treatment must be pursued for many hours.

43. STUNNING.

Place the patient in bed with head slightly raised. Apply warmth to the feet and legs. Sprinkle cold water on the face, and apply a cold wet cloth to the forehead. Keep very quiet. If the head be manifestly broken, look to Bleeding (1). Place the patient in the same position as for Apoplexy.

FITS.

FITS are intervals of unconsciousness, and, therefore, in all cases, the senses of sight, hearing, feeling, and tasting are lost, or very much diminished, and the power of motion is interfered with, or takes place involuntarily.

44. FAINTING.

Face and lips turn pale; the pulse is scarcely to be felt.

Place the patient flat (Fig. 21). If he can swallow,

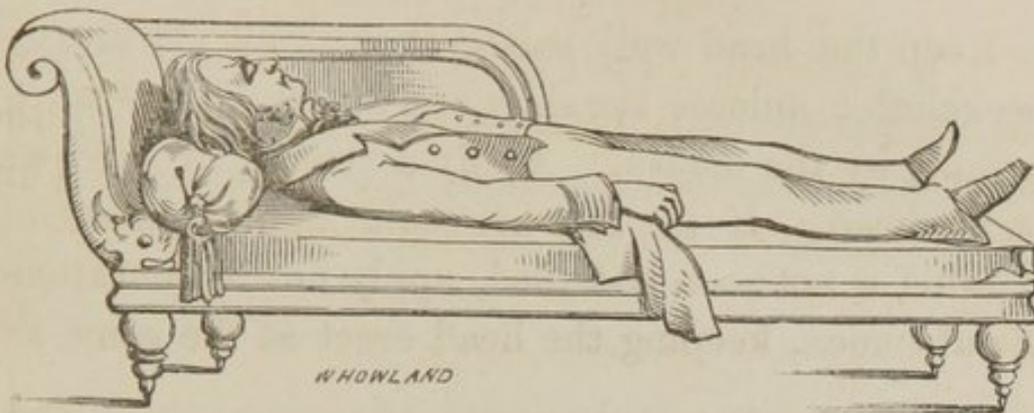


Fig 21

give cold water. If the coldness of the extremities continues, apply hot bottles (8) to the feet and legs, and cold water to the head.

45. APOPLEXY.



Fig. 22.

The pulse is generally strong ; the patient usually shows symptoms of pain or oppression over the head, which is aggravated when the patient lies down. Sometimes half the face drops, or half the body becomes powerless.

Keep the head well raised (Fig. 22). Remove the neckcloth ; unloose the shirt and all other clothes ; give nothing by the mouth. Apply a stream of cold water to the head. If the feet are cold, apply warm cloths. If relief is not soon obtained, apply hot fomentations to the abdomen, keeping the head erect at the same time.

46. EPILEPSY.

The patient drops momentarily, and often issues a piercing shriek. The epileptic is apt to drop into the fire, under a cart, or other dangerous situation. Usually convulsions occur, especially in the face and limbs. The tongue is often bitten. The pulse is not often much altered.

Lay the patient on a bed, with the head slightly raised. Undo the neckcloth, unloose the clothes, place a piece of wood between the teeth, to prevent the tongue from being injured. Apply a cloth, dipped in cold water, over the head. The fit generally passes off in a few minutes, though I have known it to last for ten or twelve hours. If coldness ensues, apply warm bottles.

47. CONVULSIONS.

Convulsions frequently occur in children, when cutting their teeth. The different parts of the patient are drawn up in various ways. Immerse the sufferer up to the neck, immediately, in a warm bath.

48. SUN STROKE.

This very rarely occurs in this country (England). The symptoms in the cases which I have seen much resemble Apoplexy, and require to be treated in the same manner.

49. LIGHTNING.

If symptoms of Apoplexy exist, treat as for that fit. If the heart's action be stopped, treat as for Sudden Death (60).

50. HYSTERICIS.

Patients select a comfortable place for this fit. The patient usually cries or laughs immoderately. The pulse is not much altered.

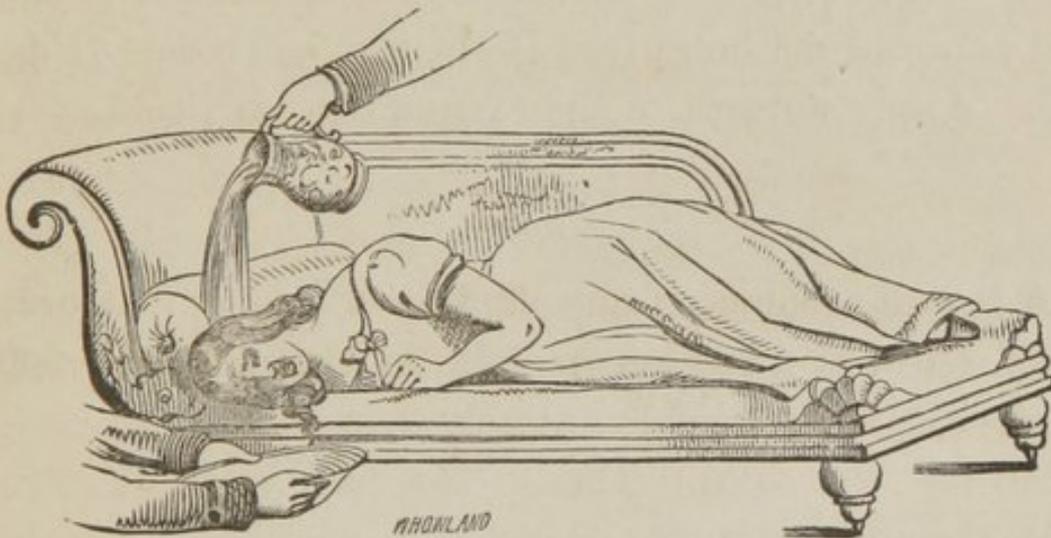


Fig. 23.

Place the head over a basin, and pour water from a jug over the head and chest till the patient becomes chilly and revives. Never use any thing but cold water for the hysterical fit, unless the party turn very

cold, when you should discontinue it, and apply warmth to the feet. I once saw the cold applied for three hours, but the patient was quite well the next day.

51. DRUNKENNESS.

The breath smells of liquor, and you will find, upon inquiry, that the person has been drinking.

Place the patient quietly in bed, with the head raised. Loosen the clothes, and watch. If the extremities turn very cold, apply warmth. When the patient can swallow, give the warm water emetic.

52. ETHER AND CHLOROFORM

Ether and Chloroform are generally transient in their effects. Where danger appears, suck out the foul air from the lungs (see Drowning) and inflate (Fig. 24). Apply warmth, if the extremities turn cold.

53. SHOCK.

A severe accident of any kind, as a bruise, fracture, scald, burn, or a sudden emotion, as that of joy, grief, or rage, or even a sudden attack of a serious disease, prostrates the vital powers. The face and lips turn pale, the pulse becomes scarcely perceptible, the body and extremities turn very cold.

Place the patient flat (Fig. 21). Enjoin absolute quiet. Apply warmth to all parts of the body. Employ very gentle friction to the surface. Constant care and attention will alone preserve the patient.

SUPPOSED DEATH.

54. DROWNING.

STRIP off the wet clothes, cover the body with other clothes to maintain heat, wrap up in blankets, and give the warmth by hot bottles placed in contact with all parts of the body. A hot bath is also of great value. Have several assistants to rub the body with their hands. Clear the mucus from the mouth, hold the nose, and then suck out the foul air with a tube, and blow in fresh air in the same manner.



Fig. 24.

Restoration has followed after eight hours' perseverance. Attempts at resuscitation had better always be continued for twelve hours, or longer, if there be any signs of life.

55. HANGING.

Loose immediately the cord ; proceed as for drowning. The immediate attendance of a surgeon is very important, as these cases are worse than those of drowning.*

56. STILL BIRTH.

Proceed as for drowning. Warmth, friction, and gentle inflation of the lungs (Fig 24) are most to be relied on. One or two gentle slaps will sometimes at once cause the infant to breathe, as also will cold water suddenly sprinkled over the chest.

57. CARBONIC ACID OR CHARCOAL FUMES.

Carbonic acid drowns a man as rapidly as immersion in water. Proceed as for drowning ; also dash a little cold water upon the face, but not sufficient to depress the warmth of the body. Stoves burning charcoal, or prepared fuel, are very dangerous in bedrooms or close apartments.

58. NOXIOUS VAPORS.

Various vapors and gases can cause apparent death. Remove quickly into the fresh air ; dash cold water, as for carbonic acid ; but, if necessary, keep up the heat by bottles, etc. (Note 3.)

* In all cases when the party begins to show signs of life, absolute quiet must be enjoined, and not even talking must be allowed.

59. COLD.

It is certain death to go to sleep in intense cold. If a person be found under such circumstances, remove him to a room where the temperature is moderate, and very gradually increase the heat. Where the party is already apparently dead, proceed with great caution. Place the body in a cold room, cover with a blanket, and very gently rub the body. The sudden application of warmth after exposure to intense cold, often causes immediate death. Ladies' maids traveling in cold nights outside carriages have died from this cause.

60. SUDDEN DEATH.

There are many cases where supposed death is only suspended life, and which by care may rally.

In every instance where any one dies suddenly, without a clear equivalent cause which is irremediable, the heat of the body should be maintained at least twelve hours by hot bottles, and artificial respiration should be attempted as for drowning. Remember that the death may be only apparent, and your care may be repaid by the inexpressible delight of seeing life gradually resumed, and the party restored to his family. Nothing should be taken internally but sips of cool water.

NOTES

(1.) COLD APPLICATIONS.—After sprains, bruises, or other injuries calculated to lead to inflammation, cold applications are particularly valuable. When a piece of lint is dipped in cold water and laid over the part, the evaporation will still further increase the cold, and by wetting the lint continually, the desired effect will be produced. In summer, if ice can be procured, it is a good plan to put some in the water.

(2.) HEAT.—In all cases of apparent death, sudden death, or shock, it is very important to keep up the heat of the body; for which purpose nothing is better than common wine bottles filled with boiling water, and wrapped round several times with flannel,

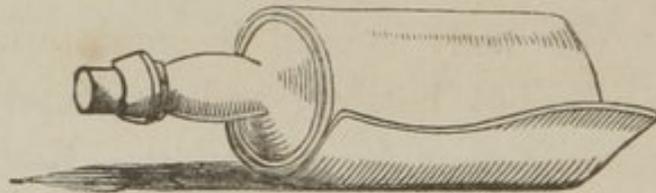


Fig. 25.

to prevent them from burning the patient. Hot bricks may be used in a similar manner. They should be applied to the feet, calves, thighs, sides, hands, arms, arm-pits, but not so as to interfere with breathing. Without care patients have sometimes been severely burned.

(3.) **EMETICS.**—You may excite vomiting by tickling the back part of the mouth, as far as you can reach, with a feather, or the tip of the finger (Fig 20), or giving plenty of warm water to drink.

(4.) **THE PULSE.**—The pulse may be best felt an inch above the root of the thumb, and about half an inch from the outer side of the arm (Fig. 26). Where



Fig. 26.

there is any doubt, apply your ear over the left side of the chest, as the action of the heart may sometimes be heard, even when the pulse can scarcely be felt.

APPENDIX.

PROCESSES OF THE WATER-CURE.

BY R. T. TRALL, M. D.

AMONG the hydropathic appliances may be reckoned all the usual methods of warm, tepid, cold, and shower bathing, besides a variety of processes peculiar to the water-cure system itself. The most important of these are the following :

THE WET SHEET PACKING.



Fig. 27.

This is admirably calculated to answer two general indications which are manifestly leading ones in a long catalogue of maladies both acute and chronic, viz. : to reduce the heat of the body and the force of the circulation, and, as an alterative, to correct morbid and restore healthy secretions. It produces also, incidentally, a powerfully detergent or cleansing effect, and generally exerts a wonderfully sedative or soothing influence on the whole nervous system. The first disagreeable sensation of cold is usually soon followed by a pleasurable warmth over the whole surface. It is capable of superseding, to advantage, bleeding, antimony, salts,

hydriodate of potassa (iodide of potassium), calomel and opium, and a hundred other more or less injurious agents.

In fevers, and in all acute inflammatory disorders, it may be employed with a freedom exactly proportioned to the degree of morbid heat and strength of the pulse; that is, continued with frequent changes until the temperature and circulation are reduced to the natural standard, and the skin becomes soft and perspirable. Much sweating is not to be desired.

In nearly the whole range of chronic complaints there is one prevalent morbid condition, ever varying in intensity, yet consisting essentially in a deficiency of blood in the superficial and capillary vessels, and a disproportionate accumulation in the large internal vessels, with consequent congestion in some one or more of the viscera. To reverse this condition, relieve the overcharged organs, and supply the deficient, the wet-sheet process, aided by proper auxiliaries, is the best known remedial agent.

If any one doubts the purifying efficacy of this process, he can have a "demonstration strong" in the following experiment: Take any man in apparently fair health, who is not accustomed to daily bathing, who lives at a first-class hotel, takes a bottle of wine at dinner, a glass of brandy and water occasionally, and smokes from three to six cigars per day. Put him in the "pack," and let him "soak" two hours; then take him out, and the *intolerable stench* will convince him that his blood and secretions were impure, and that the excretory functions have become unusually free.

The time for remaining "packed" varies greatly in different cases. Thirty to sixty minutes is about the average time; though fifteen minutes is long enough for some cases, while some few may require two hours. Persons of highly nervous temperament, and active though feeble circulation, and those laboring under great debility, accompanied with considerable irritability, should only remain enveloped until the body becomes tolerably warm and comfortable. Those of more torpid circulation and phlegmatic temperament, unattended with much debility, may remain a much longer time.

Much of the comfort or disagreeableness of the process depends on the skill and dexterity of the attendant. There is science in applying wet cloths to the naked body, as well as rubbing in an ointment, or putting on a blister. A person may be "packed"

so slowly, loosely, and unevenly by an awkward hand, as to find the whole affair from beginning to end exceedingly uncomfortable; or the clothing may be so rapidly and nicely adjusted, as to give the patient an hour or so of actual enjoyment.

Light cotton, hair, or sea-grass mattresses, or even straw for those accustomed to very hard beds, may be used for "packing." On one of these spread from three to five large thick comfortables, then a pair of soft flannel blankets, and, lastly, the wet sheet lightly wrung out so as not to drip. Two pillows placed on the mattress are necessary for the head. The patient, laying down flat on the back, is quickly enveloped in the sheet, followed by the blankets and comfortables. A light feather bed may be thrown over the top, in which case two comfortables less will be required. If the feet remain cold, bottles of hot water should be placed to them. Headache is prevented or removed by the application of cold wet cloths. In wrapping up the patient, great care should be taken to turn the clothing snugly and smoothly around the feet and neck. For very delicate persons, the sheet should at first be wrung out of tepid, or even warm water. On coming out of the "pack," the plunge, douche, rubbing wet sheet, or towel washing may be employed, as either is specially indicated.

THE DOUCHE



Fig. 28.

The primary object of this process is to arouse the absorbent

system, and this it certainly accomplishes in a most powerful and effectual manner. It is well adapted to chronic enlargements of the viscera, tumors, swelling and stiffness of the joints, local attacks of gout and rheumatism, obstinate constipation, the incipient stage of tubercular consumption, and many other disorders. The force of the stream and time of application should always be carefully adapted to the strength of the patient. Very nervous persons, and those subject to a determination to the brain, must resort to it with extreme caution. I suspect some patients of a high degree of nervous irritability have been injured by using it with too much force, too frequently, or too long. The stream should generally be directed to the back of the neck, spine, hips, shoulders, and joints. A moderate stream may be directed against the chest and abdomen, when indicated.

THE RUBBING WET SHEET.

This produces a strong and general determination to the whole surface of the body. The shock is slight, and is rapidly succeeded by a vigorous reaction, which is maintained as long as desired by active friction. It is applicable to all cases where a strong diversion from the internal viscera, or the mucous membrane of the alimentary canal to the skin, is required. It is more or less serviceable in nearly every case where the patient has sufficient reactive energy to prevent a permanent chill. In the forming stage of fevers, and in the early stages of bowel complaints, diarrhoea, dysentery, cholera, etc., it is particularly valuable. In these cases it should be applied several times a day, and the skin rubbed energetically and perseveringly. In the great majority of skin diseases, it is among the best resources of hydrotherapia.

When used drippingly wet, a large tub or dripping-pan is necessary for the patient to stand in. The sheet is thrown suddenly around the body, which it closely envelops from the neck downward, and the body is thoroughly rubbed by the hands of the attendants outside the sheet. In ordinary cases, from five to ten minutes are sufficient.

THE SITTING BATH.

This answers the double indication of a tonic and derivative. In affections of the head and chest, it proves an efficacious revul-



Fig. 29.

sive measure; and in weakness, irregularity, obstruction, and torpor of the lower organs of the pelvis and abdomen, it serves as a powerful corroborant or strengthening process. Any common wash-tub will answer for its administration, though it is more convenient to have vessels made for the purpose, the bottom raised a few inches from the floor, the back side raised to rest against. The water, as a general rule, should cover the hips and lower portion of the abdomen. It may be of any temperature, from very warm to extremely cold, according to the case; and the time of application varies from five to thirty minutes. The cool and cold sitting baths are far the most frequently indicated, and the usual time is from ten to fifteen minutes.

In the cold stage of fever, the warm sitz bath very much mitigates the severity of the chills, and, if followed by the cold rubbing wet sheet when the hot stage of the paroxysm supervenes, will often break up the attack in a few hours. In acute inflammations of the liver, stomach, bowels, spleen, and kidneys, they should be used very frequently, conjoined with the plentiful use of tepid or cool water in injections. Debility of the external muscles of the abdomen, caused by the excessive use of tea and coffee, or crooked positions of the body, evinced by short breath, weakness in the small of the back, and trembling of the knees, is greatly benefited by this process, used as cold as can well be borne. A blanket is usually thrown around the patient during this bath.

THE HALF BATH.



Fig. 30.

This is recommended in those cases where the strongest determination from the upper parts of the body is necessary, as in consumption, inflammation of the brain, lungs, and heart, quinsy, croup, asthma, etc. Though its employment seems directly at variance with the commonly-received medical theories of the day, experience has sufficiently attested its virtue. It is also used where the full bath is deemed too powerful for the reactive ability of the patient. The temperature and duration must be governed by the circumstances of each case. In private families, any tub large enough for the patient to sit upright in will answer. The water should cover the lower extremities and principal part of the abdomen. The body should be well rubbed by the attendant, assisted by the patient himself.

THE PLUNGING BATH.

Immersing the whole body up to the neck quickly, where the patient has room and opportunity to exercise himself under water, is all that is essential to the full benefit of this process. The shock produced is much less than most persons would at first expect; while the reaction is generally sudden, equal, and agreeable. It may be advantageously employed, more or less, in the great majority of chronic diseases. It is one of the best morning baths, taken on first rising from bed, and is very frequently the most ap-



Fig. 31.

propriate application on coming out of the wet sheet "packing." The only conditions which appear to contra-indicate it are extreme debility, excessive nervous irritability, and too strong determinations to particular parts.

THE FOOT BATH.

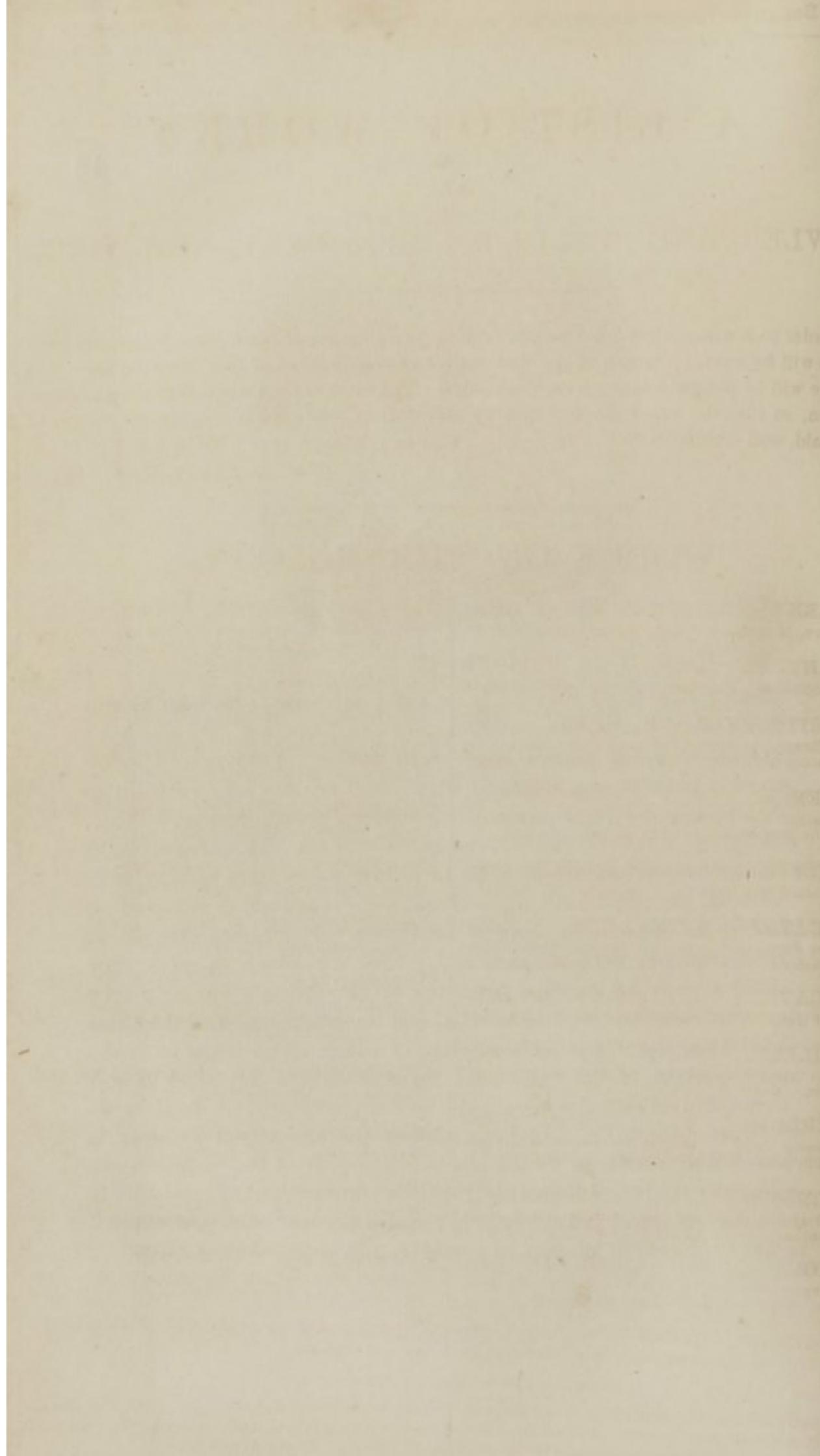
Most persons are aware of the intimate connection between the whole nervous system and the feet, manifested by the extraordinary susceptibility of the soles of the feet to external impressions; and such persons must readily appreciate the importance of this remedial appliance. The potency of mustard, onions, garlic, vinegar, ginger, pepper, and other pungents, applied to the feet in a variety of aches, pains, cramps, and spasms, has long been celebrated among physicians and nurses. The intelligent hydropath will admit the importance of the principle—sympathy—upon which the employment of those articles has been based, while he will produce every desirable result of them all with simple water. As a derivative in affections of the head and chest, it is often used in connection with the sitz bath, with which it may be advantageously alternated. To prevent or remedy habitual cold feet, it is absolutely indispensable in a hydropathic course. Active exercise, in this case, should generally precede and follow the cold foot bath. The rules given for the regulation of the sitz bath will apply to this. Any vessel large enough to admit the feet, and water enough to cover them ankle deep, will answer.

LOCAL APPLICATIONS



Fig. 32.

Under this head may be included head, nose, eye, mouth, and other topical baths, fomentations, wet bandages, etc., for which we have not room for a more lengthened notice. They are all indispensable parts of one remedial whole, and are not only substitutes for, but a great improvement on, blisters, setons, issues, leeches, scarifyings, plasters, caustic, liniments, and the like. Warm cloths or hot fomentations are applied to relieve pains from spasms, contractions, etc., and cold ones frequently renewed, as adapted to local pains from inflammatory affections. The latter also act as corroborants to weak muscles and joints, for which purpose they should always be changed as often as they become warm or very dry. In consumption, bronchitis, and other affections of the chest and throat, the wet jacket—a piece of crash cloth made to fit the upper portion of the body, and covered with a dry cloth of soft Canton flannel or muslin—should be worn constantly. In dyspepsia, liver complaints, and constipation, the abdominal wrapper is used. Wet bandages to the whole lower part of the abdomen are essential auxiliaries in the hydropathic management of most female diseases. Topical inflammations require the wet bandages applied as near the seat of disease as possible, and changed very often.



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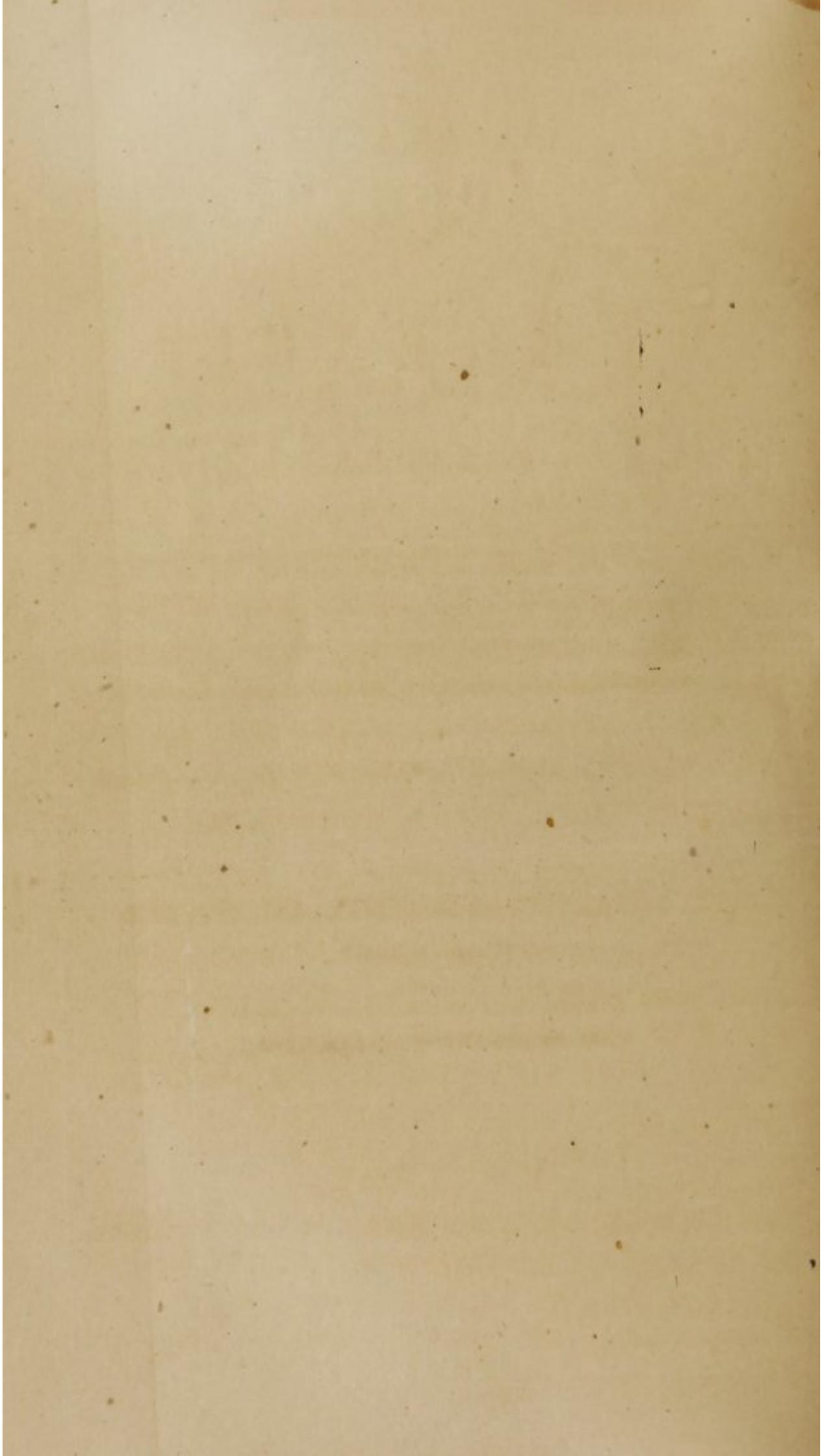
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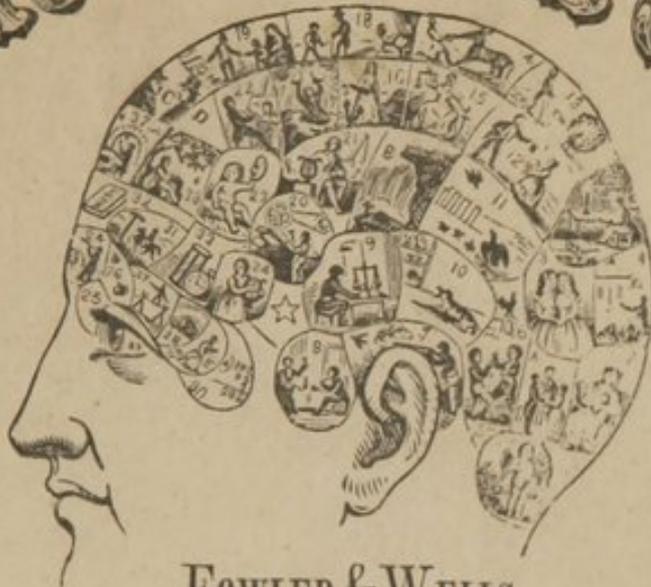
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|--|---|
| 1. AMATIVENESS.—Sexual love, fondness, attraction, etc. | 20. CONSTRUCTIVENESS.—Ingenuity, manual skill. [ment.] |
| 2. CONJUGAL LOVE.—Union for life, the pairing instinct. | 21. IDEALITY.—Taste, love of beauty, poetry, and refinement. |
| 3. PARENTAL LOVE.—Care of offspring, and all young. | 22. SUBLIMITY.—Love of the grand, vast, endless, and sublime. |
| 4. FRIENDSHIP.—Sociality, union and clinging of friends. | 23. IMITATION.—Copying, mimicking, doing like. [infinite.] |
| 5. INHABITIVENESS.—Love of home and country. [ness.] | 24. MIRTH.—Fun, wit, ridicule, facetiousness, joking. |
| 6. CONTINUITY.—Application, finishing up, consecutive. | 25. INDIVIDUALITY.—Observation, desire to see and know. |
| 7. VITATIVENESS.—Clinging to life, repelling disease. | 26. FORM.—Memory of shape, looks, persons, and things. |
| 8. COMBATIVENESS.—Defense, resolution, force, courage. | 27. SIZE.—Measurement of quantity, distance, etc., by eye. |
| 9. DESTRUCTIVENESS.—Extermination, severity, hardness. | 28. WEIGHT.—Control of motion, balancing, hurling, etc. |
| 10. ALIMENTIVENESS.—Appetite, relish, feeding, greed. | 29. COLOR.—Discernment and love of colors, tints, hues, etc. |
| 11. ACQUISITIVENESS.—Frugality, saving, industry, thrift. | 30. ORDER.—Method, system, going by rule, keeping things. |
| 12. SECRETIVENESS.—Self-control, policy, tact, artifice. | 31. CALCULATION.—Mental arithmetic, reckoning. [place.] |
| 13. CAUTIOUSNESS.—Guardedness, safety, provision, fear. | 32. LOCALITY.—Memory of places, position, etc. [tals, etc.] |
| 14. APPROBATIVENESS.—Love of character, name, praise. | 33. EVENTUALITY.—Memory of facts, events, history, decisions. |
| 15. SELF-ESTEEM.—Self-respect, dignity, self-reliance, independence. | 34. TIME.—Telling when, time of day, dates, how long, etc. |
| 16. FIRMNESS.—Stability, perseverance, decision, [pendence] | 35. TUNE.—Love of music, singing and playing by ear. |
| 17. CONSCIENTIOUSNESS.—Sense of right, justice, duty, etc. | 36. LANGUAGE.—Expression by words, acts, tones, looks, etc. |
| 18. HOPE.—Expectation, anticipation, trust in the future. | 37. CAUSALITY.—Planning, thinking, reasoning, adapting. |
| 19. SPIRITUALITY.—Intuition, prescience, prophecy, faith. | 38. COMPARISON.—Analysis, inferring, discrimination, etc. |
| 20. VENERATION.—Worship, adoration, devotion, deference. | 39. HUMAN NATURE.—Perception of character, motives, etc. |
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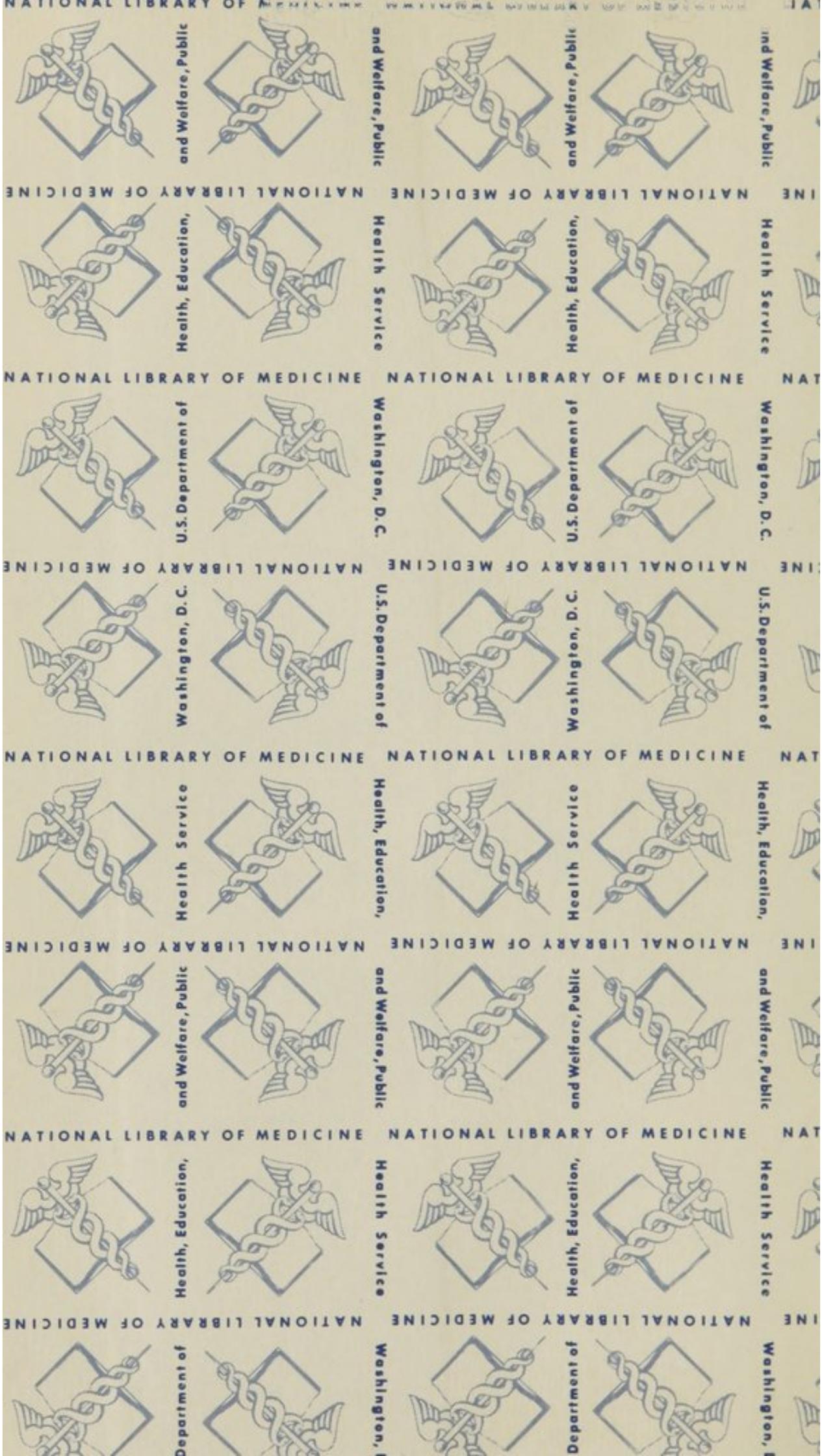
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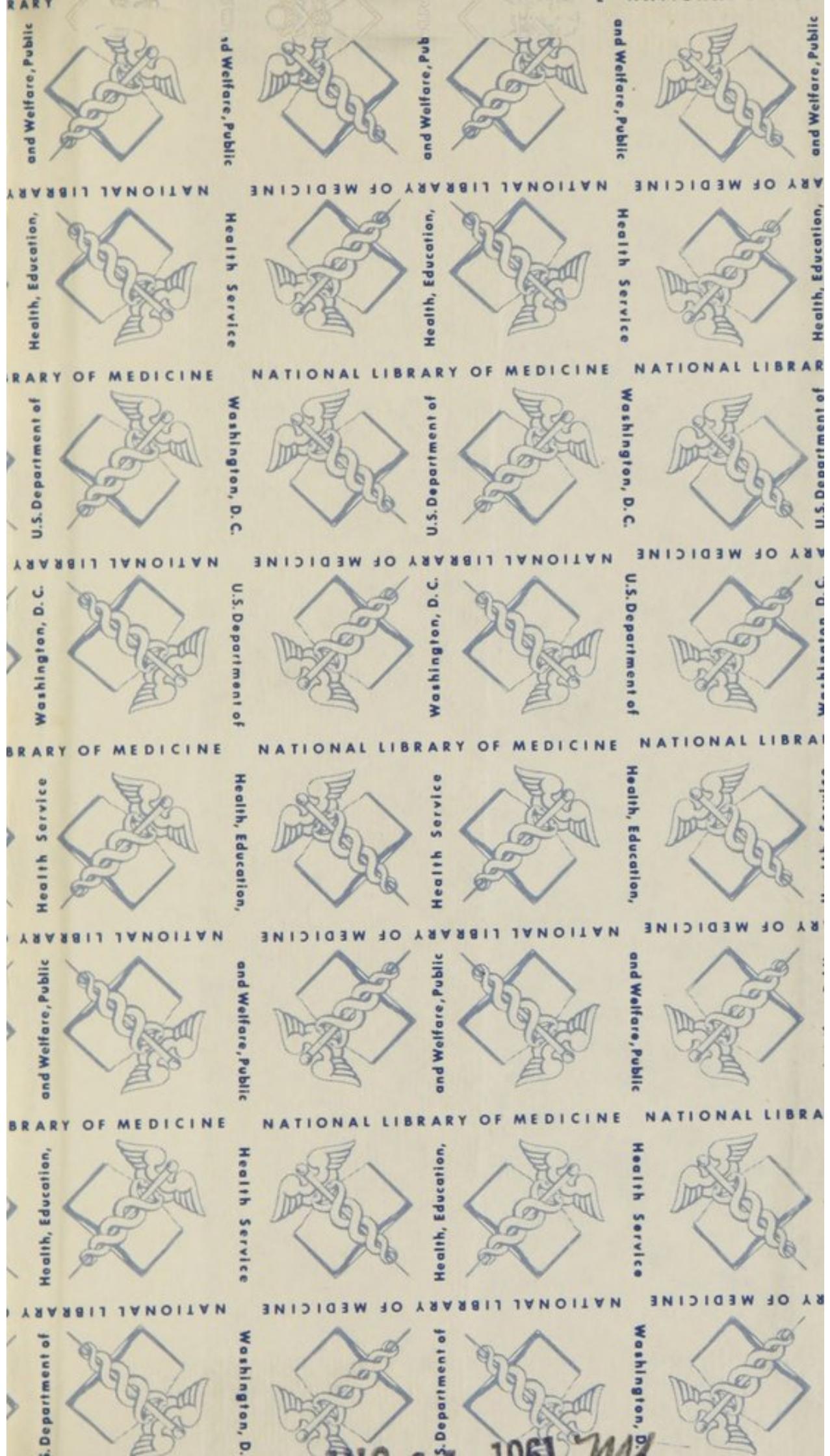
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