

In the case of drowning, inversion of the body is usually practised first, that is to say, the body is held head downwards for a minute or two in order to allow any water which has run into the chest to run out of the mouth. Then, and in all the other cases enumerated, the patient is placed upon his back; if possible the tongue is seized and pulled forwards out of the mouth, so as to pull up the glottis, and so keep the trachea or windpipe open. A doctor will effect this by a pair of forceps, but the tongue can be easily held by the fingers and a handkerchief. Then the patient's arms are held just above the elbows by the two hands of the operator, and they are steadily drawn away from the side and above the head; by this means raising the chest and thus allowing air to enter it. Then the arms are brought steadily down and the elbows are pressed into the chest walls; by which means the air is forced out of the lungs. Then the arms are raised again, and the operation is repeated eighteen to twenty times in the minute, thus simulating as far as possible the natural processes of inspiration and expiration. Meanwhile, it is often useful to apply hot water bottles to the feet, and to flick the skin over the heart's area rapidly with the edge of a wet towel, so as to irritate and stimulate the heart's action. An injection of ether under the skin, and inhalations of oxygen instead of ordinary air, are very valuable adjuncts when these remedies are at hand. But it too often happens that when they are most wanted they are most difficult to obtain. After carefully carrying out this "artificial respiration," as it is called, for some time, recovery is often secured; but in all cases it should be carried on for at least half an hour, and indeed there are instances on record in which the procedure has been carried out for an hour before life has been quite resuscitated.

In new-born infants, whose delivery has been delayed in the third stage, this same asphyxia is frequently found; and then it is usually the duty of the obstetric Nurse to carry out artificial respiration. The points to remember are that the movements should be regular and continuous. The chest should be well compressed, and then the arms well raised, and there must be no hurry, as there must be no carelessness, in the procedure. Sometimes recovery is hastened by lowering the head of the patient so as to permit the more easy flow of blood through the vessels of the brain. Sometimes the old-fashioned, valuable, but much neglected method of "bleeding" is adopted; and its common-sense employment in cases of extreme engorgement of the heart and blood vessels, makes it somewhat surprising that in all cases of asphyxia it is not more frequently used. For example, when

the newly-born infant is asphyxiated the doctor often cuts the umbilical cord and allows it to bleed while artificial respiration is being carried out—knowing that recovery is thus most efficiently assisted.

(To be continued.)

Royal British Nurses' Association.

(Incorporated by Royal Charter.)



A MEETING of the Registration Board took place at the Offices on Friday, October 25th, at 5 p.m., Mr. John Langton, Treasurer, in the chair, when thirty-three applications for registration were considered, and the following Nurses were accepted, and their names enrolled on the register.

Name	Trained at
Anderson, Joan	... Royal Infirmary, Edinburgh (cert.).
Atkins, Ethel G.	... St. Bartholomew's Hospital (cert.).
Bartlam, Annie	... Workhouse Infirmary, Watton.
Collins, Clara F.	... Christchurch Hospital, New Zealand.
Cross-Buchanan, I.	... Royal Victoria Hospital, Bournemouth.
Dougherty, Ellen	... Wellington Hospital, New Zealand (Matron, Palmerston Hospital.)
Doughty, Evelyn G.	... St. John's House (cert.).
Fowler, Ellen E.	... St. Mary's Hospital (cert.).
Fleming, Mary L.	... St. John's House (cert.).
Gibb, Edith T.	... Charing Cross Hospital (cert.).
Hiatt, Annie H.	... Christchurch Hospital, New Zealand (cert.).
Hinton, Dora	... London Temperance Hospital.
Holt, Mary	... Great Yarmouth Hospital (cert.).
Jervis, Anna M. (Sister.)	... Royal I. of W. Infirmary (cert.).
Kitching, Mary O.	... Addenbrooke's Hospital, Cambridge (cert.).
Lambert, Ada	... Evelina Hospital.
Lenanton, Helen G.	... Sussex County Hospital, Brighton (cert.).
Lyons, Meta F.	... Hospital for Women and Children, Cork (cert.).
	(Lady Superintendent, Meath Hospital Convalescent Home, Bray.)
MacLeod, Annie	... St. George's Hospital (cert.).
Major, Julia	... St. Bartholomew's Hospital (cert.).
Morrison, Ada	... Auckland Hospital, New Zealand.
Nelson, Florence L.	... Carnaven Hospital, South Africa. (Cert. Colonial Medical Council.)
Philipson, Florence	... Auckland Hospital, New Zealand (cert.).
Ratcliff, Florence	... University College Hospital.
Ratcliff, Jessie	... University College Hospital.
Sharpe, Gertrude	... Royal Hospital, Reading (cert.).
Snell, Jessie	... London Homoeopathic Hosp. (cert.).
Thompson, Isabel	... Addenbrooke's Hospital, Cambridge (cert.).
Vernon, Kate	... St. Thomas's Hospital.
Warriner, Ellen (Matron, Woods Hospital, Glossop.)	... Royal Infirmary, Manchester.
Wilkinson, Jean A.	... St. Bartholomew's Hospital (cert.).
Wright, Grace J.	... Middlesex Hospital (cert.).

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