

alike. And as its ingredients are to be found in every household, there is no difficulty in having it whenever needed.

Another feature recommending its use is its non-toxicity, although the quantity and frequency of administration are to be regulated by reason, as is any form of treatment. In preparing the solution for use, we find there are several formulæ, of which the following is commonly given: Sodium chloride, or common salt, one and a half drachms to one quart of sterile water; or, as this solution is not changed chemically by boiling, the ingredients may be put together and boiled one-half hour; or, to be more particular, a perfectly clean bottle or fruit-jar has clean linen or gauze placed over the top for a filter, the salt is put on this, and the sterile water poured through it, thus dissolving and holding the salt in solution. The cover is then tightly adjusted and the can put into a vessel of water and boiled one-half hour.

If one is so placed that the exact weight of salt cannot be obtained, a teaspoonful is the equivalent.

As to the ways in which it may be used, there are several. Typically, transfusion is the process. But when a patient is in such a critical condition as to need the stimulating effect of the solution, there is scarcely time to spare to open a vein with all the precautions necessary, and consequently the fluid is injected into the connective tissue to be absorbed, thus reaching the blood in a less direct manner. In either case the operation is considered in the light of a hypodermic injection on a large scale, and it is obvious how necessary it is to have every step done in strict accordance with aseptic preciseness. The utensils employed, the hands of the operator, and the surface of the body selected must be surgically clean. In the absence of other appliances, a fountain syringe will answer, or a funnel to which is attached a piece of rubber tubing. The hypodermic needle is too small, but can be used in the absence of any other.

The solution should be at the body temperature, as the absorbing surfaces can act better at that temperature. In introducing the solution by rectum the same points are to be observed as in giving enemata. The rectum should be unloaded by simple enema, the hips elevated to aid the gravitation of the fluid, and the solution emptied high up by inserting the tube as far as the sigmoid flexure. Among the uses for which it is employed may be mentioned that of a spray or gargle in nose and throat affection

as a cleansing measure. It is a common proceeding for some surgeons, when performing a laparotomy, to fill the abdominal cavity with the solution just before stitching the abdominal wall, claiming that, aside from its other properties, it modifies to a considerable extent the excessive thirst following operation.

In doing plastic operations surgeons recommend the irrigation of the working field with normal salt solution, in this way keeping the part clean and free from blood without the use of sponges. In cases of extensive burns, or wounds needing skin grafting, the grafts are immersed in this solution as an ideal preservative. In intestinal disturbances, where there are so many watery evacuations, the introduction of salt solution compensates for this loss in a most effectual manner.

It is interesting to notice the changes in a patient after the successful administration of normal salt solution. The arterial pressure is raised, the skin becomes moist, the kidneys are more active, thirst disappears, and temperature is elevated. Severe cases of hæmorrhage, which ordinarily would be regarded as fatal, are now given a new lease of life through the judicious introduction of this valuable agent. And we think it is not exaggeration to say it is one of the simplest and one of the most important remedies in general use at the present time.

Wedding Bells.

A MOST interesting engagement has just been announced between Miss Annie Beadsmore-Smith, Sister of Sitwell Ward, St. Bartholomew's Hospital, and Captain Maxwell, a nephew of Earl Roberts, K.G.

Miss Beadsmore-Smith entered the nursing school of "Bart's" in 1891, and gained her certificate in 1894. She has had a most comprehensive experience in nursing, having, during the last ten years, worked as probationer, staff nurse, private nurse, night superintendent, and Sister, on the staff of her Alma Mater. When war broke out in South Africa, Sister Sitwell volunteered for active service, and left for the seat of war in December, 1899, and she was fortunate enough to be selected to help Countess Roberts in her splendid work for the wounded in the big military centres at Bloemfontein, Pretoria, and elsewhere, where her skill and characteristics proved invaluable. We congratulate the gallant Captain upon his good fortune in gaining the affection of so charming and talented a woman, for Sister Sitwell is very popular and greatly respected by all her colleagues.

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