

Jones, Dolgelly; Miss A. M. Cracknall, Keighley; Miss A. Higgs, High Wycombe; Miss Longley, York; Miss K. Eckersley, Middlesbro'; Miss A. Sleightholme, York; Miss E. Gibson, Wimbledon; Miss Romaine, Dublin; Miss Chamberlayne, Longney; Mrs. Vincent, Redhill; Miss A. F. Muller, Boxmoor; Miss M. A. Cole, Marlow; Miss Baily, Clonmel; Miss H. Bacon, Houghton-le-Spring; Nurse Eliza, Middlesbro'; Miss Davies, Liverpool; Miss E. E. Marshall, Leeds; Mrs. Arthur, Slough; Miss F. E. Buckingham, Ruthin; Miss Dinnie, West Malling; Miss S. G. Kemp, Belfast; Miss J. G. Thomas, Leyton; Miss Going, St. Andrews; Miss B. Valentine, Castleton; Miss M. Braye, Loughborough; Miss M. Cowell, London; Miss I. Lavell, Margate; Miss G. B. Macvitie, Hertingfordbury; Miss A. E. Foster, Banbury; Miss E. Horton, Glasgow; Sister Cordelia, Aberdare.

We imagine that the excellent articles named in the Puzzles last month must be well-known and popular with our readers, as such a much larger number than usual have been able to solve them.

The new set of puzzles will be found on page viii. The rules remain the same.

### Practical Points.

In a recent number of the *Eclectic Medical Journal*, Dr. Russell, of Cincinnati, Ohio,

writes as follows regarding the adaptability of celluloid as a material for use as splints:—

"Recently, in taking home a sheet of celluloid for side curtains to an automobile, I thrust my arm through the roll of celluloid, and discovered that it would make an ideal splint to use in dressing wounds, compound fractures, or other lesions requiring observations without disturbing the dressings.

"A small splint can be cut from the celluloid and incorporated in the rigid dressing required where we have compound fractures. This sheet celluloid would make good dressings for the hand and fingers, as it can be easily rolled in place, secured with small tapes of adhesive plaster, giving the surgeon a chance to make observation of the tissue inclosed.

"The fact that this splint is very cheap, and at the same time holds the parts carefully in apposition and allows the surgeon means for looking at the condition of the wound, argues much in its favour. In cases of compound fractures, the celluloid splint can be placed immediately over the wound, holding the parts down, while a plaster paris dressing encases the posterior part of the limb.

"The treatment of wounds or incisions, following a surgical operation, is greatly simplified at the conclusion of the operation by the intra-dermic suture closing the incision.

"It has been my plan for a long time—and it came to me by accident—to moisten sterile gauze with alcohol, and place it over the line of the incision, and over this place other gauze pads, and bind all with a roller bandage, leaving the wound undisturbed until the proper time for the completion of the union."

Miss Estelle Campbell writes<sup>8</sup> in the *American Journal of Nursing* on eclampsia:—As

eclampsia is generally considered the most serious complication of childbirth except hæmorrhage, we should have a perfect knowledge of the disease. Although it is said to occur but once in each three hundred and thirty cases and it is not met frequently by the nurse, it is of such a serious nature that it requires the most skilful attention when it does occur. The following definition of eclampsia is given us by Dr. Jewett: "An acute morbid condition making its advent during pregnancy, labour, or the puerperal state, which is characterised by a series of tonic and clonic convulsions affecting first the voluntary, then the involuntary muscles, accompanied by complete loss of consciousness and ending in coma or sleep."

The convulsions in eclampsia are most horrible and come on suddenly, although there may have been premonitory symptoms such as headache, restlessness and insomnia, dizziness, vomiting, pain in pit of stomach, blurred vision, unusual irritability, and a lessened secretion of highly-coloured urine. The occurrence of any of these symptoms should be reported at once to the physician, as it is possible in some cases to avoid an attack, if preventive measures are taken early. Eclampsia sometimes occurs early in pregnancy, long before the nurse's duties have begun with the patient, and these early attacks are more serious as a rule than those which occur later, or during delivery.

When a nurse is present during an attack, she should give attention to the patient's tongue, as it is sometimes bitten or may fall back and cause the patient to choke. The convulsions usually cease when labour is ended, but may continue for several days, and death may follow some time after delivery. It is the nurse's duty to note the amount and character of urine from the time she takes charge of a pregnant patient, as reports of obstetricians show that eclampsia is caused largely by renal diseases, although a number of cases have been observed where there were no renal disturbances.

The danger of eclampsia, however, is materially lessened where sufficient urine is passed. During pregnancy all elimination should be kept up freely. When a patient during gestation shows a tendency towards albuminuria, she is kept on a non-nitrogenous diet and sometimes upon a strictly milk diet.

The maternal mortality in eclampsia is estimated at thirty per cent., while death to the foetus occurs in at least fifty per cent. of these cases; one severe convulsion may kill the foetus. A child born of an eclamptic parent should receive the most careful attention on the part of the nurse, as its vitality is very much reduced, and supportive measures are necessary. Only too often these little lives are lost during the first twenty-four hours.

Eclampsia is more frequent in primipare than in multipare, but in whatever case it may occur it is an emergency of the most severe character, and requires skilful and alert attention. It is a sad fact that eclampsia is often followed by insanity, apoplexy, and Bright's disease.

[previous page](#)

[next page](#)