

Practical Points from Post-Card Competition.

To arrest post partum hæmorrhage.—Supposing nurse alone. Patient in a large double bed, which would probably collapse if an attempt were made to raise it at the foot. Instead of doing so take an ordinary high-backed chair, turn it upside down in bed and throw over it a folded blanket or rug. Drag patient, legs first, up this incline till her legs are quite hooked over the rung. Remove all pillows from her head and place one or a small rolled blanket beneath her buttocks to fill in the hollow made by the angle of the chair. Let any nurse try this for herself, and see how comfortable the position is, albeit almost standing on her head. WESTRALIAN.

Hot Sand Warmers.—In many poor households the lack of a supply of hot-water bottles presents one of the minor difficulties to the nurse. Rubber bottles are expensive, and earthenware bottles are liable to be broken. Lacking these, bags filled with sand are very useful and retain the heat equally long. Cut a piece of strong calico the size and shape required, thoroughly dry some nice clean sand in the oven, fill the bag with the sand and sew up the end, cover with flannel jacket. The bag can readily be reheated by placing it for a few minutes in the oven. Hot salt or bran are equally efficient, but sand is practically within everyone's means. S. F. POLLARD.

The Prevention of Bedsores.—Much care as we all know is needed in the care of chronic patients, especially those who are obliged to remain in one position for any length of time—such as hip cases and those in extensions. In a busy ward I have lately had one such incurable hip case which was a great anxiety, as he had to be nursed in a double Thomas's splint. The dressing was extensive and exhausting, and the back could only be attended to twice in twenty-four hours. I found that the ordinary method of washing well with the hand, drying, and rubbing the upper part of the back with methylated spirit and starch powder was successful, but for the lumbar region in addition, the surface of the skin was entirely covered with kaoline, mixed with water to the consistency of a thick cream. I had this case on my hands for five months, and found the treatment entirely successful. In some cases I find drying the back with the soap on is useful, but it should be done after a second lather and not the one employed for cleansing purposes. SISTER MILLIOENT.

Chilblains.—The treatment of chilblains should be conducted on similar lines to frostbite. Warmth should not be restored, after the exposure, by hot water, or by holding the part before the fire. Rubbing with iced water or snow is recommended, or simple and not too vigorous friction with the hands. Young persons are especially prone to be attacked by chilblains, particularly those who are not of a strong constitution. The prevention of chilblains is better than their cure, and if it is remembered that it is not mere exposure to cold

that determines their appearance, but the sudden change from severe cold to heat, one of the chief means of prevention is indicated.

"LE GROS ENFANT."

Frozen Milk.—The following is a good method of varying milk feeds, when no refrigerator is to hand. Get a toffee tin or earthenware jar, either so long as it is clean and watertight and has a close fitting lid. Fill it with fresh milk, flavoured with coffee, chocolate or other flavour if required, and place it in a basin which has a hole in the bottom. Stand the basin over a jam jar or raised on a saucer, then place in the basin all round the pot of milk lumps of ice and sprinkle these with salt—the coldest freezing mixture there is. Put the whole arrangement into an ice box if available, otherwise wrap it in flannel, and stand it in the coolest place possible. Add fresh ice or salt occasionally when necessary. In from four to six hours the milk will be so hard it can be cut and given to the patient with a spoon. Patients who crave for ice to suck and who dislike milk, often find this flavoured iced milk a pleasant change.

E. C. EVANS.

Gas Shade.—A piece of dark blue or brown paper, about 8 inches by 6, will make an efficient shade for gas in a sick room. The shade is fixed on by two hairpins, one end of each being bent down like a hook. The long ends are passed through the paper about an inch from the top, the short ends hang on the globe. The shade is easily removed when necessary and when in place will enable the nurse to read or work in comfort without the patient suffering from a glare of light. E. M. DICKSON.

To Lift a Patient Not Entirely Helpless up in Bed.—Direct the patient to draw up his legs (if one is disabled the sound limb is sufficient) and press his feet into the bed, keeping his head off the pillow. The nurse then puts her right arm through the patient's right armpit, her left arm round his back, below the shoulders, his (the patient's) left arm can grasp the nurse. In cases where the patient may only be raised very little from the horizontal position, it is better for the nurse to put her left arm round the back below the shoulders and her right arm across the loins, the patient's head being raised and knees fixed as before. By these methods a good hold is obtained, and the available strength of both used to the best advantage. ELLEN CROOK.

The Application of Splints.—In applying splints the points to bear in mind are that they are used to prevent movement to secure rest to the injured part, and to remedy faulty union. In padding them it must be remembered that the splints when padded should be wider than the limb to which they are to be applied, also that the pads should extend beyond the ends and sides of the splints which are to be covered. A point to be remembered in adjusting a splint is that the plaster by means of which it is secured to the limb, should not start from the limb but from the splint. Of course in the case of a compound fracture, due provision must be made for the easy dressing of the wound. GALEN.

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