

Practical Points.

How to
Revive the Victim
of an
Electric Shock.

Dr. Augustin Goelet gives the following interesting method for reviving victims of electric shock, in the *Nurses' Journal of the Pacific Coast*:

First. Remove body at once from electric circuit by breaking contact with the conductors. This may be accomplished by using a dry stick of wood (which is a non-conductor) to roll or shove the body over to one side, or to push aside a wire if that is conveying a current. If a dry stick is not available, a dry piece of clothing may be used to protect the hand in seizing the body of the victim, unless rubber gloves are convenient. If the body is in contact with the earth, the coat-tails of the victim, or any detached or loose piece of clothing, may be seized with impunity to draw the body away from the conductor.

Second. Turn the body upon the back, loosen the collar and clothing about the neck, roll up a coat and place it under the shoulders to let the head fall back, and then begin efforts to make the victim breathe, just as would be done in case of drowning. To accomplish this, kneel at the subject's head, facing him, and, seizing both his arms, draw them forcibly to their full length over his head, so as to bring them almost together above it, and hold them there for two or three seconds only; this is to allow the chest to expand and favour the entrance of air into the lungs. Then carry the arms down to the sides and front of the chest, firmly pressing them against the chest walls; this is to expel the air from the lungs. Repeat this operation for about sixteen times a minute, and continue for one hour unless natural respiration is earlier established.

Third. While the arms are being worked some one else should reach under and grasp the subject's tongue with a handkerchief or piece of cloth, to prevent slipping, and draw the tongue out forcibly to the limit, while the arms are raised above the head, and then allow it to recede each time the chest is compressed. This manœuvre not only serves to open the throat and allow the passage of air into the lungs, but it excites a reflex irritation from the forcible contact of the under side of the tongue with the lower teeth, which frequently stimulates an involuntary effort at respiration. To secure the tongue if the teeth are clenched, force the jaws apart with a stick, or the handle of a pocket knife.

The dashing of cold water into the victim's face will sometimes produce a gasp and start breathing, which should then be helped by the continued arm action. If the cold water dash is not successful, rub the back-bone vigorously with cold water to start a gasp, which can be developed into breathing by working the arms. Alternate applications of heat and cold over the region of the heart will in some instances start an artificial gasp.

Do not try to pour anything down the patient's throat. Use no stimulants; but when a physician arrives, oxygen gas, which can be obtained at a drug store, may be given. It is a powerful stimulant to the heart, if it can be made to enter the lungs. Improvise a cone from stiff paper and attach to the tube leading from the tank; cover the patient's mouth and nose with this cone, and while the gas is turned on continue the efforts towards artificial breathing. These treatments should not be discontinued until tried for at least an hour.

Appointments.**LADY SUPERINTENDENT.**

Salop Infirmary, Shrewsbury.—Miss E. S. Gar-side has been appointed Lady Superintendent. She was trained at the Royal Infirmary, Liverpool, and has held the positions of Sister at the Salop Infirmary, Night Sister at the Children's Infirmary, Liverpool, Night Sister and Home Sister at the General Hospital, Birmingham, and Matron of the Essex and Colchester General Hospital, Colchester.

MATRON.

Isolation Hospital, Chester-le-Street.—Miss Emily Howard has been appointed Matron. She was trained at the Royal Chest Hospital, City Road, E.C., and at the Poplar and Stepney Sick Asylum. She has held the position of Sister at the Kingstons Infirmary, and at the St. Pancras South Infirmary, London.

Infectious Diseases Hospital, Kelso.—Miss Amy Sharp has been appointed Matron. She was trained at the Royal Infirmary, Wigan, and at the Sanatorium, Middlesbrough, and has held the position of Night Superintendent at the Royal Infirmary, Dumfries.

Bloomfield Private Asylum, Dublin.—Miss A. W. Sampson has been appointed Matron in place of Miss Haughton, who has resigned. Miss Sampson was trained in the Adelaide Hospital, Dublin, and has since obtained the Medico Psychological Certificate qualifying her for her new position.

Home of Comfort for the Dying, Southsea.—Miss Adela Leeper has been appointed Nurse Matron. She was trained at University College Hospital, Gower Street, and the Hospital for Women, Soho Square, and has held the position of Head Nurse in various nursing homes in London and the provinces, and has also worked as a District Nurse in Scotland.

Old Somerset Hospital, Cape Town.—Miss Mary A. Nutt, R.R.C., has been appointed Matron. She was trained at Guy's Hospital, London, and subsequently worked on the West Coast of Africa as a Sister with the West Frontier Force, and for her services in this connection was awarded the Royal Red Cross. She then, till November, 1902, was Matron of the Village Hospital, Buckhurst Hill, Essex. In December, 1902, she went out to South Africa, where she worked as Sister in a Leper Lazaretto, and Temporary Sister at the Lunatic Asylum, Bloemfontein, O.R.C. In October, 1903, she was appointed Sister at the New Somerset Hos-

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