

for examination. Saline is sometimes ordered to help to counteract shock, either continuous or per rectum; and such things as strong coffee, &c., may be given by mouth. Vomiting is often a favourable symptom, as helping to get rid of the dirty water which has probably been swallowed.

The chief complications are compression or concussion of the brain, the latter being the most common. For this reason absolute rest and quiet are necessary, the patient being kept as far as possible in a recumbent position.

Ice bags may be ordered by the doctor, or iced water by Leiter's tubes; by the latter an even flow of iced water is applied to the head. In giving same, a piece of lint should be applied immediately next to the head, especially if the head has been shaved.

If an ice bag is used it should be seen that it is not too heavy, and that it always contains ice; otherwise, the water gets warm, and does harm rather than good.

Any wounds should be noted and reported to the doctor, who will probably order antiseptic dressings. Should there be any scalp wound, very great care must be taken in moving the patient, to avoid the danger of compound fracture.

In applying hot bottles, care should be taken to prevent burning, the patient being particularly susceptible to heat, the bottles should be well protected by flannel bags.

After consciousness has returned, it is usually best to keep the patient from the sight of water for some days. He should be kept warm, and nourishing food given, and in a favourable case recovery is rapid and sure.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. M. Barton Tharle, Miss Katherine Parry, Miss Gladys Tatham, Miss Emily Marshall, Miss Hannah Scott, Miss M. Barclay, Miss A. O'Donaghue.

Miss Tharle points out that where shock is the cause of death, "the skin is pale, the face placid, and there is no water in the lungs, because no attempt to breathe has been made, and it is because the lungs are free that slight cases of shock are more hopeful than cases of asphyxia.

"It is most important to begin artificial respiration immediately the body is taken from the water. The length of time that a body completely deprived of oxygen can live is uncertain; some say death results after three minutes of submersion, but artificial respiration must be continued for fifteen minutes, or even longer; although all signs of breathing have

apparently ceased, the pulse is imperceptible, and the pupils are widely dilated—the usual indications that death has occurred. Even with all these signs resuscitation may be possible, and should not be given up till the temperature of the body has fallen about 15° below the normal. A person has been resuscitated after several hours of suspended animation."

Miss Tharle then gives a lucid description of the various methods of artificial respiration—*i.e.*, Marshall Hall's, Laborde's (for cases in which the ribs are fractured), Sylvester's (for cases of fractured arm and ribs). She adds that in cases where the patient was immersed in foul water and has swallowed some, an emetic should be given as soon as he can stand it.

Miss K. Parry says that as soon as the patient is conscious and capable of swallowing he must be stimulated with hot milk, strong coffee, or tea.

Miss Gladys Tatham suggests that once respiration is fully re-established, the patient should be put to bed between blankets, and gently rubbed all over with warm towels.

Miss Emily Marshall points out that a person who has been suffocated by drowning will be black in the face, the veins of the neck and arms will be swollen, and the heart cannot be felt. In the struggles of a drowning person water is drawn into the lungs, and the result is suffocation.

Miss Barclay points out that brandy may be given hypodermically, and a rectal injection of black coffee and brandy may also be given. Also that for some days after immersion the patient should be treated with great care lest pneumonia should develop.

As after-treatment indicated if there is any distress in breathing, Miss Scott suggests a mustard plaster on the chest, and on the back below the shoulders. External warmth, artificial respiration, and friction are, in the first case, the three great agents toward recovery.

QUESTION FOR NEXT WEEK.

What is the distinction between abortion, miscarriage, and premature labour?

WELCOME HELP.

The President of the Society for State Registration of Trained Nurses gratefully acknowledges the following donations: Mrs. Bassnett Preston, £2 2s.; Anon., per Miss Brey, £2; Mrs. Lancelot Andrews, £1; Mrs. Robson, 10s.; Miss E. L. C. Eden, 10s.; Miss Fawkes, 5s.; Miss F. Hoddinott, 5s.; Miss Beatrice Kent, 5s.; Miss M. L. Culverwell, 4s.; the Hon. Albinia Brodrick, 2s.; Miss C. MacCarthy, 1s. 6d.; Miss A. L. Ross, 1s.

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