

### OUR PRIZE COMPETITION.

#### HOW WOULD YOU RECOGNIZE AND DEAL WITH SHOCK OCCURRING AFTER DELIVERY?

We have pleasure in awarding the prize this week to Mrs. Farthing, Wem Poor Law Institution, Salop.

#### PRIZE PAPER.

I should recognize shock after delivery by :—

(1) The *extreme pallor* of face, lips, tongue, and nail-beds, extreme chilliness of the whole surface of the body, which is often bathed in cold sweat.

(2) The *temperature* is generally sub-normal.

(3) The *pulse* is small and rapid, soft and running, often so small as to be unable to be counted. It is generally from 120 beats to 160.

(4) *Respirations* shallow and sighing.

(5) *Restlessness* of the patient very marked.

She may complain of the bedclothes being too heavy; she tosses from side to side, throwing her arms in the air, and groaning.

(6) *Faintness and dimness of vision* are grave danger signals, and I always prepare for trouble if my patient complains the room is growing dark.

*Treatment.*—I immediately send an urgent message to the medical officer, stating the condition of the patient. If due to hæmorrhage, which is often the case, I do all in my power to arrest it until doctor arrives, taking great care to observe all the rules of asepsis.

(a) As warmth is most essential, I place my patient in warm blankets, with plenty of hot bottles well protected in flannel wrappers.

(b) I endeavour to stimulate the heart by hot fomentations over it.

(c) I endeavour to diminish the quantity of blood in other organs of the body, and increase the limited supply to the brain and viscera :—  
(1) by placing the foot of the bed on blocks and thus making the head the lowest part of the body; (2) by bandaging the arms and legs.

(d) I endeavour to increase the amount of fluid in the blood-vessels by :—(1) Giving plenty of fluid by the mouth; (2) by injecting saline solution into the rectum—one drachm of common salt to one pint of water (give very slowly, or it will probably be returned); one pint may be given every half-hour, until three or four pints have been taken. If giving fluid by the mouth, milk and soda may be given. If the rectum does not retain the fluid, make it do so by pressure on the anus of a pad of cotton wool.

When doctor arrives, he may think it necessary to infuse saline solution into a vein, or the connective tissues of the breast, axilla, or buttock, so have all ready for him in the way of appliances, saline solution, and prepare the

patient for him to perform intravenous infusion of saline.

Great caution should be exercised by a nurse or midwife in giving any stimulant in any case of hæmorrhage, as it may have the effect of increasing it.

#### HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss Alice R. West, Miss R. A. Beattie, Miss P. Thomson, Miss Helen James, Miss M. J. Rees.

#### QUESTION FOR NEXT WEEK.

What do you know of the Carrell-Dakin treatment of septic wounds? Describe the method of its application.

### THE PROBLEM OF THE DISABLED.

A meeting was held in the Lecture Hall of the Royal Institute of Public Health on Wednesday, November 14th, to discuss the Problem of the Disabled. The Chairman was H.M. King Manoel, ex-King of Portugal, and the speaker Lieut.-Colonel Sir Robert Jones, F.R.C.S., A.M.S.

The Chairman said he considered it a high compliment to have been asked to take the chair at this meeting. He had no words to express the wonderful services rendered to the work by Sir Robert. This problem was not only of the present, but of the future. They were dealing with men who had offered their lives for King and country, with the hope of making them once more useful citizens. He wished to pay the highest tribute to the work of Sir Robert, who organised orthopædic centres up and down the country. He himself was only a humble worker, who considered it a great joy and privilege to have a chief like him.

Sir Robert, in acknowledging this tribute, said that the workshops and gymnasium at Shepherd's Bush owed their existence to His Majesty, and that without his help the work would have been very different indeed.

It was his aim, and the aim of those associated with this scheme, that men broken in the war should not become helpless dependents, but a serious economic power, otherwise they had better have died upon the field.

At the outset of the war no surgeon had realised the extent of the appalling sepsis, due to the mud of Flanders and the manure which is freely used in that country. No surgeon had experienced before the terrible injuries resulting from high explosives, which were the factors in producing so large a number of cripples. Sir Robert went on to describe the

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