

OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH A CASE OF SUSPENDED ANIMATION AFTER SUBMERSION IN WATER?

We have pleasure in awarding the prize this week to Miss Rachel Dodd, Woolwich Home for Ailing Babies, Eglinton Road, Plumstead, S.E. 18.

PRIZE PAPER.

In dealing with a case of suspended animation after submersion in water, the first step I should take, after sending for medical assistance, would be to endeavour to get the impure blood aerated by artificial respiration, as complete deprivation of oxygen results in death after three to five minutes, and therefore recovery is unlikely if the submersion under water has lasted longer than a few minutes.

On removal of the patient from the water, I should quickly remove false teeth, if any, and other foreign matter from the mouth and nose, and lose no time in commencing artificial respiration, without delay for any examination, removal of clothing or the like. Professor Schäfer's prone-posture method I should choose, in preference to others, as it has the advantage of extreme simplicity and great effectiveness. Further, no time is lost in freeing the air-passages of water and mucus, which may drain from the mouth during the whole procedure; there is no trouble caused by the tongue falling backwards into the throat as in the face upwards methods; the patient is not so liable to bruising nor injury of the ribs and liver.

I should place the patient face downwards on the ground, with a firm pad under the lower part of the chest; turn the face a little to one side, so that the mouth and nose are not obstructed; kneel astride the patient, facing his head, and place my hands over the lower part of his back, one on each side (on the lowest ribs); throw the weight of my body forwards upon my hands, so as to express air (and water, if any) out of patient's lungs; raise my body to take off pressure, and allow his chest to expand, repeating these movements twelve to fifteen times per minute until breathing is restored, not desisting for several hours, as cases are recorded to have recovered after this period of time.

When breathing has been restored, if at all possible, the patient should be carried, in the recumbent position, and placed in a warm

bed, after removal of all wet clothes, which I should replace by warm, dry ones.

I should then make efforts, at once, to restore the feeble circulation and to regain the body warmth. To this end I should wrap the patient in hot blankets, with hot bottles to the sides and feet, and apply friction to the arms and legs by rubbing gently but firmly towards the heart. The lips and gums may be rubbed with brandy until the power of swallowing returns, on the return of which I should administer sips of hot brandy and water, hot coffee, &c.

When the heart continues feeble, and indeed during the performance of artificial respiration (but not in such a way as to impede the latter, which is of paramount importance), hot sponges or cloths may be applied to the front of the chest over the heart.

Smelling salts, amyl-nitrite, or ammonia, whichever is at hand, may be held to the nose. If the patient shows a tendency to sleep it should be encouraged, but he should be most carefully watched during the whole time lest breathing should again cease, when artificial respiration must again be commenced. The room must be kept at an even temperature, 65° Fah., with a current of fresh air passing through, but in such a way as not to expose the patient to draughts.

Complications may arise, such as lung and kidney trouble, and, as prophylactic measures, the doctor may order linseed and mustard poultices.

When the heart is very feeble, or has even stopped beating, the face extremely cyanosed, and the veins of the arms and neck swollen, the doctor may wish to do venæ-section, so allowing the blood to escape and the heart to contract again.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Mrs. G. Firth Scott, Miss J. F. Spencer, Miss M. Robertson, Miss F. Grey, Miss P. Thomson.

Miss J. F. Spencer writes: "If collapse is very great, a stimulant enema may be given. Keep patient in bed for several days to guard against further shock and chill. If patient should be surrounded by a crowd when being restored, get someone to remove the people right away, so as the patient is able to have as much fresh air as possible."

QUESTION FOR NEXT WEEK.

Detail the nursing of a patient suffering from failing heart with general oedema.

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