

an increased wage or unemployment insurance—all these have contributed substantially to the improved nutrition of the people in recent years. Their whole dietary has undergone reform—food, fruit, fish, meat, and dairy products are brought from far distant sources, transported under new methods of refrigeration, canning and packing; and betterment in quality has accompanied increase in quantity.

“Yet notwithstanding these advances the nutrition of the people leaves much to be desired. For whilst all men are agreed that nutrition is the foundation of individual and national health, there is still much apathy and ignorance in the choice of nutritious foods, often associated with deplorable ineptitude in cookery. *Our scientific knowledge stands far ahead of our practice*: and our extraordinary range of food markets, oversea and at home, combined with expeditious transport, have brought to our tables the material for securing a dietary beyond the dreams of our forefathers, attractive and nutritious. But we do not use it sufficiently or wisely.

“We continue many old bad habits in regard to meals which we permit to become monotonous and stale, badly cooked, unappetizing, untidily served. Many hungry consumers bolt their food, or wash it down with tea or beer, forgetting that such a custom is unfair to the food, the tea, the beer, and the body. Some persons no doubt are under-fed, but many are over-fed—giving their poor bodies little rest, clogging them with yet more food, and disregarding the imperative necessity to health and appetite of a thoroughly cleansed alimentary tract.

“It is not too much to say that our national capacity for work and output is impaired by unsatisfactory nutrition.”

We hope to refer again to this extremely interesting and important Report.

## MECHANICAL BREATHING.

### THE DRINKER RESPIRATOR.

Following on a letter in *The Times* on the subject of the “Drinker” Respirator from the Secretary of the Swindon Hospital, a patient in the Wingfield-Morris Hospital, Headington, Oxford, Mr. John M. Turner, writes to our contemporary concerning his treatment and recovery, after the use of the Drinker Respirator, which, he says, “as regards the respiratory muscles, is considered almost complete. Apart from one or two slight inconveniences, such as being unable to sneeze and laugh normally, there is nothing to show that at one time all my breathing had to be done for me by machinery.”

Mr. Turner adds: “I would like to take this opportunity of suggesting that something should be done to procure more of these respirators in this country, as at the moment, I believe, there is only one. This would save the lives of many patients with, for example, pneumonia, or, as in my own case, infantile paralysis. The initial cost would soon be repaid, for at this hospital alone five cases of infantile paralysis have been treated in the respirator since I was in it myself (from October 6 to December 12 of last year). I believe I was the first person to use it for paralysis in this country, although many have in the United States.”

The Chairman of the Wingfield-Morris Orthopædic Hospital, Mr. S. M. Burrows, also writes:—

“With reference to Mr. G. H. Hamilton’s letter in Monday’s issue of *The Times* describing the Drinker respirator and its successful use in a case of infantile paralysis, it may interest your readers to know that this same respirator was very kindly lent to the Wingfield-Morris Orthopædic Hospital, Oxford, by Sir Robert Davis, of Messrs. Siebe Gorman and Co., Limited, in October,

1932, and it has been in use here for similar cases practically continuously from that time until it was sent to London, for the case Mr. Hamilton describes, a few weeks ago.

“Sir Robert Davis sent the respirator down to Oxford at a moment’s notice for the use of a very severe case of infantile paralysis, a public school boy whose breathing had entirely ceased. Artificial respiration was carried on by the hospital staff for 10 hours until the respirator arrived. The patient was then put in the respirator and gradually the respiratory muscles improved in strength. In nine days the patient could remain out of the respirator for one hour, and after a good many weeks he was able to dispense with its help entirely. It undoubtedly saved his life, and I believe I am right in saying that his was the first life saved by it in this country.

“When H.R.H. the Prince of Wales opened the new Wingfield-Morris Hospital buildings this patient occupied the respirator again for a time so that its use could be demonstrated to the Prince.

“Since this first case two other acute cases of respiratory paralysis have recovered the use of their chest muscles thanks to the respirator. It certainly saved the lives of these three patients, breathing for them until they could breathe for themselves again. It has also been used to good effect to improve the breathing capacity of one or two other patients with weakened respiratory power, and this side of its work appears to be of great value.”

## THE HANDLING OF DANGEROUS DRUGS.

We agree with the opinion expressed by the Coroner, Dr. A. Ambrose, after an inquest at the Whipps Cross Hospital, Leyton, on a two-months-old baby who died in the hospital.

The facts as related at the inquest are:—

He thought the child recovered from the poisoning, although the medicine given was sixty times too strong.

He thought it was a mistake on the part of the nurses.

Nurse Dreig said she entered the prescription in the record book as atropine 1 in 1,000 to the drachm. The prescription was not on the bed card.

Nurse Davies said she told her relief to administer the medicine as it was due at the time she was going off. She got it from the kitchen. It was the smaller of the two bottles produced in court and on it was the name of Welsh. (The baby’s name was Butcher.—Ed.)

She did not hesitate to give it to the baby because the prescription corresponded with the entry in the book.

Dr. Ambrose, having recorded a verdict in accordance with the medical evidence, said to Dr. Orm Kelly, Medical Superintendent of the Hospital:—

“It seems very unsatisfactory. In the first place this bottle contained a strong solution of atropine, and instead of being locked up it was left in a place where any probationer could get it.

“The next point is that the order of the doctor to give the child one minim dose of atropine one-in-a-thousand, was translated in the book—which is no good if not accurate—into a dose of a drachm, which is sixty times as much. It is very unsatisfactory that strong drugs should be handled in this loose and careless fashion. It does not reflect credit.

“Then the two bottles which I believe were concerned were sent down and washed, so that the labels were taken off, and there is no opportunity of seeing what was on them. That was a most wrong thing to do.”

We gather from the evidence that the prescription was not written on the patient’s bed card. It should be an invariable rule in connection with dangerous drugs that this should be done, and that nurses for their own protection, and that of the patients, should act only on a written prescription.

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