

It was agreed to acknowledge with sincere thanks the letter from Sir Alfred Webb-Johnson, and to bear in mind the opinion of the standing Joint Committee of the three Medical Colleges "that it would be advisable to maintain closer and more regular contact between the representatives of the nursing profession and the Royal Medical Colleges, which by united action undesirable developments might be effectively opposed."

The Council of the British College of Nurses Ltd. were of opinion that de-grading of nursing efficiency would react most injuriously on the scientific care of the sick as directed by the Medical Faculty.

Financial Statement.

A very satisfactory Financial Report was adopted, and substantial surplus was reported. The 10 members on the Benevolent list continued to appreciate monthly the Ethel Mary Fletcher gifts.

Nominations to the Council.

The following nominations to the Council were agreed:—

(1) Vice-President: Mrs. Mabel C. Lediard, S.R.N., D.N. (Lond.), F.B.C.N.

(2) Fellows: Miss Helena McLoughlin, S.R.N., F.B.C.N., Miss A. Stewart Bryson, S.R.N., F.B.C.N.

The National Council of Nurses of Great Britain.

The following three new delegates were recommended for submission to the Executive Committee of the National Council of Nurses of Great Britain for appointment: Mrs. Mabel C. Lediard, S.R.N., D.N.; Miss Dorothy de M. Warren, S.R.N., D.N.; Miss Gladys M. Hardy, S.R.N., D.N. (Lond.).

Meeting of Grand Council of the National Council of Nurses of Great Britain.

The President made a short report of the conduct of business transacted at the Meeting of the Grand Council of the National Council of Nurses of Great Britain, held at Riddell House, St. Thomas's Hospital, on Friday, June 29th, when it reassembled after the cessation of war in Europe. As no meetings of the Council of the College are held in August, it was agreed to meet early in September in preparation for the Annual Meeting which takes place in November.

The Meeting then terminated, having offered warm congratulations to the new Vice-President Mrs. M. C. Lediard upon her approaching marriage on September 6th next.

WEDDING BELLS.

It is not often that a hospital Matron marries, and when one who has devoted some years of her life to a very strenuous position in aid of hundreds of patients, and also takes an active part in promoting the best interests of the Nursing Profession, the news that she is resigning her position on marriage naturally arouses warm sympathetic interest.

Thus when we received a card printed in silver from Mrs. Mabel Christina Lediard, S.R.N., requesting the pleasure of our company at her marriage with the Rev. Thomas O. H. Barber at St. Peter's Church, London Colney, on Thursday, September 6th, at 2 p.m., together with the Order of Service, it was evident that wedding bells were to ring in a very happy marriage, and it only remained to send warm congratulations for the future happiness of the vicar and a lady whose devotion to duty will develop in another sphere, and we feel sure her interest in professional affairs will remain as keen as ever.

As Matron of Middlesex Colony, Shenley, Herts. Mrs. Lediard has worked strenuously where the health of 1,200 patients is concerned. She has supervised a large staff of expert mental nurses who are on duty, with a training school attached. She has found time to associate

herself with organisations of mental nurses, keenly interested in the promotion of high standards of care for the mentally sick, and as a Fellow of the British College of Nurses, Ltd., has taken an active part in the welfare of the Nursing Profession, especially in opposing the de-grading of standards of nursing through the Nurses Act, 1943, so terribly injurious to the status of the Registered Nurse.

We cannot afford to lose the services of such leaders, and in offering warm congratulations and sincere hopes for future happiness, we wish to make it quite plain we hope for continued devotion to the profession we love.

ASPHYXIA.

By MISS L. GODDARD.

In all cases of strangulation from whatever cause death is usually very rapid, due to pressure on the throat which may be either manually applied or by a ligature, specially if the ligature is below the larynx.

Even though the constriction is slight the patient can become insensible very quickly.

Another method is by the patient voluntarily pushing some obstruction down into the larynx.

Strangulation may be accidental, sometimes occurring when children are playing with a rope or it may be impulsively done or intentional, in which case the person may be in a state of insanity or be quite sane, in some cases the cause may be due to alcohol, which by law is punishable unless insanity can be proved, if such is the case the patient is usually placed under one of the relatives.

Suicidal hanging is the most common seen, as it is so easily performed, it occurs in all ages, and if death does take place, little injury will be seen on the neck and the expression of the face is placid, the opposite to homicidal strangulation, in which the face appears swollen, livid and distorted, the eyeballs are prominent and the tongue protrudes. From the mouth, saliva specked with blood may be seen, the hands are clenched tightly and the spinal cord may even be injured or the hyoid bone fractured also.

Respiration persists for one or two minutes after strangulation and the heart beats for fifteen to thirty minutes.

Convulsions may occur during this period of time and also after recovery.

Cause of death may be due to asphyxia, shock or arrest of the cerebral circulation, owing to pressure on the vessels of the neck.

Treatment.—Promptitude of action is the great point immediately a person is found hanging he must be cut down, one hand severing the rope while the other supports the body to prevent the patient being injured by the fall.

The ligature around the neck must be removed, and if the body is warm, steps should be taken to restore animation by artificial respiration. Loosen any article of dress and at once proceed to give Sylvester's method, in some cases for hours.

Should there be assistance at hand dash some cold water on the chest and the body, then it should be briskly dried.

After recovery, death may take place due to convulsions or heart failure, or the patient may recover with hemiplegia.

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