

Cancer.

Deaths from cancer continued to increase, numbering 72,311, compared with 70,992 and 71,170 in 1940 and 1941 respectively. But the Comparative Mortality Index, which makes allowances for the changing age and sex distribution of the population and was fully described in the corresponding volume for 1941, shows a slight decrease to 0.992, compared with 1.002 for 1940 and 0.994 for 1941.

Road Accidents.

Deaths from motor vehicle and other road transport accidents fell from 7,000 in 1941 to 5,191 in 1942, 2,098 fewer than the figure for 1939, the highest ever recorded.

Air Raid Victims.

The trend of events in the air attacks on Britain can be seen from the figures for deaths of civilians due to operations of war. In 1940 and 1941 such deaths numbered 22,215 and 19,543 respectively. In 1942, however, the figures fell to 3,891, of which about a quarter occurred in April. There were only 89 deaths in the Administrative County of London, but among the towns hardest hit were Bath with 367 deaths, Norwich with 244, and Exeter with 240—the toll of the "Baedeker" raids.

Suicide.

A curious phenomenon of the first world war was repeated in the noticeable decrease in the number of suicides. From a pre-war average of about 5,000 annually, these deaths, which had decreased with each year of the war, fell to 3,416 during 1942.

NURSING APPOINTMENTS.**Nyasaland.**

Miss Elsie Smith, R.G.N., R.F.N., S.C.M., has been appointed Nursing Sister in Nyasaland. She was trained at the City Fever Hospital, Aberdeen, the Royal Infirmary, Glasgow, and at the Maternity Hospital, Bellshill, Lanarkshire.

Miss Smith has been Ward Sister at the Royal Infirmary, Glasgow; and Sister, Queen Alexandra's Imperial Military Nursing Service in West Africa.

Kenya.

Miss J. M. Bennett, S.R.N., S.C.M., has been appointed Nursing Sister in Kenya. She was trained at Harlow Wood Orthopaedic Hospital, Mansfield, Notts., a Private Nursing Home, Lyminge, near Folkestone, and Hope Hospital, Salford. Miss Bennett has held appointments at the Royal Hospital, Chesterfield.

Malaya.

Miss J. M. Boden, S.R.N., S.C.M., has been appointed Nursing Sister in Malaya. She was trained at the Park Hospital, Flixton, Manchester, and has held posts at Park Hospital, Davyhulme, Manchester; Whiston County Hospital, Prescott, Lancs.; Stepping Hill Hospital, Stockport; and the Borough General Hospital, Warrington.

Miss Boden served in India for three years with Queen Alexandra's Imperial Military Nursing Service Reserve, and has qualified for the Army Theatre Certificate.

Ward Sister.

Peel Hall Pulmonary Hospital, Little Hulton, near Bolton.—Miss Daisy Jerome, S.R.N., has been appointed Ward Sister. She was trained at the Leicester Royal Infirmary and at the London Chest Hospital, and has been Staff Nurse at the County Sanatorium, Markfield, Leicestershire, and Staff Nurse at the Woolwich Memorial Hospital.

LITTLE KNOWN USE FOR INSULIN.

BY EDWARD RICHMOND, M.R.I.P.H.H.

If the average professional nurse were asked what insulin is given for, he or she would probably reply: "For diabetes mellitus, of course." Such an answer, however, would only be partly true, for insulin is also used in the treatment of schizophrenia (also called dementia precox and "split-mind")—a mental disease from which young people between 14 and 25 years old sometimes suffer.

The shock to the brain which such treatment gives is eventually of great benefit to some schizophrenics, and 40 per cent. of those receiving such treatment are said to be cured.

The writer knows of one case at least who was ready for discharge three months after admission and, of course, fit to resume his job as an engineer. Another case, after only a fortnight's treatment, is making amazing progress. A slaving, speechless, stupid young man, thoroughly depressed because of a hopeless love affair, is now clean in his habits, thoroughly interested in everything, and also attends dances and reads novels. His recovery can be confidently expected soon.

Insulin Treatment Briefly Described.

The temperature of the room or side ward should be 65° F., and before the insulin injection, given about 8 a.m., the patient should rest in bed for an hour. He must have had no food since the previous night. After the subcutaneous injection of insulin, in the arm, which may vary from 10 to 120 units (70 or 80 units usually produce a shock), the pulse of the patient must be taken and recorded half-hourly, and he must be induced to sleep after having had the injection. Should the patient awaken for a few moments and complain of thirst, he may be given sips of water. The nurse should make notes of any pronounced salivation, sweating, and thirst. Also the time of the coma, too, and whether slight or otherwise and the duration. If the patient has a fit she will have a gauze-covered wooden spatula handy to place between his teeth and, of course, his night dress will be open at the neck.

Insulin shock comas are usually terminated quickly by giving the patient dextrose (33½ per cent.) intravenously. Another method (not usually adopted) is to give him 200 grammes of glucose in a pint of tepid water by nasal tube.

On recovery from the coma (usually three minutes after the glucose injection), the patient is thoroughly dried with warm towels, rendered comfortable, since his struggles have disarranged the bedding, and kept in bed another hour.

About 11 a.m. he is given two or three cups of potato soup and then a cup of tea (well-sweetened), bread and butter and a biscuit. He gets up about 11.30 a.m.

Before treatment, his temperature, pulse, and respiration are taken and recorded, and also in the evening. The injections are given once daily (Sundays excepted) for a month, as a rule.

The above article should prove of great interest to nurses, showing how the use of insulin can alleviate the sufferings of persons other than those who have been attacked by Diabetes Mellitus.

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