

has lately been drawn to the fact that they are hardly less useful for relief work on land and sea since they can make a rapid survey of the spot and fetch immediate help.

Last winter the "Aeronaut" Society of Revel had an opportunity of testing the services of an aeroplane in such circumstances. A large boat, the *Caroline*, found itself not only wedged in by the ice-blocks which, at this time of year, cover the Baltic Sea, but also threatened with destruction. With the help of an aeroplane, however, provisions were sent to the crew and ice-breakers were hurried to the spot, guided by the exact directions given by the aeroplane. This Society has done very useful work in carrying relief to the islanders of the Baltic, at those seasons of the year when the ice neither bears nor melts,—work similar to that done by the Swedish Red Cross in the North of Sweden. In the spring, the roads in Estonia are almost impassable because of the melting snow. The "Aeronaut" Society has also been the means of supplying relief in various forms to those people on land who, at this time of the year, are just as isolated as those on the islands.

From "The Trained Nurse Hospital Review."

TREATMENT OF ECLAMPSIA

When eclampsia has actually developed and convulsions are present or pending, the more or less standard technic which has been evolved and utilized with encouraging results for the last two years at the Grace Hospital, Detroit, Mich., is as follows:

1. One-half grain of morphine is administered if the patient is in convulsions when first seen.
2. Gastric lavage is given with a Jute tube passed through the nose. Following the lavage two ounces of magnesium sulphate is left in the stomach.
3. The patient is given a simple enema to be followed by a rectal instillation containing twenty grains of chloral hydrate and forty grains of sodium bromide. The instillation is repeated every four hours if the patient is restless.
4. Ten cubic centimeters of twenty-five per cent chemically pure magnesium sulphate is administered intravenously every two hours for four doses, then intramuscularly every four hours for an additional four doses.

No attempt is made to empty the uterus until convulsions have ceased and the evidences of eclampsia disappeared. By this time the patient will usually deliver herself spontaneously.

Procedure on admission at the New York Lying-in consists of a blood pressure reading, securing a catheterized specimen of urine, placing the patient in a darkened isolation room in which quiet prevails. Administration of one half grain of morphine hypodermically, the stomach washed and two ounces of castor oil poured down the tube at the end of the lavage. This is followed by a colonic irrigation of five gallons of a five per cent glucose solution. If the blood is above 175 m.m. of Hg., venesection is performed to reduce the blood pressure to 150 m.m. of Hg. Morphine, one quarter grain, is administered every hour until

the respirations drop to eight per minute. At this stage, convulsions will have ceased, labor developed normally or the patient may be delivered easily by low forceps within a short time.

Following an attack of eclampsia there may be an involvement of the various peripheral nerve groups accompanied by pain and loss of function, which may persist for many weeks.

From "The Madras Mail"

NURSE FIGHTS TRAMP

NO CRY FOR HELP LEST PATIENTS SUFFERED

Two instances of bravery by young nurses, who endured great suffering rather than cry out and disturb their patients were reported recently.

Nurse Mildred Mercer, aged 20, was in charge of a children's ward at Canterbury Sanatorium—an isolated building three miles from the city—when in the early hours of the morning a tramp burst into the room and attacked her.

Fearful of frightening her charge, she fought with him in silence. He hit her with a billiard cue, tried to choke her and bit her thumb. After 15 minutes Miss Mercer felt herself becoming exhausted, and cried for help.

The man at once ran away. The matron, roused by the cry found Nurse Mercer exhausted and speechless, and phoned for the police.

For some hours a number of constables searched the neighbouring woods, but without success. Miss Mercer's description of the man is:

Age 25-30; of tramp class: about 5 ft. 9ins. and broadly built; wearing a gray sportscoat and cap, and a yellow scarf; he had several days' growth of beard.

It is added that he probably has bite marks on his hands.

A similar story of quiet bravery was told at a Bath inquest on Miss Mabel Griffin, aged 28, a pupil midwife at a nursing home at Bath.

Miss Griffin, whose home is in Pontypridd, was sitting up late studying, when her apron came into contact with a portable gas fire. She tried to remove it but her clothing caught fire.

Fearing that if she screamed she would frighten the patients, she ran to a bathroom and attempted, in vain, to extinguish the flames.

She was running downstairs, when the night sister heard her and put out the flames with an extinguisher. Miss Griffin was severely burned and died after three weeks in hospital.

The coroner expressed admiration for the girl's conduct and her thoughtfulness for the patients. A verdict of death from accidental burns was recorded.

To remove wax or grease from cloth.—Hold a red-hot iron within an inch or two of the marks and afterwards rub with a soft clean rag.

To keep food sweet.—Hang a few small muslin bags filled with charcoal around the larder.