months when under the influence of gardenal. Previous to the use of this drug the number of fits had been progressively increasing. At the end of the second period of three months the patient developed a marked degree of œdema in both legs and some ascites. An investigation of this condition excluded the cardiac, renal and portal systems, nor was any local cause present. Blood tests for non-protein nitrogen, uric acid and chlorides gave normal percentages, and established the fact that the renal efficiency was good.

The gardenal was discontinued, the patient was kept in bed, and the dropsy disappeared in four days.

I am of opinion that the œdema was a toxic one, due to the action of the drug on the endothelial lining of the capillaries, increasing their permeability.

DANIEL J. O'CONNELL, M.B.

A Method of Nursing the Helpless and the Paralysed. By H. T. KIRKLAND, M.A., M.B., Ch.B.Glasg., Senior Assistant Medical Officer at the County Mental Hospital, Whittingham, Preston.

IT has long been recognized that one of the problems of hospital practice and of good nursing has been the treatment of those patients who, either through organic disease of the central nervous system or an advancing state of senile dementia, or the onset of one of the psychoses, have lost permanently or temporarily the control of their sphincters and are continually soiling themselves in bed. Anything which could be done for the amelioration of their unhappy lot—for some are extremely sensitive and feel their position acutely—would be welcomed by all concerned.

Some time ago, a colleague on a visit to a continental clinic brought back the particulars of a method of nursing which has been tried in this hospital and which, in my opinion, might be used with benefit in hospitals nursing cases of this kind.

The beds used are rectangular and box-like in shape, 6½ ft. long, 30 in. wide and 18 in. deep, and are constructed of 1-in. dressed boards. The box stands on legs 12 in. in height, and the whole is painted white. Castors may be fitted if desired, as in ordinary bedsteads. Dry sawdust* which will pass through a ¼-in. sieve and which is not too fine—to prevent caking—is used for filling up the box to about 6 in. from the top. Medicated sawdust, such as is obtained from pitch pine, may be substituted with advantage for ordinary sawdust.

The patient, wearing a short night-dress or shirt, lies directly on

* An improvement, certainly, on straw, which has been used in Continental asylums for many years.—[EDS.]

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the sawdust, which adapts itself to the shape of the patient's body, and acts like an air cushion or water bed. An ordinary pillow is used for supporting his head and he is covered with a sheet and blankets, as necessary, which, for appearance' sake, should not be as wide as usual, as they cannot be tucked in as on an ordinary bed. As soon as the patient is dirty, the excreta, with the soiled sawdust, are removed with a scoop and destroyed. The surface is again levelled down with the hand or a bed-stick, and fresh sawdust is added as required to keep it up to its former level. It is advisable to stir up the sawdust from the bottom periodically, to prevent caking. It is surprising, however, how little sawdust need be removed if the patient is attended to immediately he is wet.

A great deal of the success attending the use of the bed depends on the kind of patient. The senile dement, the paraplegic or hemiplegic and the quiet stuporose dementia præcox all make good subjects; but its use is contra-indicated in the very excited type of patient who attempts to cover himself with the sawdust, or in the destructive and depraved type who may eat the sawdust or throw it out of the box.

The bed has proved from experience to possess many advantages over the usual method of nursing this class of patients and possesses few disadvantages.

(1) The patient's friends recognize its value when its purpose is explained; and it has the appearance of the ordinary box bed which is frequently used to nurse the very restless patient.

(2) The patient is not so liable to injure himself by rolling off as on the hospital bed.

(3) It certainly prevents the formation of bed-sores, which are so apt to develop in this class of patients, despite the most careful attention and nursing, even on a water- or air-bed. One of my advanced cases of general paralysis of the insane, who was emaciated and contracted and nursed on a water-bed, developed a large bed-sore which defied all treatment until he was placed on the sawdust bed, when it healed up within one month.

(4) It is much easier to look after than the usual water-bed, and takes up less of the nurse's time in changing the patient and ensuring his cleanliness.

(5) It promotes a wholesome atmosphere around the bed and in the ward.

(6) The heavy burden usually thrown on the laundry by the never-ending stream of soiled linen, etc., is lightened to a remarkable extent.

I have to thank Dr. R. M. Clark, Medical Superintendent, for his invaluable help in carrying out this form of treatment.

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