

been received with mingled astonishment and amusement.

But we have a serious word to speak upon this matter—very serious questions to ask. Miss Lückes would have it believed that the fact that Hospitals “keep highly-trained private Nursing Staffs” effectually protects the public from being imposed upon by untrained women. For the moment we will take the argument upon her own ground. We will say that this certainly should be the case. We presume that the Committee of the London Hospital, and indeed the Committees of all Hospitals, will say the same thing. We presume that they would not for one moment tolerate that the public should be imposed upon by means of the Institution which they control. Then we suggest that the Committee should ask three very simple questions, and for their own sakes require true answers. Have Probationers—untrained Nurses—ever been sent out from the Wards of the Hospitals to nurse the sick outside their walls? If so, were the Doctors and the patients, to whom they were sent, led to believe that they were receiving what they wanted and were paying for—“highly Trained Nurses”? If not, will not everyone “seriously entertain the idea that the public *cannot* protect itself from untrained Nurses”? We advise these Committees to enquire when each Private Nurse who has been sent out received her Certificate; and if the first question is answered in the affirmative, we ask the Committees how they will protect themselves from public disapproval and distrust.

A GUIDE TO MEDICAL AND SURGICAL NURSING.*

CHAPTER XXI.—WARD DUTIES.

TAPPING for dropsy is a minor surgical operation which you will often witness. Though occasionally performed whilst the patient is seated in a chair, it is more common to place him in a recumbent position in bed. A broad flannel bandage should be placed round the abdomen, with the ends crossed behind, and entrusted to two assistants who draw it gradually tighter, and thus support the abdomen as the fluid escapes. You will require for this operation a pail or bucket, which should be placed sufficiently near the bed to allow the indiarubber tube, which is attached to the canula or instrument with which the incision is made, to convey the fluid into it without any noise or splashing. The aperture made will be closed with lint and plaster, and

* These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.

the surgeon will want a broad bandage, and perhaps some sheets of lint to use as a compress, in order to secure a proper amount of pressure on the wound. The patient must be carefully watched afterwards, so that any shivering or untoward symptoms may be at once detected.

CUPPING.

Cupping is the abstraction of blood from some particular spot by means of small glasses made for the purpose. After the glasses have been warmed, a bit of blotting paper soaked in spirits of wine is lighted and thrown into the glass, when it is allowed to burn for a few seconds, after which the glass is placed inverted on the spot, when a bladder will be seen to rise inside it. What is called the scarificator is now applied, and the glass reapplied as before. The glass may be easily removed by means of the thumb nail, taking care to detach the upper part first, that the blood may not run down. The glasses are to be applied in succession, but their position should be varied a little each time, in order that their edges may not press again on the same circle. Three or four ounces of blood are generally removed by each glass. The Nurse must be careful to arrange towels or mackintoshes in such a manner that the patient's clothes may not be soiled, and the skin should be previously well sponged with hot water, and dried with a warm towel.

On a table placed conveniently near she must have ready besides the glasses, &c., spirits of wine, a lighted candle, blotting paper, and sponges.

BLISTERS.

Blisters are raised by either the application of blistering paper, or painting the part to be affected with blistering fluid. After the blister has risen it must be snipped with scissors at the lower part, and a vessel held underneath, that none of the fluid may escape on to the other part of the skin. Sometimes the Nurse may be desired to cut round the whole of the bladder, in order to keep the blister open. Afterwards it will be, according to the Doctor's orders, covered with lint, spread with some simple dressing, or poulticed.

Never apply a blister immediately over either the nipple or umbilicus.

FOMENTATIONS.

Fomentations are generally used to allay pain, and are very easily prepared and applied by means of a coarse flannel, which should be placed in a basin inside a stout linen roller, and boiling water poured on it. The ends of the roller should then be twisted so as to squeeze out as much water as possible. When placed on the patient, the flannel should be covered with oiled silk or mackintosh.

LEECHES.

Nurses have endless receipts for making leeches bite, but I do not know that there is any better

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