

asked to accept the honourable post so well held and now vacated by Sir SYDNEY WATERLOW.

IN *The Indian Civil and Military Gazette* an important suggestion has lately been made by an officer to the effect that an Indian Medical Staff Corps should be formed similar to the existing English corps. "It is impossible to hide," writes this gentleman, "that very grave consequences are occurring from the introduction of the three or four Nursing Sisters to do the Nursing work in our larger Hospitals. Short-handed as they are, for the purpose of grasping their work, a most dangerous and entirely objectionable system of concentrating serious and typhoid cases is now going on. That is to say, for the purpose of obtaining good nursing, numbers of typhoid and serious cases are crowded into the Sisters' Ward, and a perpetual stream of such men are being sent, with hardly a break, into the same rooms, until the places become saturated with a typhoid atmosphere. The advantages of the Sisters' Nursing are, therefore, being daily handicapped by the fatal system of concentration of fevers going on in the Hospitals. No one would acknowledge the need of trained orderlies as their helpmates more than the Sisters themselves, who are often 'dead beat' from trying to accomplish an impossible task—viz., nursing twenty or thirty typhoid cases at one time. Inspections of Hospitals are made in the cold season—but visit a typhoid Ward on a July day, and see a Sister who has been on duty for twelve or fourteen hours over a Ward full of sick! It is a monstrous overtask, and it results entirely from the want of a reliable corps of trained orderlies, or the placing on the unattached list of a body of trusted men chosen specially to care for the sick." S. G.

WORK AND LEISURE (Mr. F. Kirby, 17, Bouverie Street, E.C.). Monthly, threepence.—The June number of this useful little magazine, "devoted to the interests of women," has articles on "Growing Flowers for Sale," "Ladies and Laundries," and a correspondence with the somewhat lugubrious title "Where shall lonely ladies die?" which refers to a scheme worthy of notice for providing a home for lonely aged ladies.

We desire to call the attention of our readers to the Special Summer Number, published on July 7th.

WORTH KNOWING.—That Tolphite is the only dusting powder exclusively manufactured for the Nursery. Dr. Andrew Willson, F.R.S., says: "All the conditions which Hygiene recognises as important and essential in such a powder are represented in Tolphite; it is invaluable for infants in preventing excoriation and chafing." Mrs. Hilton says her Nurses are charmed with it. Post free, for eight or fifteen stamps.—Dodd Brothers, Stamford Hill, London

Post-Card Examination.

WE are pleased to announce that in the *thirty-seventh* of this series of examination questions—

"How would you nurse a patient after Ovariotomy?"

Nurse TAIT, whose card we reproduce, has secured the prize of a book or books to the value of five shillings:—

*Nurse Tait: British General Hospital.
May 15, 1892.*
How would you nurse a patient after Ovariotomy? The room in which the patient is placed after Ovariotomy must be kept at a temperature of 65° to 70°. Perfect cleanliness in all particulars is essential & all antiseptic precautions should be taken. The bed should be arranged with a macintosh or drawsheet. The patient must be kept perfectly quiet—lying on her back & a pillow may be placed under her knees & a small bottle placed at her feet. In cases where dressings are liable to become soiled or soiled dressings may be placed under the patient under where the back is likely to be soiled. The catheter should be passed every 4 to 6 hours. A teaspoonful of water may be given every hour during the first 24 hours. Then feed by nutrient enemata; after 3 days a return to soft diet may be cautiously made. Small pieces of ice may be given to relieve vomiting if present. Keep watch on pulse & temperature & signs of abdominal pain. Shivering, fever & vomiting precede the onset of peritonitis & complications in favour of Duges, when perforations or temperature spikes should be placed on the abdomen, opium administered & the pressure of the bed clothes removed & a cradle. Haemorrhage or other complications would be indicated by faintness, flaccidity of the face & low temperature. Ice should be applied to the abdomen & the feet kept raised, and medical aid procured as soon as possible.

The following have gained "HONOURABLE MENTION":—

Nurse SARAH HUNT.
Nurse M. M. GRACE.
Nurse CHARLOTTE COOPER.
Nurse REDDOCH, L.O.S.
Miss WINTER, M.R.B.N.A.
Miss MARGARET FALCON.
Nurse FARR.
Nurse FLORENCE SHEPPARD, M.R.B.N.A.

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