

kingdom? Why should the residents in Cumberland be content with Nurses of inferior training to those whom they would obtain, if they lived in Leicestershire, Lincolnshire, Devonshire, or Sussex?

We venture to hope that it will not be very long before these questions are answered in the only satisfactory manner by the necessary improvements being made in the Carlisle Infirmary, and by no private Nurse being sent out from that Institution until she has fulfilled the term of training which the Select Committee of the House of Lords, and most of the leading Hospitals, now consider to be necessary for the efficient education of a Nurse.

THE HOSPITAL GANG.

It is an open secret that the Central Board for Hospitals, proposed by the Lords' Committee, is on the quicksands. On the one hand, active opposition seems to be threatened from special Hospitals, which hold a much stronger position both with the medical profession and the public than their lordships appear to have understood; they occupy a field which the general Hospitals formerly would not, and in some instances, even now, do not, sufficiently fill; yet the impression has been created that, were a Central Board of control formed, the interests of the special, might be sacrificed to those of the general, Hospitals. On the other hand, there is no doubt that the gravest distrust has been aroused in the minds of many influential Hospital workers by the discovery that what is known as "the Hospital gang" is pulling the ropes in this movement. Lord Sandhurst has earned golden opinions by his tact, shrewdness and common sense during the recent inquiry, and if he had attempted the task single-handed, we believe that he could have carried his proposals to a successful issue. It is deplorable, however, that some of those who are now moving in the matter are so deeply distressed because of their ignorance, their insolence, and their mischievous interference, that many who would gladly have co-operated in the work will now, probably, feel compelled to oppose it, in simple self-defence.

NURSES AND RELIGION.

NURSING knows no creeds, even as sickness makes no distinction for colour, class or sex. Again and again, in these columns, while we have maintained that the best Nurse will be the woman who closely follows in the footsteps of the Great Physician, we have equally argued that dogmas and sects have no place in the sick-room or the Hospital ward. We have strongly disapproved, on the one hand, of the narrow bigotry which sought to make a Matron, who became a Roman Catholic, resign her post, and so deprive her of her bread because she had changed her faith. On the other hand, we would condemn the exclusion from Hospitals of women whose form of worship is not so ceremonial as that upheld by the managers. Professor Virchow, the most eminent of German Physicians, has recently denounced in the Berlin Municipal Council "the intrusion of religious arrogance into Hospital Nursing work," and we commend the following sentence to bigots of all sects: "Everybody knows that creeds claim supremacy in the healing of the sick; but we are profoundly interested in keeping away this conflict from the sick bed, and permitting the spirit of humanity alone to assert itself there."

"The Best Thing to do."

BY C. J. S. THOMPSON,

Author of "Practical Dispensing."

PART II.—MINOR ACCIDENTS

CHAPTER III.

FRACTURES, DISLOCATIONS, SPRAINS.

(Continued from page 612.)

AS accidents often occur in out-of-the-way places, where skilled assistance is not always at hand, the following suggestions as to making temporary splints will doubtless be found useful.

The sleeve of a coat filled with paper, straw, or stuffed with leaves, walking sticks, umbrellas, a stocking filled with earth, tied top and bottom, pieces of wood, rolls of newspaper, and cardboard. If anything hard is utilised, it should be well padded by placing a folded scarf or pocket handkerchief along the inside. The splints should be firmly fastened to the limb, on either side of the fracture if possible, enclosing the joints above and below. The limb should be gently placed in as natural a position as possible before the splints are fixed. For temporary bandages, neckties, scarfs, bootlaces, tape, string, pocket handkerchiefs, or straps can be utilised.

If it is necessary to move the injured person, before the arrival of the Surgeon, he must be kept in a horizontal position, and carried on a door or hurdle, if nothing better is at hand, being moved as gently as possible. If removal cannot be effected, make the patient as comfortable as possible with coats, etc., till assistance can be obtained.

Dislocations.—A dislocation is the displacement of the bones forming a joint, the bones not being broken. It may be observed by the distortion at the joint, the limb being stiff and fixed. There is no flesh wound, or grating sensation when moved. To replace the bone skilled surgical aid is required. Send for, or take the patient to, a Medical practitioner at once, as the dislocation should be reduced without delay. The limb should be supported by a splint, as described in rendering first aid in fractures, and also be placed in the most comfortable position until help is obtained.

Sprains.—Quietness and rest are the two most essential aids in treating a sprain. If it be the arm or shoulder that is affected, place the limb in a sling. When in the leg or ankle it is necessary to keep them

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