

Norwich Cathedral, where a special Hospital sermon was being preached, the collection was taken up by Nurses in uniform. This they were pleased to do to help their Institution, but we imagine they would have felt somewhat diffident if invited up to the pulpit to make their appeal in words. But no doubt it would be a most effectual way of raising subscriptions.

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The elegant and comfortable arrangement of a woman's hair when she is lying in bed is a great difficulty. Plaiting or dressing on the top is one of the commonest solutions. But hair-pins are so painful, especially in those nervous cases where soreness of the scalp is so common. It is comforting to sick women, and interesting to Nurses, to know that india-rubber hair-pins have been invented, and for use among invalids they must prove invaluable.

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From the *Practitioner* we quote the following lucid remarks concerning "Early Signs of Locomotor Ataxia."

"According to Professor Fournier, the first symptoms of locomotor ataxia may be classed as follows:—(1) Sign of Westphal; (2) Sign of Romberg; (3) The 'stairs' sign; (4) Crossing of the legs; (5) Walking at the word of command; (6) Standing on one leg.

(1) Westphal's sign is well known. It consists in the abolition of the patellar tendon reflex, and is present in two-thirds of the cases.

(2) Romberg's sign can be thus appreciated: The eye is an indirect regulator of motion; it helps to correct deviations in walking, and maintains the equilibrium. When a patient is suspected of incipient ataxy, it will often suffice to make him close his eyes when in the erect position to verify the diagnosis. In a few instances his body will oscillate, and if the malady is somewhat advanced he will be in danger of falling.

(3) The 'stairs' symptom. One of the first and most constant symptoms of incipient locomotor ataxy is the difficulty with which the patient will descend stairs. If questioned closely on the subject he will say that at the very outset of his malady he was always afraid of falling when coming downstairs.

(4) The manner in which a patient crosses his legs is often significant. In the normal state a man when performing that act lifts one leg simply to the height necessary to pass it over the other, whereas, in the affection under consideration he lifts it much higher than necessary, describing a large segment of a circle.

(5) Walking at the word of command. The patient seated is told to get up and walk instantly. After rising he will hesitate, as if he wanted to find his equilibrium before starting off. If while in motion he is told to stop short, his body, obeying the impulsion,

inclines forward as if about to salute, or, on the contrary, jerks himself backward in order to resist the impulsion forward.

(6) The patient is asked to stand on one leg, at first with his eyes open, afterwards closed. Although man is not made for this position, yet he can balance himself pretty firmly for a little while. The ataxic will experience a great deal of difficulty, and will instinctively call to his aid his other foot so as not to fall. If his eyes are closed he will not be able to stand one instant, and if not held he would fall heavily to the ground. Such are the symptoms of incipient locomotor ataxy. They will not all be present in every case, but they should be all sought for in order to avoid an error which might have grave consequences."

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ARMY Nurses residing in Massachusetts have recently organised the Mass. ex-Army Nurses' Association, with Mrs. Fanny T. Hazen, of Cambridge, president, and Mrs. Margaret Hamilton, of Wakefield, secretary.

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AMERICAN Nurses are receiving the most kind encouragement from their professional press concerning the proposed National Association of Nurses. The *Trained Nurse* says:—

"Some one must take the initiative in work of this kind. There can be no organisation without leaders. Now that the Superintendents have taken the initiative and have expressed themselves for an organisation which shall stand for something, for better preparatory requirements, for uniform curriculum, for improved post-graduate work, for beneficent laws which will give protection to the Nursing profession, we may look for central bodies to be formed all over the country, which shall be the nucleus of what in years shall be a powerful Trained Nurses' Association.

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The idea that any organisation that may be founded must be a 'grand leveling process' reminds us of the old Scotch colour-sergeant who was way ahead of his regiment. 'Bring the colours back to the regiment,' commanded the Colonel. 'Nay, nay, mon,' says the Scotchman, disregarding official etiquette, 'bring the regiment *up to the colours*.' The levelling process will be, must be, a levelling upward toward that time we all look forward to, when Nursing shall take her place side by side as the handmaiden of medicine, sacred the one as the other, and both calling for the universal respect of the brotherhood of the world."

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It seems that the managers of a large New York draper's shop, after providing most of the comforts and some of the luxuries of life for their lady customers, have added a trained Nurse to their staff, in view of the arduous duties of shopping, combined with the close atmosphere, producing faintness. Our American cousins who trade at this enterprising establishment may now faint away with the comforting knowledge that instead of being hastily conveyed home they will be restored and enabled to return to the fray.

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