

The International Council of Nurses.

Miss L. Kruysee, Matron and Superintendent of Nurses at the Wilhelmina Hospital, at Amsterdam, has accepted the office of Hon. Vice-President for Holland, of the International Council of Nurses.

The training of nurses, and nurses organizations, are advancing so rapidly in Holland that it is to be hoped that a National Council of Nurses, representative of all nursing interests, may, in the near future, be organized. This would be a fine bit of work for the influential Dutch Matrons' Council to accomplish.

Miss Kruysee is well known in England, as she received her training at the Royal Infirmary, Edinburgh, and afterwards worked as a Queen's Jubilee Nurse in Dublin. She subsequently did distinct work in Holland until she was asked, when Miss Reijnvaan retired, to succeed her as head of the nursing department at the Wilhelmina Hospital, which is a beautifully arranged and organized hospital containing 700 beds. It is to be regretted that Miss Kruysee will not be able to attend the Congress at Buffalo, but it is hoped that a report of Dutch nursing affairs will be presented at the meeting of the Grand Council of the International Council of Nurses on September 16th by our Hon. Secretary, Miss L. L. Dock.

The Passing Bell.

We record with deep regret the death of Miss Eliza Holland, a Superintendent in the Army Nursing Service, under specially sad circumstances. She had been invalided home to Netley from South Africa, where she had been in charge of No. 8 General Hospital, and on leaving the hospital at Netley went to the Central Hotel at Portsmouth. On Thursday, in last week, her dead body was found by a workman lying in a 'bye-street at the rear of the hotel, and it was apparent that she had been killed by a fall from her bedroom window, which was on the third floor. No doubt her health was impaired, and her mental balance upset by the strain consequent upon the arduous nature of the work in South Africa.

It is with great regret that we record the death of Miss Webster, a certificated nurse of St. Bartholomew's Hospital, who went out to South Africa to join the nursing staff of No. 3 General Hospital, Kronstad. She was a member of the League of St. Bartholomew's Nurses, and this is the first death which has taken place in its ranks.

The sad news has been received of the death at Pretoria of Sister Lloyd, who was trained at the London Hospital, and went out from this hospital to nurse the sick and wounded at the front.

The death has also occurred at the hospital, Bulawayo, of Nurse Maud Cross, who succumbed to an attack of enteric fever.

Notes on Practical Nursing.

"I don't like the training at the — Hospital, the nurses are smart on the surface, but they have so many dirty ways in attending to their patients," said an experienced Ward Sister recently.

Again another remarked, of an equally "leading" school, "the wards look so untidy, and the patients as if their hair was rarely brushed." Remarks which both set me meditating on the quality of nursing nowadays. No wonder that private patients are heard to observe that "what nurses need is six months drilling under a good maid," when such comments are possible.

Why is it that we hear such remarks? It cannot be that nurses are harder worked than formerly, for the proportion of nurses to patients is greatly increased in all hospitals, nor is it that they have more ward work to do, for they have been relieved of a great deal which was formerly required of them in this way. I am inclined to think that the fault lies in some defect of organization, supervision, or instruction, for what can be done and taught in one hospital can be taught in another, and methodical and refined habits once acquired are not easily given up.

It has been a matter for surprise to me on various occasions to see the slipshod way in which "trained" nurses proceed in the simple duty of washing a patient. The towels, unwarmed, are often suspiciously damp, no fresh night-dress is put to the fire to be ready when required, nor even is everything needed for the washing of the patient collected, and sundry excursions have to be made to the wash-stand during the procedure, to the annoyance of the sick person.

It seems not to be superfluous to point out that a patient should be washed between blankets, the upper bedclothes having been removed, in the prone position, and that the night-dress should be taken off. One limb at a time only should be uncovered, and the trunk should be washed under the blanket. A damask towel should be used for the face and a soft turkish towel for the rest of the body, and both should be dry and warm. A warm night-dress should also be in readiness to slip on when the washing is finished, and then the washing blankets should be removed, and the bed made. The hair must receive due attention and, last, but not least, the finger and toe-nails must not be neglected, and if the patient is too ill to attend to his own teeth they must be cleansed for him. Some nurses make the bed first, and afterwards wash the patient, but as the bed is always disarranged to some extent during the washing process the right method, to my mind, is obviously first to get the washing over, and then to make the bed.

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