

be lost in extinguishing the flames and in rescuing the patients. The recent fire at Colney Hatch Asylum will no doubt cause committees and guardians in institutions where such instruction has not hitherto been systematically given to take steps to arrange for it in future. Thus, at the last meeting of the Lambeth Guardians it was announced that arrangements had been made that the whole of the nursing staff at the workhouse infirmary should be taught fire drill. Pauper messengers are also to receive similar instruction, and telephonic communication is to be established between all the wards and the medical superintendent's office.

It is fortunately seldom that a private nurse has to obtain the protection of the law courts under circumstances which induced a nurse to obtain a summons at Tottenham against her employer. She stated the first day she was in the house his conduct was objectionable; later he endeavoured to kiss her and put his arm round her. Another day, on going to bed, she found the bedclothes were being removed by means of cords attached to them and pulled from the man's room. On hurriedly dressing and going out on to the landing, he began squirting soda water over her from a syphon. The only witness would have been the defendant's wife, but she was suffering from cancer and could not attend. We think the nurse did wisely to apply for the summons, which was granted.

The Ceylon Nursing Association is doing excellent work, and we are glad that at the recent annual general meeting it was able to present a satisfactory report, its efforts to strengthen the financial position and extend its sphere of influence having been well supported. On the suggestion of the Chamber of Commerce, the annual subscription of a planter's estate to the Association is now fixed at 15 rupees a year, whereby not only the superintendent and his family but all his assistants are entitled to the benefits it affords. Thus the planters of Ceylon are now provided at a small cost with a complete, efficient, and comfortable nursing home, such as probably is at the service of these workers in no other country. During the past year fifty-seven cases have been nursed in the wards of the home and outside. The nursing staff numbers six, including the Matron.

We learn that the complaint that "white nurses were told off for duties in attendance on native and Indian patients which they should never have been requested to perform" at the Addington Hospital, Durban, has received attention. The Hon. Secretary of the Natal Government Hospital Board, Mr. T. W. Edmonds, states that "all duties of a personal or offensive character are discharged by an efficient staff of Indian attendants." We have already ex-

pressed our opinion that the nurse who feels aggrieved at being required to perform any necessary nursing office for a sick person, whatever his colour, has mistaken her vocation, and her profession is better without her. There are few nursing duties which are not of a "personal or offensive character," whether performed for white or black. If a nurse desires to bring relief to the sick and suffering—and every nurse worth her salt does so desire—she cheerfully performs such duties. If not, she had better take up other work. There are nurses—more especially nurses abroad—who nowadays think their duties consist in picnics, drives, dances, and general gadding, with a little nursing thrown in at odd times. What would Mrs. Fry, Agnes Jones, Sister Dora, and other pioneers say to such a nurse's conception of her work?

A correspondent writes from South Africa:—

"The new Government hospitals now being established throughout the Transvaal are likely to be a great success. It is a curious fact that when I first came to Pretoria two years ago it always required a great deal of persuasion to make any Boer or his wife go into an English hospital.

"Now they are only too anxious to be admitted, and this, I think, in a great measure is due to the excellent hospital organisation in the burgher camps."

Dr. N. V. Obrastzor, according to the *Province medicale*, finds the following preparation mask the flavour of castor-oil, with the additional advantage that it exercises an intestinal antiseptic action:—

R. Castor-oil 30 grammes (1 ounce).
Menthol 0.50 gramme (7½ grains).
Tincture of iodine...	10 drops.

M. A dessertspoonful for a dose.

Before administering this mixture, it is a good plan to make it tepid in a water-bath, to dispel the viscosity which is, of itself, such a disagreeable feature of castor-oil to invalids. The dose of menthol may appear large, but it must be borne in mind that this drug becomes dissolved in the oil, and is thus in great part eliminated by the intestine. Castor-oil may also be administered by carefully pouring the prescribed amount into the centre of some sweetened milk, or by placing the oil with an equal quantity of hot milk in a bottle and shaking the two together until they form an emulsion. In each case the oil should be administered in a glass which has been previously wetted.

If the mouth be first rinsed out with brandy or peppermint this will blunt the sense of taste. After the dose an olive is very acceptable to many, when it is permitted.

Ricinoleic acid enters the blood, and is removed by all secretions including the milk. By this means castor-oil administered to a nursing mother acts as a purgative to her infant.

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