

appointed to deal with the accommodation of the newly-appointed official which will not intrude upon the necessary privacy of the Matron's life when off-duty in the Chelsea Infirmary.

The Lewisham Infirmary Committee has reported that at the recent half-yearly examination of nurses the whole of the candidates who presented themselves for the final examination were successful; and of the first-year probationers, four out of six were successful. Nurse Probationers Blyfield, Wright, and Digon were promoted as Staff Nurses; and Agnes Dempster, Louisa Wright, Rose Agnes Hawkins, Martha Haynes Edmonds, and Martha Townsend appointed Nurse Probationers upon the approved terms. Nurses Alice Millican and Emily Duncan were appointed Head Nurses.

The Association for the Oral Instruction of the Deaf and Dumb, in Fitzroy Square, is one which deserves the best support of the public. Its work teaches many things. Among others, it demonstrates what a patient pursuance of right methods can accomplish, and it shows that those unfortunates who are born with one avenue to sensation barred, or in whom disease in early life has brought about the same infirmity, need not become useless burdens to the State.

The successful system of teaching carried out at the institution in Fitzroy Square makes the deaf and dumb appear so nearly normal that it actually tells against the Association in its endeavour to obtain funds. Persons who are in full possession of their hearing and speech do not—perhaps cannot—realise the terrible isolation to which deprivation of those faculties gives rise. They probably never think of the matter. If they see children able to speak and to understand what is said to them, they don't stop to inquire whether they effect it by lip-reading. One has to see the children *before* they are taught, to form any adequate estimate of the humanising power of the system of oral instruction.

Deafness is rarely considered as an infirmity by the general public. It is only those who are deaf or who have deaf relatives who know the isolation, the introspectiveness, which follows in its train. Blindness appeals far more to the man in the street. He can see the affliction, he can observe for himself the upturned, sightless eyes, the groping in the dark, the helplessness of the blind man. But in the sufferer from deafness he notes only the vacant expression, the retiring disposition, and the apparently taciturn temper, and rarely troubles to inquire into the cause of these characteristics. It is well, therefore, that public attention should from time to time be forcibly drawn to the great and almost wonderful improvements which science, aided by philanthropy, has brought about in the condition of the deaf and dumb in this and other countries.

A London hospital Matron writes: "You once sent us some delightful lavender bags, beautiful big mauve silk ones, full of fragrant lavender, for keeping in our linen cupboard. They were greatly appreciated. You know hospital linen meets many vicissitudes in its varied uses, and does not always retain that freshness one delights in when it comes straight from a country bleaching. Can we have more of those sweet-scented bags?"

We wonder if any of our readers who have country gardens in which lavender beds flourish would feel inclined to send us a box of flowers, well dried in the sun. We would soon "bag" it and forward to various sources where it would be greatly appreciated.

Nurses cannot be too careful when attending private patients not to be drawn into legal complications. A nurse is so often with a patient when the end of life is drawing near, and when it may become necessary to make and sign a will or codicil. Quite innocently, she may be asked to witness a document which after death may be disputed. It would seem wise, therefore, that nurses should make it a rule to refuse to have anything whatever to do with the legal matters of a patient.

A strange story of a death-bed will has been disclosed during the week, in which two nurses seem to have acted most unwisely. The action was brought to set aside the will which Mrs. Kate Peach Powell, widow of a magistrate and barrister of Carmarthen, executed on her death-bed, leaving out of a sum of £10,000 some £3,500 to her solicitor, Mr. Griffiths, and £3,000 to her medical attendant, Dr. Grant. The will was executed about three hours before Mrs. Powell died, a nurse guiding her hand while she made a cross. A nurse named Deyns, who was present when Mrs. Powell died, said that until Mr. Harman, the solicitor who prepared the will, came, the old lady did not speak to anyone. All the witness heard her say was "Yes," and even then questions had to be put to her twice. It was brought out in evidence that during the whole period the patient never recovered consciousness.

In opening the case in support of the earlier will, Sir E. Clarke commented on the "extraordinary performance" which took place in the death chamber, and said that he should call the clergyman, who found this poor old lady in such a state of collapse that he could only say a few prayers. Mrs. Nystrom, another nurse who attended Mrs. Powell in her last illness, said that on the day the will was signed the testatrix was in a state of complete collapse. She could not hold the pencil, and the witness, at Mr. Harman's request, guided her hand, which was "cold, clammy, and powerless." Mr. Gill, K.C.: When her mark was made was there any movement with her hand?—None at all. The

[previous page](#)

[next page](#)