

into the Army Nursing Service, scandals such as would otherwise exist need not exist, and their utility is indisputable. They have as much courage in positions of danger as men, and the good they do, not merely in the ways I have said, but in regard to the impression that they produce—the hopefulness they convey to the sick men who are in danger of death, is beyond words almost to express."

Colonial nurses from Canada and other colonies than South Africa did most admirable work, and some died at their duty. "I can personally testify," said the Professor, "that these women did incredible good to me and others." Some religious Sisters at Kimberley and at Bloemfontein also did very valuable work. In reply to a question from Lord Strathcona, the witness said he considered "a provision should be made during peace, both with regard to medical men and male and female nurses, of a much better character than we have at present, so as to be prepared for emergencies."

#### PROVISION IN TIME OF PEACE.

The witness was somewhat pressed by the Commission as to whether in his judgment the Army Medical Department before the war should have been strong enough to deal with the ordinary requirement for India and at home and for 200,000 men in the field. "That is what your evidence comes to," said Sir John Edge. Professor Ogston replied, "When you saw those poor men suffering, and the enormous waste of life such as we had in South Africa—for there is no doubt enormous numbers of men might have been alive to-day who are not—one cannot but aim at the ideal. . . . It seems to me that our existence as a nation may depend upon our doing so." "Do you suggest that it is reasonable and that we ought to do it?" "Yes," he replied.

With respect to nurses, three years' training in hospital was necessary to make a thoroughly-trained nurse; such a nurse was able to assist the surgeon in a number of very valuable details. With a very few exceptions the orderlies were incompetent to attempt anything of the kind, or to afford information to the doctor as to the patient's condition in his absence.

A trained nurse, again, was able to attend in every way to the patient's bed without injuring him. All these were details which might affect life.

The witness was strongly in favour of employing female nurses with a three years' training. Asked by Lord Strathcona if it would be any advantage to have a system of registration for female nurses who would be willing to serve in the Army, so that they could go on with their profession in civil life and be ready, if required, to join the Army Corps, the witness said it would require to be worked out very carefully, as the efficient life of a nurse is comparatively short.

## Practical Points.

When during the course of the Cleanliness in administration of nitrous oxide any "Gas Bags." "to-and-fro" breathing from the bag is allowed—and such a proceeding is often of advantage—it is obvious, says Mr. F. W. Barrett in the *Medical Times*, that a very thorough cleansing of the interior of the bag is essential if hygienic demands are to be properly observed. The most usual mode of obtaining cleanliness properly is to immerse the bag in hot water and to allow this to flow freely into the interior of the bag through the open vulcanite tap, which is detached from the tube leading to the cylinders, and no doubt the bag can be fairly cleaned in this manner after every administration. A much more efficient cleansing, however, is possible when the bag can be turned inside out. Mr. Vernon Knowles, of Reading, has contrived a useful bag of this description. The process of turning the bag inside out takes certainly a little extra time, but this is more than compensated by the additional certainty of cleanliness, and the material of the bag is undamaged by boiling. Mr. Knowles's bag was first intended for use with ethyl chloride and similar anaesthetics, but since its introduction in this capacity it has been adapted to the employment of nitrous oxide. The "reversible gas bags" may be obtained from the Dental Manufacturing Company, of Lexington Street, London, W.

How necessary it is that a nurse should always insist upon examining the patient's mouth for false teeth Lodging of a the patient's mouth for false teeth Tooth in the when preparing him for an operation Larynx during tion, the following case makes Anæsthesia. evident:—Dr. Montague Way publishes the case in the *Indian Medical Record* of a man, aged fifty-eight, who had angina Ludovici, for which numerous incisions were made under the A.C.E. mixture, and the operation was repeated twice in the next four months. On the third occasion A.C.E. was administered as before from a Rendle's mask. After taking a few breaths the patient said he wanted to spit; this over, the mask was re-applied, and a few more deep breaths were taken, when he became very blue. On the mask being removed the condition improved, and the induction was continued by means of chloroform from a piece of lint; but at the end of a further three or four deep inspirations the man suddenly became cyanosed, the limbs became rigid, and breathing stopped.

The tongue was pulled forward and artificial respiration performed, but no air appeared to enter the chest, so the trachea was opened and artificial respiration continued; temporary improvement took place, but the man never came round.

At the *post-mortem* examination a molar tooth was found covered with *ante-mortem* clot in the larynx.

Dr. Douglas H. Stewart, of New York, has written an article on this subject, says the *American Journal of Nursing*, which is of special interest to nurses. He emphasises the special danger of burns to infants, and says even after

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