

Appointments.

MATRONS.

Miss Clara Hoadley has been appointed Matron and Superintendent of Nurses at the Coventry and Warwickshire Hospital. She was trained at Guy's Hospital, London, and has held the position of Matron of the Goole Cottage Hospital, Assistant Matron of the Royal Hospital, Preston, and Matron of the National Hospital for Consumption, Newcastle, co. Wicklow, Ireland.

Miss E. Maude Smith has been appointed Matron and Superintendent of Nurses at the Workhouse Infirmary, Withington, near Manchester. She was trained and certificated at St. Bartholomew's Hospital, and is a member of its Nurses' League; she was for two years a member of the Registered Nurses' Society, and in 1901 was appointed Assistant Matron at the Poplar and Stepney Sick Asylum, a position which she still holds. Miss Smith holds the certificate of the London Obstetrical Society. The Withington Infirmary is at present undergoing extension, and when complete will contain over 1,000 beds. A Nurses' Home which has recently been completed provides accommodation for 100 nurses.

Miss A. M. Baker has been appointed Matron of the Colne and Holme New Joint Isolation Hospital, Maltam, near Huddersfield. She was trained for two years at Monsall Fever Hospital, Manchester; three years at the General Infirmary, Leeds; and her subsequent appointments have been Charge Nurse, Brook Fever Hospital, London; Sister of Children's Ward, Bolton Infirmary; Sister of Male Medical and Surgical Wards at Cardiff Infirmary; Sister of Female Surgical Ward at the General Hospital, Birmingham; Matron of Bury Fever Hospital; and Matron of Hailey Sanatorium.

Miss F. E. Weddall has been appointed Matron of the Rothwell, Metley, and Hunslet Joint Hospital. She was trained at St. George's Infirmary, London, and has held the position of Charge Nurse of the Fever Block at the Royal Hospital for Children and Women, Bristol, and of Deputy Matron at the Nottingham Isolation Hospital.

Miss E. Satchwell has been appointed Matron of the Male Department of the Stirling District Asylum, Larbert, N.B. She was trained at the London Hospital, and has had experience in mental nursing at the Stirling District Asylum, where she has held the position of Assistant Matron.

Miss Marianne Lillie has been appointed Matron of the North Devon Infirmary, Barnstaple. She was trained at the Victoria Hospital for Children, Chelsea, and the Great Northern Central Hospital, Holloway, where she also held the position of Theatre Sister. She has also held Sister's appointments at the Hospital for Children, Shadwell.

Burns and Scalds.—III.

By Miss HELEN TODD.

Lecture to Probationers, National Sanatorium for Consumption, Bournemouth.

A solution of picric acid is the most usual dressing employed nowadays for injuries from burns and scalds; it may be painted upon the raw surface with a camel-hair brush or applied on pieces of lint or butter-muslin soaked in the lotion. Of this there are two forms—a saturated watery solution simply made with boiling water (1 in 75), and a solution made by dissolving grains 90 of the acid in ℥ iij. alcohol to which O ij. water are added.

Some surgeons prefer to change the dressings every 24 hours, whilst others leave them untouched for two or three days, provided the patient shows no signs of septic absorption. In either case the lint or butter-muslin will need soaking in boracic lotion (to which a little common salt has been added) or gently syringing before it can be removed. When applying saturated lint you must be careful to place the smooth side next the wound; this caution is not unnecessary, for when the lint is wet it is difficult to distinguish the two sides, but the patient's sufferings consequent upon the removal of the dressing will be greatly aggravated if the fluffy part has been put upon the raw surface.

Picric acid will dry up a wound resulting from a burn better than any other application: it coagulates the albumen in the discharges, and thus, for the exposed nerve endings, forms an air-tight protection under which healing can take place.

This acid has the disadvantage of staining a bright yellow colour everything with which it comes in contact; olive oil will remove this most readily from your fingers.

For slight burns on the face some surgeons use a mixture of collodion and castor oil (1 to 2). Several layers are painted over the injured part, these drying exclude the air effectually without the necessity for a clumsy dressing.

Last week, when condemning the use of carron oil and impressing upon you the necessity of keeping the wounds surgically clean, I ought, though for very different reasons, to have warned you against employing carbolic acid as an antiseptic, whether in the form of lotion, oil, or ointment. Not only is it a very painful dressing, because it so irritates the nerve endings, but it is also freely absorbed by the exposed tissues, and may thus give rise to symptoms of carbolic-acid poisoning. Some surgeons prefer to treat cases of very extensive burns, especially in children, by continuous immersion in a bath of warm water containing either boracic acid, Sanitas, or Condy's Fluid. This method greatly lessens pain, by equalising the circulation and excluding atmospheric air. Thus Sir

[previous page](#)

[next page](#)