

the whole period of digestion. Dr. Kemp also points out the difficulties of estimating the size of the stomach while the patient is in the recumbent position, and gives instances in which mistakes have been made by the best observers. The introduction of water into the stomach while the patient is in the erect position gives more reliable results. He thinks favourably of 'transillumination' of the stomach.

Both Dr. Kemp and Dr. Ralph Waldo, who followed him in the discussion, alluded to the acute gastrectasis which occasionally follows abdominal section. The latter attributed it to atony of the stomach, and says that he frequently abstains from giving food by the mouth for forty-eight hours after the operation.

Several speakers alluded to the medicinal treatment of chronic gastritis, with or without dilatation of the stomach, and bismuth with alkalies and nux vomica were naturally extolled. They appear to administer the mixed powders as such, but we certainly think that the addition of the mucilage, as in the common Mist Bismuthi of our hospitals, is of great advantage. Dr. MacKenty thought that nitrate of silver was very useful in chronic gastritis. His method is to give half a drachm of bicarbonate of soda half an hour before each meal, and to follow this in ten minutes with a pill, freshly made, containing $\frac{1}{4}$ gr. of nitrate of silver. A restriction of the fluid part of the dietary is generally recommended."

PUERPERAL SEPSIS AND ITS TREATMENT BY IODINE.

Dr. W. R. Pryor, in the *New York Medical Journal*, combats the obstetrical teaching that in most cases of puerperal sepsis the infection remains localised in the uterus. His own experience has forced him to conclude that in streptococcus, septic puerperal fever, pelvic lymphangitis, and phlebitis are early complications. In a given case he seeks to isolate the infected uterus between masses of iodoform gauze, details for the preparation of which are given, and by local and systemic iodine to destroy the cocci. He irrigates the uterus and packs it full of gauze, 10 per cent. strength. The posterior cul-de-sac is then opened by a broad incision, adhesions separated, the uterus lifted, and the pelvis packed full of gauze, 5 per cent. From ten to fifteen gauze strips one yard long and eight inches wide are thus used. Cardiac stimulants are given as indicated, and a self-retaining catheter is inserted. The urine is tested from time to time for iodine.

Appointments.

MATRONS.

Miss A. E. Densham has been appointed Matron of the General Hospital, Northampton. She was trained at the General Infirmary, Leeds, where she has also held the position of Theatre Sister, Night Superintendent, and Assistant Superintendent of Nurses.

Miss Isabella Davidson has been appointed Matron of the first villa and administrative home for women at Bangour under the Edinburgh District Lunacy Board.

SISTERS.

Miss E. Towers Minors has been appointed Sister of the ophthalmic wards and theatre at the Royal Hospital, Sheffield. She was trained at the Walsall and District Hospital, and has had experience in ophthalmic work at the Birmingham and Midland Eye Hospital.

Miss Adele Schneider has been appointed Sister-in-Charge of the male infirmary block, Inverness District Asylum. She was trained at the Royal Asylum and the Western Infirmary, Glasgow, and holds the certificate of the Medico-Psychological Society.

NIGHT SISTER.

Miss Ethel Parkes has been appointed Night Sister at the Guest Hospital, Dudley. She was trained at the Walsall and District Hospital, and has had experience of private nursing in connection with the Staffordshire Institution for Nurses, Stoke-on-Trent.

SUPERINTENDENT NURSE.

Miss Hilda Lea has been appointed Superintendent Nurse at the Newport Infirmary, Isle of Wight. She was trained at the Brownlow Hill Infirmary, Liverpool, and has held the position of Superintendent Nurse at the Lincoln Union Infirmary, and has had experience in private nursing on the staff of the Royal Berkshire Hospital, Reading.

CHARGE NURSES.

Miss Evelyn M. B. Simson has been appointed Charge Nurse in Craighleith Hospital, Edinburgh. She was trained in general nursing at Barnhill Hospital, Springburn, Glasgow, and in fever nursing at Belvidere Hospital, Glasgow. Miss Simson has also been an Assistant Nurse in the small-pox hospital, Belvidere.

Miss Kate Dunnill has been appointed Charge Nurse at the Sanatorium for Infectious Diseases, Scarborough. She was trained at the Royal Hospital, Sheffield, and the Carlisle Fever Hospital, and has held the position of Charge Nurse at the Union Infirmary, Hungerford.

Miss Isabella Mary Lamont has been appointed Charge Nurse at the villa and administrative home for women under the Edinburgh District Lunacy Board.

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