

facilities for teaching in Manchester. The building was structurally unfit. He also commented exceedingly strongly on the management. Neither of the propositions found a seconder. Sir William Sinclair desired his objections to be recorded on the Minutes.

The following medical men were recommended for approval as teachers:—Mr. James Donald, M.R.C.S., Dr. William J. Benjafield, Mr. W. R. Pollard, M.R.C.S.I., Mr. H. W. Morley, M.R.C.S., Mr. W. D. Wiggins, M.R.C.S., Dr. Charles U. Aitchison, Mr. Joseph William Gill, D.P.H., M.R.C.S., Mr. H. M. Holt, M.R.C.S., and Mr. Norman Macfadyen, M.R.C.S.

As a matter of principle, Sir William Sinclair, who objected to several of the recommendations, thought that no teachers should be recognised who were not attached to public institutions. Those who were had facilities for teaching and for rendering public service, in other cases the motive was often a desire on the part of an applicant to extend his practice by publishing his appointment as a teacher recognised by the Central Midwives' Board.

The following midwives were recommended for approval for the purpose of signing Forms III. and IV. under Rule (C) I. (2): Miss Jane Ann Wood, Miss Ann Harrison Halliwell, Miss Alice Low, Miss Elizabeth S. Winterflood, Miss Ethel Margaret Burnside, Miss Margaret Ellen Goodlass, Miss Jessie E. Rhind.

Sir William Sinclair objected to the approval of any midwife practising on her own account.

The Report was then carried.

Mr. Parker Young moved that £5,000, now on deposit, be invested in a Trustee Security in the names of Dr. Champneys, Sir William Sinclair and Dr. Dakin, this was seconded by Miss Wilson.

Sir William Sinclair having declined to serve, it was unanimously agreed to invest the money in the names of Dr. Champneys and Dr. Dakin in India Three Per Cent. Stock.

The date of the next meeting of the Board was fixed for December 14th.

The Irish Local Government Board is endeavouring to establish a qualified midwife in every dispensary district, and the considerable increase in these women may be estimated from the increase in the sum which is devoted to their salaries. In 1900 it was £9,000; in 1905 it had risen to £13,000. As the salaries paid are very small, £20 to £25 per annum, out of which the midwives have to pay their own car hire, the increase in their number is very considerable. It is not recorded what class of midwives are willing to accept the pittance offered.

The General Medical Council had before it on Tuesday a communication requesting that steps be taken so that Japan might be recognised as one of the countries to which the Medical Act, 1886, applies, thus enabling Japanese medical men to practice medicine in the Straits Settlements and in the British Empire.

It is to be hoped that a system of reciprocity in medical practice with Japan may be adopted—in view of the remarkable achievements of our ally in the domain of medical science during the late war.

## Practical Points.

**Hot-Water Bottles and their Application.** The value of hot-water bottles in the sick-room or hospital ward can hardly be too highly estimated. In connection with their use various points must

early be learned by the probationer.

*How to fill a hot-water bottle.*—Boiling water should always be used, but should not be poured in directly from the kettle for two reasons:—Firstly, the bottle may be cracked, or the rubber bag split by this procedure; and, secondly, since boiling water poured in in this manner usually bubbles out again partially, a nasty scald may be the result to the hands or feet of the nurse. The boiling water should be poured into a jug, and thence into the bottle through a funnel until the latter is three-parts full. In filling a rubber bag it should be rested on a table, so that all air may be kept expelled. Nothing is more uncomfortable than a bag blown up hard, often containing more air than water, and consequently likely to get cool very



rapidly. After filling, the screws should be well fastened in, so that no leakage may occur, and the bottle or bag wiped over to ensure its being perfectly dry. If a bag, special attention should be given to the recesses near the screw.

*How to protect the hot-water bottle.*—Bottles and bags should always be covered with loose flannel cases large enough to completely envelop the ends, and the cover should be drawn up with tapes and securely fastened, so that there may be no risk of a patient being burnt by the bottle. In the case of children, old people, helpless or unconscious patients, very serious results may follow a burn so caused, and no excuse should be sufficient for a nurse who has committed the grave offence of placing an uncovered hot-water bottle in close proximity to a patient's skin.

*Indications for the use of hot-water bottles.*—For all cases of illness warmth is necessary in a greater or less degree. Patients ought never to suffer with cold feet. A good nurse will anticipate a patient's comfort as to this. Young children, and old people especially, require warmth. Patients suffering from

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