

The Nurses' Conversazione.

In addition to the hostesses whose names we announced last week, Miss Loveridge, of the Helena Home, Manchester, consented to act for the Parish of Nottingham Nurses' League at the Nurses' Conversazione. The Conversazione took place at the Galleries of the Royal Society of British Artists on Thursday evening, too late for a report to appear in this issue. It was a great disappointment that Miss Rogers, who is Chairman of the Provisional Committee of the National Council of Nurses, was unable to be present, thus showing once more her interest in all that concerns national and international co-operation.

Internationalism in the Nursing World.

To prove how far we have gone in reconciliation and friendship in the last few years, the fact that an Englishwoman has been elected President of the American Society of Superintendents of Training Schools is conclusive so far as the nursing world is concerned.

At the twelfth annual meeting of the Society, held recently in New York, Miss Maud Banfield, Superintendent of the Polyclinic Hospital, Philadelphia, was elected President.

Miss Banfield was trained and certificated at St. Bartholomew's Hospital, London, from 1890-93. She also gained the certificate of Queen Charlotte's Hospital, and subsequently the diploma of the London Obstetrical Society, and is a member of the League of St. Bartholomew's Hospital Nurses.

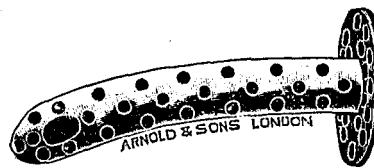
When trained Miss Banfield went to the States and was appointed superintendent of nurses at the Polyclinic Hospital, Philadelphia, and later superintendent of the same institution, and during many years she has worked in close co-operation with her American colleagues, taking an active part in the marvellous reforms which have been initiated and carried out by them for the more efficient nursing of the sick, the organisation of nurses, and the inauguration of the higher education of nurses.

It is indeed a sure sign of the progress of internationalism when in one year we find a lady trained at the City Hospital, Boston, U.S.A., appointed Matron in Chief of Queen Alexandra's Imperial Military Nursing Service at home, and a second trained in London, unanimously elected President of the American Society of Matrons.

Practical Points.

By the kind permission of the Editor of the *St. Bartholomew's Hospital Journal* we are able to publish the accompanying illustration of a new uterine drainage tube, used in the treatment of chronic infective endo-metritis, and described by Mr. Harold W. Wilson, F.R.C.S., in the above journal as follows:—

The tube closely resembles a tracheotomy tube, and consists of a hollow stem and flange. It is perforated throughout its entire extent by a number of small holes, and at the point there are two larger lateral apertures. It is made of silver, and it is of the calibre and curve of a No. 14 Duncan's metal dilator. Mr. Wilson states that it is used in the treatment of chronic infective endo-metritis, complicated or not, as the case may be, by double salpingitis, which is the result of infection spreading by direct continuity from the uterine mucosa to the Fallopian tube. Although it is impossible to attack the interior of the tubes directly, much may be done by removing the primary source of infection, the uterine mucosa. The thickening and tenderness of matted inflamed appendages disappear rapidly if this line of treatment is adopted.



If after the passage of one of the smaller dilators the cervix uteri is examined and pressure is applied to the fundus drops of pus can sometimes be seen actually oozing from the external os.

The technique of the treatment is as follows:—After the patient has been anaesthetised the vagina is clinically sterilised by careful douching and swabbing out with some strong antiseptic lotion—perhaps the most satisfactory is cyllin, of which one or two drachms to the pint may be used. The cervix is dilated by Duncan's metal dilators up to size No. 18, and the interior of the uterus thoroughly curetted until firm healthy tissue is felt. Special attention is paid to the regions of the entrances of Fallopian tubes. In this way any projecting spur of mucous membrane is removed. The uterine cavity is then swabbed out with tinct. iodi; in a gonorrhœal case it is better to use a 10 per cent. solution of argyrol.

Should an erosion of the cervix co-exist, and it frequently is found as a secondary result of septic endo-metritis, it should be treated at the time by a firm application of the actual cautery.

Then the drainage-tube is inserted; the flange should rest on that portion of the cervix which surrounds the os externum. It is kept in position by the support of the posterior vaginal wall.

The subsequent treatment consists in very gentle irrigation of the uterine cavity twice a day with a

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