

Workers' Association; Dr. T. B. HYSLOP,  
Resident Physician Bethlem Royal Hospital.

#### EXHIBITS BY NURSES.

Trained nurses have designed many useful contrivances used in the care of the sick, and amongst those to be on view will be several sent by Miss K. Richmond, Matron of the Hospital for Women, Sparkhill, Birmingham.

1. A cover for patient on operating table.
2. Leggings for cases of vaginal section.
2. Mask for nose and mouth.
4. Veil for nurses' use in theatre.
5. Bowl and tray—stand for instruments, model of bath, Miss Please.
6. District nurses' case and Midwives' case, Miss Barnes.
7. Vulcanite adjunct for douches, Miss L. Warriner.
8. Obstetric binder, Miss Wortabet.
9. Gown for acute rheumatism, Miss Randall.
10. Cupboard for Catheters, etc., Miss Eden.
11. Bed support for helpless patients, Miss Young and Miss Murphy.
12. Hammock and Chair for tuberculosis patients, Miss H. Todd.
13. District Nurses Bag, A District Superintendent.
14. Miniature Steriliser for District Work, Miss Böge.
15. Douche Thermometer and Selvyt Pads, Miss Grierson, and many other useful things.

#### EXHIBITING FIRMS.

The exhibiting firms are also arranging for a thoroughly representative show in connection with the three sections of the conference. Thus Messrs. Garrould have a selection of spitting cups, one in aluminium having a metal cover, and one having a paper lining cover which can be burnt after use. There is also a spitting bottle of blue glass, of unusual design and a variety of pocket flasks for indoor and pocket use. A Roux syringe for the injection of serum, an atomiser, and other exhibits bearing on tuberculosis. A lactometer for testing the purity of milk will interest both those concerned with tuberculosis and also maternity nurses. For the inspection of the latter there is also a fitted maternity bag, an admirable midwives' case book, Maxwell's obstetric belt, several designs of admirable corsets, and gowns for both doctor and nurse to wear in the lying-in room.

Messrs. Allen & Hanburys are showing their accouchement outfits (suggested by Nurse Reynolds), the Sister Doris Bed-rest, Allenbury's Midwives' Outfits, weighing machine for babies, douche cans, and every kind of necessary for the lying-in room, including rubber

gloves. Then there are sputum cups, serviette cylinders for sanatorium use, personal weighing machines, besides a variety of other useful and interesting things.

### Private Nurses' Problems.

A number of points of interest and importance to nurses were brought out in the evidence given before the magistrates at Acton on Friday last, which resulted in a Christian Scientist, Mr. R. S. Chisholm, being committed for trial at the Central Criminal Court for the alleged manslaughter of his son.

The boy, aged ten, died of diphtheria. He was attended, in the capacity of Christian Scientist "practitioner," by Miss F. M. Turner, who said that "for four years she was at the Middlesex Hospital and for some time was assistant in the surgical ward. Afterwards she did some private nursing." She remembered having one diphtheria case. She did not profess to be able to diagnose disease as infectious, but "should have thought Miss Jones would have known."

Miss Edith Jones, also a Christian Scientist who attended the boy in the capacity of nurse, said she was trained at "the Ophthalmic Hospital," and also at an institution in Tunbridge Wells, but had had no previous training in infectious cases. She did not notice any particular symptoms in the present case; the boy did not complain of pain, he spoke indistinctly, as if from throat trouble, but she did not pay any attention to that. She did not realise that he was seriously ill until he died.

Dr. W. H. Wilcox, of the Home Office, said he had no doubt that the case was one of severe diphtheria, and that death was due to paralysis of the heart. There might be practically no pain in diphtheria, but as a rule it produced remarkable prostration in a child, and if he were encouraged to sit up, as had been done in this case, it would throw a great strain on the heart and induce paralysis.

The general press seems amazed that neither of these nurses recognised the case as one of diphtheria, but diagnosis is no part of a nurse's duty.

Points of more importance from the nursing standpoint are:

1. That a nurse should undertake the nursing care of the case, no medical practitioner being in attendance.

2. That she should have been placed in this position not having had any previous training in the nursing of cases of diphtheria.

[previous page](#)

[next page](#)