

*First Aid, Treatment of Injuries, Ailments, and Accidents.*—Cuts, burns, scalds, bleeding, fits, drowning, suffocation, poisoning, bites, and stings.

*Statistics.*—An elementary knowledge of the meaning of the terms: Birth-rate—Death-rate—Zymotic death-rate—Rate of infant mortality.

### The Q.V.I.F. Dinner.

The Duke of Portland, who was accompanied by the Duchess of Portland, presided on Tuesday evening at a very successful dinner in the Banqueting Hall of the Hotel Cecil, in connection with Queen Victoria's Jubilee Institute for Nurses, and read the following message from the Queen, who is Patron of the Institute:

"From the Queen to the Institute. I have always taken the most sincere interest in nurses and nursing, and it affords me heartfelt satisfaction to be associated with you in your labour of love and charity. I can indeed imagine no better or holier calling than that in which you are engaged of attending the poor and suffering in their own homes in the hour of their greatest need. I pray that God's blessing may rest upon your devoted and unselfish work and that He will have you all in His holy keeping."

There were nearly 500 guests present, amongst whom were the Jam of Nawanager and the Maharajah of Kuch Behar. Donations from the various tables amounted to over £4,000.

### Practical Points.

From *Practical Nursing*, by  
The Pulse. Miss A. C. Maxwell and Miss  
A. E. Pope, which we re-

viewed recently, we give the following items of practical interest to nurses which we had not then space to touch upon. When taking the pulse of a patient for the first time always take it in both wrists, to ascertain if it can be felt equally well in both. Sometimes, owing to an unusual distribution of the arteries, an aneurism, or traumatism, there is an appreciable difference between these two pulses. The principal points to be considered in connection with the pulse are its frequency, force, volume, rhythm, compressibility, and tension. The normal pulse is even and regular in force and frequency, slightly compressible, and devoid of hardness.

Food, exercise, excitement, and sudden emotion will all cause an increase in the frequency of the heart-beat. Position will also cause slight alterations, the pulse being quicker when a person is standing than when he is sitting, and when he is sitting than when he is lying down.

In describing the frequency of the pulse use the following terms:—"Frequent" for a pulse of 100-115; "rapid" from 115-140; "running" when over 140. Never speak of a quick or slow pulse in this connection, since these terms are only applicable to the rate of the individual beat.

The *ratio* of the pulse to the temperature and respiration varies slightly in different diseases, but any great divergence is a grave symptom. When

the pulse becomes accelerated in an undue ratio to the rise in temperature, hæmorrhage or cardiac weakness is indicated. On the other hand, a disproportionately slow pulse points to cerebral pressure. The force of the heart-beat should be described as feeble, sluggish, normal, or forcible; or if some beats are feeble and others forcible it should be described as irregular.

When the *volume* of the pulse is greater than usual it is said to be large or full; when less than usual, it is said to be small. The *rhythm* of the pulse may be regular, irregular, intermittent, and dicrotic. In an irregular pulse the interval between the beats is unequal. In an intermittent pulse a beat is now and then lost—a less serious indication than an irregular pulse. In a dicrotic pulse there is a secondary weaker beat (caused by the closure of the aortic valve) which indicates a relaxed condition of the arteries, and often accompanies acute fevers, particularly typhoid. It is difficult for the young student to detect a dicrotic pulse, but when the pulse is apparently much accelerated, and every other beat is weaker than the preceding one, she may at least suspect that the pulse is dicrotic. The two beats representing only one contraction of the heart should be counted as one.

### Appointments.

#### MATRONS.

**Western Ophthalmic Hospital, Marylebone Road, W.**—Miss Maud Smiles has been appointed Matron. She was trained at the Wolverhampton Eye Infirmary, where she at present holds the position of Sister.

**Hospital and Home for Incurable Children, Hampstead.**—Miss Ethel Wilkes has been appointed Matron. She was trained at the General Infirmary, Sunderland, and has held the position of Assistant Matron at the Hospital for Incurables, Newcastle-on-Tyne.

**The Royal Hospital, Richmond, Surrey.**—Miss Alice Leonora Yelverton Dawson has been appointed Matron. She was trained at St. Thomas's Hospital, and has held the position of Sister of Beatrice Ward and Sister-in-Charge of the House-keeping Department in the same institution.

**Brentford Workhouse Infirmary, Isleworth.**—Miss Jennie Rennie has been appointed Matron. She was trained at the London Hospital, where she subsequently held the position of sister. She has also been Matron of the Bolingbroke Hospital, Wandsworth Common, Night Superintendent at the General Hospital, Birmingham, and Matron of the General Hospital, Gravesend.

**Chelmsford and Essex Hospital and Dispensary.**—Miss Kathleen Houghton has been appointed Matron. She was trained at the Royal Infirmary, Sheffield, and has held the position of Staff Nurse at the Royal Hospital for Sick Children, Edinburgh, and for seven years has had charge of the theatre and male wards at Huddersfield Infirmary, and for ten months was Night Superintendent in the same institution.

**Forest Hospital, Mansfield, Notts.**—Miss Eleanor Horsfall has been appointed Matron. She was

[previous page](#)

[next page](#)