

particular arrangement of the bed or bedding that you would consider desirable in any special case you can think of. (2) State the main points to be attended to in the dietary of—(a) An infant brought up by hand; (b) A case of ulcer of the stomach; (c) a case of kidney disease; and give reasons for your statements. (3) What should a Nurse especially observe when in charge of the following cases?—Concussion of the brain; Obstruction of the bowels; Amputation of a limb; Operation for cataract; Severe burn. (4) What points are important in the preparation and administration of the various kinds of Enemata? State any details you think a Nurse should bear in mind in connection with the various methods of administering drugs. (5) You are sent to a private house to Nurse a patient suffering from scarlet fever: state shortly, but definitely, with your reasons, what you consider of most importance—(a) When you undertake the case; (b) Whilst you are Nursing it; (c) When you leave it. (6) State what you know of the structure of bone; of the construction of a joint; of the arrangement of arteries and veins; of the mode of healing of wounds; and of the repair of a broken bone.

\* \* \*

I HEAR that "Miss M'Laughlin, accompanied by Miss Woodward, is about to start to join the Universities' Mission on Lake Nyassa, Central Africa, to work under Bishop Smithies. She will be the successor in the mission of the late Mrs. Smithies, and these two ladies will find themselves the only European women on the island. Miss M'Laughlin has been for some years previously Matron at the Warneford Hospital at Leamington, a post which she was well qualified to fill, and her loss will be deeply felt, and is causing universal regret."

### HOSPITAL INTELLIGENCE.

REPORTS OF INSTITUTIONS, ETC., COMMUNICATED  
AND COLLECTED.

A REPLY to the various articles referred to in the *Journal*, of July 28, on the pressure on Infirmaries, and the average period of residence therein, has just been made by Mr. William McEwen, who was for so many years chairman of managers of the Royal Infirmary. Mr. McEwen believes that the longer average residence in recent years as compared to former is due (1) to the absence of fever cases, which were formerly admitted into the Infirmary in large numbers. These had an average residence of only sixteen days, and consequently reduced the average of other cases. No fever cases are now admitted. (2)

To the great increase in the number of surgical beds as compared with medical, there being now 400 surgical beds and only 200 medical. The importance of this is seen in the great number of operation cases and severe injuries admitted, and the greater success attained in these cases under modern antiseptic methods of treatment. It is now frequently possible to save both lives and limbs that were formerly lost, but at a considerable expense of time and trouble. About twelve years ago statistics were taken of the results of the different kinds of treatment in the Hospital in 10,791 cases. At that time there were two Surgeons, who followed closely the antiseptic treatment, two the semi-antiseptic, and one the old method. The figures were taken for five consecutive years, and in each year the antiseptic method showed a mortality of 2 to 3 per cent., against 4 to 4½ per cent. of the old method. The expense was a little more, and a longer period was required; but when such results are obtained, no one can grudge either the time or the expense. From his own observation, Mr. McEwen thinks the staff are disposed to reduce the stay in Hospital as much as possible, consistently with safety to the patient; and, as the Infirmary is entirely for curative purposes, and not for merely passing through patients in the shortest possible time, it should not be judged by the number of days occupied, but rather by its results. It would diminish the expense and be a great boon to many Hospitals, if there was a roomy house in the country attached to each, under the charge of an experienced Nurse, to which convalescent patients could be removed, and have their wounds dressed. Our existing Convalescent Homes will not receive such patients; and to send them to their own homes, with open wounds, is only to ensure their being brought back again to the Hospital, worse than when they went away. Mr. McEwen does not see how the present system could be improved upon.—*The British Medical Journal*.

\* \* \*

THE Clinical Hospital, Manchester, has lately been enlarged by the building of a new wing, which will provide accommodation for the Nursing Staff, beside several new Wards. The space formerly occupied by the Nurses is now utilised for patients, thus largely increasing the number of beds. This extension has cost upwards of £2,000. The committee of the Ancoats Hospital, where extensions are also being made to a considerable extent, hopes to secure the services of H.R.H. Prince Albert Victor to lay the chief corner-stone of the new buildings, when he comes to open a new club for poor lads, recently established in the same part of the town. Prince Albert Victor promises to be as useful at these social functions as his father had

[previous page](#)

[next page](#)