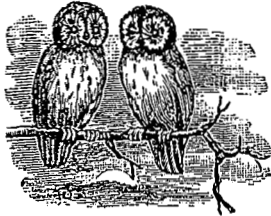


Matrons in Council.

WHAT IS A TRAINED NURSE?

For what length of time should a Probationer be trained in the wards of a Hospital, and how should that training be organised in order to fit her to hold every position in the profession?



MADAM,—I have read all, or nearly all, the excellent letters which have been addressed to you by Matrons of important Hospitals on the various important questions which have been discussed in your columns. With much diffidence I would ask to be allowed to say a few words, although I have never been a Hospital Matron, having been married before I could attain to such a leadership in the profession to which I am, and always will be, proud to belong. May I say, first, that I hope you will permit me and others in a similar position—being, if one might say so, Matronly Nurses, if not Nursing Matrons—to join in your interesting discussions, because a number of my old fellow-workers who read the RECORD with religious regularity, from cover to cover, every Friday, have wished that we might be permitted to express our views. [We shall welcome our correspondent's contributions, or those of any other Nurse to this column with much pleasure. Its object is to elicit free discussion and interchange of opinion from Nurses on professional matters.—EDITOR.] Then, Madam, will you pardon me if I venture to suggest an extension of your excellent system. Your columns are crowded with matter of such high merit, as well as scientific interest, that the NURSING RECORD deservedly takes a high place in the literary world. And I know this has tended to deter some, whose opinions would be both practical and valuable, from ventilating them because they are not accustomed to literary efforts, and so shun comparison with the practised pens which contribute to your pages. Again, Madam, I feel sure you would desire more Nurses should take part in these discussions than you can at present find space for letters from. I beg to suggest that both these *desiderata* would be gained—more debaters and wider debates—if you would form a society to be called, say, the Matrons' Council, and would give a verbatim report of its meetings and discussions on the many matters which are pressing for betterment in Nursing politics. If the society was open to all past or present Hospital Matrons and to married Nurses, I am sure there are many who would be glad to join it, and it would have a great educational effect on the profession at large. Like a speaker at a public meeting, I would now come to the subject matter of the present discussion, and say that, in my judgment, every Nurse ought to be trained for three years; that she should pass a first examination at the end of two years, and then be made a Staff Nurse for the rest of her term; that if she is suitable for promotion, she should then be given an opportunity of acquiring a practical knowledge of ward, domestic, and kitchen management, and then be placed as Night Superintendent, and then as Ward Sister, in positions of responsibility for at least a year. After this, she would, I think, be qualified to act as the Matron of Hospital.

EDYTHE L. SOMERSET.

Medical Matters.

TUBERCULOUS JOINTS.



THIS disease, especially in the form in which it appears in the knee joint, is so dangerous, and almost invariably so impossible of cure, except by operative measures, that a new and apparently successful method of treatment, by artificially produced congestion and hyperæmia, will be welcomed. The method may be briefly described as follows: A broad elastic band is placed around the affected limb, a few inches above the diseased part, and tightly enough to produce venous congestion. From the extremity of the limb a bandage is properly and firmly applied up to a few inches below the affected joint, and, as a practical detail, it is well to remember that a layer of cotton wool or lint should be placed under the elastic band so as to protect the skin. The result of this constriction of the limb is to cause considerable venous congestion around the implicated joint, and BIER, who proposed the treatment, recommended that this should be kept up continuously for some length of time. Several German surgeons who have employed the method, now report that they have obtained excellent results by this means, and that cases which had been previously treated without success, by injections of iodoform and by other methods, after the application of BIER's treatment, became greatly improved; the tuberculous deposit almost disappearing in the course of eight weeks, the joint being freed from pain and active disease, but remaining impaired so far as its movement went, in consequence of the partial destruction and subsequent cicatrisation of the cartilaginous or ligamentous structures. Considering that the great majority of these cases, as we have said, go on to such advanced disease that resection of the joint is necessary, it is evident that if this method prove in the hands of other observers to be as valuable as those, who have already employed it, state it to be, we have herein a most valuable and important curative measure. Nay, more, the principle which underlies the practice would tend to the belief, theoretically, that the method would be applicable in other cases of disease in which it is desired to obtain the absorption of adventitious deposits.

MUSCULAR STIMULATION.

In a French contemporary a series of interesting experiments are described, which were made with the view of ascertaining the precise effects which various forms of electrical stimulation cause upon the nutrition of muscle. The modes of stimulation were:—(1) The induction coil current, the shocks lasting each for one second and followed by one second of interval; (2) a galvanic battery current

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