

There is little doubt that this is a question that will have to be considered before a curriculum of uniform training and certification can be acceptable to the managers of Special Hospitals in this country.

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Punch has this week taken up the sham Nurse question, in the following characteristic sketch:—

"There is no doubt my new costume is *very* becoming. I like the idea of the cape, and the apron is just perfect, while the little bonnet suits me to a T. Met cousin Fred, who said it was 'fetching,' and that 'they wanted some of my sort at the Hospital.' I said I thought the patients had good enough Nurses at present; he replied 'he didn't mean the patients—he meant the doctors.' Of course I couldn't stand the drudgery of a Nurse's life; but that's no reason why I should'nt appropriate the uniform, is it?"

"Walking down street. Met another Nurse—a real one, I suppose. She stared, turned red, and then looked horribly offended. I believe she must have made some sign to me I didn't understand. Are Nurses freemasons, I wonder? Quite a secret society, it seems. Really that sort of thing oughtn't to be allowed. It makes things so awkward for the impost—the imitators, I mean.

"Just got home after *dreadful* incident! I was in a Bayswater square, when suddenly a man driving round a corner in a cart got upset, and was pitched on to the road close to me. A small crowd gathered immediately, and evidently expected *me* to help. One man shouted 'Hi! Come and bind up his head, Miss!' And his head was actually bleeding! I couldn't do anything except feel awfully inclined to faint, and then the mob began to hiss and jeer! Somebody said I must know how to render 'first aid to the injured,' and if I didn't come quick the man would bleed to death. I was so frightened I ran away, and the mob ran after me, and I had to take shelter in a shop and ask the shopman to explain to the crowd that I was not really a Nurse at all. Then they used dreadful expressions, and I had to be got out by a back way. I don't think the costume is half as becoming as it seemed this morning; I'm going to sell it as a 'cast-off garment.'" Lucky for me it wasn't a torn-off garment!"

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THE *British Medical Journal* last week gave the following practical and useful answer to a correspondent who inquired concerning the decoration of the walls of Hospital wards:—

"Of course a great deal depends on the material of which they are constructed; but if they are plastered there can be but little doubt that a hard oil paint, or paint coated with varnish, forms the best finish, as it can easily be dusted or washed. As regards colour, that will depend to some extent on the amount of window space; where there is plenty of light one can afford to make the walls of such a tone as to be restful to the eye; a very common defect in Hospitals is making the walls too light. Ordinary hanging pictures are certainly inadmissible; if they were properly dusted, which they never are, they would be knocked to pieces in three months. If pictures are desired, certain spaces should be reserved for the purpose, and the pictures should be pasted to the wall and varnished over. The same should be done with all tables of rules and regulations, which one so often sees hanging on cards. They should all be pasted to the wall and varnished over, the object being that the wall and all upon it should be cleaned at one sweep.

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Medical Matters.

GALL STONES.



A DANISH observer who has carefully noted the condition of the gall bladder in every post mortem which he has performed, with the view of determining the frequency of the presence of gall stones, has found that in 414 cases of persons between fifty and ninety years of age, there were biliary concretions in no less than twenty-nine per

cent. The curious fact was also elicited that the disease in Denmark appears to be more frequent amongst women than in men, forty per cent. of female cases showing the presence of gall stones, whereas only nineteen per cent. of males showed the same condition. In 112 cases, the stones were lodged in the gall bladder alone; in three cases, in the bile duct or duodenum; and, in four cases, in the bile duct alone. The latter results are very similar to those found in this country, but there certainly appears to be a larger number of cases of the disease in Denmark than is met with in England.

THE TREATMENT OF TAPEWORM.

It is well known how difficult a matter it is to treat this troublesome affection successfully, and this chiefly for two reasons: first, that the vermifuge is not, in many cases, properly administered, and next, that sufficient care is not taken to secure the removal of the head of the worm before discontinuing the treatment. The minute head of the tapeworm fixed on to the mucous membrane of the intestine is the vital part of the parasite, and from the head outwards are developed the segments of the body, so that as long as the head remains in the intestines, the creature can continue to live and grow. The customary treatment, and that recommended by all the text books, is to give a dose of castor oil over night, and early in the morning to give from one drachm to a drachm and a half of the extract of male fern, with a second dose of castor oil shortly afterwards. It has, however, recently been pointed out, with considerable force, that, in many people, the castor oil over night is not sufficient to expose the worm to the full effect of the poison, and that it is better for a day or two previously to give saline aperients so as to render the intestines as free as possible from the presence of mucus, which would serve otherwise to protect the worm. Then it is strongly recommended that a second dose of the liquid extract of male fern should be given one hour after the first, and then, two hours after this, the second dose of castor oil so as completely to remove the whole of the poison from the intestines.

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