

market, and, *revenons à nos moutons*, the gross injustice to trained Nurses which is entailed upon them by the Hospital authorities, who send out half trained Probationers as qualified Nurses, and by the medical men who employ these pupils. The matter is in a nutshell. Register Nurses by Act of Parliament, and this nefarious practice must at once cease; let the British public know that a pound of flesh (or training) is his, and he will have it.

"A Member" of the Matrons' Council touches on a new point—"the justice of remuneration for Hospital Sisters in return for the clinical teaching of Probationers." This is a most important point. In very few Hospitals it is made necessary, or, indeed, is any test demanded of a Nurse's capacity *to teach* before she is appointed Sister of wards, with a numerous staff of young Nurses under her immediate direction. We are well aware that this power of imparting instruction is by no means a universal talent, and no doubt the Probationers working in wards, where the Sister does not consider it her duty to instruct them, labour under great disadvantages. Now if it were clearly stated in the Sister's regulations, that it was her special duty to instruct the Probationers under her care in certain details of their work, and that they would be examined in these branches of their Nursing education after they left her ward, a great step forward would be made, and at the same time it is only just that a Sister should receive a fair remuneration for this additional duty.

We read of late, complaints in the medical press concerning the lack of practical education for medical students in our Hospitals, and that the Nurses gain a certain advantage in being taught, and in actually performing much of the minor surgery, such as dressings, &c. This is quite true, and for the comfort of the patients unavoidable. But why should not our medical students act as ward orderlies, and thus learn from expert Sisters all those small practical details of attending to, and nursing the sick, and acquire the invaluable information from constant personal contact with the patient, which is to be obtained in no other way. The medical student might disburse a few of his numerous educational fees to much less advantage than by expending it on three months' "orderly duty" in the male wards.

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## The Matrons' Council.

### A PRACTICAL DEMONSTRATION ON GYNÆCOLOGICAL NURSING.

BY MISS BRISTOW.

*Sister of Martha Ward, St. Bartholomew's Hospital.*

(Continued from page 470.)

I KNOW the opinion of many is that too much importance is attached to these operations (abdominal sections), but when we consider that a woman's entire organisation is upset by any interference with the pelvic viscera, I think I shall best express my opinion by quoting the words of one of the obstetricians of to-day, who said, "If once these cases are taken from the pedestal upon which they are, from their importance, rightly placed, they will cease to be a success."

The question of lifting or turning these patients to re-arrange the bed depends entirely upon whether the cavity be drained or not. In either case they should be lifted for the first two or three days, and, where there is a drainage tube, until it be removed.

I will not enter into the question of bed sores, they ought not to be included in a modern Nurse's list of complications. Strictly speaking, in these cases backs are no credit to one, for it seems to me a special Providence watches over them, they so rarely cause the least anxiety—of course I mean with ordinary care. If, however, a back begins to look tender, let an air cushion be at once used, taking care so to arrange pillows above it that the abdomen gets no strain. Methylated spirit well rubbed in and starch powder for general use. If there be incontinence, an ointment of some kind to protect the skin from becoming sodden with moisture. White of egg and brandy is also excellent. If a patient may be turned, rest from pressure is quite the best remedy, with gentle massage over the threatening spots to stimulate circulation.

*Of the Preparation of Sponges.*—There are many ways of preparing them, some most complicated, others very simple. Both if thoroughly carried out equally satisfactory; I give you two methods only. (1) New sponges should be well beaten to rid them of sand, bits of shell and the like. Soaked in constantly changing water for twenty-four or even forty-eight hours. Washed in soft soap and water, rinsed until the water becomes absolutely clear, put into 1-20 carbolic. About eighteen or twenty hours before operation, scalded and put again into fresh 1-20. The ordinary sponge cannot be boiled, but we are using now pads made of cellular cloth which can be boiled for any length of time without injury; this alone recommends them.

If the sponges be new, they are thoroughly shaken and beaten to get rid of the sand which is put into them to make them heavier. To remove the bits of coral and of shell they are soaked for twenty-four hours in a solution of hydrochloric acid and water. This is made by adding a drachm of strong acid to a pint of water. Next, they are washed and squeezed out in warm water, temperature 100° F., which has been boiled and left to cool in a covered vessel to ensure its sterility; from this they are transferred for half an hour to a warm solution of ordinary washing soda (3j to Oj water) for the removal of any fat or albumen. Sponges full of blood, fat, and albumen

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