

## Comments and Replies.

*M. A. B., London.*—There are three kinds of tracheotomy tubes in general use. The old-fashioned bi-valve, Parker's angular tube, and Morant Baker's red rubber tube. The disadvantages of the bi-valve are that the anatomy of the trachea is not considered in its shape, and, therefore, the sharp edge of the end of the tube may cause serious damage to the anterior wall of the trachea. It has even been known to wound the innominate artery, and so to cause hæmorrhage and death. Further, when the inner tube is removed from the bi-valve, the calibre of the outer tube is decreased. The advantages of this tube are that for this very reason it is easily inserted, and the inner tube is very easily removed. Parker's tube, which is now commonly used, is constructed with regard to the anatomy of the trachea. It is somewhat more difficult to insert than the bi-valve, and a little practice is needed to remove the inner tube quickly, but it has proved to be exceedingly satisfactory in use. The single red rubber tubes are usually used to replace the silver ones, as a preliminary to discontinuing the tube. These also have the disadvantage of being semicircular in shape, and, therefore, of not fitting the trachea. Feathering should always be done very gently, and deep feathering avoided as much as possible.

*Country Matron.*—We sympathise with your difficulties. We fear that matrons will have increasing difficulty in maintaining discipline if they allow the unwarrantable suggestions of Hon. Officers of the Royal British Nurses' Association, with regard to the Bye-Laws, to be carried out.

*Nurse, Cottage Hospital, Warwickshire.*—We should advise you to state quite frankly to your Committee that you will be quite unable to maintain discipline unless you are allowed a free hand in the control of your subordinate staff. Any want of discipline in a hospital reflects discredit upon the

Committee of the institution, and they will probably recognize the reasonableness of your demands if you state your point of view quietly and firmly.

*Uncertain, Sheffield.*—We do not advise you to obtain midwifery before general training. You will not be in the same position to profit by it as you would be after hospital experience, as much of your time would necessarily be taken up in acquiring rudimentary instruction in nursing with which your general training would familiarise you. After some years in hospital, therefore, you would thus be in a much better position to benefit by the special training. You would spend the interval which will elapse before the vacancy occurs most profitably in obtaining some knowledge of elementary anatomy, physiology, and hygiene, as well as of sick cookery, and domestic management.

*Stranger, London.*—We do not think any hospital has a regulation against admitting Hindu ladies as probationers, but we are afraid you may have some difficulty in finding a hospital which will accept you, as there are always so many candidates waiting to fill each vacancy as it arises.

*Member of Club, London.*—We quite see your point, and intend to deal with the whole constitution in an early number. You certainly have a right to know how your subscription is spent, and we may point out to the members that they have a right to an audited financial statement annually. We are always a little sceptical of continual "puffs"; a really good thing succeeds without these.

*Nurse G., Brighton.*—Apply to the Medical Director, Indian Army Nursing Service, India Office, Whitehall. Nearly forty sisters have already been sent out on plague duty.

*Sister C., Liverpool.*—We regret that your age would disqualify you for membership. We agree with you that the lack of professional responsibility is deeply to be deplored in the majority of nurses; but you must remember that nurses take their cue from their matrons, and only the minority have resisted the intended opposition to professional progress for nurses.

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