

## Appointments.

### MATRONS.

Mrs. Carew-Hodge has been appointed Matron of the Eye and Ear Hospital, Tunbridge Wells. She was trained at the West Kent Hospital, Maidstone, and has since held the positions of Sister at the Royal Sea Bathing Hospital, Margate, and the out-patient department of the Hospital for Women, Soho Square, London, Holiday Sister at Guy's Hospital, where she also gained experience in hospital housekeeping, and Night Superintendent at the Hospital for Consumption, Brompton. Mrs. Carew-Hodge also holds certificates for obstetric nursing from Queen Charlotte's Lying-In Hospital, and for Massage.

Miss Maud Calvert has been appointed Matron of the Royal Hospital, Salford. She was trained at Guy's Hospital, and holds a three years' certificate from 1884-87, and she was subsequently Sister at East Dulwich Infirmary, Matron of the Newark-on-Trent Hospital, of the British Seamen's Hospital, Victoria and Albert Docks, London, and for a short time of the Crown Princess' Hospital for Children, at Athens. Miss Maud Calvert is sister of Miss Florence M. Calvert, the popular Lady Superintendent of the Royal Infirmary, Manchester, for the past ten years.

### ASSISTANT MATRON.

Miss Edith Hedges has been appointed Assistant Matron of St. Mary's Infirmary, Highgate. She was trained and certificated at St. Bartholomew's Hospital, and has gained experience in general management as assistant in the Nursing Home, and as Matron of the British Hospital at Cannes. Miss Hedges is a member of the League of St. Bartholomew's Hospital Nurses.

Miss Priscilla Harding has been appointed Assistant Matron at the West Derby Union Infirmary, Everton. She was trained at Guy's Hospital, and has worked there as Staff Nurse and Night Superintendent.

### SISTER.

Miss Louisa Fawcett has been appointed Sister at the General Hospital, Dover. She was trained at the Kidderminster Infirmary, where she was promoted to be Sister.

### INSTRUCTRESS IN NURSING.

Miss Annie Dowling has been re-engaged by the Technical Committee of the County Council on Secondary Education as instructress in sick nursing for next session at a salary of £130.

## Spinal Cocainization.

BY BEATRICE S. MONTEITH,

*Assistant Superintendent Brooklyn Hospital Training-School.*

The ability to produce anæsthesia by the injection of cocaine into the spinal-cord is regarded as one of the most interesting discoveries of the day. While under this anæsthetic the patient is perfectly conscious and fully aware of everything taking place. At the same time she is without any sense of pain, though retaining sense of touch.

This mode of anæsthesia may be adopted when for any reason a patient objects or is unable to take ether or chloroform.

### INSTRUMENT.

The instrument used is a double needle, the finer needle fitting inside the heavier. The fine needle is four and a half inches long, being one-half inch longer than the heavy needle. A piece of rubber tubing one inch long connects this needle with a small glass bulb; this bulb again connects with a similar piece of tubing. This tubing is attached to a silver stop-cock which connects with another piece of tubing ending in a rubber bulb. The stop-cock is used to preserve the vacuum which is created in the bulb. This entire outfit is boiled.

Two aseptic hypodermic syringes are also required, glass syringes, as they may be boiled, being preferred. One syringe is fitted with the usual hypodermic needle and the other contains the cocaine for spinal injection.

### PREPARATION OF COCAINE.

The cocaine may be prepared in various ways:—

1. Add forty minims of sterile water to cocaine, hypodermic tablets, one grain, boiling this solution one minute.

2. Place cocaine, one grain, hypodermic tablets, in sterile glass, adding enough chloroform to dissolve cocaine. This mixture is rubbed up until the chloroform evaporates. To the remaining sediment is added forty minims of sterile water. The solution is now ready for use.

### POSITION AND PREPARATION OF PATIENT.

The patient usually sits on operating-table, bent forward, the elbows resting on the thighs. In cases where the patient is unable to take this position the Sims position may be used.

The back is prepared in the same way as for any operation. The dressing is removed when the patient is in position, and the back is again scrubbed. A sterilized sheet is placed over the patient. The opening in the sheet must be large enough to allow the surgeon space for necessary measurements.

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