

## Appointments.

### MATRON.

Miss Florence M. Huelin has been appointed Matron of the Border Home for Incurables, Carlisle. She was trained at the General Infirmary, Leeds, where she also held the position of Sister. For the last two years she has been Matron of the Cottage Hospital, Whitby.

Mrs. Mary Jane Sloane has been appointed Matron of the Lying-in Hospital, Newcastle-upon-Tyne. She was for eight years connected with this hospital as Probationer, Staff Nurse, and Night Superintendent, and at present holds the position of Sister at the Rotunda Hospital, Dublin.

### HOME SISTER.

Miss Edith Gregory has been appointed Home Sister at the Royal Infirmary, Hull. She was trained at St. Bartholomew's Hospital, and has held the positions of Theatre Sister at the Liverpool Hospital for Women, and of Ward Sister and Night Superintendent at the Norfolk and Norwich Hospital. She is a member of the League of St. Bartholomew's Nurses.

### CHARGE NURSE.

Miss Lydia K. L. Craven has been appointed Charge Nurse at St. Olave's Union Infirmary, Rotherhithe. She was trained at the County Clare Hospital, where she was afterwards Staff Nurse, and has also held the positions of Charge Nurse at the Highgate Infirmary, at the Bethnal Green Infirmary, and at the Wandsworth and Clapham Infirmary.

## The Women's Memorial to Queen Victoria.

At a meeting of the Executive Committee of the Women's Memorial to the late Queen Victoria, held at Londonderry House last week, the Hon. Secretary, Mr. Harold Boulton reported that up to the present time £45,000 had been contributed to the fund by two and a quarter million people in England, Wales, and the Colonies, that Ireland had contributed £5,867, and that the Scottish fund now reached £5,277. On the motion of the Duchess of Somerset, seconded by the Countess of Selborne, the Committee decided to meet early in January to consider the date for closing the fund and handing over the amount realised to Queen Victoria's Jubilee Institute for Nurses.

## The Nursing of Tuberculosis.\*

By Miss Helen Todd,

*Matron of the National Sanatorium, Bournemouth.*

Madam President, Ladies,—Before beginning my remarks on the nursing of tubercular disease, I feel that some explanation is necessary, for the introduction of a subject, which might be considered worn somewhat threadbare by the members of the Congress on Tuberculosis, in London last summer; but, as it has been pointed out elsewhere, the profession of nursing was not included in those connected with medicine which were represented at the Congress by speakers, none of whom, with the exception of Dr. Symes Thompson, appeared to realise how important is the nurse's work, both in dealing with the disease, and in the crusade against it.

The nursing of tubercular disease is a vast subject, including as it does both medical and surgical work, and every organ and tissue of the body, but I propose this afternoon to confine myself to the nursing of phthisis under "open air" conditions, and the nurse's share in helping to prevent the further spread of pulmonary tuberculosis.

Nursing in a sanatorium stands midway between work in a hospital and in a convalescent home. The patients are rarely acutely ill, but are not allowed to wait upon themselves; and require constant attention to see that they carry out faithfully the physician's directions. A good working proportion of the nursing staff to the patients in an open-air sanatorium is one to ten, divided as follows:—

In a sanatorium containing 100 beds: For day duty, two thoroughly trained sisters, three probationary staff nurses of at least one year's standing, and three probationers.

For night duty, a probationary staff nurse and one probationer.

The probationers should be able to take night duty after six months' work in the day time. If the building be a modern one, each patient will most probably sleep in a separate room, and even in the older institutions not more than three or four will occupy a ward. The night nurses will have their time chiefly occupied in going from room to room and giving milk to those awake, but consumptive patients are proverbially uncertain, and it is therefore necessary to have one of the two night nurses experienced in the emergencies peculiar to phthisis, such as hæmoptysis, and the dyspnoea which sometimes occurs in laryngeal cases.

Of course patients who may be acutely ill will require the attention of special nurses, and if cases of advanced lung disease are not excluded

\*Read before the Annual Conference of the Matrons' Council of Great Britain and Ireland, London, 1902.

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