

possible to take a baby's temperature in this way without awaking it. The temperature must be always taken before and *not after* the child is bathed.

Temperatures are very largely taken per rectum abroad; this is almost invariably the case in foreign sanatoriums for tubercular patients; they are, however, instructed in the use of the thermometer, and, as a rule, take and chart their own temperatures.

In cases of ague and collapse, especially that brought on by intense cold (as when persons are almost frozen to death) it may be impossible to record any temperature at all with a clinical thermometer except per rectum. Some physicians also prefer temperatures to be so taken in cases of unconscious patients, especially when the brain is injured or diseased.

In taking these temperatures the nurse must be careful that the rectum is empty. The thermometer must be well greased or oiled and passed for about $1\frac{1}{2}$ inches.

The nurse should on no account leave the bedside until the operation is complete; indeed, in very many cases she will find it necessary to hold the instrument.

In the great majority of cases the mouth is the most suitable position for the taking of temperature. A new patient must be warned not to bite the thermometer and also instructed how to place it with the bulb under the tongue, to close his lips completely, breathing only through his nose, and not talk at all during the process.

He should not have had a hot or cold drink or used a gargle or mouth-wash for at least fifteen minutes before the taking of his temperature. Patients who are being sponged, ice-packed, or having a vapour bath administered should always have their temperature taken in the mouth.

For children not in arms but too young to understand that they must not bite the glass, the groin is the best place in which to take the temperature. The child's thigh must be flexed, and care taken that the skin completely covers the lower two inches of the thermometer, which must be held in position. In cases of paralysis temperatures are sometimes taken, for purposes of comparison in the closed fists, the clefts of the toes, the head of the elbows, and the popliteal space.

SCOTTISH BRANCH, QUEEN VICTORIA JUBILEE INSTITUTE FOR NURSES.

We regret that by a printer's error in our last issue it was stated, in a letter from a Scotch correspondent, that "before 1897 there were only two or three district nurses in Edinburgh." Of course, the date should have been 1887. We believe the Institute has been at work in Scotland since 1889, and its good work is rapidly spreading all over the country.

Nursing Echoes.

* * * *All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith, and should be addressed to the Editor, 20, Upper Wimpole Street, W.*



Another Nurses' League inaugurated! This time at Chelsea Infirmary—inspired by the kind sympathy and professional vitality of the Matron, Miss Eleanor C. Barton. The meeting took place last week, and the constitution was drawn up—much on lines adopted by "Bart's" and Southampton, a new departure being that a certain number of ladies who have worked at Chelsea Infirmary, although not entirely trained there, may be elected associates by the Council of the League.

Miss Barton was elected President, and the Executive Committee consists of a Treasurer and Secretary, four members and two associates. Lady Hermione Blackwood, daughter of the late Marquis of Dufferin and Ava, and Miss E. J. West, Matron of the Grove Hospital, were elected to represent the associates. A meeting and social gathering will be held in October, before which date it is hoped to bring out the first issue of the journal. The form of the badge has not yet been selected.

Altogether the League of Chelsea Infirmary Nurses has started under most happy conditions, and we feel sure all sister leagues will join with us in wishing it a vigorous and useful future.

Not the least benefit of the Nurses' Leagues which are now springing into existence is the revelation and development of a talent for public speaking on the part of members which would otherwise remain latent and hidden. We have rarely listened to two better reasoned and delivered speeches than those made at the recent meeting of the League of St. Bartholomew's Hospital Nurses by Miss Armitage (Sister Surgery) and Mrs. Lancelot Andrews, on behalf of the two Benevolent schemes proposed. Who knows how many more orators in embryo our leagues may produce? It is quite evident that when nurses are encouraged to discuss their professional affairs with their colleagues a fair proportion do so not only with readiness, but with ability.

The League of Royal South Hants Hospital Nurses have chosen "Alter patens" as their motto, and they are to have their social gathering at Southampton in October next.

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