

house that she had heard or seen in another, her name would not be kept on our books." Clotilde made the best notes: "L'infermiera deve essere molto discreta, anche nella piccolezze della vita, non riportando giammai le cose né vista, né udita in casa altrui. E una missione sacra, come quella di un confessore."

February 19th.—I went on Sunday to see the *Ispettore* of the big surgical hospital, S. Giacomo, with a note of introduction from our Direttore, Professor T. He asked Signor Seganti to permit our pupils to train in the male wards, as S. Giovanni is only for women. As he was engaged when I arrived, the Head Sister showed me the biggest ward. It holds 200 beds, each twenty-five of which have a different surgeon; and each surgeon has his own room for "medicature" as no dressings are ever done in the ward in Italian hospitals.

The *Ispettore* was most kind when he appeared; promised us a room to undress in, and the morning coffee for four pupils (one of the girls is too young and otherwise unsuitable to risk as pioneer in a male ward), and told me he would speak to the different chiefs, and present me to them any morning at eight.

February 21st.—To S. Giacomo at eight. Signor Seganti took me first to Professor Postenipski's rooms. He has a cage with two canaries, looking happy with sugar and greens, and singing cheerfully. The chief soon came, and, as we have mutual friends, he already knew about our school, and was prepared to help. He said at once that he would gladly allow our girls to work in his wards, and inquired how much we wished them to do. I answered: "Just what the French nuns in your private nursing home do," and he replied: "Everything, then; they nurse men just as they nurse women. Nei malati non conosco sesso." [In patients one is unconscious of sex.] I said that, of course, we wished our nurses to be able to nurse brothers, sons, and husbands, as well as sisters, mothers, &c., and to become efficient they must have hospital training. He told me that the girls must be prepared for finding a rough element amongst the patients, and that some "sgarbo" (rudeness) they would be sure to meet. But the doctors will protect them, also the Suore; and, of course, I shall not leave them in the wards alone until very sure of their position being understood.

I had a most amusing letter from Naples; Sister is as clever as plucky. I only hope she is not going to be ill. Her letter sounds a sort of "fey." "Dear Sister,—I write to tell you that the Gesu e Maria (Hospital) has fallen asleep. In addition to the chief, who does not give lessons because he does not trust himself [Neapolitan expression, "non si fida"] and his wife is ill; and Dot. T., who has not returned; and Dot. B., whose son has typhoid; also Dot. C. has fallen sick and disappeared, and the Fairy Princess is knocked down by influenza, and Donna A. and her mother [female superintendent] are both in bed with temp. of 39.5, and Vincenza [infermiera] follows the same fashion at home. Happily the patients are all well, with the exception of Maria (No. 11) and Maddalena (No. 7), who both died the same day; there is not another patient in the three wards who is not well enough to get up. I am glad of this for selfish reasons, because I feel unutterably shaky myself. . . Still, I am not sick enough to go to bed or forsake my forty sons and daughters; if I, too, left them, they would be left to nurse themselves indeed. The innu-

merable 'frictions' [rubbing] that are required of me I cannot describe to you. They are the rage at present.

"On the last day of carnival I went to Paolillos and bought little cakes, and sugar, and cocoa. Gelasso [convalescent] made the cocoa amongst the cheers of the children in II., and Padre Filippo enjoyed the fun as much as anyone—simple in character though it was. What are we laying up for ourselves, though! These infants of ours will end by expecting a feast on every saint's day . . ."

Professional Review.

A GUIDE TO URINE TESTING.

A subject upon which nurses in private work are often expected to have some knowledge, and concerning which they frequently have had little instruction, is that of urine testing. A concise guide to the simpler tests and facts concerning urine will, therefore, be acceptable to many, and this is to be found in the "Guide to Urine Testing for Nurses and Others," written in response to the suggestion of the Nursing Superintendent of a large provincial Poor Law Infirmary by Mr. Mark Robinson, L.R.C.P., L.R.C.S.Ed., and published by Messrs. John Wright and Co., Bristol, and Messrs. Simpkin, Marshall, Hamilton, Kent and Co., London, price 1s. net. The fact that the first edition has been exhausted and a second edition already called for is a proof that it has met a want.

After a few preliminary remarks on the organs concerned in the secretion and excretion of urine, and on the constitution of urine, its colour, consistence, odour, reaction, and specific gravity under various conditions are noted. Then the fallacies in testing are mentioned, and the ordinary apparatus required for urine testing, and the use of the urinometer described. The methods of application of the various tests are then clearly given; thus:—"The urine should be invariably tested for albumin before anything else is searched for, and this test should never be omitted." The heat test, the cold nitric acid test, the picric acid test, the ferro-cyanide of potassium and citric acid test, with the possible fallacies in each case, are all clearly indicated, as well as the method of estimating the amount of albumin in the event of its presence. Thus, "the ordinary methods of testing for albumin by heat, is to fill a test tube about $\frac{2}{3}$ full of urine, [previously acidulated by a few drops of acetic acid, and boil the upper part of the fluid.] A cloud due to phosphates will disappear on the addition of nitric acid. One, due to albumin will remain unaltered.

Other tests given in detail are those for sugar, blood, bile, pus, uric acid, urates, phosphates, and oxalates. The microscopical examination of urine is not entered into, as it "does not come within the province of the nurse, her duty being merely to report to the medical officer the condition in which she finds the urine from the simpler tests here given. It is for him to decide whether he considers it necessary to make a more searching investigation with a view to confirmation, or otherwise, of her report."

Some useful tables, giving the headings under which the condition of the urine should be noted in various circumstances, are added in conclusion. We commend this guide to the attention of nurses.

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