

Appointments.

LADY SUPERINTENDENT.

Miss Matilda Jenkins, better known to Bart's nurses as Sister Casualty, has been appointed Lady Superintendent of the Resident Staff Quarters and the College. Miss Jenkins entered the hospital for training as a probationer in 1877, at its conclusion she was appointed Divisional Nurse at the Royal Hospital for Incurables, and subsequently Sister at St. Mary's Hospital. She returned to St. Bartholomew's in 1880, where, ever since, she has held the position of Sister Casualty, in which capacity she has done excellent work. Her appointment as Lady Superintendent of the Resident Staff Quarters and College is a very popular one. Miss Jenkins represented the League of St. Bartholomew's Hospital Nurses at the recent International Congress at Berlin.

MATRON.

Miss C. Couch has been appointed Matron of the National Hospital, Bloemfontein. She was trained at King's College Hospital, London, and afterwards worked for some time on the staff of Gordon House Home Hospital. She then went out to South Africa, where most of her time has been spent as Sister at Kimberley Hospital.

SISTER.

Miss C. L. Lees has been appointed Sister at the Cumberland Infirmary, Carlisle. She was trained at the Radcliffe Infirmary, Oxford, and at the Brompton Consumption Hospital, and has acted as Sister at the East London Hospital for Children, Shadwell, Night Superintendent at the North-Eastern Hospital, London, and Night Superintendent at St. Mary's Hospital, Plaistow.

HOME SISTER.

Miss Laura Taylor has been appointed Home Sister at St. George's Infirmary, Fulham Road, S.W. She was trained at St. Bartholomew's Hospital, and is a member of its Nurses' League. She has held the positions of Sister at the York County Hospital, and of temporary Matron at the Sandgate Sanatorium and at the Victoria Hospital, Kingston.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following appointment has been made in the above Service:—

TO BE STAFF NURSE.—Miss N. Blew, posted to Portsmouth.

RESIGNATIONS.—The following Sisters have resigned their appointments on their marriage:—Miss A. C. Jacob, Miss A. R. Rose-Innes.

CHANGES OF STATION.—*Matron*.—Miss A. Garriock, R.R.C., Alton to s.s. *Plassy* for Indian Transport Duty. *Sister*.—Miss A. FitzGerald, Aldershot to s.s. *Plassy* for Indian Transport Duty.

The Nursing of Patients with Hip Disease.

By Miss E. M. WAIND,

Lady Superintendent, Galen House, Guildford.

Patients suffering with hip disease are regarded by most nurses as very ordinary and chronic cases, requiring little, if any, special treatment; they do, however, need careful nursing, and there are certain points of importance with which a nurse should be well acquainted. In discussing the subject from a nursing point of view, it is unnecessary to go into the causation of the disease, but its varying symptoms should be recognised by the nurse, as it is her duty to report them to the surgeon. There may be increased fulness about the joint, with swelling, redness, tenderness, and pain, especially starting pains at night when the patient is asleep. The nurse will invariably be asked whether the child screams or wakes with a sudden cry. An increase of temperature is a sure danger signal, indicating increased inflammation and the probable presence of an abscess.

In the earliest stages of the disease *absolute rest* in the recumbent position, without splints or even sandbags, may be the only treatment required. A suitable bed consists of a firm flat mattress, with or without fracture boards, a low pillow, and the usual sheet, mackintosh, draw-sheets, and other bedclothes. A cradle to prevent any weight on the feet is always essential. By absolute rest it is understood that the patient neither sits up for any purpose, nor gets in and out of bed. In all probability the patient will be kept at rest long after all pain has disappeared; any attempts to sit or stand must be rigorously forbidden until the surgeon has given definite leave.

In order to prevent the child from turning on to its side when asleep, shoulder straps made of inch-wide webbing are frequently used. To make these, three pieces of webbing are necessary, one to lie across the chest and two to form circular armholes. The chest strip is firmly stitched to the armlets; these are then drawn over the arms up to the shoulder. When in position with the child flat on its back, a thin strip tied at one end to the bedstead is passed through the armlets behind the child's shoulders and secured to the other side of the bed. This may sound a rather drastic remedy, but the child quickly accustoms himself to lying flat, and, consequently, feels no restriction.

How to lift the child is another point. Never lift it unnecessarily or unexpectedly. A child who has been handled by kind but unskilled relatives at home will scream with terror when anyone goes to lift him. It is significant how quickly he trusts the nurse who knows how to do it without hurting. Always stand on the patient's good side, pass one hand under the good leg and grasp the ankle of the

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