

### Appointments.

#### LADY SUPERINTENDENT.

Miss Alicia Lloyd-Still has been appointed Lady Superintendent of the Hospital for Consumption, Brompton. She was trained at St. Thomas's Hospital, where she held the positions of Ward Sister and of Sister of St. Thomas's Home for paying cases.

#### MATRONS.

Miss Emily Morgan has been appointed Matron of the Harrogate and Knaresborough Joint Hospital. She was trained at the Royal Infirmary, Newcastle-on-Tyne, where she has held the positions of Charge Nurse and Sister. She has also been Matron of the Knight Memorial Hospital, Blyth, Matron of the Wallsend Joint Hospital, and Matron of the Crewe Borough Hospital.

Miss Rose F. Grylls has been appointed Matron of the Battersea Branch of the Clapham Maternity Home. She was trained at the Cornelia Hospital, Poole, and the Great Northern Central Hospital, Holloway, and has for the last three years held the position of Sister at the Clapham Maternity Hospital. She holds the certificate of the London Obstetrical Society.

Miss Marian Stevenson has been appointed Matron at the Bolton Borough Hospital for Infectious Diseases. She was trained at the Royal Infirmary, Dundee, and at the Belvedere Fever Hospital, Glasgow, in which institution she has held the post of Assistant Matron.

Miss Elizabeth Lord has been appointed Matron of Dr. Matthews' Private Hospital, Johannesburg. She was trained at Guy's Hospital, and holds the certificate of the London Obstetrical Society. She has also had experience in the nursing of infectious cases.

#### ASSISTANT MATRON.

Miss Caroline Fielding has been appointed Assistant Matron at the Stirling District Asylum, Larbert, N.B. She was trained at the Bradford Union Infirmary, where she has held the position of Theatre Nurse and Ward Sister. She holds the certificate of the London Obstetrical Society.

#### SISTERS.

Miss Blanche Sloane-Ashman has been appointed Sister at the Fever Hospital, Mill Lane, Lissard. She was trained at the Crumpsall Infirmary, Manchester, and has had experience in private nursing. She has also held the position of Assistant Nurse at the City Fever Hospital, Grafton Street, Liverpool.

Miss C. M. Simkins, Miss J. Wilson, Miss E. M. Barber, and Miss E. Barter have been appointed Sisters at the Kingston Union Infirmary, where they received their training. All these Sisters hold the certificate of the London Obstetrical Society, having obtained the necessary experience in the course of their training at the Kingston Infirmary.

### Hæmaturia.

The *Wiener klinische Rundschau*, July 31st, 1904, contains an article by Dr. W. Hirt, "The Diagnosis of Hæmaturia" (Die Diagnose der Hæmaturie). As the author points out, hæmaturia is one of the most important symptoms which occur in connection with renal disease. Other symptoms, such as difficulty of micturition, turbidity and evil odour of urine, may be endured even for years, but when hæmorrhage suddenly appears the patient is alarmed, and seeks advice.

When such a patient presents himself, it is absolutely necessary that the urine be seen. Not seldom a mistake is made by the patient, who describes as containing blood a urine which in reality is bile-stained, or one that is merely concentrated.

An examination by means of the spectroscope will, of course, settle the question as to the nature of the colouring matter in the urine.

The fact of hæmaturia having been settled, it remains to ascertain whence comes the blood. The history of the case is important, and may give a clue to the nature of the hæmaturia. Heredity may play a part, and the symptoms may have occurred before. The inquiry will include questioning as to the spontaneity or otherwise of the bleeding; whether it came on during the night or after severe exercise or an injury; whether the blood simply drops out of the urethra without regard to the occurrence of micturition, or whether it is passed only during the latter act, and, if so, in what stage of micturition the blood appears—whether before, during, or after the act. Again, it must be ascertained whether the blood is bright red, or dark red, or brownish; and is the passage of blood attended with pain, or painless? Special attention should be given to the latter point, for in scarcely any other system does pain radiate so extensively.

Urine should be passed in presence of the physician, and in three portions in three different glasses. And it is advisable to syringe out the anterior portion of the male urethra with 3 oz. solution of boric acid before the patient micturates, in order to avoid the mixture of inflammatory products, which may even contain blood, with the urine voided. It is particularly important to wash out the urethra in women, to remove blood the origin of which lies in the vagina.

After this preliminary cleansing the patient passes water into the three glasses. A small quantity of urine is received into the first glass, and, if it contains blood, which is also present in the urine poured into the second glass, but to a smaller extent, it is probable that the bleeding arises from the prostatic portion of the urethra. The larger quantity of urine is received into the second glass, and is regarded as containing a mixture of that coming from the bladder and kidneys.

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