

Appointments.

SISTERS.

Miss M. E. Jolly, a member of the Registered Nurses' Society, has been appointed Sister by the Colonial Nursing Association, and is ordered to Hatton, in Ceylon. Miss Jolly was trained at the East Suffolk and Ipswich Hospital, and holds the certificate of the Central Midwives' Board and also one for massage.

Miss Kate Johnson has been appointed Sister at the Union Infirmary, Whiston, Prescott. She was trained at the Bradford Union Hospital. She has also experience in private nursing, and holds the certificate of the Central Midwives' Board.

CHARGE NURSE.

Miss Katherine E. Mayhew has been appointed Charge Nurse at the Guildford, Godalming, and Woking Joint Hospital. She was trained at the Borough Isolation Hospital, Leicester, and has held several posts in Fever Hospitals and Sanatoriums.

NURSE.

Mrs. C. A. Warren has been appointed to a nursing post in the Federated Malay States. She was trained at Guy's Hospital, London, and has had a varied experience as Sister in the Burgher Camps in the Transvaal, and in the Plague Segregation Hospital at Durban.

Motor Ambulances.

Ten thousand accidents take place in the streets of London every year, and the General Purposes Committee of the London County Council is of opinion that the Council should apply to Parliament for powers to establish a street ambulance service. The scheme which it submits for the Council's approval would entail a capital charge of £13,000 and an annual expenditure, estimated at £9,600, on maintenance. It is proposed to establish a principal ambulance station and seven district stations within a two-mile radius of Charing Cross. The stations would be about two miles apart, and each station would therefore serve an area within a radius of three miles of Charing Cross. The stations would be furnished with motor ambulances worked by electricity, and connected with each station there would be a number of call-posts similar to those used in the Fire Brigade service and fitted with telephones. Ten motors, costing about £5,600, would be required, and steps are being taken to ascertain whether it is possible to arrange with the hospitals for a casualty house-surgeon to accompany the ambulance, as is the case in Liverpool. In the scheme provision is made for a driver for the ambulance, who would be able to render first aid, to be accompanied by another member of the staff, also skilled in first aid. It is considered desirable to confine the service to a limited number of stations until experience has been gained in the working of it.

The Art of Entertaining from a Nursing Point of View.

By Miss M. LOANE,

Superintendent of District Nurses, Portsmouth.

COMPANIONSHIP.

In their early dreams of sick nursing, amusing the patients holds a large share in young girls' thoughts, and I could wish that this part at any rate of pre-probationers' plans did not fade into nothingness during the wholesome process of "thorough training."

In hospital life it is not possible to do much for the amusement of the patients, nor is it necessary. Most of them are far too ill to conceive of any pleasure except relief from pain, while the minority find sufficient distraction in the comings and goings, doings and sayings, and guessings of a large and busy ward. The knowledge that there are patients who need amusement, and will look to her to provide it, very excusably drops out of the nurse's mind until in private work she is suddenly confronted with the difficulty. "Mrs. ——— really needs pleasant companionship rather than actual nursing," or "The child must be kept in a recumbent position, but if he is allowed to become dull and fretful, *nothing* will do him any good."

READING.

Probably the nurse's first idea is of reading to the patient. *Why* everyone, amateur or professional, should consider this the one indisputable and never-failing method of interesting and cheering the sick, it is difficult to imagine. Illness, instead of altering people's likes and dislikes, as a rule fixes and intensifies them, besides lessening the power of self-control with which these tastes are usually concealed. Now, how many persons are there above the age of ten or twelve who like being read to for more than a few minutes at a stretch? If the nurse honestly believes that those who will "lie still and listen" for several hours a day are to form a large proportion of her patients, why does she not prove her faith by learning to read aloud properly? Too often it may be said of nurses that they gabble, they stumble, they get hoarse and cough, they read in a flat, monotonous drone, with an ugly accent and a still worse intonation, or with an unvaried and ear-piercing, shrill glibness.

The private patient, directly the worst of the illness is over, demands amusement and expects that a considerable part of it shall be provided or contrived by her attendant. The nurse who can only read, and read badly, will find herself very much at a loss, and all her devotion, skill, and hard work heavily discounted. One of the first things to be done is to try and cultivate her conversational powers; she must not only have something to say, but try to say that something well.

Nurses too frequently fall into the habit of

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