

Practical Points.

Flat Foot and How to Over-come it. The dangers of high heels have been pointed out so frequently that the present tendency is to avoid such risks and to accept the comfort of low heels. Very low heels are less disastrous in their results than high ones, but even they are not without drawbacks, as they give rise to a condition known as "flat foot." It is true that savages are flat footed, so that we may assume that flat foot is the natural condition of body, but it is none the less ugly for being natural, as it destroys the elasticity of step which is regarded as an essential of graceful walking. It is very common among nurses and others who wear low heels and stand much during the hours of work, and it is also noticeable among children who are accustomed to heel-less sandals, thus being a real objection to this sanitary form of foot-wear.

The anatomy of the foot is very wonderful and very beautiful, but it would take too long to enter into a minute account of the structure and arrangement of the bones of the foot. It must suffice to state that they are arranged in the form of a double arch, one lying between the heel and the ball of the foot, which can be easily traced by feeling the foot, and a transverse arch which can be recognised on the skeleton foot. With no heels to the boot the ligatures of the arch of the foot are weakened by overstrain, and the arch flattens down to the condition of flat foot. By using a broad heel of moderate height set well back on the boot and not placed in the middle of the sole of the foot, as is the case with Louis XVI. heels, this condition may be avoided, but even those who already suffer from it can be greatly relieved. It is possible to buy at almost any boot-makers, pads which go by the name of arch supports. They are generally made of india-rubber or cork and are fastened in position on the foot by a band of elastic round the instep. At first they cannot be worn constantly, but by persevering with them and making use of a daily foot exercise, the flat-footedness will disappear.

The daily exercise consists in making what a dancing master calls "a pointed toe," that is, stretching out the foot so that the upper part of it is in line with the front of the leg, thus doing away with the angle which is found between the foot and the leg when standing upright. This exercise should be repeated as frequently as possible, preferably without boots or shoes, and by doing the exercise regularly and systematically, the ligaments or straps of the bones become strengthened. Another good exercise is to practice walking on the toes, but it needs a little care, or the foot may turn over and result in a sprained ankle.

M. WESTAWAY.

Death from Ethyl-Chloride. At a recent inquest on a nurse whilst under the influence of an anæsthetic—ethyl-chloride—it was stated by a medical man that the percentage of deaths of persons under ethyl-chloride was one in 10,000, that of chloroform being one in 3,000, and laughing gas one in 18,000.

Appointments.

MATRON.

Royal Cornwall Infirmary, Truro.—Miss Bessie Chaff has been appointed Matron. She was trained at the South Devon and East Cornwall Hospital, Plymouth; and has held the positions of Staff Nurse and of Night Sister at the Hospital for Women, Soho Square and of Sister at the Royal Cornwall Infirmary.

St. Mary's Hospital, Paddington, W.—The following promotions and appointments are announced:—

Nurse Annie Dunbar Malcomson: appointment confirmed as Sister of the Thistlethwayte and Male Operation wards.

Miss Kate Jenner—late Sister Victoria—left in August to take up midwifery.

Nurse Eliza Cruikshank Henderson has been placed in charge of the Victoria, Carlisle, and Boynton wards—as Sister.

Nurse Amy Jane Fooks has been placed in charge of the Albert and Cambridge wards—as Sister.

Nurse Florence Needham, who has been engaged in private nursing, has been appointed Sister in the Queen Alexandra Military Nursing Service for India.

Sister Mary Walker, of the Queen Alexandra Imperial Military Nursing Service, has left Aldershot for South Africa.

Miss Lillian Henshaw—late Sister Thistlethwayte—has joined the Colonial Nursing Service, and sailed for Costa Rica.

SISTERS.

General Hospital, Colombo.—Miss E. G. Falkiner has been appointed Sister. She was trained at St. Bartholomew's Hospital, E.C. and has worked as a member of the staff of the Registered Nurses' Society, 431, Oxford Street, W. for the last two years.

Government Hospital, B.C.A.—Miss Maud E. Scruby has been appointed to the nursing charge of a Government hospital in British Central Africa. She was trained at St. Bartholomew's Hospital, E.C. where she was Gold Medallist of her year, and for the last three years has worked as a member of the Registered Nurses' Society. She may be stationed at Zomba or Blantyre.

ALEXANDRA NURSE.

Alexandra Nurse, Fort St. George.—Miss Anna Sinclair has been appointed "Alexandra" Nurse at Fort George, Scotland. She was trained at the Glasgow Western Infirmary, and has since been Assistant Matron at Queen Victoria Hospital, Las Palmas; Sister at the Deaconess Hospital, Edinburgh; Sister-in-Charge of a Glasgow Nursing Home; Midwifery pupil and Midwife at the Hospital for Women, Brighton. She has also done fever, district, and private work. She holds the certificate of the Glasgow Western Infirmary, the Brighton certificate in Midwifery, the certificate of the London Obstetrical Society, and the certificate of the Central Midwives' Board.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

APPOINTMENTS.—As Staff Nurses.—Miss E. M. M. Malim, Miss M. E. Smith, Miss N. Stewart, Miss S. W. Wooler.

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