

## Practical Points.

**Medical Arrangements on Passenger Ships.** Mr. Hugh Wansey Bayly, late Surgeon R.M.S.P. Co., makes some very sensible suggestions about the Medical Arrangements on Passenger Ships in the *British Medical Journal*. Of the nursing arrangements he writes:—

"I find the 'nurse-stewardess,' like all half-measures, far from satisfactory, as the nurse signs on as a stewardess, and is only liable for service with the first-class passengers. She is under the orders of the purser, and not of the surgeon. In a full ship her stewardess duties do not permit of her giving time to the nursing of second or third-class passengers, even if she is willing to do it as a favour.

"Many lines carry a male hospital attendant, who also acts as the surgeon's servant. Of those that have come under my notice, the large majority have been trained in the R.A.M.C.; they have been reliable men.

"The hospital attendant's duties consist in keeping the hospitals, dispensary, and instruments clean and in good order, in attending to the sick, and in giving the surgeon any assistance that may be required.

"I consider, however, that a female nurse would be able to perform all his professional duties with the exception of scrubbing the floors, and would have the advantage of being able to nurse both sexes.

"Under the 'nurse-stewardess' and 'hospital-attendant' system the third-class female passenger is entirely unprovided for. She is often in a filthy dirty condition when admitted to hospital, but there is no one to wash her or nurse her except her fellow passengers, and they very naturally almost invariably refuse if there is any question of the case being of a contagious or infectious nature. That a third-class woman passenger should be entirely dependent on the surgeon and male hospital attendant for nursing appears to me neither civilised or decent.

"If a nurse were carried in the place of a hospital attendant, the only additional cost would be that of a youth, who would act as doctor's servant and do the rough hospital work, such as scrubbing floors, etc. With ordinary wooden decks to the hospitals, it is very difficult to keep the third-class hospitals clean, as it is impossible to prevent the third-class patients from expectorating, and occasionally vomiting, on to the floor.

"I consider that the following suggestions, if adopted, would ensure an efficient medical department at a scarcely appreciable increased cost:—

### A. Staff.

"1. That the medical officer should be required to have held a resident medical and surgical appointment in a large hospital. That the medical officer be permitted to charge fees to first-class passengers for attendance.

"2. That a fully-trained hospital nurse be carried. That she have no stewardess duties to perform. That she be liable for service with all sick on board irrespective of class. That she be under the orders and control of the ship's surgeon.

"3. That a male hospital attendant, if carried, should have some certificate of training. That he should be under the orders and control of the ship's surgeon.

### B. Sick Accommodation.

"1. That one first-class and two third-class hospitals (one for men and one for women) be provided and capable of accommodating 2 per cent. of the souls carried.

"2. That the hospital floors be tiled or tessellated.

"3. That the hospital bunks be provided with spring mattresses, bedding, blankets, and linen.

"4. That hot and cold water be laid on to the hospitals and dispensary.

"5. That in the tropics the hospitals be provided with electric fans.

"6. That an operating table (collapsible) and steam steriliser be provided.

### C. General Sanitation.

"1. That one bathroom (with hot water laid on) be provided for every 100 third-class passengers; one for firemen and sailors; one for stewards and servants.

"2. That either a temperance canteen be provided for the third-class, or that sufficient tinned milk be carried on board to permit of a daily ration of milk being given to all third-class children under three years of age.

"3. That a glyco-formalin disinfecting apparatus be carried on board."

Mr. Bayly is to be congratulated on having formulated a simple and effective system. The sooner trained nurses are appointed to passenger ships the better. We have frequently drawn attention in these columns to the need which exists for their services.

### Inhalations of Oxygen in Infantile Bronchopneumonia.

Drs. Weill and Dumas, says the *New York Medical Journal*, have used inhalation of oxygen for the bronchopneumonia of infants in doses varying from thirty to one hundred litres in twenty-four hours, increasing it sometimes to 150 or even 200 litres. The gas is administered slowly through a tube, which is placed between the lips of the little patients. The séances during the day are every two hours, about ten litres being used at each administration. Only in urgent cases is the oxygen used during the night; and if between the séances during the day or night there should be an access of dyspnoea, or of cyanosis, the oxygen is immediately given. The effects of the inhalations are to relieve the urgent symptoms, to produce some sedation, and usually to enable the exhausted patient to sleep. The effects upon the respiration and circulation are very evident, and the relief is greater in proportion to the intensity of the dyspnoea and of the tachycardia. The effect is not very lasting, but this objection can be obviated by frequent administration, which can be entrusted to the nurses. The oxygen acts very favourably upon the course of the disease. In the opinion of the authors, it seems to exert an influence to combat general infection and in a certain measure it opposes the formation of new infection centres in the lung.

[previous page](#)

[next page](#)