

Miss Mosley, Docking Infirmary, Norfolk.
 Miss Gibbs, Union Hospital, Norton Lane, Bradford.
 Miss A. Smith (Assistant Matron), Kingston Infirmary.
 Miss Prichard, Kingston Infirmary..
Royal South Hants Nurses' League.
 Miss Mollett (Matron), Royal South Hants Hospital.
 Miss Haldane (Sister), Royal South Hants Hospital.
 Miss Rae (Sister), Royal South Hants Hospital.
 Miss Lee Smith, 63, Middleton Square, London, E.C.
 Miss Youlden (Assistant Matron), Bethnal Green Infirmary.
 Miss Rider, 24, Eastbourne Terrace, Hyde Park, London, W.

Parish of Nottingham Nurses' League.
 Miss Dwight (Matron), Bagthorpe Infirmary.
 Miss Colton, Bagthorpe Infirmary.
 Miss Jenkinson, Bagthorpe Infirmary.
 Miss Loveridge, Bagthorpe Infirmary.
 Miss Meyers, Bagthorpe Infirmary.
 Miss Norman, Bagthorpe Infirmary.

Victoria and Bournemouth Nurses' League.
 Miss Forrest (Lady Superintendent), Victoria Institute, Cambridge Road, Bournemouth.
 Mrs. Balstone, Exmoor, Gerald Road, Bournemouth.
 Miss Whitford, The Hostel, Beechy Road, Bournemouth.
 Miss Ferguson, Home of Good Hope, Bournemouth.
 Miss Curtis, Victoria Institute, Bournemouth.
 Miss McDonald, Victoria Institute, Bournemouth.

The Steevens Nurses' League, Dublin.
 Miss Kelly (Matron), Dr. Steevens Hospital, Dublin.
 Miss Mayne (Matron), Limerick County Infirmary.
 Miss Doorley (Matron), Fever Hospital, Loughlinstown, Dublin.
 Miss Phillips (Sister), Dr. Steevens Hospital, Dublin.
 Miss McCoy, Lady Dudley's Nurse, Carne, Galway.
 Miss Hardy, Q.V.J.I.N., Enniskillen, co. Fermanagh.

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

ENGLAND AND WALES

Transfers and Appointments.—Miss Lily E. Fen-ton, to Norwich; Miss D. Horsley, to Rochdale (temp.); Miss L. Hudson, to Huddersfield; Miss J. Hughes, to Montgomery; Miss F. N. Parker, to Birmingham (Newhall Street); Miss J. Rennie, to Warrington; Miss E. M. Schade, to Kenilworth (temp.); Miss L. E. Snape, to Notts Nursing Federation (temp.); Miss H. Young, to Swansea.

The following Association has been affiliated: Ocker Hill District Nursing Association to the Staffordshire County Nursing Association.

Practical Points.

Diarrhoea in the infant, Green Diarrhoea, says Dr. Jellett, consists in the passage of more than six stools in the twenty-four hours. The normal motions of an infant are yellow in colour, liquid in consistency, and slightly faecal in odour.

Causes.—Green diarrhoea is due to the entrance of certain forms of bacteria into the child's stomach. They gain access in the food, most usually in sour milk. The green colour of the stools is due to the imperfect oxidation of the bile, or, according to some writers, to the formation of a green pigment in the intestines by bacteria.

Symptoms.—The characteristic symptom is the passage of green motions and masses of foul-smelling semi-digested curds. If the case is allowed to remain untreated, gastritis or inflammation of the lining membrane of the stomach may result, and this may extend downwards as a similar inflammation of the intestines. The child then becomes marasmic, as it is unable to assimilate its food, and dies of starvation.

Treatment.—The prophylactic treatment consists in giving the child milk which is free from bacteria, and in keeping its bottles perfectly clean. If green diarrhoea occurs, the indication is to clear the curds out of the stomach and intestines. The administration of a teaspoonful of castor oil will usually be found to be sufficient, if the case is taken in time. Sometimes, however, this will not suffice, and then medical advice must be obtained.

The American Institute of Anti-tuberculosis Social Science has received Exhibit.

from Dr. Sommerfeld, a physician and scientist of Berlin, a valuable anti-tuberculosis exhibit for the Department of Industrial Hygiene in its Museum of Security. There are forty-five vials, containing as many different kinds of dust, mineral, animal, and vegetable, produced in various industries. The same number of photographs show how these various dusts appear under the microscope. Extremely realistic models in wax, coloured to life, represent human lungs as they are affected by occupational dusts, other models show normal lungs for comparison, while still others show the effects of industrial poisons on the system.

A Useful Hand Lotion.

It is a wise precaution for every nurse to keep constantly on hand a good hand lotion. One of the very best is made as follows: Take pure alcohol four ounces, glycerine three ounces, co. tincture of benzoin three drachms, and sufficient strained lemon juice to make eight ounces. Mix and apply after thoroughly washing in hot water.

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