

of the electrode and its attachments should be such as is best suited to the particular work it has to do. Clumsy instruments are never conducive to efficient working.

Cleanliness is very important. All electrodes should be so constructed that *each and every part thereof* may be *easily and quickly cleaned*, and if necessary disinfected. Pads and covers are best made of inexpensive material, which may be frequently renewed at a nominal cost. If they be elaborate and costly there is much risk of their being allowed to become dirty and even infectious. It must never be forgotten that the frequent contact with the skin of different patients which most electrodes make renders it absolutely necessary that the contact surface should be at all times clean beyond suspicion.

This class of electrodes may be further subdivided into plate electrodes and handle electrodes.

Plate electrodes are those which can be most readily attached to the body of the patient or upon which the body may rest. They are of comparatively large area and of many shapes. We will illustrate a few.

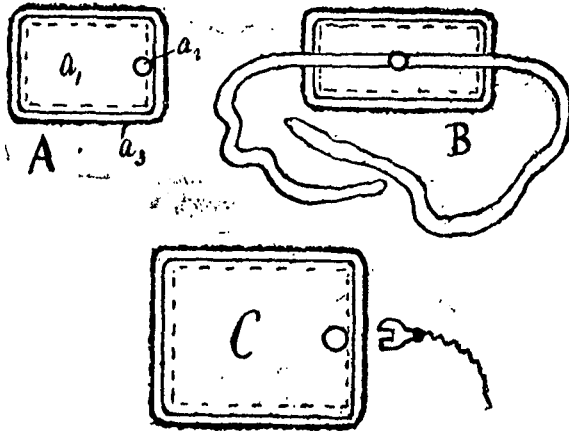


FIG. 34.

Fig. 34 shows three plate electrodes drawn to quarter scale. A is a convenient shaped plate for attachment to various parts of the body (such as the lumbar region of the spine or the abdomen);  $a_1$  is the metal plate,  $a_2$  the terminal for the rheophore attachment, and  $a_3$  is the flannel pad. B is a neck plate. C is a foot plate showing a rheophore ready for attachment. B is shown with a tape band or strap for fastening round the neck. A might be also so furnished, but we prefer to have the tape or band separate, as it is likely to get damp and so prove unpleasant to the patient, and it is also more cleanly.

(To be continued.)

## NURSING ECHOES.

\*.\* SPECIAL NOTICE.—*To those of our friends—in districts not already arranged for, whether at home or abroad—who will agree to send us regularly (reaching the office not later than Monday morning, first post) original notes or items of Nursing news, or matters of importance occurring in their districts, we shall be pleased to send in exchange free copies of the Nursing Record every Thursday, and also the binding case for each volume as it appears.*

\*.\* *All communications must be duly authenticated with name and address, not for publication, but as evidence of good faith.*

DR. W. GRIFFITH read a paper before the British Nurses' Association on the evening of Friday, 16th, on the "Training of Midwives and Monthly Nurses"; Dr. Cullingworth was in the chair, and briefly introduced the subject and the lecturer. Dr. Griffith said that the training of Midwives and Monthly Nurses in the present day presented two points of interest: first,

the examination of the candidates, at the end of their training; and second, the cost of their training. The cost of training is considerable, and may, perhaps, be the determining point in the selection of a school. He would make no comparison between the Hospitals, but deal only with the broad question of the training of Midwives and Monthly Nurses, and he stood before them that evening as seeking information, rather than as a lecturer.

DR. GRIFFITH most strongly urged that the training of Midwives and Monthly Nurses should be the same, both in duration and in practice, so that the Nurse might be prepared for all emergencies. Then as to the cost of training, this was a serious question; he thought that the cost of training should be lessened, and the period of pupilage lengthened. With regard to the examination, he thought that it should be more practical; but he was free to confess that he saw most grave difficulties to be overcome in connection with popular prejudices before the pupil could be examined at the bedside. As the matter now stood a pupil might be crammed to pass an examination and yet be faulty in her practical work, and there was no means of testing her in this point.

A DISCUSSION followed, led by the Chairman, in

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