

Cold rubs are sometimes uncomfortable for delicate, weak patients not used to cold water. As every treatment should be as pleasant for the sick as possible, and as the hydrotherapist always endeavours to please the patient and to win his confidence and hearty co-operation, a new application is very welcome, which the father of hydrotherapy, Wilhelm Winternitz, adds to the hyriatic armamentarium. This is the Scotch friction, rub, or towel-bath. The technique is this: one part of the body is first washed with hot (not painfully hot) water and then rubbed with cold water in the manner described above, and then dried. It is a combination of a hot wash and a cold friction.

The new procedure is superior to any of those hitherto known in so far as it is surprisingly agreeable for the patient. The frequent horror of cold water is avoided, for the touch of the latter upon the previously warmed area is rather pleasant, and, furthermore, the purpose of the cold friction is more readily attained and increased on account of the contrast. The Scotch friction can be given in all conditions, where we apply the common cold friction, first to initiate any hyriatic procedure. It shows whether and to what degree the patient will react upon water application. It explores the degree of excitability of the nervous system and offers itself an ample gradation of the stimulus to be adapted to the requirements of the excitability of the case at the time. If the skin only slowly reddens or stays pale and the skin muscles are contracted, it means an abnormally high excitability of vessel innervation and sometimes of the entire nervous system. This is often found in severe anemia, and in feverish conditions points to heat retention. A livid redness or areolar injection of the skin vessels means circulatory insufficiency. A slow rewarming of the bathed area, or if the part stays cool in high fevers, predicts pending collapse. Second, the friction is a mild stimulant, and secures conditions within the skin to discontinue heat retention, though it has no really cooling effect itself. Weyrich, as early as 1863, showed by experiment that friction increases evaporation from the skin often 50 per cent., while Leyden and Botkin proved a water retention in fevers. All this explains the paramount influence in feverish and chronic diseases that is conspicuous both for the observer and the sufferer.

Dr. Habgood has pointed out in the *British Medical Journal* that of recent years it has been recognised that when "return cases" of scarlet fever occur, the discharged patient will be found to have some purulent or muco-purulent discharge. He thinks that many patients, when sent out free from any nasal discharge, may not at the time be infectious, but that the occurrence of an ordinary attack of nasal catarrh may renew the activity of a few quiescent scarlet fever germs. This is a point which is of interest to nurses, especially those engaged in private nursing, as it points to the necessity of carefully reporting any nasal catarrh in a convalescent patient.

Appointments.

MATRONS.

Cottage Hospital, Finchley, N.—Miss A. Clark has been appointed Matron. She was trained and certificated at St. Bartholomew's Hospital, E.C., where she was subsequently appointed Night Superintendent. She at present holds the position of Sister in Elizabeth Ward. Her resignation will cause widespread regret in the hospital where she is a very popular official, but everyone will congratulate her on her good fortune on being appointed to the Matronship of so charming an institution as the Finchley Cottage Hospital.

SISTERS.

Infants' Hospital, Vincent Square, S.W.—Miss Maude Dashwood has been appointed Sister. She was trained at Middlesex Hospital, and has held the position of Sister at the Alexandra Hospital, Queen Square, Bloomsbury.

Addenbrooke's Hospital, Cambridge.—Miss Helen M. S. Thornton has been appointed Sister. She was trained at Brownlow Hill Infirmary, Liverpool, and has held the position of Charge Nurse at Dysart Infirmary.

QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Mary C. F. K. Cole, R.R.C., on her retirement is granted permission to retain the badge of Queen Alexandra's Imperial Military Nursing Service, in recognition of her meritorious service.

Matron Miss Isabella J. Jerrard, R.R.C., is placed on retired pay. Dated March 26th, 1908.

QUEEN VICTORIA'S JUBILEE INSTITUTE.

Transfers and Appointments.—Miss Annie Boden to Herefordshire County Nursing Association, as Assistant Superintendent; Miss Bessie M. Courtenay, to Croxley Green; Miss Rhoda Griggs, to Plaistow; Miss Kate A. Hall, to Hammersmith (temp.); Miss Dorothy M. Kingspark, to Plaistow; Miss Louie Jackson, to Skelmersdale; Miss Jessie T. Wright, to Pleasley Vale.

PASSING BELL.

It is with much regret that we record the death of Miss E. P. S. Herne ("Sister George") at the London Hospital, who, after a brief illness, succumbed to a virulent form of blood poisoning. Miss Herne had been connected with the London Hospital for nine years. For the last two years she had been Sister of George Ward, and previously Assistant Sister in the Out-patient Department. A warm appreciation of her character and work appears in the *London Hospital Gazette*.

We greatly regret to record the death of Miss L. Senior, a staff nurse at St. Bartholomew's Hospital, E.C., which took place on Sunday last. Miss Senior was well known at Bart's, as she has been a member of the nursing staff for sixteen years. She passed away in the hospital which she had faithfully served, where she had every possible alleviation which the best surgical skill and devoted nursing could render.

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