

the case of Howells they exonerated Nurse Bellamy from blame except for neglect in not seeing the bath administered. They censured Nurse Pillmore and the porter, Goodson, but considered the latter not guilty of culpable negligence, as he had no medical or nursing knowledge. They found the Matron incurred some blame in not having closer oversight of the nurses, and in permitting a serious lack of discipline, and were of opinion that the friction between the Matron and nursing staff led to inefficiency in the nursing arrangements, and that steps should be taken to end it.

The Coroner then committed Nurse Bellamy for trial for manslaughter, allowing bail, and agreed with the censure on Goodson and Nurse Pillmore, characterising the conduct of the latter in not calling attention to a man who was gradually dying as heartless. He recorded that in each instance death was accelerated by baths administered at too low a temperature.

We presume that the jury were informed as to Nurse Bellamy's nursing qualifications, and were satisfied that she is a fully trained nurse. Otherwise she would, as an unskilled person, have been in the same position as to culpable negligence as the porter.

#### CHARGE OF BLACKMAILING.

Joan Hamilton Burgess, said to be a professional nurse, though no evidence on this point appears to have been forthcoming, was, on October 14th, sentenced at the Central Criminal Court by Mr. Justice Pickford to three months' imprisonment in the second division on a charge of sending to Sir Alfred Mellor Watkin, Dunedin Lodge, Folkestone, a letter with intent to extort £89. The accused pleaded guilty. In passing sentence the judge said the jury commended the prosecutor for having the sense and courage to take up the case and stop it by prosecution.

The number of cases in which women described as nurses are convicted in police and criminal courts of serious offences, including theft, blackmail, and murder, are very serious, and injure an honourable profession which has no means of disassociating itself from criminals who adopt its uniform for nefarious purposes, or of discovering whether women who lay claim to the title of trained nurse have a legitimate right to it. Until such time as we have a register of trained nurses issued under State authority any criminal can pose as a trained nurse, and defraud the public in that guise.

#### The Passing Bell.

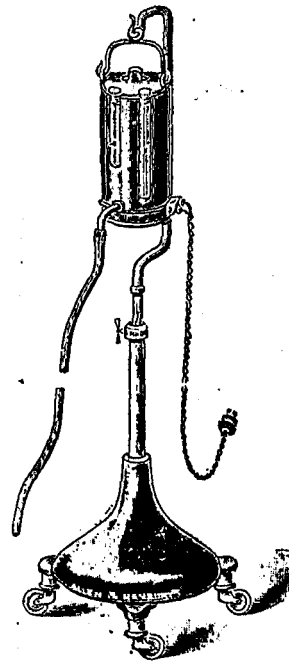
We regret to record the death at St. Katharine's Convalescent Home, Headingley, near Leeds, of Miss Edith Green, a nurse connected with the Leeds Trained Nurses' Institution, Hyde Terrace, under very sad circumstances. Miss Green, who had had several heavy cases, was ordered by Dr. Seaton, Hon. Medical Officer to the Institution, a few days' rest. On the afternoon of Sunday, October 10th, Nurse Morley, in whose charge she was, heard her scream, and on going to her room found her enveloped in flames. She was wearing a flannelette

night-dress, and had apparently been leaning against the mantelpiece. She died the same evening. At the inquest the jury returned a verdict of "accidental death," and expressed sympathy with the relatives and the officials of the two institutions.

#### Practical Points.

##### Apparatus for Continuous Protoclysis.

Dr. Herbert J. Paterson, F.R.C.S., in a letter to the *Lancet*, warmly commends the plan of continuous administration of warm saline solution by the rectum, introduced by Dr. J. B. Murphy, of Chicago, as one of the greatest advances in abdominal surgery made in recent years. Its routine treatment, he believes, leads to more rapid, and certainly more comfortable, convalescence, after coeliotomy, and its beneficial effects in cases of general septic peritonitis are marvellous. Success in using Dr. Murphy's method depends mainly on two important points:—(1) The regulation of the flow from the supply can by gravity alone, not by constriction of the delivery tube; and (2) the maintenance of the saline at a constant and appropriate temperature. Dr. Paterson, to obviate the latter difficulty, has designed an apparatus, which has been made by Messrs. Allen



and H a n b u r y s, which answers this purpose admirably, and can be left for several hours without any attention. It consists of an electroplated douche can, holding about five pints, in front of which are a thermometer and a gauge glass. At the side the can is graduated in half pints, so that the amount entering the rectum can be readily estimated. The saline leaves the can through a delivery tube with a half-inch bore, to which a length of rubber tubing is attached, connected with a large rectal tube. Under the bottom of the can is an electric heater, and the can is suspended on an adjustable stand, mounted on castors, so that it can readily be wheeled to the bedside of the patient. In a hospital ward with a temperature of 65 degs. to 70 degs. Fahr. the solution must, Dr. Paterson says, be kept at a uniform temperature of 106 degs., to ensure the saline entering the rectum at a temperature of from 99 degs. to 100 degs. With the above appliance the temperature remains almost constant so long as the current is switched on.

[previous page](#)

[next page](#)